

Call to Action for Sexual and Reproductive Health Self-Care in Humanitarian and Fragile Settings



Inter-Agency Working Group on
Reproductive Health in Crises



SELF-CARE
TRAILBLAZER
GROUP





Defining the Problem

In 2023, 339 million people will need humanitarian assistance, the majority of whom will come from or are hosted in fragile settings¹. Too often, women and girls in these settings lack access to life-saving sexual and reproductive health (SRH) services. The 29 countries with active UN Humanitarian Appeals in 2023 contribute to 64% of global maternal deaths, 50% of newborn deaths and 51% of stillbirths². These very same countries are also facing growing health worker shortages³ and increasing climate-related crises⁴.

Self-care, as defined by the World Health Organization (WHO), is “the ability of individuals, families and communities to promote and maintain health, prevent disease, and cope with illness and disability with or without the support of a health worker.”⁵

Self-care has always been key in helping people address their health needs but new products and interventions have the potential to greatly improve health outcomes and extend health coverage. As such, SRH self-care is becoming increasingly recognized for its vital role in helping to extend the skills and knowledge, and agency to manage menstruation, pregnancy, fertility and childbirth to women and girls themselves. **For the millions of people living in humanitarian and fragile settings, self-care offers an exciting opportunity to fill critical SRH gaps in disrupted health systems.**

The WHO's consolidated guidelines on self-care interventions for health, the COVID-19 pandemic (which increased the need for and importance of self-care) and a growing self-care movement have helped to significantly advance SRH self-care. **However, investments in access to self-care to date are almost never made in places where the most vulnerable women and girls live - humanitarian and fragile settings. There are 23 countries in the process of developing, finalizing or implementing national SRH self-care guidelines. Nearly half of them rank within the top 20 most fragile states in the world and/or host significantly large populations of refugees or internally displaced persons.**⁶

However, to date, no national SRH self-care guidelines and associated implementation plans have included considerations for humanitarian/fragile contexts or populations. This is in direct contrast to the WHO global guidelines that include two implementation considerations for humanitarian and pandemic crises. Furthermore, as the movement for self-care expands in the development sector, humanitarian and fragile settings are often neglected or entirely excluded.

This omission, both from the broader movement, and progression of national guidelines, will result in **disparaging gaps** in the resource allocation necessary

to ensure guideline, implementation and scale-up plans take into account the unique needs of displaced populations and under-served sub-populations. These may include challenges and/or differences in language, culture, migratory patterns, geographical access, safety, security, and compounded SRH vulnerabilities and needs. In a world facing increasing emergencies and disasters - whether brought on by conflict, climate-change, or infectious-disease outbreaks - self-care has the potential to ensure continuity of critical life-saving SRH services and supplies during these shocks and improve overall community resilience.

The **Self-Care Trailblazer Group (SCTG)** and the **Inter-Agency Working Group on Reproductive Health in Crisis (IAWG) Self-Care Task Team** have partnered to urgently support the advancement of SRH self-care in humanitarian and fragile settings. Together, the groups held a technical consultation to galvanize momentum around SRH self-care in humanitarian and fragile settings at the 2022 International Conference on Family Planning (ICFP). The International Rescue Committee (IRC), in collaboration with the IAWG Self-Care Task Team, also commissioned a **global assessment** that outlines key barriers and opportunities for advancing self-care in these settings.

However, investments in access to self-care to date are almost never made in places where the most vulnerable women and girls live - humanitarian and fragile settings. As of July 2023, there are 23 countries in the process of developing, finalizing or implementing national SRH self-care guidelines. Nearly half of them rank within the top 20 most fragile states in the world and/or host significantly large populations of refugees or internally displaced persons.

<https://fragilestatesindex.org/global-data>



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Goal

Innovative collaboration, policy and practice shifts, and robust financial support are needed to ensure millions of women and girls living in humanitarian and fragile settings are


- Able to access life-saving SRH self-care interventions and
- Are not left behind in the self-care revolution.

This call to action outlines three policy and practice shifts SRH stakeholders across the humanitarian-development nexus can advance to accelerate SRH self-care and prevent excess SRH-related morbidity, mortality and disability for the world’s most vulnerable populations.



01

Strengthen coordination and partnership for SRH self-care across the humanitarian-development nexus



02

Cultivate an enabling environment for SRH self-care research, innovation, and learning in humanitarian and fragile settings



03

Increase investments for SRH self-care in fragile and humanitarian settings



01. Strengthen coordination and partnership for SRH self-care across the humanitarian-development nexus

to ensure development and uptake of dedicated self-care plans, products and feedback channels for humanitarian and fragile settings.



Targets (in the next three years):

- 1.1 All countries with SCTG National Self-Care Networks (for example a Self-Care Trailblazer Group supported National Network) establish humanitarian working groups to coordinate and integrate humanitarian considerations into current and upcoming national self-care implementation, mainstreaming and scale-up strategies and guidelines.
- 1.2 For countries without established SCTG National Self-Care Networks, government technical working groups advancing self-care (such as technical working groups on family planning, maternal and newborn health, quality of care, adolescent SRH, etc.) should ensure humanitarian participation and representation in these working groups.
- 1.3 50% of countries include SRH self-care products and strategies in their disaster response and preparedness plans.
- 1.4 All self-care programs in humanitarian and fragile settings include mechanisms to meaningfully integrate clients and affected communities in program design, implementation, and evaluation. This may include formative and/or user-centered design research to directly inform program design as well as establishing self-care accountability mechanisms for users to provide feedback and recommendations for services and programming.
- 1.5 The IAWG Self-Care Task Team will have at least 100 members across the nexus with at least 50% representing organizations or individuals from the Global South and humanitarian/fragile settings.

To accomplish these targets:

We urge donors to:

- Integrate the above targets as requirements for all funding supporting and/or pertaining to national self-care networks and other self-care investments.
- Effectively coordinate to share investment strategies, lessons-learned, and more equitably resource SRH self-care across the humanitarian-development nexus. Specifically, this includes a need for improved coordination among donors that have health sector development and humanitarian teams that function and are resourced separately. Without internal collaboration, we will not realize equitable funding across the nexus.

We urge development and humanitarian implementers, researchers, and policymakers to:

- Ensure meaningful humanitarian sector representation in all SRH self-care working groups and networks and in particular, in all efforts to create, disseminate and implement national SRH self-care guidelines.
- Advocate for the inclusion of humanitarian and fragility-affected regions in national self-care pilots, implementation, and scale-up plans from the onset of self-care guideline development to ensure associated implementation plans and operational considerations are adequately included and resourced.
- Integrate self-care as a priority workstream across all SRH related working groups and communities of practices (Global Health Cluster SRH Task Team, FP2030, etc.).
- Strengthen partnerships and cross-learning among existing global, national, and humanitarian-focused self-care working groups and networks including the Self-Care Trailblazer Group, SCTG National Self-Care Networks in Uganda, Nigeria, Senegal, Ethiopia and Kenya, the IAWG's Self-Care Task Team, UNFPA, the World Health Organization and others.
- Humanitarian SRH self-care implementers should explore self-care collaboration opportunities with relevant cross-cutting humanitarian sectors such as health, mental health, gender-based violence, education, and protection sectors.



02. Cultivate an enabling environment for SRH self-care research, innovation, and learning in humanitarian and fragile settings.



Targets (in the next three years):

- 2.1** Ten research studies will be conducted to increase the evidence base for SRH self-care in humanitarian and fragile settings that have clear pathways to improve practice.
- 2.2** IAWG assessments, evaluation and guidance for SRH in emergencies will include self-care as a service delivery strategy.
- 2.3** 10 countries hosting displaced and/or fragile populations roll-out SRH self-care pilots and/or programs and share programs and learnings with each other via established self-care learning platforms like the IAWG Self-Care Task team and the SCTG Country Advocacy Working Group.

To accomplish these targets:

We urge donors, implementers, policymakers and researchers to:

- Fill identified research gaps and priorities including formative and implementation research on
 - existing SRH self-care practices in humanitarian and fragile settings,
 - displaced clients' preferences and needs for self-care information and products across different contexts and crises as well as
 - the development and identification of feasible and effective interventions to improve access to and quality of self-care for hard to reach populations.
- Review currently funded SRH programs and identify ways to integrate, implement and evaluate self-care activities.
- Consistently document best practice and lessons learned from self-care program implementation and plan for immediate dissemination of results to provide a robust pipeline for learning, adaptation and innovation across the humanitarian-development nexus.
- Develop, capacitate, and provide ongoing support to a new and rising cadre of SRH self-care champions in humanitarian and fragile settings that may include health workforce, government officials, civil society organizations and researchers.
- Ensure meaningful inclusion of partners and communities who use and promote SRH self-care methods, in all research, innovation, and program implementation in humanitarian and fragile settings.
- Leverage existing SRH policies, self-care innovations, behaviors and practices to advocate for new self-care pilots and programming. This may include SRH task shifting policies, existing cultural self-care practices, and/or digital self-care mobile health applications.



03. Increase investments for SRH self-care in fragile and humanitarian settings



Targets (in the next three years):

- 3.1 Donors raise and distribute \$30 million of flexible, long-term funding to advance SRH self-care in humanitarian and fragile settings.
- 3.2 Separately, donors establish, champion, and fund a \$10 million fund to advance self-managed abortion care.
- 3.3 25% of pilot projects in health funded by humanitarian donors include self-care components
- 3.4 Development donors earmark or redistribute 25% of new or existing SRH self-care funding to humanitarian and/or fragile settings.
- 3.5 All donors funding self-care initiatives in countries with Humanitarian Response Plans expand investments to include crisis-affected areas and population.

To accomplish these targets:

In addition to prioritizing and integrating the targets above in their investment plans, we urge donors to:

- Provide flexible, long-term funding for SRH self-care programming, implementation research, and advocacy in fragile and humanitarian settings which is critical for building the evidence base needed to implement impactful and scalable SRH self-care interventions.
- Fund comprehensive SRH programs aligned with the MISP which will enable clients to access a range of SRH self-care information and products and strengthen health systems in humanitarian/fragile settings.
- Increase funding to strengthen health systems and channels to expand access to a range of quality affordable SRH self-care information and products, inclusive of self-care product supply chain forecasting and distribution in humanitarian/fragile settings.
- Increase funding towards formative, user-centered design, and implementation research for SRH self-care that centers the lived experiences of people living in fragile and humanitarian settings and addresses the unique considerations of disrupted health systems.

We urge governments and policy-makers to:

- Earmark national and sub-national funding to support SRH self-care guideline implementation, mainstreaming and scale-up plans in humanitarian/fragile regions of their country.
- Revise relevant SRH costed implementation plans to ensure funding allocations for self-care pilots, implementation, mainstreaming, scale-up and learning.
- Integrate SRH self-care into national policies.

We urge implementing organizations and agencies to:

- Actively include self-care in business development proposals and internal SRH fundraising strategies.



Conclusion

The actions above define a new way forward for the global humanitarian community committed to sexual and reproductive health and rights for all. But in order to realize the full potential of SRH self-care, collaboration and coordination across the humanitarian-development nexus is key and decision-makers must embrace new strategies of working.

Many stable countries have humanitarian and/or fragile contexts illustrating a blurry distinction between what constitutes humanitarian, fragile and stable settings and reinforces the importance of working across the humanitarian-development nexus. Mutually strengthening collaborative self-care movements will be advantageous for everyone. As national self-care guidance and policies continue to be developed, SRH self-care advocates who operate nationally and sub-nationally in stable countries with humanitarian and fragile settings must be involved, and donors must fund efforts that are context-specific, localized and in partnership with national governments.

The time for bold thinking and action is now.

SRH self-care is an innovative mechanism to advance gender equality and women's empowerment, increase equitable access to healthcare, particularly for underserved, historically marginalized and hard to reach populations, and expand universal health coverage.

To learn more about the IAWG Self-Care Task Team visit:

iawg.net/our-work/iawg-self-care-task-team



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Endnotes

¹ OECD. (2022). States of Fragility 2022. https://www.oecd-ilibrary.org/sites/c7fedf5e-en/1/3/1/index.html?itemId=/content/publication/c7fedf5e-en&_csp_=ed992425c7db5557b78226a6c98c6daf&itemIGO=oecd&itemContentType=book

² AlignMNH. (2023 January). MNH Targets, Measurement, and Data. <https://www.alignmnh.org/issue/mnh-targets-measurement-and-data/>

³ World Health Organization. (2022). WHO guideline on self-care interventions for health and well-being, 2022 revision. Geneva: World Health Organization. <https://www.who.int/publications/i/item/9789240052192>

⁴ IRC. (2021, November 2). The climate crisis is here: what it looks like in numbers. <https://www.rescue.org/article/climate-crisis-here-what-it-looks-numberszvt>

⁵ World Health Organization. (2022). WHO guideline on self-care interventions for health and well-being, 2022 revision. Geneva: World Health Organization. <https://www.who.int/publications/i/item/9789240052192>

⁶ Fragile States Index. (2023). Global data. <https://fragilestatesindex.org/global-data/>