Key points

- Gaps in the provision of Sexual and Reproductive Health Services (SRH) services to all members of a crisis-affected population will lead to increased morbidity and mortality.

- A Minimum Initial Service Package (MISP) for SRH needs to be ensured at the onset of an emergency and ideally within the first 48 hours, an early expansion to comprehensive care needs to be planned form the onset.

- The implementation of comprehensive SRH programming should not negatively affect the availability of MISP for SRH services; on the contrary, it should improve and expand upon them.

- SRH services must be accessible for all crisis-affected populations, including adolescents, persons with disabilities, unmarried and married women and men, the elderly, sex workers and clients, and LGBTQ individuals.

- Accurate information and counseling, including evidence-based, comprehensive sexuality education in integral part of SRH in humanitarian settings.

- SRH must be integrated into public health packages and linked to other service sectors, including when strengthening SRH supply chain management.

- When planning for comprehensive SRH services, use the six WHO health system building blocks as a framework: service delivery, health workforce, health information system, supplies and medical commodities, financing, and governance and leadership.

1. Overview

Sexual and reproductive health (SRH) is an essential component of the humanitarian response. 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. Neglecting SRH in emergencies may lead to grave consequences including preventable maternal and newborn deaths, sexual violence and subsequent trauma, unwanted pregnancies and unsafe abortions and the spread of HIV and other sexually transmitted infections (STIs).

The Minimum Initial Service Package (MISP) for SRH is a set of priority activities to be implemented from the onset of a humanitarian crisis (ideally within 48 hours). These life-saving activities form the starting point for SRH programming and should be built upon as soon as possibly with comprehensive SRH services and sustained throughout protracted crises and recovery.

2. Main guidance

Emergency standard

- Ensure the health sector/cluster identifies an organization to lead implementation of the MISP.
- Prevent sexual violence and respond to the needs of survivors.
- Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs.
- Prevent excess maternal and newborn morbidity and mortality.
- Prevent unintended pregnancies.
- Plan the transition to comprehensive SRH, integrated into primary health care.

Longer-term standard

- Accurate information and counseling on SRH, including evidence-based, comprehensive sexuality education.
- Information, counseling, and care related to sexual function and satisfaction.
- Prevention, detection, and management of sexual and gender-based violence and coercion.
- A choice of safe and effective contraceptive methods.
- Safe and effective antenatal, childbirth, and postnatal care.
- Safe and effective abortion services and care, to the full extent of the law.
- Prevention, management, and treatment of infertility.
- Prevention, detection, and treatment of sexually transmitted infections (STIs), including human immunodeficiency virus (HIV), and of reproductive tract infections.
- Prevention, detection, and treatment of reproductive cancers.

Annexes

Women’s Refugee Commission & IAWG, Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations - A Distance Learning Module, 2019

Save the Children, UNICEF, Newborn Health in Humanitarian Settings - Field Guide, 2018
3. Links

IAWG for Reproductive Health in Crisis Situations MISP Distance Learning Module MISP Calculators UNHCR Sexual and Reproductive Health

4. Main contacts

Contact the Public Health Section, Division of Programme Support and Management: hqphn@unhcr.org.