CHAPTER 1
INTRODUCTION

1.1 SETTING THE CONTEXT

In 2015, the United Nations High Commissioner for Refugees (UNHCR) estimated that the global forcibly displaced population exceeded 65 million for the first time in history. This included over 21 million refugees, 40 million internally displaced persons, and more than 3 million asylum seekers. Of those needing humanitarian assistance, approximately 1 in 4 are women and girls of reproductive age.

Sexual and reproductive health (SRH) is an essential component of the humanitarian response. Sexual and reproductive health is a state of complete physical, mental and social well-being (not merely the absence of disease and infirmity) in all matters relating to the reproductive system and its functions and processes. SRH therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this last condition are people's rights to be informed and have access to safe, effective, affordable, and acceptable contraceptive methods of their choice, as well as other interventions and strategies for fertility regulation that are not against the law. People should also have the right to access appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide individuals and couples with the best chance of having a healthy infant.

All people, including those living in humanitarian settings, have the right to sexual and reproductive health. To exercise this right, affected populations must have an enabling environment and access to comprehensive SRH information and services so they can make free and informed choices. Quality SRH services must be based on the needs of the affected populations, particularly the needs of women and girls. SRH services must respect the religious and ethical values and cultural backgrounds of the communities, while conforming to universally recognized international human rights standards.

1.2 SEXUAL AND REPRODUCTIVE HEALTH IN HUMANITARIAN SETTINGS

A humanitarian setting is one in which an event or series of events has resulted in a critical threat to the health, safety, security, or well-being of a community or other large group of people. The coping capacity of the affected community is overwhelmed, in-country infrastructure is disrupted, and external assistance is required. This can be the result of events such as armed conflicts, natural disasters, epidemics, or famine and often involves population displacement.

In humanitarian settings, it is essential to provide SRH services. Morbidity and mortality related to SRH is a significant global public health issue and those in humanitarian settings often face heightened risks and additional barriers to SRH services. Access to SRH care is a right and persons affected by conflict or disaster are entitled to protection and assistance. The timely provision of SRH services can prevent death, disease, and disability related to unintended pregnancy, obstetric complications, sexual and other forms of gender-based violence, HIV infection, and a range of reproductive disorders.

Providing comprehensive, high-quality SRH services in humanitarian settings requires a multi-sectoral, integrated approach. Protection, health, nutrition, education as well as water, sanitation, and hygiene and community service personnel all have a part to play in planning and delivering SRH services. The best way to ensure that SRH services meet the needs of the affected population is to involve the community in every phase of the development of those services; only then will people benefit from services specifically tailored to their needs and demands and only then will they have a stake in the future of those services.

1.3 HISTORY OF THE INTER-AGENCY FIELD MANUAL (IAFM)

The global community began prioritizing the SRH needs of refugee and displaced populations in the mid-1990s. In 1995, more than 50 governments, United Nations (UN) agencies, and non-governmental organizations (NGOs) committed themselves to strengthening reproductive health services for refugee populations and subsequently formed the Inter-Agency Working Group on Reproductive Health in Crises (IAWG).

BOX 1.1: WHAT IS IAWG?

The Inter-Agency Working Group on Reproductive Health in Crises is a broad-based, highly collaborative coalition that works to expand and strengthen access to quality sexual and reproductive health services for people affected by conflict and natural disaster. Formed in 1995 as the Inter-Agency Working Group on Reproductive Health in Refugee Situations, IAWG had over 2,100 individual members from 450 agencies in 2017. IAWG remains committed to advancing the sexual and reproductive health of people affected by conflict and natural disaster and works to:

- **Document gaps, accomplishments, and lessons learned**
- **Evaluate the state of sexual and reproductive health in the field**
- **Establish technical standards for the delivery of reproductive health services**
- **Build and disseminate evidence to policy makers, managers, and practitioners**
- **Advocate for the inclusion of crisis-affected persons in global development and humanitarian agendas**

IAWG is led by a 20-member Steering Committee comprising UN agencies and non-governmental humanitarian, development, research, and advocacy organizations.

One of the first activities of the new organization was to develop guidelines for providing reproductive health services in refugee settings. After extensive field-testing of a beta version, in 1999 IAWG-affiliated agencies released

Reproductive Health in Refugee Situations: An Inter-Agency Field Manual. Importantly, the manual outlined a set of minimum reproductive health interventions to be put in place at the outset of a humanitarian crisis known as the Minimum Initial Service Package (MISP). The manual also served as a tool to: facilitate discussion and decision-making in the planning, implementation, monitoring, and evaluation of comprehensive reproductive health interventions; guide SRH Coordinators, health program managers, and service providers in introducing and/or strengthening evidence-based interventions; advocate for a multi-sectoral approach to meeting the comprehensive needs of affected populations; and foster coordination among partners. In 2010, IAWG released a new edition of the manual. Reflecting the relevance of the document for a broad array of refugee, crisis, conflict, and emergency settings, IAWG agencies retitled the manual the *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* (IAFM). In addition to technical updates, the 2010 IAFM reframed safe motherhood as maternal and newborn health, included stand-alone chapters on adolescent reproductive health, HIV, and sexually transmitted infections (STIs), and introduced a new chapter on comprehensive abortion care.

In 2016, IAWG embarked on a 24-month process to revise the IAFM. The result is the 2018 version of the *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* (2018 IAFM).

1.4 DEVELOPMENT OF THE 2018 IAFM

Since the release of the 2010 IAFM, IAWG members have conducted both formal and informal evaluations of the use of the manual and the implementation of SRH interventions in humanitarian settings. Taken together these evaluations indicated that despite considerable progress in funding for, awareness of, and capacity to deliver SRH programming, significant gaps existed with respect to providing adolescent sexual and reproductive health services, offering a full range of contraceptive methods and comprehensive abortion care, providing emergency obstetric and newborn care, and preventing sexual violence. These findings informed the revision process. Feedback from practitioners in the field also provided direction for the 2018 IAFM. In addition to technical updates, users of the manual working in a range of countries and settings expressed the need for simplified language, enhanced linkages between topics and chapters, and incorporation of case studies and programmatic examples to guide implementation.

Consistent with previous versions of the manual, human rights principles and evidence-based policies and practices ground the 2018 IAFM. The 2018 version explicitly recognizes that sexual and reproductive health and rights are central to the realization of fundamental human rights, including the right to life, the right to health, the right to be free from torture and ill-treatment, the right to privacy, the right to education, and the prohibition of discrimination, particularly on the basis of sex and gender. In alignment with international human rights obligations and guidance from numerous human rights and political bodies, the 2018 IAFM emphasizes that advancing sexual and reproductive health and rights requires that crisis-affected populations have access to comprehensive SRH information and services and the ability to make informed decisions free from violence, discrimination, and coercion.

Sexual and reproductive health guidelines issued by normative bodies, and particularly those of the World Health Organization (WHO), provide the technical foundation for the manual. Where possible, this manual incorporates specific evidence from or examples about the application and adaptation of global sexual and reproductive health or human rights standards in humanitarian settings. Although national laws, policies, and resources in specific contexts may complicate implementation of global standards, the 2018 IAFM presents evidence-based interventions that should be offered in all settings and to all affected populations, a position consistent with broader human rights principles.

The 2018 IAFM is a product of IAWG and thus the existing leadership structure governed the overall effort. IAWG formally began the revision process in March 2016. IAWG sub-working groups took the lead on individual chapter revisions, providing substantive input and technical updates through consultation and a review of published sources. These sub-working groups also reached out to field staff in multiple countries and in some cases engaged directly with refugee and displaced populations for feedback. The 2018 IAFM Taskforce, a body comprising more than 50

individuals from 21 UN agencies, international NGOs, and academic institutions and guided by a consultant with subject matter expertise, further developed and ultimately approved the substantive changes to individual chapters and made decisions regarding overarching structural revisions. Regular conference calls and 3 in-person meetings allowed for robust debate, compromise, and agreement. The final step in the process involved a technical review by members of the IAWG Steering Committee with relevant expertise to ensure all recommendations are based on the best evidence currently available. Thus, the 2018 IAFM represents the consensus of representatives from a wide cross-section of agencies working on SRH in the humanitarian sector.

1.5 MAJOR CHANGES IN THE 2018 IAFM

The revision process resulted in technical updates to all chapters of the 2010 IAFM. These changes reflect the best-available evidence on clinical practice and program implementation at the end of 2017. Importantly, the 2018 manual uses "sexual and reproductive health" in place of reproductive health, reflecting better the scope of the manual and expanded understanding of the field.

CHANGES TO THE MISP CHAPTER

Perhaps the most significant change reflected in the 2018 IAFM is to the MISP chapter. The MISP outlines a set of objectives and corresponding priority activities to be undertaken at the onset of a crisis (within 48 hours whenever possible). In the 2018 IAFM, prevention of unintended pregnancy is a standalone objective. The identified priority activities are to:

- Ensure availability of a range of long-acting reversible and short-acting contraceptive methods (including male and female condoms and emergency contraception) at primary health care facilities to meet demand
- Provide information, including existing information, education, and communications (IEC) materials, and contraceptive counseling that emphasizes informed choice and consent, effectiveness, client privacy and confidentiality, equity, and non-discrimination
- Ensure the community is aware of the availability of contraceptives for women, adolescents, and men

A second major change to the MISP chapter involves explicit references to safe abortion care. In addition to incorporating pregnancy options counseling and provision of or referral for abortion services into clinical care for survivors of sexual violence, provision of safe abortion care, to the full extent of the law, is now included in the MISP chapter as a standalone "other priority activity."

Finally, the MISP chapter strengthens guidance on HIV, maternal and newborn care, and transitioning from the MISP to comprehensive SRH. The new edition offers expanded content to facilitate planning for comprehensive services and focuses on health system building blocks. These revisions respond to a gap identified in the IAWG global evaluation.

ADDITION OF A LOGISTICS CHAPTER

The supply chain is a critical component of successful SRH service delivery; without medicines and other supplies health workers cannot provide effective services. Recognizing the importance of this issue the 2018 IAFM includes a chapter dedicated to logistics. The chapter maps the key stakeholders and processes that are essential to effective sexual and reproductive health supply chains; provides recommendations on transitioning from emergency to ongoing supply chains; outlines key steps including forecasting, procurement, transportation, and last-mile distribution; and identifies staff roles and responsibilities for effective supply chain management. The inclusion of this chapter responds directly to feedback from users in the field.

CHANGES IN EMPHASIS AND LANGUAGE

The 2018 IAFM places greater and more consistent emphasis on human rights obligations and principles, gender-based violence, the linkages between maternal and newborn health, and assessment, monitoring, and evaluation. The introduction and the revised chapter on "fundamental principles" engage more fully with the human rights underpinnings of the manual and situate the recommendations within broader international guidelines. The revised chapter on gender-based violence includes an expanded focus on a broader array of types of gender-based violence encountered in humanitarian settings and lays out

a survivor-centered, rights-based approach to these issues in humanitarian settings that pays specific attention to adolescents and lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual populations. The new version of the manual also places greater emphasis on quality care for mothers and newborns on the day of birth and contains more information about newborn health, including expanded content related to emergency obstetric and newborn care, essential newborn care, care for small and sick newborns, and respectful maternity care.

BOX 1.2: OUTLINE OF THE 2018 IAFM

Chapter 1: Introduction

Chapter 2: Fundamental principles

Chapter 3: Minimum Initial Service Package
This chapter includes the new MISP objectives as well as details on the priority activities

Chapter 4: Logistics *NEW*

Chapter 5: Assessment, monitoring, and evaluation

Chapter 6: Adolescent sexual and reproductive health

Chapter 7: Contraception

Chapter 8: Comprehensive abortion care

Chapter 9: Maternal and newborn health

Chapter 10: Gender-based violence

Chapter 11: HIV

Chapter 12: Sexually transmitted Infections (STIs)

As much as possible, each chapter contains stand-alone information. However, in order to avoid repetition, some of the chapters have references in the text that point to related issues in other chapters.

INCLUSION OF PROGRAMMATIC EXAMPLES

Finally, in response to expressed needs from the field, the 2018 IAFM includes a series of programmatic examples showcasing the implementation of SRH programming in different humanitarian settings. These examples involve numerous implementing agencies in different countries and regions operating during different phases of an emergency. Case studies also explore a range of challenges that those in the field routinely experience.

BOX 1.3: WHERE TO START?

The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crises is a set of priority activities to be implemented at the onset of an emergency. Comprehensive SRH services must be implemented as soon as the situation permits. Therefore, the 2018 IAFM is designed for readers to begin with Chapter 1 (Introduction), Chapter 2 (Fundamental principles), and Chapter 3 (MISP), before proceeding to the cross-cutting and technical chapters.

1.6 INTENDED AUDIENCE FOR THE 2018 IAFM

SRH Coordinators and health program managers in humanitarian settings are the primary audience for the 2018 IAFM. Service providers (doctors, nurses, midwives, etc.) will also find useful information about the MISP and a range of SRH issues. Community services officers, protection officers, and others working to meet the needs of affected women, men, and adolescents will also benefit from the guidance offered in this document. As the 2018 manual is intended for use in the field by a range of implementing agency staff, it thus does not provide detailed clinical guidelines; users are directed to and encouraged to consult additional resources as necessary.

BOX 1.4: USING THE IAFM: ADVICE FROM THE FIELD

I am going to make some assumptions that you are sitting somewhere in an emergency affected area right now. Maybe you are writing a proposal, creating the beginning of a program design, or trying to help technical staff adapt existing programs to the new reality of an emergency. For whatever reason you are reading this manual and for whomever you are working, we want you to know that the 2018 IAFM is for you. This is how I know that…many years after engaging in my first humanitarian response, I am now one of the many contributing authors to the 2018 version.

My name is Lara S. Martin and toward the beginning of my career I was reading a previous version of the IAFM, most likely for the same reasons you are. Every day my colleagues and I designed programs, wrote proposals, and worked with partners and donors in the middle of an emergency response. We implemented the MISP through all of our health programming. We mainstreamed gender-based violence through both our protection and health programming. We advocated for survivor-centered care in a context where access to basic services was limited by insecurity. Our programs were a success, but one of the main reasons for this (other than coffee and pure energy) was the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings.

The IAFM was my guiding light every night. I would read the chapter I needed repeatedly then turn around every day to adapt implementation to our programming context and the realities of the work. I literally printed out the IAFM. I removed the MISP chapter to have it right by my desk every day at work. The classic graphic of the MISP was taped to the wall and was my personal litmus test for moving toward comprehensive programming. I used the suggested indicators along with the ones our donors required to monitor the quality of our data collection systems in the clinics. The MISP was essential to our log frames.

Yes, we were probably just like you. The 2018 IAFM will give you a clear protocol for your program design and implementation. It provides essential guidance on what to do and how to do it for a SRH emergency response. If you find yourself in the first hours and days of an emergency, read this manual. If you find yourself in a protracted area with cyclical emergencies, read this manual. If you find yourself managing SRH technical staff, but are not yourself a SRH expert, read this manual.

Tear or print out what you need, use it the way that suits you best. In the 2018 version, you will find updates to the MISP, human rights considerations mainstreamed through every chapter, and even a chapter for logistics of SRH supplies. New graphics and a revised chapter on assessment, monitoring, and evaluation of SRH emergency programming are now also included. There are also additional tools and resources online. There is so much for you to use and adapt – there is no need to start from scratch every time you begin to design or implement programs. Be sure to visit the online tools section – there is good stuff there!

Just a concluding note: the contributing authors always had you and your program beneficiaries in mind while working on the 2018 IAFM. The realities of your work balanced how we approached writing evidence-based and evidence-informed best practice, truly influencing the content you will find herein. Future iterations of this manual will continue to improve upon this version. We hope that whoever you are, wherever you are, the 2018 IAFM helps guide your SRH programming, just as it did for me.

1.7 WHERE TO FIND ADDITIONAL RESOURCES

Development of the 2018 IAFM involved consultation of many hundreds of peer-reviewed journal articles, normative body guidelines, and case reports. The end of each chapter contains a sample of the most important resources, references, and tools. However, in order to make the 2018 IAFM user friendly, we have not included citations in the main text nor have we included an exhaustive list of resources. An online repository provides a library of available resources as well as the full reference list for the 2018 IAFM.

1.8 FURTHER READINGS AND ADDITIONAL RESOURCES

Foster, A.M., Evans, D., Garcia, M., Knaster, S., Krause, S., McGinn, T., Rich, S., Shah, M., Tappis, H., Wheeler, E. (2017). The 2018 Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings: Revising the Global Standards. *Reproductive Health Matters*, 18–24.

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