UNHCR
The UN Refugee Agency

ANNEX C: SEXUAL AND REPRODUCTIVE HEALTH (INCLUDING HIV)

UNHCR GLOBAL STRATEGY FOR PUBLIC HEALTH

2021-2025

C) TECHNICAL SHEET: SEXUAL AND REPRODUCTIVE HEALTH (INCLUDING HIV)

ACRONYMS

BEmONC	Basic Emergency Obstetric and Neonatal Care
CEmONC	Comprehensive Emergency Obstetric and Neonatal care
FGM	Female Genital Mutilation
GBV	Gender-based Violence
HIV	Human immunodeficiency virus
IATT	Inter-Agency Task Team
IPV	Intimate Partner Violence
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, and queer and other diverse identities
MISP	Minimum Initial Services Package
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of Mother to Child Transmission
PoC	Persons of Concern
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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1. INTRODUCTION

Sexual and reproductive health (SRH), including specific attention to gender-based violence (GBV) related care and the prevention and treatment of HIV, has received increasing attention as part of humanitarian assistance over the past years.

Despite these advances, it continues to be a challenge to ensure the availability of essential and quality SRH services at the onset of a humanitarian crisis as well as the expansion of these services to comprehensively address SRH needs of all refugees and other persons of concerns (PoCs). This technical sheet outlines objectives to enhance access to quality SRH care, seeking alignment with international SRH and HIV standards, and recognizing the important contribution this work can have for the reduction of maternal and newborn morbidity and mortality in fragile and humanitarian settings and in contribution to the Sustainable Development Goals (SDG), specifically SDG 3.

While women and girls are the centre of the current SRH strategies, boys and men have likewise SRH, including HIV-related needs, which require a targeted response. Further, this technical guidance emphasizes the need for particular attention to persons and communities that are known to encounter difficulties accessing and/or accepting the available SRH and HIV services including adolescents, people who sell or exchange sex and LGBTIQ+ persons.

Background

Women and girls are disproportionally affected by humanitarian crisis and in humanitarian settings. Their sexual and reproductive health needs do not stop when a crisis starts and may increase when a humanitarian situation becomes protracted over years. In any given population, 4.5 to 5% of women will be pregnant at any given time and require preventive and clinical obstetric care. The likelihood to encounter pregnancy and birth related complications are the same for woman everywhere: 15% of pregnant women experience complications that may become life-threatening in absence of adequate medical care. **Maternal mortality** is often the result of lack of adequate care: the lifetime risk to die from pregnancy and childbirth related complications is 1 in 37 women in Sub-Saharan Africa compared with 1 in 6 500 women in Europe[1]. Most of maternal and newborn deaths can be averted, either through preventive action including high impact approaches or targeted evidence based clinical interventions. **Skilled birth attendance** is recognized to be the most effective intervention to reducing maternal and newborn deaths, but not all women have access. It is estimated that 60% percent of preventable maternal mortality and 45% percent of newborn mortality occur in contexts of conflict, displacement, and natural disasters[2].

[1] WHO. September 2019. More women and children survive today that ever before https://apps.who.int/iris/bitstream/handle/10665/327596/WHO-RHR-19.23-eng.pdf?ua=1
[2] S. Zeid et al; The Lancet, Vol. 385, 9981, P1919-1920; For every woman, every child, everywhere: a universal agenda for the health of women, children, and adolescents https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60766-8/fulltext

The **reduction of maternal and newborn death** is central to UNHCR sexual and reproductive health ambitions for refugees and other persons of concern in all phases of displacement and crisis.

SDG 3.1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

SDG 3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births

Contraceptive coverage in many humanitarian contexts is low, nevertheless an important number of women and girls who have previously chosen a modern method of contraception, are deprived of access once the crisis starts. Globally 214 million women of reproductive age in developing countries have an unmet need for contraception, these unmet needs result in unintended pregnancy and related suffering and may result in unsafe abortion[3]. The SRH survey UNHCR undertook in four refugee areas in Chad and Cameroon, reflects contraceptive coverage rates ranging from 4% to 32% and averaging 25% for Chad and 10% for Cameroon[4].

SDG 3.7. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

The commitment to increase access to modern methods of contraception and narrow the unmet need gap is reflected in interagency commitments for humanitarian assistance and is symbolic of human rights and the respect of women's sexual and reproductive rights.

A high percentage of **adolescent pregnancy** in a population is an indicator reflecting shortcomings in several areas: access to contraception, a power imbalance of girls to negotiate contraceptive use, traditional practices involving child marriage, potential abuse of power and lastly GBV. It also highlights shortcomings in other sectors including a lack of access to education for adolescents and the non-consideration of adolescent SRH needs in directives and laws, often penalizing young people, at the onset of their autonomous lives. A recent maternal mortality audit study on UNHCR data collected for 2017-2019 in Eastern Africa operations reflects 13% of the 191 audited maternal deaths among refugees to be girls under 20 years of age.

Intersecting vulnerabilities and lack of health services in low income and humanitarian settings also result in morbidity and suffering resulting from **obstetric fistula**.

Sexually Transmitted Infections **(STIs)** in general, **Human Papilloma Virus**, **HIV** infection and **cervical cancer** have important intersecting challenges and present opportunities for action. Globally 37.9 million people live with **HIV** and the infection is responsible to close to 690.000 death per year[5]. Data from 2016 reflects that 1 in 14 person living with HIV was in a humanitarian context in 2016[6], highlighting the need for emergency responses to address prevention and treatment of HIV from the onset, to avoid treatment interruptions, any related morbidity and mortality as well as new infections resulting from lack of standard precautions for infection control and preventive health action.

SDG 3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

Gender-based violence including rape exists in all societies and in all contexts at any time. Globally, around one in three women will experience physical and/or sexual violence by a partner or sexual violence by a non-partner[7]. Destabilization of contexts often results in increased levels of violence, including sexual violence. Women and girls represent the large majority of GBV and rape survivors, but men and boys are not spared and while reported incidence in males is much lower, the impact on their health and well-being may be just as devastating. LGBTIQ+ persons, people with disabilities, children and adolescents are also often at increased risk of violence. Needs of survivors are multiple and should be considered as part of all UNHCR operations with specific focus on health care and protection.

[3] Evidence Brief Contraception 2019. WHO. https://apps.who.int/iris/bitstream/handle/10665/329884/WHO-RHR-19.18-eng.pdf?ua=1
[4] A population-based survey examining key indicators relating to maternal, newborn, family planning and HIV in selected refugee settings in Chad and Cameroon. 2018-2020. Internal document
[5] UNAIDS factsheet World AIDS day 2020 https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pd
[6] Information note: HIV in humanitarian contexts. UNHCR and WFP 2019. https://hivinemergencies.org/sites/default/files/inline-files/Final_HIV%20Data%20Doc%20UNHCR_WFP_May%202020.pdf
[7] WHO, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: WHO; 2013. https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf;jsessionid=65D035338E4C7740EAB6F9B5644FACD8?sequence=1

2. GUIDING FRAMEWORKS

The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in crisis situations is a set of lifesaving actions required to respond to the SRH needs of affected populations at the onset of a humanitarian crisis. The MISP is developed by the Inter-Agency Working Group for Reproductive Health in Crisis (IAWG). The key objectives are that there is no unmet need for family planning, no preventable maternal deaths and no gender-based violence or harmful practices, even during humanitarian crises. The SPHERE standards 2018 highlight the same priority actions in emergencies. UNHCR priorities in the emergency phase focus on providing the MISP (Section 3.1. below) while planning concurrently for comprehensive SRH services.

3. PRIORITY ACTIONS

UNHCR's Global Public Health Strategy 2021-2025 proposes an inclusive approach with **early priority action in emergencies** while rapidly expanding services to ensure **comprehensive SRH and HIV care** to all refugees and where relevant other PoCs. The development of these services aims to benefit the host communities, refugees and other PoCs, and to support national host governments in enhancing access for sexual and reproductive health and HIV services.

Evidence from past humanitarian interventions has informed guidance on priority health action that most significantly reduces morbidity and mortality in emergencies, post-emergency, and in humanitarian settings at large. UNHCR health action is based on available evidence. UNHCR concentrates efforts on primary health care, ensuring referral for secondary and tertiary health needs as relevant.

A. Priority SRH and HIV actions in emergencies

In line with interagency guidance, UNHCR priorities in the emergency phase focus on providing a Minimum Initial Service Package (MISP) for reproductive health in emergencies. Below summarizes the key objectives and the action which UNHCR supports and monitors.

Objective 1: Reduce maternal and newborn morbidity and mortality

- Availability of skilled birth attendants and facility-based deliveries for all women under the agency's responsibility, with primary focus to supporting and monitoring access to Basic Emergency Obstetric and Newborn Care (BEmONC), whilst ensuring timely referral options for Comprehensive Emergency Obstetric and Newborn Care (CEmONC)[8]
- Monitoring of EmONC signal functions performed in health facilities to ensure that the complications can be addressed in a timely and adequate manner
- Implementation of evidence-based high-impact practices for neonatal care including initiation of breathing and resuscitation, thermal protection, essential newborn care including delayed umbilical cord clamping and early initiation of exclusive breast feeding
- Provision of information to the community about the availability of safe delivery services and the importance of seeking care
- Reporting of all maternal and neonatal deaths
- Review/audit of every maternal death using the national audit forms or, when indicated, the UNHCR – Maternal death review guidance and data collection form 2020

Definitions and key information

Maternal death describes the death of a women during pregnancy or in the period of 42 days following the end of a pregnancy. Severe bleeding (mostly bleeding after childbirth), infections, high blood pressure during pregnancy (pre-eclampsia, eclampsia), complications from delivery and unsafe abortion are the main direct causes of maternal death that make up for 75% of all maternal deaths.

Neonatal death is the death of a live born infant in the first 28 days of life. 99% of the worlds newborn mortality happens in low- and middle-income countries. The majority of all neonatal deaths (75%) occurs during the first week of life, and about 1 million newborns die within the first 24 hours. Preterm birth, intrapartum-related complications (i.e. birth asphyxia), infections and birth defects cause most neonatal deaths in 2017. Evidence reflects that newborns who die within the first 28 days of birth suffer from conditions and diseases associated with lack of quality care at birth or skilled care and treatment immediately after birth and in the first days of life.

Maternal and newborn mortality is highest during and immediately around the time of childbirth, making skilled birth attendance the most effective measure to reducing both.

[8] BEmONC : treatment of Infection (antibiotics), treatment of pre-eclampsia/ eclampsia, treatment of PPH, manual vacuum aspiration of retained products of conception / complications of abortion, vacuum assisted delivery / delivery through skilled personnel, manual removal of the placenta, newborn resuscitation CEmONC : BEmONC + surgical capability (inc. obstetric eg. C-Section) and blood transfusion

Objective 2: Prevent HIV and other STIs and reduce related morbidity and mortality

- Implementation of standard precautions in all health facilities
- Rational use of safe blood transfusion
- Provision of free lubricated condoms
- Provision of ART to all people on ART prior to the emergency, including women enrolled in prevention of mother to child transmission (PMTCT)
- Syndromic treatment approach for STIs
- Provision of Post-exposure prophylaxis (PEP) for survivors of sexual violence and occupational exposure
- Provision of co-trimoxazole prophylaxis for patients diagnosed with HIV

Objective 3: Prevention of unintended pregnancies

- Provision of a range of long-acting reversible and short-acting contraceptive methods [including male and female (where already used) condoms and emergency contraception]
- Information, including using existing information, education, and communications (IEC) materials
- Community awareness of available contraceptive services

Objective 4: Prevention of sexual violence and clinical management to prevent or mitigate the consequences of sexual violence

- Preventative measures at community, local and district levels including health facilities to protect affected populations, particularly women and girls, from sexual violence
- Timely access to clinical management for survivors of rape and intimate partner violence. This includes wound care, post-exposure prophylaxis for HIV, emergency contraception, pregnancy testing, pregnancy options information, presumptive treatment of STIs, vaccination for tetanus, Hepatitis B, MHPSS, and referral to specialized services (health, protection, socio-economic, legal) as relevant and consented by the patient
- Respect of the confidentiality and privacy of all survivors
- Capacity building of health and protection staff to ensure supportive communication with all survivors; compassionate and confidential care and counselling, history and examination and understanding of the medico-legal system and forensic evidence collection

Objective 5: Coordination, collaboration and planning[9]

UNHCR health staff ensure and actively participate in the establishment of SRH and HIV coordination mechanisms at the onset of the emergency and engage in early planning for an expansion to more comprehensive SRH and HIV services once the initial emergency needs are met and a more comprehensive assessment of the SRH and HIV situation has been ensured.

UNHCR health and protection staff collaborate particularly in all aspects fostering non-discriminatory access to SRH and HIV services for all persons in need and with specific concern for the diverse needs of women, adolescents, people with disabilities, people who sell or exchange sex, and LGBTIQ+ persons.

UNHCR WASH, shelter and camp management staff work together to enable safe and hygienic behaviour during menstruation by ensuring access to supplies and materials for menstrual hygiene management (MHM); promote supportive facilities with female friendly toilets/ washrooms in schools and public facilities including waste management; and provide menstrual health and hygiene education.

HIV: The Inter-Agency Task Team (IATT) on HIV in Humanitarian Emergencies is co-convened by UNHCR and WFP and has members from 29 organizations. The role of the IATT is to strengthen the coordination, technical and operational capacity of national/regional and global level actors to prevent, prepare for, and to ensure a quality and timely response to HIV in emergencies. At country level, within the UN joint team on HIV, UNHCR and WFP are responsible within the division of labour for addressing HIV in humanitarian situations. This includes technical and operational support in response to refugee and migrant crises to support the HIV response. Key areas of joint engagement include amongst others advocacy work for e.g. inclusion of refugees in national programs and funding opportunities and ensuring refugees and other populations of concern in humanitarian settings are well reflected in country level processes, interventions and reporting mechanisms

COVID-19 context

In the context of the COVID-19 pandemic, support to the continuity of SRH care is a particular concern and requires ongoing monitoring and support. More information on continuity of care in face of the COVID-19 related challenges is available through Guidance on Continuity of health and Nutrition

[9] In the Inter-Agency MISP guide this corresponds to objective 1 and 6

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Uganda. Help is at hand for South Sudanese refugees living with HIV.

Services in the Context of COVID-19 and IAWG Programmatic Guidance for SRH in humanitarian and fragile settings during the COVID-19 pandemic

B. Comprehensive SRH and HIV care

Comprehensive SRH care builds on the MISP. It expands to cover all persons in need; builds pathways for multisector support; develops preventive care, rehabilitative, curative and palliative care; ensures active outreach, community engagement and empowerment; and meets the specific needs of different groups, including adolescents, people who sell or exchange sex and LGBTIQ+ persons.

"Providing comprehensive, high-quality SRH services in humanitarian settings requires a multi-sectoral, integrated approach. Protection, health, nutrition, education as well as water, sanitation, and hygiene and community service personnel all have a part to play in planning and delivering SRH services. The best way to ensure that SRH services meet the needs of the affected population is to involve the community in every phase of the development of those services; only then will people benefit from services specifically tailored to their needs and demands and only then will they have a stake in the future of those services."
Source: Inter Agency Field Manual 2018

Comprehensive SRH for women and girls seeks to align, to the extent feasible, with the concepts of the Life course approach to Sexual and Reproductive Health. The reduction of maternal and newborn mortality stays a central objective for UNHCR public health action. In this sense, ensuring skilled birth attendance, health facility-based deliveries and adequate and timely referral pathways to secondary health care, continue to be of central importance. In addition, related preventive, promotive and curative action at other points in the life course (adolescent and women's sexual reproductive health and nutrition; antenatal and postnatal care; newborn and child health) are necessary to adequately meet the SRHR needs of refugees and other people of concern to UNHCR.

Planning for comprehensive SRH services, integrated into primary health care, should begin as soon as possible. Working with the health sector partners to utilize the six WHO health system building blocks as a framework for the comprehensive SRH planning process is encouraged. Key objectives and the action which UNHCR supports and monitors regarding the Comprehensive SRH programming include:

- Ensuring programming of comprehensive SRH services is addressed as part of the MISP
- Ensure SRH services meet international standards, including the 'Availability, Accessibility, Acceptability, and Quality' framework of the right to health

Community outreach and health services must be tailored to meet the specific needs of different communities.

- Promote meaningful community engagement with women, men, adolescents and LGBTIQ+ persons throughout the project cycle. Engage community leaders, including religious leader, in dialogues and the promotion of SRH services.
- Ensure adequate deployment, training and supervision of the community health workforce. In accordance with national policies, engage

Traditional Birth Attendants in non-clinical activities such as promotion of uptake of SRH services and referral to health facilities.
- Ensure monitoring is in place and sensitive to identifying accessibility and acceptance of services for people with special needs

Maternal and Newborn Health Services

In addition to above mentioned objectives for minimum initial services, and in line with WHO recommendations, UNHCR will support and monitor:

- Access to skilled birth attendance and use of BEmONC and CEmONC health facilities for all women and girls in need of care.
- Adherence to principles of respectful maternity care.
- Essential newborn care at birth (includes initiation of breathing and resuscitation where needed; thermal care including skin-to-skin, delayed cord clamping and hygienic cord care; promotion of early and exclusive breastfeeding using the baby friendly initiative; vitamin K and eye prophylaxis, and vaccination) and special care for the sick and small newborn.
- Access to post abortion and safe abortion care to the full extent of the law
- Ante- and post-natal consultation, including diagnostics for anaemia, malaria, malnutrition, syphilis HIV and other infections, and treatment/prevention scope including iron folic acid supplementation, nutritional support, intermittent preventive malaria treatment in pregnancy and bed-net provision, PMTCT.
- Additional high-impact intervention relevant to the specific contexts (e.g. Kangaroo mother care).
- Access to mental health and psychosocial support by building SRH staffs' capacity through e.g. inclusion in mhGAP training to identify and manage women in need of support and facilitate referral of relevant mental health conditions to integrated MHPSS services.
- Continued capacity building of health providers through low-dose-high-impact training programmes

Comprehensive contraception and Family Planning services aim to fulfil and increase the demand of modern methods of contraception. High-quality contraceptive services meet individuals' and couples' needs at every stage of their reproductive lives through clinical competence of providers, counselling skills, including the information provided, method choice, interpersonal skills, support for continuation of method use, and integration with other health services.

Health providers should ensure accurate and complete information, allowing women, men, and adolescents to voluntarily select a method that suits their needs. In moving for MISP to comprehensive contraception and family planning UNHCR should support and monitor:

- Development of a trained provider workforce (including attitude development)
- Community outreach, involvement and empowerment, with outreach to all relevant communities
- Development of adapted information, education, and communication materials
- Advocacy

HIV prevention and treatment as well as prevention and treatment of other STIs are increasingly integrated into primary health care generally and sexual and reproductive health care specifically. To the extent possible, comprehensive HIV care should align with the UNAIDS Global Strategy for HIV

In moving from MISP to comprehensive HIV care, UNHCR aims to support and monitor HIV awareness action, prevention and treatment in accordance with the context and the characteristics of the epidemic in the refugee context. This includes:

- **HIV awareness action, prevention and treatment** in accordance with the context and epidemic characteristics in the refugee population and including particularly:
    - Understanding of the epidemic (prevalence, population size, key populations at higher risk of HIV, health care barriers, legal and stigma related considerations) for refugee and host population.
    - Addressing stigma and discrimination, with priority for service providers and, if feasible, general population.
    - Health and protection action responding to the most at-risk persons/communities by working with and for these populations including people selling or exchanging sex, men wo have sex with men, transgender men and women and injecting drug users
    - Combination prevention tailored to the epidemic profile and particularly at-risk populations:
        - » Biomedical prevention measures: testing (including self-testing), condoms and lubricants, PMTCT including follow-up on infants born to HIV positive women and early infant diagnosis, PEP, STI treatment and Pre-exposure prophylaxis (PrEP), Voluntary Medical Male Circumcision and needle and syringe exchange where relevant

» Behavioral change & communication: public campaigns, educational/ awareness materials, peer-led approaches
» Interventions addressing contextual factors contributing to vulnerability and risk.

- Access to comprehensive care, treatment and support, including:

» Patient information and education
» Adherence support including alternative service delivery models
» ART for all HIV positive persons, monitoring of viral load, treatment of opportunistic infections
» Testing for viral hepatitis and tuberculosis
» TB preventive therapy in accordance with national guidelines
» Social protection, food and nutrition considerations, livelihoods
» Peer support and community empowerment including community-led responses by people living with HIV, key populations and women and girls.
» Offer HIV testing to all newly diagnosed TB cases

- At policy level, UNHCR will advocate for

» Inclusion of people living with HIV in national programmes (prevention, testing, treatment and social protection) at the same level as nationals
» Strengthened national supply lines for HIV related diagnostics and treatment
» No discrimination, stigmatization, criminalization and/or refoulement based on HIV status and no mandatory HIV testing for refugees and other PoCs to UNHCR

GBV Prevention and Response

Survivors of rape and intimate partner violence (IPV) and other forms of GBV often face exclusion, stigma and blame, limiting their access and availability to health care and treatment. Women and girls are the focus of attention, but services should be tailored to ensure access for male survivors to be sensitive to their needs as well as the specific needs of LGBTIQ+ persons.

GBV response must be survivor-centered with a rights-based approach, considering the needs and decisions of the survivor and contributing to reduce discriminating and stigma. All concerned actors must be aware of relevant national laws and policies, both regarding the crime itself (sexual violence and especially rape are considered crime under most national legislation), but also mindful of contexts in which specific characteristics of the assault may result in the survivors of GBV and IPV to be criminalized.

UNHCR, together with UNFPA and WHO has developed a Guide for Clinical Management of Rape and Intimate Partner Violence and which focuses on a survivor-centered approach, commitments to confidentiality, establishment of pathways to protection, social and legal support and detailed directives regarding the physical examination and treatment of survivors.

In particular, UNHCR should support and monitor:

- Access to clinical management of rape and IPV for all survivors.
- Survivors right to be provided a medical-legal certificate of the assault are known and honoured
- UNHCR and partner staffs respect of the guiding principles for working with GBV survivors. Community involvement to address and reduce the discrimination and stigma attached to GBV and IPV. Special attention and care must be given to children and adolescents who become survivors of GBV and sexual violence, where health care must be provided to the same extent as for adults and health care staff must be trained to communicate with child survivors and provide safe spaces.
- Active outreach to people specific with needs and different communities
- SoPs and pathways for specialized medical care and other assistance including protection, economic support, legal advice

Other SRH Activities

- Access to **cervical cancer** screening, treatment of pre-cancerous lesions and referral for treatment of advanced forms of cervical and breast cancer in line with national protocols
- Awareness and prevention efforts in relevant contexts for **female genital mutilation/cutting**
- Access to accurate information and counselling on sexual and reproductive health, sexual function, including evidence-based, comprehensive sexuality education
- Access to information on menstruation, menstrual hygiene management, management of severe pain during menstruation
- Access to prevention, management, and treatment of infertility in line with country operation referral protocols

Where services are not available locally, UNHCR should act as a catalyst and support referral pathways and service establishment to the full scope of relevant SRH and HIV care.

C. Specific needs of different communities

Adolescents

Adolescents face additional barriers with accessing SRH and HIV services in humanitarian settings and are at additional risk. Younger people have different needs due to their physical and psychological stages, are experimenting with more risk-taking behavior, and often have inadequate knowledge on SRH and HIV. Simultaneously community attitudes, policies and laws may restrict the access of adolescents to information and services. Often health systems are not geared towards serving adolescent SRH and HIV needs.

UNHCR has developed Practical guidance to launching ASRH interventions in public health programs: Adolescent sexual and reproductive health in refugee settings, a 10-Step approach to launching ASRH interventions.

Specific attention should be brought to pregnant and lactating adolescents to ensure additional assistance and support (including protection) on issues including:

- Child protection: the UNHCR Framework for Child Protection applies to all adolescents including pregnant and lactating girls.
- Female Genital Mutilation (FGM): FGM is condemned by several international treaties and conventions, as well as by national legislation in many countries. FGM is regarded as prejudicial to the health of children and is, in most cases, performed on minors, thus violating the Convention on the Rights of the Child. An interagency statement on FGM was issued in 2008 and highlights that re-infibulation is considered at equal level with initial FGM and thus rejected as a medical practice. UNHCR will ensure that health care providers are aware of their obligations in this regard.
- Obstetric Fistula is the result of obstructed labor, particularly prevalent in girls and young women during their first delivery. Underlying factors include child marriage and adolescent pregnancies. The main health actions regarding obstetric fistula are preventive: primary prevention being the delay of the first pregnancy (contraception) and skilled birth attendance, secondary prevention consists in early identification of obstetric fistula post-partum and conservative treatment. Finally, fistula repair should be made available to all women in need.

People who sell or exchange sex

People in humanitarian settings are frequently faced with disruptions to basic needs, livelihoods and community support mechanisms. As a result, people may engage in the sale or exchange of sex. People who sell or exchange sex have particular health and protection needs which remain often unmet because of de-prioritisation, stigma or discrimination.

UNHCR and UNFPA have developed the Operational Guidance: Responding to the health and protection needs of people selling or exchanging sex in humanitarian settings to support project planning and implementation.

The overriding goal of the guidance is to **improve health, well-being** and **security** for people who sell or exchange sex in humanitarian settings. Specific health objectives can be summarized as follows:

- Strengthen safety, and health knowledge and skills of people selling or exchanging sex;
- Reduce transmission of HIV and other sexually transmitted infections and improve the health of people living with HIV;
- Reduce the number of unintended pregnancies;
- Ensure medical care and protection for survivors of GBV and IPV and implement prevention activities;
- Enhance community empowerment amongst people selling or exchanging sex;
- Combat stigma and discrimination against people who sell or exchange sex, as well as against their families.

LGBTIQ+ Persons

UNHCR highlights the need for equitable access to care for LGBTIQ+ persons in any humanitarian setting, including access to sexual and reproductive health services, comprehensive support for all survivors of GBV, PrEP for those at increased risk of HIV infections such as MSM and transgender, and if available, hormone supplementation for transgender persons.

UNHCR's Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced displacement highlight the intersecting vulnerabilities and health needs. UNHCR will ensure partners are aware and actively promote needed action across sectors.

For transgender person, access to **hormone supplementation** is a very specific need that is not available in many national programmes. UNHCR's forthcoming updated referral guidelines will include guidance on the management of transgender persons in need of hormonal supplementation.

4. ADDITIONAL KEY REFERENCES

UNHCR guidance documents

- UNHCR maternal and newborn care: operational guidance (revision underway)
- Adolescent sexual and reproductive health in refugee situations: A practical guide to launching ASRH interventions in public health programmes. UNHCR 2019. https://www.unhcr.org/5d52bcbd4
- Operational guidance: responding to the health and protection needs of people engaged in selling or exchanging sex. UNHCR and UNFPA 2021 https://www.unhcr.org/60dc85d74 Clinical management of rape survivors and intimate partner violence (IPV). WHO, UNFPA, UNHCR 2020. https://apps.who.int/iris/bitstream/handle/10665/331535/9789240001411-eng.pdf?ua=1
- UNHCR Policy on the Prevention of, Risk Mitigation and Response to Gender-based Violence. 2020 https://www.unhcr.org/5fa018914/
- Additional resources: https://www.unhcr.org/reproductive-health.html

Technical documents IAWG

- Inter-Agency Field Manual for Reproductive health in Humanitarian Settings IAWG 2018. https://iawgfieldmanual.com/manual
- Programmatic guidance for sexual and reproductive health in humanitarian and fragile settings during the COVID-19 pandemic 2020. IAWG 2020 https://iawg.net/resources/programmatic-guidance-for-sexual-and-reproductive-health-in-humanitarian-and-fragile-settings-during-covid-19-pandemic
- Adolescent Sexual and Reproductive health tool kit for Humanitarian Settings. IAWG 2020. https://iawg.net/resources/programmatic-guidance-for-sexual-and-reproductive-health-in-humanitarian-and-fragile-settings-during-covid-19-pandemic
- Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings 2020 – 2024. Save the Children, WHO, UNICEF, UNHCR. 2020. https://www.healthynewbornnetwork.org/resource/newbornroadmap/

Trainings

- MISP training (IAWG) https://iawg.net/resources/minimum-initial-service-package-distance-learning-module
- E-Learning CMR-IPV (WHO, UNFPA and UNHCR) https://who.csod.com/

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UNHCR GLOBAL STRATEGY FOR PUBLIC HEALTH

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