



Ishwori Dangol was pregnant when an earthquake struck Nepal in April 2015. She gave birth safely in hospital after receiving care in a reproductive health camp. © UNFPA

Sexual and reproductive health and rights in conflict and emergencies

More people around the world are fleeing their homes in search of safety and refuge than at any other point in history. In 2015 alone, 100 million people were in need of humanitarian assistance. An estimated one-quarter (26 million) of these were women and girls of reproductive age.¹

Humanitarian crises threaten women and girls in specific ways, creating new risks and vulnerabilities. Existing service provision breaks down. Barriers to mobility increase. Women who already experience poor health outcomes associated with poverty or low social status are placed in precarious living conditions for indefinite periods.

This combination of circumstances creates unique difficulties for access to sexual and reproductive health (SRH) services.² Addressing these difficulties must be an integral part of all effective humanitarian, peacekeeping and disaster response efforts. The protection and promotion of sexual and reproductive rights and the empowerment of women and girls must also be priorities.³

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On Sexual and Reproductive Health
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Gendered risks and vulnerabilities in humanitarian crises include:

» **Interrupted access to contraception:**

In the acute stage of a crisis, there may be little or no access to reproductive healthcare, supplies or skilled professionals.⁴ This can mean that women are unable to choose their contraceptive method.⁵ Meeting needs for contraception has dramatic and wide-ranging health benefits, including fewer risky pregnancies and reduced rates of unsafe abortion.⁶

» **Risky pregnancy:**

In humanitarian settings, women may have to give birth in unsanitary conditions. This increases their susceptibility to trauma, disease and malnutrition.⁷ Displacement complicates the delivery of maternal and obstetric care, increasing the risk of unsafe childbirth and maternal and neonatal morbidity.⁸ Without emergency obstetric care, preventable and treatable complications may become life threatening. Every day, 507 women and adolescent girls die from complications of pregnancy and childbirth in emergency situations and in fragile states. About three-fifths of all maternal deaths today take place in humanitarian and fragile contexts.⁹

» **Gender-based and sexual violence:**

During a crisis, women and girls are at greater risk of gender-based violence, including intimate partner violence and rape. Breakdown in law and order can mean that perpetrators operate with impunity, while survivors are left with few supports.¹⁰ In conflict situations, gender-based violence and exploitation may be carried out systematically with the purposes of instilling terror and humiliation, exacting reprisal or ethnic cleansing.

» **Child marriage:**

Most of the 25 countries with the highest rates of early marriage are considered fragile states or are at high risk of natural disaster. In some crisis situations, girls are married younger because their families hope to protect them from sexual violence or to ensure that they will be provided for and cared for.¹¹

» **HIV infection:**

Increased incidence of sexual and gender-based violence, combined with interrupted access to healthcare services and supplies, creates a heightened risk of STIs, including HIV.¹²

BUILDING EFFECTIVE RESPONSES

Skilled professionals must be available for all births, with emergency obstetric care available for women who experience complications.¹³ Women and couples must have access to safe and effective modern contraception. Women who have experienced sexual abuse or exploitation must receive care for physical injuries, access to emergency contraception, post-exposure prophylaxis to minimise HIV transmission and psychological support. Women personnel should be available for reporting of sexual crimes.¹⁴

To provide access to these basic elements of SRHR in humanitarian settings, the Inter-Agency Working Group on Reproductive Health in Crises designed the Minimum Initial Service Package (MISP) for basic SRHR service provision in emergencies.¹⁵ The MISP is a way to organise provision of priority reproductive health services quickly and efficiently. Its primary aims are to:

- » Prevent and respond to sexual violence.
- » Reduce HIV transmission.
- » Tackle preventable maternal and neonatal mortality and morbidity.
- » Meet family planning and menstrual hygiene needs.

Implementation ensures that the most basic services are in place and facilitates the provision of comprehensive sexual and reproductive health services, integrated into primary healthcare, as soon as the situation permits.¹⁶

Critically, for any solution to be sustainable, women must be actively engaged.¹⁷ Gender equality must be an explicit goal of institutional reconstruction. Women must be represented in peacekeeping missions, including deployment of women-only

contingents. Protection strategies must be designed in consultation with women. Peacekeepers must be mandated, trained and resourced to address sexual violence comprehensively.¹⁸

WHAT CAN THE IRISH GOVERNMENT DO?

- » In 2015, world leaders agreed on a global agenda that will determine political and funding priorities for international development for the next 15 years. The 2030 Global Agenda for Sustainable Development is rights-based and draws explicit links between sustainable development, gender equality, gender-based violence and peace and security.
- » Ireland has also opted into other binding international agreements relating to SRHR and humanitarian settings, including the UN Security Council Resolution (UNSCR) 1325 on Women, Peace and Security. Ireland's second National Action Plan for 1325 sets out concrete actions that the Government will take to implement this resolution in practice. The National Action Plan commits to supporting access to 'quality essential services, reproductive healthcare, including ante-natal care and family planning services, [and] access to basic water, sanitation and hygiene services for women and girls affected by conflict.'¹⁹
- » Ireland's humanitarian policy, revised in 2015, acknowledges the specific risks and vulnerabilities faced by women in humanitarian crises. This policy commits to prioritising measures such as prevention of sexual and gender-based violence, as well as efforts to promote gender equality and women's empowerment. Protecting women and girls and promoting gender equality is also part of the eligibility criteria for all recipients of Irish Aid humanitarian funding.²⁰

IRELAND CAN TAKE THE FOLLOWING ACTIONS:

- » Allocate specific resources to SRHR within funding for humanitarian crises.
- » Ensure that the MISP is part of any humanitarian response.
- » Use its voice in international policy-making forums to ensure that women's sexual and reproductive health and rights are central to global responses to conflict and emergencies.

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15. Inter-Agency Working Group on Reproductive Health in Crises (2010). Chapter 2: Minimum Initial Service Package, Inter-agency Field Manual on Reproductive Health in Humanitarian Settings: 2010 Revision for Field-testing.

16. World Health Organisation (2011). Sexual and reproductive health during protracted crises and recovery.

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The Irish Family Planning Association (IFPA) acts as the secretariat to the All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights and Development.

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