

Question 7. According to your Government or organization, what is required to strengthen accountability for the rights of women and girls in humanitarian settings? Please elaborate on what actors can help?

In its document “Sexual and Reproductive Health and Rights in humanitarian crises: Ensure the safety and health of women and girls”¹, Countdown 2030 Europe identified a list of actions that humanitarian donors and actors should prioritize, namely:

1) Implementing the Minimal initial service package (MISP).

The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in crisis situations is a series of crucial, lifesaving activities required to respond to the sexual and reproductive health needs of affected populations². In many countries affected by protracted crises there is a high unmet need for family planning. Birth spacing improves child and maternal outcomes and reduces maternal and neonatal mortality. The collapse of health systems during emergencies means reduced access obstetric care in case of complications as well as to contraceptives and safe and post- abortion care. Therefore many women, girls and couples wish to delay, space or limit pregnancies following displacement, and the need for contraception increases after an emergency. It should be noted that safe abortion care is a priority area in the MISP, and professionals can provide safe abortions even in acute emergency settings and in settings without electricity or running water.

Key actions:

→ Implementing the MISP as a non-negotiable international standard of care at the onset of every emergency. It is therefore essential to ensure that priority sexual and reproductive health services are properly identified and integrated into every emergency response.

→ It is needed to invest in continued and flexible funding mechanisms designated to prepare for and respond to the crises that include funding for quality and non-discriminatory sexual and reproductive health services. The MISP should be a regular component in funding agreements. Investments shall be made in supply chain and logistics for the lifesaving sexual and reproductive health supplies required to implement fully the MISP.

2) Prevent and respond to sexual and gender-based violence with sexual and reproductive health services

As mentioned, women and girls are disproportionately affected by crises, as emergencies exacerbate existing gender inequalities and risks of sexual and gender-based violence³: one in five internally displaced or refugee women living in humanitarian crisis and armed conflict have experienced sexual violence⁴. Sexual and gender-based violence and sexual and reproductive rights are deeply intertwined: people who experience sexual violence are more at risk of unwanted pregnancies,

¹ Sexual and Reproductive Health and Rights in humanitarian crises: Ensure the safety and health of women and girl - SRHR in Humanitarian crises - 4 pages.pdf (countdown2030europe.org)

² The MISP is developed by the Inter-Agency Working Group for Reproductive Health in Crisis, full information and resources are available at <https://iawg.net/resources/minimum-initial-service-package-misp-resources>. The priority life-saving services in the MISP are integrated into the Sphere Minimum Health Standards in Humanitarian Response. International laws support the rapid and unobstructed implementation of the MISP by humanitarian actors. SRH services are also vital to realizing the United Nations Security Council Resolutions 1325, 1820, 1888, and 1889 on Women, Peace, and Security

³ Sexual and gender-based violence refers to “any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional or psychological and sexual violence, and denial of resources or access to services. Violence includes threats of violence and coercion. Sexual and gender-based violence inflicts harm on women, girls, men and boys and is a severe violation of several human rights”. For more information refer to: <https://emergency.unhcr.org/entry/60283/sexual-and-gender-based-violence-sgbv-prevention-and-response>.

⁴ For more info: https://www.unocha.org/sites/unocha/files/OOM_gender_22May2019_0.pdf

maternal and infant mortality, and sexually transmitted infections, including HIV, and such violence can cause direct and long-term physical and mental health consequences⁵

Sexual and reproductive health services are an entry point to prevent and respond to gender-based violence⁶. Some violations of sexual and reproductive health are forms of sexual and gender-based violence: forced sterilizations, abortions and pregnancy, criminalization of abortion, denial or delay of services, abuse and mistreatment of people seeking care, child, early and forced marriage and unions.

Key actions:

- Gender-based violence services should be recognized as essential services and must be accessible in a safe and user-friendly way, including allocated budgets and support for staff.
- Humanitarian programmes should provide information and build awareness of available sexual and reproductive health services for survivors, including emergency contraception, post-exposure prophylaxis (PEP), psychosocial support, and safe abortion care to the full extent of the law, that can be delivered in a timely, safe, dignified, and confidential manner.
- Access to life-saving safe abortion care should be ensured, and post-abortion care for survivors of sexual violence included in all sexual and reproductive health and gender-based violence services.

3) Ensure efficiency, accountability and sustainability through women-led, local organizations.

Local actors and women-led organisations play a fundamental role to enhance efficiency, accountability, acceptability and sustainability of humanitarian interventions. They have long been part of the national infrastructure of providing socioeconomic and health services and support to especially the most marginalised communities at national and local level, they know deeply the needs of the people and are trusted by them. As such, supporting local and women-led organisations supports the human rights-based approach of securing participation of the affected population and inclusion of the most vulnerable ones. However, the space for individuals, human rights defenders and civil society organizations working on sexual and reproductive health and rights issues is limited and decreasing in many contexts. Often more grassroots organisations compete for funding with larger organizations, and financial support to these actors remains totally inadequate⁷.

Key actions:

- It is crucial to scale up funding to local and women-led actors, and to enhance funding streams that are either flexible or tailored to enable locally grounded effective interventions and to foster complementarity with multilateral and governmental initiatives.

⁵ Onyango, M. A., & Heidari, S. (2017). Care with dignity in humanitarian crises: ensuring sexual and reproductive health and rights of displaced populations.

⁶ In May 2019, the high level-conference in Oslo on Ending Sexual and Gender-Based Violence in Humanitarian Crisis hosted by Norway, Iraq, Somalia, the United Arab Emirates, UNOCHA, UNFPA, the International Committee of the Red Cross and other partners, mobilized political will and financial pledges to accelerate the drive to stop sexual and gender-based violence in conflicts and disasters; a joint civil society statement representing 110 national and 55 international NGOs, was presented at the high-level segment. For detailed information on the conference commitments and pledges, refer to: <https://www.endsgbvoslo.no/>

⁷ For more info: [OECD-report-on-womens-rights-organisations.pdf](https://www.oecd.org/en/data/oecddoc/2019/01/ocd-2019-01-01-report-on-womens-rights-organisations.pdf)

→ It is also essential to invest in initiatives supporting respective national governments to lead the coordination of emergency operations and building up the capacity of women, young people and girls to access and influence decision makers in the recent future⁸.

4) Ensure dignity and health with access to long-term healthcare.

Sexual & reproductive health is a fundamental part of healthcare provision and an essential element of Universal Health Coverage. During an emergency, dignity kits that contain simple but necessary everyday items often taken for granted - like underwear and sanitary pads – should be distributed to women and girls to meet basic primary healthcare needs. As important as to support the acute humanitarian actions it is to support the existing public services (if there are any) during and after the emergency: efforts to build Universal Health Coverage should be supported.

Key actions:

→ While the Minimum Initial Service Package (MISP) for sexual and reproductive health is always the first intervention of sexual and reproductive health programmes in humanitarian response, it is critical to transition from the MISP to comprehensive sexual and reproductive health services (a wider range of activities, which should be regarded as a continuum of services and very much dependent on the context) as soon as possible, or within 3-6 months of the onset of a crisis. We reaffirm the absolute importance of funding the transition from the MISP interventions to the comprehensive roll-out of services and sexual and reproductive health programming in humanitarian settings, aiming to shift in time from the phase of distribution of dignity kits and contraceptives to support the healthcare services and efforts at local level⁹.

→ Strategies for Universal Health Coverage in crises may include focusing on district health systems and strong country stewardship; also, empowering national and local actors to create an effective coalition for equal access to Universal Health Coverage is a priority.

⁸ For more info: Women's and girls' rights and agency in humanitarian action: A life-saving priority - CARE Canada

⁹ For more info: <https://countdown2030europe.org/resources/sexual-and-reproductive-health-and-rights-humanitarian-crises-ensure-safety-and-health-women-and-girls>