HEALTH CLUSTER
GHC SRH Task Team

GLOBAL HEALTH CLUSTER
SEXUAL AND REPRODUCTIVE HEALTH TASK TEAM

Terms of Reference

JUSTIFICATION

According to UNHCR, in December 2021, at least 82.4 million people around the world were estimated to have been forced to flee their homes. Among them, nearly 26.4 million are refugees, and around half of whom are under the age of 18. Further**,** an estimated 274 million people will need humanitarian assistance in 2022, with over half of these being women and girls. Sexual and reproductive health (SRH) risks for women and girls increase dramatically during humanitarian crises, due to disruption or destruction of social protections, health systems, and infrastructure, and it is critical that their SRH needs are recognized and addressed as an integral part of the humanitarian health response. More than half of maternal deaths occur in fragile or conflict-affected countries, and women and girls in humanitarian settings face increased risk of sexual violence (including intimate partner violence), unwanted pregnancy, and STIs including HIV. Already vulnerable or marginalized groups, including adolescents, people with disabilities, LGBTQI+, people who sell or exchange sex, and people living with HIV face even greater challenges to accessing SRH information and quality services during times of crisis.

The Global Health Cluster (GHC), under leadership of WHO, was established in 2005, with the aim of ensuring "timely, effective, and appropriate actions to minimize the health impacts of humanitarian and public health emergencies through strengthening of service delivery, addressing gaps, and promoting effective leadership." Under the Cluster system, the responsibility for ensuring that SRH is addressed in humanitarian response falls under the Global Health Cluster and the Health Clusters at the country level, but currently, there is no designated GHC working group or task force that ensures that SRH implementation and coordination is consistently and systematically addressed in humanitarian health responses[1].

As the UN's lead agency for sexual and reproductive health, UNFPA generally assumes the responsibility for SRH coordination when SRH working groups are established. A recent evaluation of UNFPA's capacity in humanitarian action found that at the country level, because SRH is not an IASC-established area of responsibility under the Health Cluster, "SRH(R) working groups are established informally by UNFPA at the discretion of WHO…As a result, (S)RH working groups are inherently ad hoc with no mechanism for systematic establishment or resourcing," and lack systematic scope and function.[2] The evaluation further found that in those country contexts where (SRH) working groups had been established, there was clear evidence of the value they added to humanitarian responses.[3]

In the face of increasing humanitarian and public health emergencies due to conflict, natural disasters, and outbreaks, the humanitarian community must take steps to ensure that SRH priorities are systematically addressed in all phases of humanitarian response and that SRH coordination is

[1] Pervious Global Health Cluster and WHO project: Delivering integrated Sexual and Reproductive Health Rights services in emergencies through the Health Cluster in Bangladesh (Cox's Bazaar), Yemen, and Democratic Republic of Congo (Kasai) Jan 2018-June 2021

[2] UNFPA Evaluation Office, *Evaluation of the UNFPA Capacity in Humanitarian Action (2012-2019),* 2019, p. 52.

[3] Ibid.

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consistently included in cluster coordination at both the global and country levels. A formal mechanism within the Global Health Cluster is needed to ensure that health cluster coordinators actively and consistently seek and support the early establishment of an SRH working group as part of the health cluster at country level, under the leadership of UNFPA and relevant technical and operational partners. This can be achieved through the establishment of an SRH Task Team (SRH-TT) within the Global Health Cluster.

PURPOSE / OBJECTIVE

The Global Health Cluster SRH Task Team will serve as a formal entity within the GHC that ensures SRH priorities are systematically addressed in all phases of humanitarian response and that SRH coordination is consistently included in cluster coordination at both the global and country levels.

TASK TEAM OUTPUTS

Output 1: Systematize Coordination for SRH

The SRH-TT will ***strengthen, systematize, and standardize SRH coordination*** at country level and ensure that:

- Mapping the current status of SRH coordination within country Health Clusters in key humanitarian settings, identify challenges and shortcomings;
- SRH partners and interventions are coordinated across the humanitarian program cycle Quality, life-saving SRH interventions (including the MISP) are consistently and systematically prioritized at the outset of humanitarian and public health emergency responses;
- Transition from MISP to comprehensive SRH services is consistently planned during the early phase of humanitarian response, is coordinated among humanitarian and development partners, and integrates comprehensive SRH into primary health care services;
- Procurement and distribution processes for SRH supplies are efficient and effective, including to the last mile;
- Support and strengthen SRH planning and monitoring through the systematization of indicators and standard data collection for SRH in humanitarian settings, including strengthened investment into MPDSR;
- Mapping mechanisms and strengthening of data/information management – HeRAMS, SARA;
- Advocacy and donors' cooperation.

Output 2: Reduce Maternal and Newborn Mortality

The SRH-TT will ***contribute to the reduction in maternal and newborn mortality*** in humanitarian settings by supporting country clusters to:

- Ensure that life-saving MISP interventions that address the primary causes of maternal and newborn mortality are systematically implemented as a core part of humanitarian health response;
- Build health workforce capacities to deliver high-quality, life-saving MNH services in crisis situations;
- Ensure that clinical quality of care standards for MNH are up-to-date and systematized in line with WHO Guidelines;

- Strengthen capacities of governments and partner organizations to plan and implement quality humanitarian SRH programming that prioritizes life-saving MNH interventions as recommended within the WHO Guidelines and other normative tools;
- Ensure availability of sufficient, quality SRH supplies for emergencies and post-acute crises.

Output 3: Prevent Unwanted Pregnancies

The SRH-TT will ***contribute to the prevention of unwanted pregnancies*** in humanitarian settings by enabling country clusters to:

- Ensure that quality commodities, information, and services for comprehensive contraception and safe abortion care (to the full extent of the law) are available and accessible to populations affected by crisis situations, including those most at-risk, across the HPC;
- Strengthen health workforce knowledge and capacity to deliver quality comprehensive contraception and safe abortion care services to the full extent of the law;
- Strengthen capacities of governments and partner organizations to plan and implement quality comprehensive contraception and safe abortion care services in crisis situations;
- Establish recommendations and guidelines for community engagement and participation in programs that aim to prevent and address the root causes of unintended pregnancies in humanitarian situations;
- Establish effective linkages with complementary existing interventions including Education, Protection (GBV), and Health (particularly IATT for HIV) sectors;
- Ensure availability of sufficient, quality SRH supplies for emergencies and post-acute crises.

Output 4: Develop and systematize effective linkages between SRH and GBV

The SRH-TT will develop and systematize effective linkages between SRH and GBV by:

- Strengthening coordination with Protection / GBV at all levels;
- Liaising with the GBV-Health Response Focal Point within the GHC, to ensure complementarity and coordination in SRH response to GBV, including in the area of clinical management of rape and intimate partner violence (CMR-IPV);
- Ensuring health workforce knowledge and capacity to deliver quality Clinical Management of Rape and Intimate Partner Violence (CMR-IPV) services.

In addition, the SRH-TT will commit to the following results:

- SRH priorities and coordination are consistently and systematically integrated into enhanced humanitarian health interventions;
- Criteria developed for systematic and consistent activation of SRH Coordination whenever the Cluster mechanism is activated at country level;
- Clear guidance developed for establishment of country-level SRH working groups and terms of reference specifically related to the priority objectives are standardized;
- Effective coordination and linkages between SRH and other sectors, particularly Protection / GBV and Supplies, strengthened at all levels.
- Core competencies for SRH Coordinator role updated and standardized; and mechanism for capacity building for SRH coordination established and sustained.
- Standards of care for SRH response in emergency health interventions across the four objectives are established in line with relevant WHO recommendations and Guidelines and institutionalized;
- Dedicated funding for SRH interventions systematically prioritized in appeals for emergency health funding;

- Mechanism for systematically monitoring, evaluating, and providing feedback on the effectiveness of the SRH-TT and SRH working groups developed and implemented;
- Looking at different modalities to facilitate the provision of SRH services, including CVA, and monitor the appropriate use and result of this modality in humanitarian settings, through proper documentation and sharing of experiences in order to guide the appropriate use of CVA ensuring the quality of services and better health outcomes

TASK TEAM MEMBERSHIP

- Because of UNFPA's extensive experience and leadership in SRH in humanitarian contexts, leadership of the GBV Area of Responsibility (AoR) within the Protection Cluster and designation as provider of last resort for GBV, as well as mandate to ensure that SRH commodities and supplies, including IARH kits, are available in humanitarian settings, UNFPA has the comparative advantage to lead the SRH-TT within the GHC. The Task Team will be co-led by an NGO partner with SRH expertise.
- The SRH-TT will be comprised of interested GHC partners including representatives from IAWG and other technical agencies and NGO partners with SRH expertise.
- An SRH-TT Focal Person will be identified and supported by UNFPA to oversee implementation of the workplan, ensure coordination, and manage communications in collaboration with task team members and the GHC Secretariat.

ACCOUNTABILITIES

- The SRH-TT is accountable to the GHC Strategic Advisory Group (SAG), which will approve the workplan. The SRH-TT will submit quarterly updates to the SAG.
- The SRH-TT Focal Person will report to UNFPA's Director, Humanitarian Response Division and to the GHC SAG.

METHOD OF WORKING

- The initial term of the TT will be for two years, renewable biennially upon approval by the GHC SAG. The Task Team will develop an annual workplan within the first three months after establishment, which will be submitted to the GHC SAG for approval;
- Annual workplans for subsequent years will be submitted to the GHC SAG during Q4 for approval (date tbc);
- The SRH-TT will report to the GHC SAG on a quarterly basis, with updates on progress toward achievement of objectives, challenges and projected activities for the upcoming quarter.
- The SRH-TT will consult with other Task Teams, networks, technical experts, and sectors as relevant and appropriate;
- Secretariat support will be provided by GHC.

FREQUENCY OF MEETING

- The SRH-TT will convene (virtually, in-person, or hybrid) on a monthly basis during the first quarter after initiation to determine membership, develop an annual workplan, agree on deliverables, delegate responsibilities, and establish timelines. The workplan, deliverables, timelines, and responsibilities will comprise the first quarterly report to the GHC SAG;

- Subsequent SRH-TT meetings will be held, at minimum, quarterly (virtually, in-person, or hybrid) to update on progress toward deliverables, address challenges, and plan for the upcoming quarter. Ad-hoc meetings will be held if required;
- SRH-TT members will commit to attending all scheduled meetings;
- GHC will facilitate meetings through teleconferencing and by providing physical space for in person meetings where possible.

WORKPLAN ACTIVITIES

To be determined by the SRH Task Team.