Sweden
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2gether 4SRHR

POLICY BRIEF

Investing in targeted sexual and reproductive health and rights preparedness in Eastern and Southern Africa: A pathway to more resilient systems

> "For more than two decades, humanitarian workers have limited themselves to the acute and post-acute phases of a crisis. The challenge is to deviate from this rule and to act before the crisis, and to focus on preparedness."
>
> *UNFPA Democratic Republic of the Congo, post MISP readiness workshop interview, September 2022*

Key findings

A Access to sexual and reproductive health (SRH) services during emergencies saves lives, but these services are not adequately integrated into national disaster preparedness and response plans and assessments, which particularly impact the lives of women, girls, and marginalized and underserved populations.

B National SRH, family planning and maternal health policies and guidelines and HIV National Plans rarely include elements of emergency preparedness and response or disaster risk reduction, which hinders the continuity of services when a crisis strikes.

C Despite the recognition in international agreements, such as the Sendai Framework for Disaster Risk Reduction and by humanitarian agencies, such as the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) that preparedness protects development gains and cushions the impact of emergencies, the reality is that comprehensive sexual and reproductive health and rights (SRHR) preparedness efforts are anecdotal and underfunded.

D Development, humanitarian and disaster risk management stakeholders do not always work together, impacting the capacity to cope with sudden emergencies and protracted crises, and affecting the resilience of health systems and communities.

E Health-care workers are key to delivering life-saving SRH services during emergencies, but they lack systematized and institutionalized capacity building on vital SRH guidelines and standards to allow them to be ready and available at the onset of an emergency.

UNAIDS UNFPA unicef for every child World Health Organization

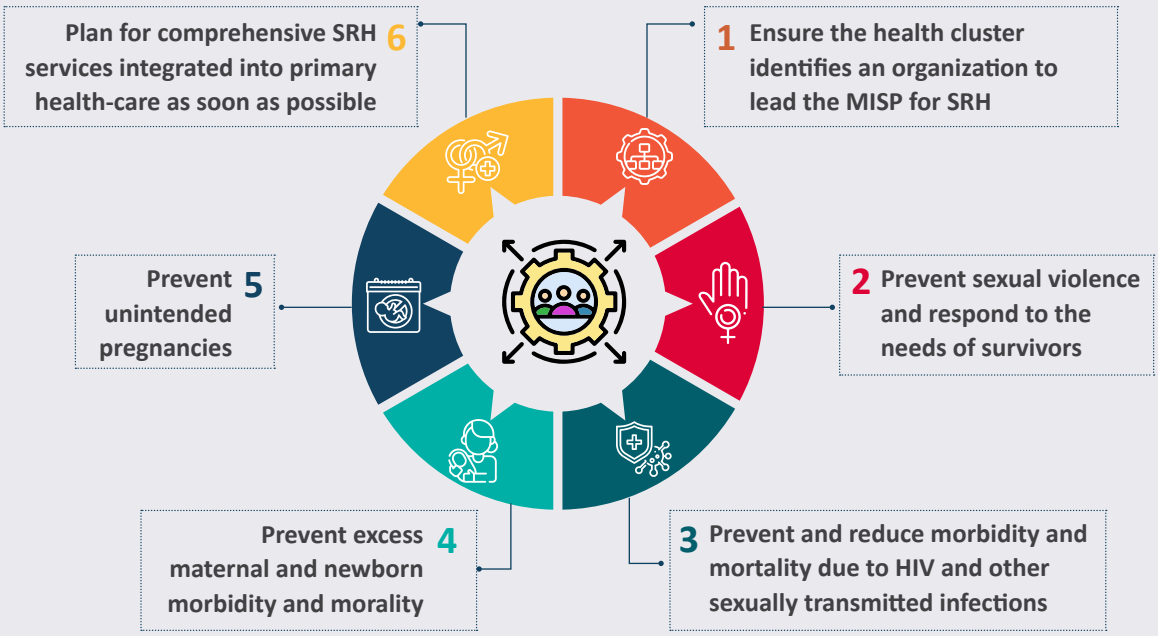
Background

To better understand the readiness of countries in Eastern and Southern Africa (ESA) to respond to SRH needs during emergencies, partners and governments under the 2gether 4 SRHR Programme[1] engaged in 2022 with 22 countries of the region to conduct a Minimum Initial Service Package (MISP) Readiness Assessment (MRA). This process allowed governments, together with their partners, to identify gaps in preparedness. Relevant stakeholders, including various ministries, communities, United Nations agencies and other stakeholders, worked together to develop MISP preparedness action plans in each country to address these gaps. This region-wide assessment provided a unique opportunity to take stock of the strengths and weaknesses regarding preparedness. This brief summarizes some of the findings of the assessment and provides key considerations to help strengthen the capacity to provide MISP and SRH services in emergency settings.

The MISP Readiness Assessment (MRA)

A process that provides a snapshot of readiness and capacity to ensure access to essential SRH services as outlines in the MISP

The **MISP** is a collection of minimum actions to be implemented at the onset of a crisis within 48 hours to help reduce mortality and morbidity related to SRH. It is complemented by a list of Inter-Agency Reproductive Health Kits. The activities can be implemented without an in-depth SRH assessment and must be in place before moving to implementation of comprehensive SRH services.



Note: Ensure that safe absortion care is available to the full external of the law, in health centres and hospitals.

[1] 2gether 4 SRHR is a joint United Nations regional programme supported by the Government of Sweden (Sida) that combines the efforts of UNAIDS, UNFPA, UNICEF and WHO to improve the sexual and reproductive health and rights of all people in Eastern and Southern Africa, particularly adolescent girls, young people and key populations.

Why invest in sexual and reproductive health preparedness?

Research shows that every US$1 invested beforehand saves more than $2 in future response costs. In some cases, more than $7 was saved for every $1 invested. The average response time was shortened by 10 days.

Emergency situations exacerbate the vulnerability of women, girls and marginalized groups, and reduce their access to SRH services. During emergencies, SRH needs persist or even increase because pregnancies, complications, sexually transmitted infections and HIV transmission risks, and the need for modern contraception do not stop when an emergency strikes.

Estimates indicate 60 per cent of preventable maternal deaths and 45 per cent of neonatal deaths take place in fragile settings where political conflict, displacement, and natural disasters prevail. In addition, the risks of unsafe abortions, unsafe deliveries and gender-based violence increase during an emergency. To mitigate these risks, access to life-saving SRH services as described in the MISP for SRH in Crisis Situations are essential.

The ESA region is exposed to multiple risks, including large-scale emergencies linked to the consequences of the global climate crisis, acute and protracted conflict situations and fragile settings. To cope with and mitigate the consequences of these shocks, preparedness is essential.

Countries need to have the capacity to deal with any type of crisis. This includes having an enabling policy environment, resilient health systems and qualified health workers who can effectively respond to the SRH needs of affected populations. The investment in preparedness also offers a critical opportunity for humanitarian and development actors to coordinate and work together in line with the humanitarian–development–peace nexus to ensure continuity of care.

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What is at stake in the Eastern and Southern Africa region?

> Working on preparedness helps point at issues in SRH service delivery that exist during stable times, and identifies what efforts are needed to ensure readiness to provide the MISP during emergencies.
>
> *UNFPA Namibia, post MRA workshop interview, June 2022*

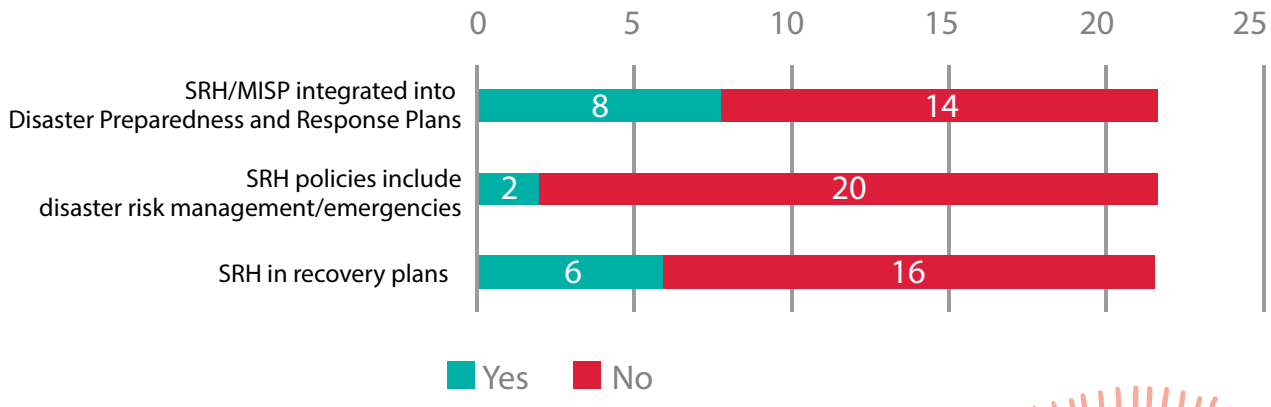
Policy landscape

This was the first time that countries in the ESA region, except Kenya, specifically assessed SRH preparedness using an all-hazard and national approach. The findings show that national emergency preparedness and response policies do exist in the region. Most countries also have a national health preparedness or emergency response plan. But SRH provisions (or the MISP) are not adequately integrated into these policies or into national recovery plans, failing to create an enabling policy environment that would mandate the provision of SRH services during emergencies.

Beyond specific emergency preparedness and response policies, the findings showed that the MISP is also absent in thematic and development policies. Only Kenya and Ethiopia in the region have SRH policies that integrate or consider elements of emergency preparedness, response or disaster risk management. This reveals that development policies do not sufficiently consider the realities of cyclical disasters, protracted situations and fragile settings, and they miss the opportunity to bridge the divide between development and humanitarian responses.

In **Botswana**, there is a favorable legal and policy environment to enable disaster preparedness and these plans are rolled out at the sub-national level where they are coordinated under the office of the District Commissioners. However, these National Emergency Preparedness Plans do not specifically or adequately integrate SRH or the MISP. The overall national response for health emergencies is coordinated by the Ministry of Health; however, there is no entity that is specifically responsible for responding to SRH and services during a crisis.

Figure 1: Integration of SRH/MISP into national emergency and developement policies in ESA countries



Siloed policies and programmes for SRHR in emergencies

Most countries in the ESA region face cyclical, recurrent or protracted emergencies. They transition regularly from humanitarian to development activities, and these can even exist simultaneously. Preparedness work sits at the intersection between development and humanitarian work. It aligns with the United Nations New Way of Working strategy, which calls on humanitarian and development actors to work collaboratively together, based on their comparative advantages, towards 'collective outcomes' that reduce need, risk and vulnerability over multiple years. The MRA exercise in the ESA region showed that policies and programmes are still very siloed, and disaster management authorities rarely interact with the Ministry of Health or other ministries in charge of SRH. The findings are similar when it comes to development and humanitarian non-governmental organizations.

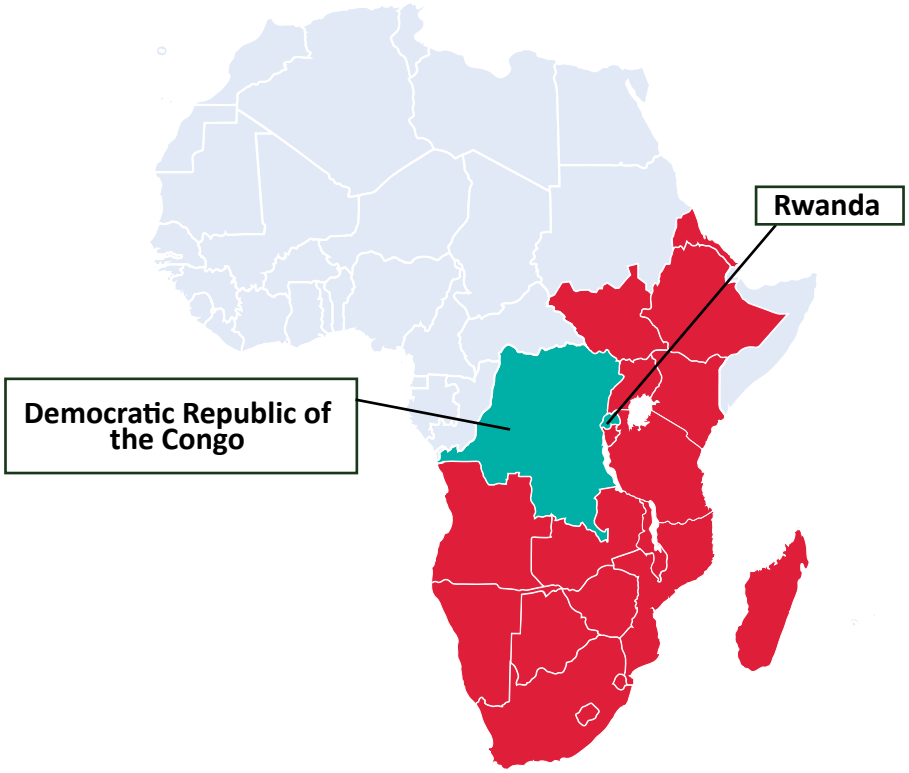
Bringing together these different entities under the MRA process created an entry point for future collaborations. Partners assessed how well services operate during stable times and evaluated if these could be maintained or scaled up during emergencies. The exercise shed light on recurrent issues related to SRH service delivery and the need to create strategic bridges and collaboration between disaster management, humanitarian and development stakeholders.

In **Ethiopia**, there is a comprehensive national policy on disaster risk management, but there is no national policy supporting and adapting the humanitarian–development–peace nexus. As a result, the involvement of development partners in humanitarian settings has not been very significant or sustainable.

> "Working on MISP preparedness at national level helped us initiate a conversation and partnership with the disaster management department to see how the MISP can be integrated into their policies, strategies and guidelines."
>
> *UNFPA and Ministry of Health experience from Tanzania*

Health-care workers' readiness

Figure 2: Do the health-care training curriculum or other relevant trainings, including an online platforms, for health staff integrate health emergency management and/or the MISP?



Effective emergency responses call for qualified and available health-care professionals. Midwives are key contributors during emergencies and need to be trained on the MISP. In the ESA region, these trainings are mostly supported by UNFPA or other civil society organizations. MISP training is very rarely (only in Democratic Republic of the Congo and Rwanda) institutionalized and made part of the national training curriculum. This impacts the availability of a pool of trained medical professionals ready to respond quickly to SRH needs during an emergency.

In **South Africa**, the online training platform to build capacity of health-care workers on national SRHR guidelines does not include emergencies or the MISP.

In **Uganda**, the curricula for doctors, nurses and midwives incorporate health emergency management; however, there is no reference or content on the MISP.

Recommendations

> Investing time and resources into planning and preparedness now will result in a more efficient and effective response when a humanitarian crisis arises, build more resilient health systems, and improve the health outcomes of all people in the region.
>
> *Extract of the post MRA Call to Action 2022*

Ensure complementarity between emergency/disaster risk reduction policies and SHR/family planning policies through:

- integration of the MISP into national emergency, preparedness, recovery and disaster risk reduction policies and plans;
- inclusion of disaster management and/or emergency response in SRH development policies.

Ensure the capacity strengthening and availability of skilled health workers through:

- inclusion of the MISP in the national training curricula for midwives, nurses, doctors and other health workers.

Ensure resilient health systems through:

- promoting the humanitarian–development–peace nexus as a way of working across the health system for more coherent interventions;
- funding of SRH preparedness strategies and actions that will impact both stable times and emergencies.