

## HOW WILL YOU USE YOUR POWER?

# DEFEND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN HUMANITARIAN SETTINGS

During emergencies, access to sexual and reproductive health (SRH) services is a core component of basic health care and helps women and girls regain their rights and power to make autonomous decisions about their bodies and futures.



- For the 34 million – and counting – women and girls in humanitarian settings, there is **strong need and fierce demand** for the full range of SRH services.
- At a time when women and girls face increased risks of multiple forms of gender-based violence, unintended pregnancy, death or disability during pregnancy and childbirth, unsafe abortion, and sexually transmitted infections, access to SRH services is **lifesaving and a human right**.

Now, more than ever, there is an urgent need to defend and uphold the rights and health of women and girls affected by emergencies.



In an ever-widening gap between humanitarian needs and available funding, SRH has consistently been de-prioritized, resulting in critical shortages.



Major cuts to SRH funding are blocking efforts to build the resilient systems countries need to respond when emergencies strike.



In the face of harmful rollbacks and regressions on SRH, we must advocate harder and louder for the provision of the services women and girls need and want.

**Expanding access to SRH services for women and girls in humanitarian emergencies is critically needed to achieve our shared global commitments.**

In order to meet shared international commitments including the Sustainable Development Goals, Grand Bargain, FP2020, and others, states must ensure women and girls have access to comprehensive SRH services, and make clear steps to expand and ensure access, including in humanitarian settings.

## OUR ADVOCACY ASKS:

We, the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises, are powerful because our membership mobilizes around shared goals and actions informed by decades of diverse experiences. We call on the SRH community – from donors to governments to humanitarian and development partners – to join us to strengthen our collective power to advance SRHR in humanitarian settings. Here's how:

**Support and invest in local and national women-focused civil society organizations (CSOs) who are on the front lines delivering lifesaving SRH services to their communities.**

This support goes beyond funding and requires a fundamental shift in power relations between key stakeholders in the humanitarian system so that local and national women-focused CSOs are supported to play a greater and more central role in response and resilience-building of their communities.

**Ensure that best practice for SRH in humanitarian settings is institutionalized into emergency preparedness, response, and recovery, including funding appeals.**

The newly revised 2018 Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings should inform SRH funding priorities and programming. The IAFM's fundamental principles of working in respectful partnerships, advancing human rights, ensuring accountability, and sharing information and results, should serve as the foundation for all SRH work in humanitarian settings. The IAFM includes an updated Minimal Initial Service Package (MISP) for Reproductive Health, a priority set of life-saving activities that form the starting point for SRH programming, that must be implemented in the earliest days of an emergency.

**Ensure SRH provision in humanitarian settings meets a standard of availability, accessibility, quality, and appropriateness and be provided without coercion or discrimination.**

Expanding access to those with heightened risks and diverse SRH needs, including adolescent girls, sex workers, LGBTQIA+, people with disabilities and other marginalized communities, requires innovative, tailored programming, outreach, and meaningful partnerships with local organizations and networks. As part of these efforts, strengthening cross-sector collaboration and capacity, particularly between the health and protection sectors, must also be a priority.

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