



© CARE



Sexual and Reproductive Health and Rights in Emergencies

Why should SRHR in Emergencies be prioritized?

Humanitarian crises are increasing in frequency, magnitude and duration due to conflict, natural disasters and climate change. In 2018, humanitarian crises affected 1 in 70 people around the world with more than 132 million people in 42 countries requiring humanitarian assistance to meet their basic needs. Sexual and reproductive health and rights (SRHR) needs do not disappear in a humanitarian crisis. In fact, they often increase. People continue to have sex, which we know can lead to sexually transmitted infection, unintended pregnancy, obstetric complications, and unsafe abortion. The risk of sexual violence increases due to the breakdown in security and social protection and rape may be employed as a weapon of war. Despite the need, SRH services and supplies are often not available in a humanitarian crisis. Health facilities and workers are increasingly targeted by armed combatants. Health systems, which may have been weak to begin with, are often overwhelmed or disrupted by the crisis. Skilled medical personnel get displaced and medical supply chains are broken. This has devastating consequences. Maternal mortality in humanitarian crises and in fragile settings is 1.9 times the world average, and **the number of maternal deaths in these countries represent 61 per cent of the total number of maternal deaths worldwide.**¹ Despite existing evidence, many women and girls affected by crisis still do not have access to even the lifesaving SRH services comprising the Minimum Initial Service Package for SRH in Crisis Settings.

¹ [UNFPA, 2015 - Maternal mortality in humanitarian crises and in fragile settings](#)

CARE's SRHRiE Programming Approach

CARE's humanitarian vision is to save lives through locally-driven humanitarian responses that challenge inequitable power dynamics and advance gender equality across different contexts. Sexual and Reproductive Health and Rights in Emergencies (SRHRiE) is a core emergency sector for CARE and crucial to meeting the life-saving needs of crisis-affected women, men, boys and girls. CARE is committed to ensuring that every woman and girl can exercise her right to lifesaving sexual and reproductive health (SRH) services in every situation, including humanitarian crises. This means that the following services must be available and accessible: the full-range of contraceptive services (including highly effective long-acting reversible methods), comprehensive abortion care services, treatment and support for GBV survivors, safe delivery, emergency obstetric and neonatal care and the prevention and treatment of STIs and HIV.

Humanitarian-development nexus: CARE is a dual mandate organization that links its humanitarian and development programming to ensure continued access to essential SRHR services before, during and after a crisis.

- **Emergency preparedness and planning :** At country level, CARE works with local government, communities and humanitarian actors to prepare for and respond rapidly to future emergencies by building the capacity of local responders on the Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations; bringing together disaster management and health authorities to develop contingency plans for provision of SRH services in an acute crisis; quantifying and pre-positioning SRH supplies and equipment in partnership with UNFPA; strengthening the capacity of civil society organizations to engage with the humanitarian system and advocate for their own needs; participating in coordination and technical working groups to prepare guidance and tools for response; and advocating for the prioritization of SRH in humanitarian policies, programs and plans.
- **Emergency response:** CARE enables **agile, rights-based, people-centered, gender sensitive emergency response efforts guided by the Minimum Initial Service Package** for SRH in crisis-settings in acute emergencies. Specifically, CARE supports **the local government health system and local partners to deliver SRH information and services** to crisis-affected communities and host populations through different modalities, including mobile clinics, in coordination with the humanitarian system. At the same time, CARE **engages communities** to raise awareness of SRHR, establish referral mechanisms, and to challenge gendered social norms that hinder use of SRH services. During public health emergencies, CARE also supports communities to conduct **community-based surveillance and risk communication to prevent and control infection**. To ensure **accountability**, CARE puts in place feedback and complaint mechanisms that enable project staff and service providers to be responsive to clients' needs and expectations.
- **Recovery & building back better:** CARE works in post-conflict and fragile settings to rebuild and strengthen local health systems that have been weakened by protracted or chronic crisis to deliver comprehensive SRHR services in fragile contexts with a focus on the most stigmatized SRH services. CARE's approach comprises: 1) building providers' clinical and counseling skills through competency-based training and follow-up clinical assessment and coaching; 2) supporting health providers and officials to make timely and evidence-based decisions for continuous program quality improvement; 3) ensuring that health centers have the right supplies, at the right time, and in the right quantities to ensure correct method choice and prevent service interruption; 4) transforming social and gender norms that hinder women's and girls' access to services and building community leadership on accountability of the local health system; and 5) strengthening adolescent-responsiveness of the health system through young-people centered approaches.

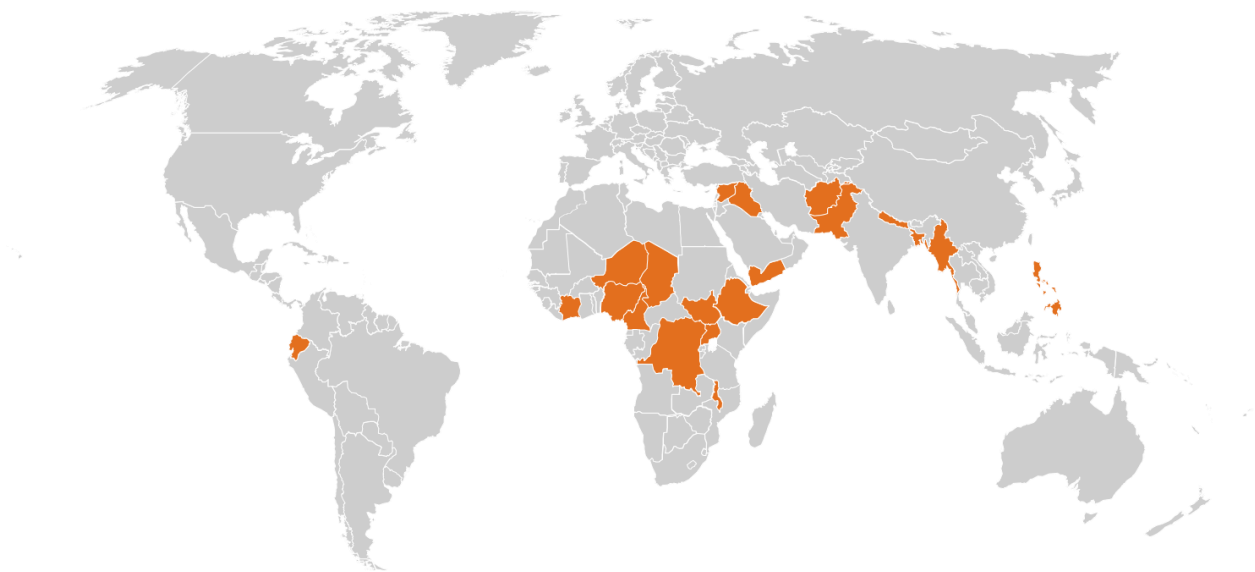
Rights-based and Gender & Inclusion Approaches: CARE's SRHR in Emergencies programming is grounded in gender and inclusion approaches. At the beginning of an emergency, we support **Rapid Gender Analyses** to gather essential information on gender roles, responsibilities, capacities and vulnerabilities to inform practical programming and operational programming; the application of CARE's SRHR in Emergencies **Minimum Commitments to gender and inclusion** to facilitate participatory and people-centered responses by assessing gender-sensitivity and inclusive approaches to inform programmatic action periodically across the project cycle; integration of **Gender Based Violence in Emergencies** prevention, mitigation and response; support implementation of **women and adolescent-girl centered participatory decision-making and accountability approaches**.

Localization: CARE's Humanitarian and Emergency Strategy recognizes that partnerships are vital for fulfilling its humanitarian mandate and that CARE is part of a larger humanitarian ecosystem requiring collaboration among a diverse set of actors to deliver effective and timely responses at scale. As signatory to the Charter for Change and the Grand Bargain, CARE committed to moving away from transactional, project-focused engagements, and into more equitable and strategically oriented partnership. CARE recognizes the importance of shifting power dynamics through more equitable partnerships, funding and decision-making and is committed to working towards these goals by amplifying efforts of local partners and women's rights organizations and youth-led organizations. CARE works with local partners across the humanitarian to development continuum.

Advocacy and influencing: CARE provides global leadership to address systemic barriers to SRH access in crisis-settings by ensuring global platforms and priorities, guidance and policy are reflective of ground-level realities and by shaping investments and priorities of key agenda setting donors. At a country-level, CARE conducts advocacy to unlock policy barriers when critical to ensuring access to SRH services.

Where we work

CARE works across 100 countries and 1,036 project and initiative teams around the world. CARE has SRHR programming in 63 countries and is currently responding to 9 large emergencies around the world. CARE works in settings that are at high risk of conflict and natural disasters (e.g. flood, earthquake and drought), which are increasing in frequency and intensity due, in part, to climate change. We work with different populations - displaced people (refugees, IDP) and local residents. We work in different settings - camps (formal and informal), settlements, and communities (rural and urban communities). Since 2012, CARE has supported SRHR programming in humanitarian settings in over 24 countries on three continents (Africa, Asia and Latin America) including: Afghanistan, Bangladesh, Cameroun, Chad, Colombia, Cote d'Ivoire, Djibouti, DRC, Ecuador, Ethiopia, Iraq, Malawi, Mali, Myanmar, Nepal, Niger, Nigeria, Pakistan, Philippines, South Sudan, Syria, Uganda, Venezuela and Yemen.



CARE in Action: Illustrative examples of CARE's SRHR in Emergencies programming

Responding to multiple Crises in Bangladesh

Rohingya Refugee Crisis in Cox's Bazar: In response to the ethnic cleansing campaign of Rohingya refugees in Myanmar and their influx into Cox's Bazar in August 2017, CARE Bangladesh initiated a multi-sectoral emergency response as early as September 2017. In partnership initially with Family Development Services and Research (FDSR), a local NGO and later, RTMI, CARE has been 4 static health posts, 8 mobile outreach teams and 12 Women's and Girl's Safe Spaces to deliver SRH and GBV services to refugees. CARE pioneered mobile outreach teams set up within homes of refugees on a rotational basis to deliver SRH/GBV services in Cox's Bazar to enable bringing services closer to women and girls in a context where increased restrictions were placed on their mobility. CARE also supports SRH service delivery at Women and Girls Safe Spaces to enhance privacy, confidentiality and accessibility of services for women and adolescent girls. CARE's community outreach approach includes volunteers from both the refugee and host populations builds trust between the communities and helps eliminate tension. Early on in the response, CARE in partnership with a range of donors and humanitarian agencies also worked to eliminate a major policy barrier resulting in the Government of Bangladesh releasing a waiver that enable refugees to access long-acting reversible contraceptives if they so desired. For additional information, see [CARE Cox's Bazaar Case Study of SRHR/GBV integration](#).

Flood response efforts: Given the cyclical nature of flooding, in other parts of the country, CARE Bangladesh serves as a go-to partner for SRHR emergency preparedness and response. In 2019, CARE Bangladesh built capacity of national and sub-national government authorities on preparedness in line with the MISP. These efforts were leveraged during Cyclone Amphan response efforts of 2020 which includes elements of SRHR, GBV and Cash and Voucher Assistance.

Meeting SRHR needs of women and married adolescents girls in Northern Syria

SRHRiE was a significant gap in the Syria response efforts in the first few years. In response, CARE partnered with Syria Relief & Development (SRD), a Syrian NGO to integrate an SRHR component into joint programming that also included trauma and primary healthcare. While other elements of the MISP were made available, it became clear that family planning and clinical management of rape continued to be a gap. CARE and SRD then partnered with UNFPA to complement existing programming with an integrated SRHR and GBV approach. As of 2019, this

partnership covered ten PHCs, ten mobile clinics serving 60 communities and Women and Girls Safe Spaces to meet the needs of displaced and host communities in Aleppo and Idleb. In this time, CARE has also developed partnerships with other local NGOs to scale up comprehensive SRHR programming in this area.

CARE has also been at the forefront of efforts to advocate for and pilot approaches for meeting the needs of married adolescents in crisis-affected Syria since 2017. Given the growing rate of child marriage and adolescent pregnancy in Syria, CARE in partnership with UNFPA, SRD with contributions from several other local partners, developed a package of interventions known as Adolescent Mothers Against All Odds (AMAL). AMAL includes three components (1) the Young Mothers' Clubs specifically for pregnant adolescents and first-time mothers and (2) health providers (3) community members. The AMAL approach aims to not only work with adolescents but also create a more adolescent responsive health system and enabling environment through meaningful participation and empowerment of adolescents and by addressing gender and social norms among health providers and communities that create barriers to adolescent girls' access to SRHR. CARE is now working with additional local partners to scale up this approach.

Pivoting with agility to meet needs in conflict-affected Kasai, DRC

In 2017, CARE DRC leveraged its long-running family planning and post-abortion care program in North Kivu to initiate a rapid emergency response in Kasai Oriental, one of the poorest regions in the country, with 1.3 million people displaced by local conflict. CARE worked in five health zones implementing MISP-focused response including a strong GBV component. Unmet need for family planning was further exacerbated by the crisis, together with high levels of GBV during the conflict, resulting in a high number of unplanned pregnancies and unsafe abortions. CARE was able to collaborate with other actors to ensure a holistic response was made available and accessible to crisis-affected men, women, boys and girls. In 2018, CARE supported the start-up of Kasai Oriental's multi-sectoral technical committee for family planning (CTMP), a citizen monitoring advocacy effort to support influencing and advocacy of government on family planning and other SRH services.

Meeting the needs of South Sudanese & Congolese refugees in Uganda

Uganda was host to 1.8 million refugees as of late 2018 (which has continued to rise since), of which 74% are from South Sudan with the remaining largely consisting of Congolese refugees. The Uganda Government and humanitarian actors are overwhelmed and struggling to contain the situation with limited resources. CARE Uganda has been responding to the South Sudanese Refugee crisis in SRHR Imvepi, Palorinya and Adjumani Rhino settlements in the West Nile Region since 2014 and the Congolese refugee response in Kyangwali Settlement in South Western Region since 2018. CARE pools funding from a variety of donors to implement multi-sectoral emergency programming robust SRHR, GBV and gender in emergencies elements that include both demand and supply-side interventions. At the community level, CARE works through male and female community-based facilitators and village health teams to address harmful gender and social norms on harmful practices such as early marriage and other topics that hinder access to services including by engaging men and boys, supports mapping and referral systems for pregnant women and life-saving SRH/GBV services while at the facility level, CARE supports capacity building, provision of critical medical equipment and support supervision approaches.

Response to conflict and internal displacement in South Sudan

Responding to the needs of CARE's strategy and programming bridges the spectrum between humanitarian assistance to long-term recovery and development by responding to emergency needs, while building resilience among communities to withstand possible future crises. CARE's programming in South Sudan emphasizes women and girls at the center. CARE adopts a holistic approach to gender-based violence combines prevention with comprehensive service delivery, and addresses root causes driving various forms of gender-based violence and gender discrimination. Since 2016, CARE has been implementing a multi-sectoral response including emergency SRHR, nutrition and GBV, starting with meeting the needs of internally displaced people and host communities in

Torit County in Eastern Equatoria State in 2016 at 19 mobile sites. Since then, CARE has expanded SRHR programming to Jonglei, Unity and Ruweng States in line with the MISP. CARE supports comprehensive SRHR guided by the MISP in 8 primary health care facilities and secondary health care in Pariang Hospital in Ruweng State. CARE also provides SRH services in Boma hospital in Pibor. These hospitals are referral centers providing specialized medical support including surgical and obstetrical operations, caesarian section, laparotomy, hernias, appendicitis as well as a full package of SRH such as antenatal care, antiretrovirals, PMTCT, deliveries and family planning to over 75,000 refugees in Ajuong Thok, Pamir as well as Yida settlements. Since 2017, CARE is the leading Gender and GBV agency in South Sudan. CARE has established and operated 19 WGSS (14 through static and 5 through mobile) in Unity State, Jonglei State, Jubek State and Eastern Equatoria which provides support services to women and girls and not limited to providing support services to survivors of gender-based violence.

CARE's Flagship Nexus Approach to SRHR: Supporting Access to Family Planning & Post-Abortion Care (SAFPAC) Project in Chad, DRC, Mali, Nigeria, Pakistan

SAFPAC strengthens government health systems that have been weakened by protracted or chronic crisis to deliver high-quality, comprehensive family planning (with an emphasis on long-acting reversible methods), safe abortion, and post abortion care services that do not discriminate based on age, marital status, or parity. Core approaches include: 1) building providers' clinical and counseling skills through competency-based training, follow-up clinical assessment, and coaching/supporting health providers; 2) making timely and evidence-based decisions for continuous program quality improvement; 3) ensuring that health centers have the right supplies, at the right time, in the right quantities to support method choice and prevent service interruption; 4) raising community awareness of SRHR by engaging social change, regarding gender norms that block women's and girls' access to services; and 5) strengthening the readiness and capacity of local government to provide quality SRH services at the onset of a crisis. In addition, SAFAC provides emergency funding and technical assistance to CARE country offices to support rapid implementation of the MISP to meet women's and girls' immediate SRH needs in CARE's humanitarian programming and advocate with donors and governments to increase resources for and remove policy barriers to SRH services for women and girls in crisis-affected settings.

Policy change in Chad

In Chad, many women would like to prevent pregnancy but are not currently using a contraceptive method. Through SAFAC, CARE helped to increase women's and girls' access to the most effective contraceptive methods that are still reversible – the intra-uterine device (IUD) and implant – by supporting primary health centers to deliver these services. The national policy initially required IUDs and implants to be inserted by doctors at hospitals, but CARE demonstrated that nurses and midwives could safely provide IUD and implant services in primary health centers with the right training and support. Ultimately, the policy was changed, and women and girls can now request them from their primary care providers.

Between 2011 and 2020, this project enabled 545,933 women and adolescent girls to access FP services and 24,222 women for PAC services. After years of working on health systems strengthening including accompaniment and capacity building of government and local partners, CARE handed over programming to government authorities in Pakistan and Mali. CARE continues to work in Chad, DRC and Nigeria, now with an adapted strategy that further emphasizes equitable partnerships with clearly defined goals for power shifting and transition of funding and management of programming to civil society partners and governments gradually.

Strategic Partnerships and Collaboration

CARE has several strategic partnerships and is part of several key coalitions at the global, regional, national and local levels. In addition to the key partnerships described below, CARE works closely with the Centers for Disease Control, the World Health Organization, the Global Health Cluster, among others.

Inter-Agency Working Group for SRH in Crisis-Settings: CARE is both a founding member and Steering Committee member of the Inter-Agency Working Group for SRH in Crisis Settings (IAWG), the normative standard-setting and coordination body for SRHR in emergencies. CARE co-chairs the COVID-19 taskforce dedicated to providing leadership on maintaining access to SRHR during COVID-19. Members of CARE's global Health Equity and Rights (HER) team have played a critical role in shaping the 2018 Inter-Agency Field Manual (IAFM) for RH in Crisis Settings, the key guidelines on SRHR in crisis-settings, including but not limited to the Minimum Initial Service Package (MISP) for RH in crisis settings. CARE also plays leadership roles in several IAWG technical sub-working groups, including on the Advocacy and Accountability, the COVID-19 Taskteam and Adolescent SRHR in Emergencies working groups, through which CARE is playing a key role in developing the updated Inter-Agency Guidelines for Adolescent SRH in Emergencies.

UNFPA: CARE collaborates with UNFPA in over 27 countries through technical coordination, joint influencing, shared learning and collaborative programming, particularly on SRHR, Gender-Based Violence and Adolescent programming, including supporting co-design and implementation of joint solutions to meeting the SRH needs of women and girls in the humanitarian to development continuum. CARE is a partner of choice for UNFPA in preparedness, response and resilience-building in fragile contexts.

Family Planning 2020: CARE together with other IAWG partners played an instrumental role in getting family planning in crisis-settings as a core area of focus of FP2020, the most important global multi-stakeholder partnership focused on family planning and a powerful influencer of global agendas and donor and national government investment. CARE made an upstream influencing investment by seconding a Senior Fellow to directly shape the policies and priorities of FP2020. As a result, 15 countries adopted specific national commitments and policies that ensure access to FP in crisis. We also catalyzed new global investments by Gates and DFID to sustain and expand FP2020's humanitarian portfolio, including through humanitarian rapid response grants. Since then, CARE in collaboration with FP2020 has provided technical and programmatic assistance to several countries on filling critical family planning gaps through the rapid response mechanism, undertaken several key advocacy efforts to prioritize family planning in preparedness, response and recovery and amplify the role of young people along the humanitarian program cycle.