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SRHR needs and challenges of refugee and internally displaced women and girls in sub-Saharan Africa: evidence highlights

Introduction

In 2019, more than 134 million people in 42 countries needed humanitarian due to wars, internal conflicts, natural disasters, or extreme poverty. Over 25 million of these people lived as refugees or internally displaced persons (IDPs). More than half of them were aged 18 years or less. Sub-Saharan Africa (SSA) hosts 26 % of the world's current refugee population, a figure that is expected to rise due to ongoing and new conflicts in many parts of the sub-region. Compounding this situation is the continuing influx of Yemeni refugees into the volatile Horn of Africa.

We conducted a rapid scoping review of the literature on the sexual and reproductive health and rights (SRHR) challenges of young women and girls in refugee and IDPs camps as well as promising solutions and best practices to address these challenges.

Box 1: Why humanitarian contexts matter for women and girls' SRHR

Humanitarian emergencies, including forced displacements and fragile contexts heighten SRHR vulnerabilities. For example, conflicts and forced displacements strain health systems, increase risks for socio-economic, physical and psychological harm, and cause significant disruptions in SRHR services. They constrain access to services and supplies; damage health facilities; elevate risks for GBV and unsafe abortion; and increase risks for early and forced marriage, early childbearing, trafficking, and sexual exploitation, among other negative SRHR outcomes. An estimated 35 million women and girls of reproductive age living in humanitarian contexts have urgent need for SRHR information and services. While the minimum health care package in humanitarian settings requires the inclusion of SRHR services, access and use of such services in many refugee contexts in SSA remain sub-optimal. In these contexts, unmet need for SRHR information and services is often severest among young women and girls. The group is often underserved in relation to SRHR services and information and are less likely to be aware of, to have ever used, or to be currently using a contraceptive method compared to older women. In the current national and international refugee crisis, SRHR may include treatment of trauma, reproductive cancer screening and treatment, medical aid, contraception, abortion, treatment of STIs, and sexuality education in a socially safe setting.

Barriers and challenges of promoting SRHR in humanitarian contexts

Efforts to provide SRHR services to refugee and internally displaced women and girls may be hampered by cultural taboos; gender inequality; language barriers; and lack or stockouts of essential SRHR services and supplies including testing and screening services. Refugee SRHR is also constrained by poor economic opportunities for refugees and displaced persons; culturally insensitive services; incompetent providers; inadequate human resources; unwieldy administrative and bureaucratic processes; and limited knowledge and information on puberty, contraceptives, STIs, pregnancy prevention, and quality abortion and post-abortion care. Other challenges include poor maternal health services and limited focus on key refugee sub-populations such as sexual minorities, sex workers, people with disability, and ethnic refugees' minorities. There are also issues related to poor linkage to care, weak health referral systems, poor Minimum Initial Service Package (MISP) coordination, and weak national legal and policy environments. Efforts to promote SRHR in humanitarian contexts are also constrained by lack of peer-led and gender sensitive SRHR promotion approaches, mistreatment by humanitarian workers, mutual suspicion between humanitarian workers and refugees, limited mental health care services, and weak access to comprehensive sexuality education.

Box 2: SRHR challenges of young women and girls in humanitarian contexts

People in humanitarian settings struggle with problems that touch upon a broad spectrum of SRHR issues. These problems reflect both the dire and exacting circumstances that displace people and the inadequacies of the systems that host them. Young women and girls in humanitarian settings are disproportionally vulnerable for SRHR issues, such as limited access to quality services, including GBV care and prevention; sexual exploitation, unwanted pregnancy, unsafe abortion, human trafficking, miscarriage, female genital mutilation, and child marriage. Newly arriving refugee and displaced young women and girls are often unfamiliar with the SRHR services in their new environments, are less likely to seek and receive SRH information and services, and experience elevated levels of community scrutiny and stigma related to SRH, leading to many adverse outcomes. Such women and girls may also have limited access to menstrual hygiene; family planning; HIV/STIs education, screening and treatment; sexuality education; and maternal health services etc.

Conclusion

Humanitarian situations, including contexts of forced displacements and fragility heighten SRHR vulnerabilities for women and girls. Young women and girls in humanitarian settings are disproportionally at risk for adverse SRHR outcomes. Efforts to provide SRHR services to refugee and internally displaced women and girls are often hampered by socio-economic, logistical and other challenges. Promising interventions for improving SRHR for young women and girls in humanitarian contexts include training and capacity building providers, facilities and service improvement activities, SRHR screening, youth-friendly services, counselling and psychological interventions, and empowerment of young women and girls through gender norms transformative community work and vocational skills schemes.

Box 3: Promising models and best practices in SRHR service provision and delivery for women and girls in humanitarian contexts

In the literature, promising best practices for improving SRHR for young women and girls in humanitarian contexts take the form of: competency-based training of providers and refugee workers, facility and service improvement programs, family planning supply chain management and improvement interventions, safe spaces and improved camp security initiatives, educational and continuing education programs, comprehensive health screening interventions, systematic and supportive supervision for providers and refugee workers, and youth friendly services. Other promising interventions in the literature include health insurance schemes; one-on-one counselling and psychological intervention; empowerment of women through vocational skills and training; peer-led and community-based SRHR education programs; use of refugee community workers to deliver SRHR information and services; community engagement to transform norms related to gender and SRHR; community distribution of FP products; and strengthening of SRHR referral systems.

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