

EXECUTIVE SUMMARY

Innovation for Sexual and Reproductive Health in Humanitarian Crises

Where we are now and how to move the agenda forward



ACKNOWLEDGEMENTS

About Elrha

We are Elrha. A global charity that finds solutions to complex humanitarian problems through research and innovation.

We are an established actor in the humanitarian community, working in partnership with humanitarian organisations, researchers, innovators, and the private sector to tackle some of the most difficult challenges facing people all over the world.

We equip humanitarian responders with knowledge of what works, so that people affected by crises get the right help when they need it most. We have supported more than 200 world-class research studies and innovation projects, championing new ideas and different approaches to evidence what works in humanitarian response. Elrha has two successful humanitarian programmes: Research for Health in Humanitarian Crises (R2HC) and the Humanitarian Innovation Fund (HIF).

The R2HC aims to improve health outcomes for people affected by humanitarian crises by strengthening the evidence base for public health interventions. Our globally-recognised research programme focuses on maximising the potential for public health research to bring about positive change and transform the effectiveness of humanitarian response.

The HIF aims to improve outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective and scalable solutions. The HIF is our globally-recognised programme leading on the development and testing of innovation in the humanitarian system. Established in 2011, it was the first of its kind: an independent, grant-making programme open to the entire humanitarian community.

About the authors

We commissioned this work to drive better understanding of how innovation can be utilised for sexual and reproductive health (SRH) in humanitarian crises. We thank the authors for their work on this paper: **Kimberley Popple** at The London School of Hygiene & Tropical Medicine, **Ana Florescu** and **Andrea Wong** at Science Practice, and **Dr. Anne Golaz** at The Geneva Centre of Humanitarian Studies. **Dr. Neha Singh** at The London School of Hygiene and Tropical Medicine's Health in Humanitarian Crises Centre and **Prof. Karl Blanchet** at The Geneva Centre of Humanitarian Studies reviewed and shaped the research design and the framing of the insights.



The Geneva Centre of Humanitarian Studies is a unique teaching, research and policy centre for humanitarian action. We are a joint centre of the Graduate Institute of International and Development Studies and the University of Geneva, two internationally renowned centres of academic excellence.



The Health in Humanitarian Crises Centre at the London School of Hygiene and Tropical Medicine The Health in Humanitarian Crises Centre brings together multidisciplinary researchers working to advance health and health equity in crises-affected countries through research, education, and translation of knowledge into policy and practice. The Centre is part of the London School of Hygiene & Tropical Medicine, which is renowned for its research, postgraduate studies and continuing education in public and global health. The university has an annual research income of more than £180 million and is one of the highest-rated public health research institutions in the UK and globally.



Science Practice is a design and research agency that works with science and innovation funders to design responsible and impactful programmes to tackle some of our most pressing challenges.

We thank the project Steering Committee members for their contribution to this paper:

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List of acronyms

| | |
|----------|--|
| CHW | Community health worker |
| CSE | Comprehensive sexuality education |
| EmONC | Emergency obstetric and neonatal care |
| ENC | Essential newborn care |
| FGD | Focus group discussion |
| GBV | Gender-based violence |
| HCP | Healthcare provider |
| HIF | Humanitarian Innovation Fund |
| HIV/AIDS | Human immunodeficiency virus/acquired immune deficiency syndrome |
| HSS | Health systems strengthening |
| IAWG | Inter-Agency Working Group on Reproductive Health in Crises |
| ICPD | International Conference on Population and Development |
| IDP | Internally displaced persons |
| IPPF | International Planned Parenthood Federation |
| KII | Key informant interview |
| LGBTQIA+ | Lesbian, gay, bisexual, transgender, queer, intersex, asexual+ |
| LICs | Low-income countries |
| LMICs | Low and middle-income countries |
| MHM | Menstrual hygiene management |
| MISP | Minimum Initial Service Package for Sexual and Reproductive Health in Crisis |
| NGO | Non-governmental organisation |
| PrEP | Pre-exposure prophylaxis |
| PLWHA | People living with HIV/AIDS |
| SGBV | Sexual and gender-based violence |
| SRH | Sexual and reproductive health |
| STI | Sexually transmitted infection |
| UN | United Nations |
| WHO | World Health Organization |
| WRA | Women of reproductive age |

FOREWORD

Driven by our focus on finding solutions to complex humanitarian problems through research and innovation, we commissioned a report to better understand how innovation can be utilised for sexual and reproductive health (SRH) in humanitarian crises.

Having published the Humanitarian Health Evidence Review and contributed to WHO & IAWG research prioritisation exercises, our Research for Health in Humanitarian Crises (R2HC) programme had a clear understanding of research needs and priorities for the humanitarian SRH community of practice. At the same time, our Humanitarian Innovation Fund (HIF) programme, with its area of focus dedicated to gender-based violence (GBV), had identified an abundance of calls for innovative solutions and hackathons addressing SRH in humanitarian crises, but noted their lack of strategy in addressing key problems and diverse interpretations of 'innovation'.

It was in this context that we identified a key opportunity to undertake this work to better understand what innovation means to the community of practice, what types of innovation are being utilised now, and to develop best practice and guidance on how to innovate for the sector. We set forward by establishing a diverse and expert Steering Committee and offering guidance to the authoring team.

We are now pleased to be able to share the findings of this report. In addition to providing an analysis of 'where we are' in terms of innovation for the humanitarian SRH sector, it offers a clear strategy and 'next steps' on how to meaningfully innovate for SRH. **This report will serve as Elrha's strategic blueprint in our aims to improve SRH outcomes in humanitarian crises through research and innovation, and we are confident it will serve to convene actors in the sector around responsible and impactful innovation.**

Angela Francis

HIF Senior Innovation Manager, Elrha

Anne Harmer

Head of Research for Health in Humanitarian Crises (R2HC), Elrha

INTRODUCTION

Background

An estimated 32 million women and girls of reproductive age (15-49) are living in emergency settings, all of whom require comprehensive sexual and reproductive health (SRH) information and services (Singh et al., 2018b). Humanitarian crises exacerbate vulnerability to poor SRH outcomes among affected populations due to reduced access and utilisation of SRH services and supplies, damaged health facilities, depleted human resources, and increased poverty (Warren et al., 2015). Insecurity, population movements, and limited financial and human resources make it more difficult to deliver SRH services than in stable settings. As a result, insufficient investment in SRH during humanitarian crises leads to gaps in addressing needs and rights of key populations.

Whilst progress is being made in SRH service availability in humanitarian crises, for example through increased funding, significant challenges remain in the implementation and utilisation of these services (Singh et al., 2018a).

Within the SRH sector, well-defined, effective and evidence-based interventions already exist to save the lives of women and girls. However, previous systematic reviews, and more recently a study in 10 conflict-affected countries, have demonstrated that the challenging environment of humanitarian crises requires creative ways of delivering these interventions (Singh et al., 2021).

Why now?

The COVID-19 pandemic poses an additional risk to the delivery of SRH services as health systems struggle to cope with increased needs. Changes in the nature and scale of humanitarian crises require new ways of accessing hard-to-reach populations, particularly those who are marginalised, on the move, or outside of camp settings. Finally, the future funding environment for international aid is uncertain. In this context, funders may look to invest limited resources more strategically, prioritising innovations with the greatest potential for impact, scalability, and sustainability.

The research study

Elrha commissioned this work to build a better understanding of what are seen as innovative interventions or practices in SRH, and how these compare to existing ways of framing innovation in the humanitarian sector. In doing so, we aim to identify and outline opportunities where further innovation could help address the increasingly complex challenges presented by SRH in humanitarian settings.

The study, comprising of a literature review and a consultation process with key stakeholders, was conducted by a provider team comprising of the Geneva Centre for Humanitarian Studies, London School of Hygiene and Tropical Health, and Science Practice. The authors examined what innovation meant for the humanitarian SRH sector and how it defined innovation, and included a mapping of innovative practice in humanitarian settings and subsequent identification of under addressed areas of opportunity. It concludes with concrete recommendations for the community of practice to move forward to apply innovation, meaningfully and responsibly, to SRH in humanitarian crises.

Progress in advancing and improving the quality of SRH in emergencies has been made in terms of policies, guidelines and funding, but there remains an urgent need to address gaps in implementation, quality of care, utilisation of SRH services, monitoring and evaluation.

SUMMARY OF KEY FINDINGS

How does the SRH sector currently understand humanitarian innovation?

Actors working in the SRH humanitarian sector have a broad yet nuanced understanding of humanitarian innovation. A precise definition of innovation may be elusive or challenging to articulate, but what it should achieve and how can guide emerging practices and activities.

The most common features of innovation mentioned included:

- An element of novelty, whether it is a new solution (invention), or the adaptation of an existing solution to a new humanitarian context, or user group
- Addresses a known humanitarian SRH problem
- Is human-centred and iterative
- Is sustainable and scalable
- Is collaborative
- Generates evidence and learning
- Is regenerative.

Building on the research insights and noting conversations happening in the wider humanitarian sector, we propose the following definition of humanitarian SRH innovation:

An iterative, co-creative process that leads to improved, inclusive and sustainable solutions to pressing SRH challenges faced by women, girls, marginalised populations and humanitarian practitioners.

Mapping for SRH innovations

113 examples of SRH interventions considered to be innovative by different stakeholders were extracted from key informant interviews, or through an online survey, or a literature search. After applying our eligibility criteria (including relevance to the SRH sector, to humanitarian settings, and the potential to generate new learning) **26 examples of SRH innovations in crisis settings** were selected in 21 low and middle income countries (LMICs) across Africa, the Middle-East, Asia/Pacific, and South America.

'Global' innovations indicate those that have not been tailored to a specific humanitarian setting, rather are considered to have global, or widespread, potential for use/impact. 'Multi-country' innovations are tailored to one or more specific humanitarian settings. The numbered circles indicate their various settings where appropriate.



- | | |
|--|---|
| 1 PATH & John Snow Inc. | 15 UNFPA & Health Literacy Promotion Division, Ministry of Health and Sports, Association Francois- Xavier Bagnoud, Myanmar Medical Association, Marie Stopes International |
| 2 Save the Children and Columbia University | 16 IPPF member association |
| 3 PATH Uganda (funded by UNFPA) | 17 IPPF member association |
| 4 USAID Global Health Supply Chain Program | 18 MSF |
| 5 IAWG & SCOPE | 19 Maternity Foundation (Save the Children delivering) |
| 6 IAWG | 20 MSF & howtouseabortionpill.org |
| 7 MSF | 21 MSF |
| 8 UNHCR Ecuador | 22 HERA & Just One Giant Lab (JOGL) |
| 9 World Hope International & Lehigh University | 23 MSF |
| 10 CARE Bangladesh | 24 Bridge to Health Medical and Dental USA & MedGlobal |
| 11 YLabs | 25 Cape Breton University, South Sudan government |
| 12 Plan International | 26 The Makerere University School of Public Health |
| 13 World Vision Vanuatu, LSHTM. Water Aid Nepal, LSHTM | |
| 14 IFRC | |

The most common type of innovation was products, both digital and non-digital.

Only one intervention used an innovative approach to scale and disseminate. Innovations related to advocacy were not found.

There is a **high proportion of adaptation of existing products, services and delivery modes** in the sector versus invention of new ones. Internally, it may be easier for innovators to find the support they need within their organisation to adapt an already existing SRH solution, with some level of knowledge of how to implement the solution and some evidence or evaluation attached to it, than to initiate the process of inventing a new solution with potential risks attached.

The **majority are still at the pilot stage**. As with most humanitarian innovations, SRH innovation projects face challenges moving from pilot phase to full scale.

The **majority focused on safe pregnancy, delivery and postpartum care**, whilst innovations around newborn care were least common.

Mapping innovations against key humanitarian SRH gaps

Having identified what current innovative practice looks like across the humanitarian SRH sector, we next explored the extent to which the innovations identified were aligned with the humanitarian SRH priority gaps. The purpose of this was to identify whether there are opportunities to address some of the identified gaps through innovation. The majority of mapped innovations could be categorised into gaps in SRH service provision, underserved populations, and capacity of the SRH health system.

Innovations addressing SRH service gaps

Although the majority of the identified innovations focused on maternity care, there was no specific mention of improving the quality of care, or how respectful that care was, in the description of those innovations. Therefore, there may be space to continue focusing on this gap by either innovating or implementing existing good practice. Other innovations focused on family planning, safe abortion/post-abortion care, and neonatal mortality.

Innovations addressing underserved SRH population groups

Fourteen of the 26 innovations targeted a marginalised group such as adolescents, people with disabilities, LGBTQIA+, sex workers, people living with HIV/AIDS, urban refugees or refugees outside of camp settings. Encouragingly, this suggests an increased attention to adapting existing solutions or developing new ones to meet the needs of marginalised groups or those that are hard to reach. Emerging practices and interventions should be documented and shared widely with the sector to ensure that SRH services are equitable and reach the most vulnerable.

Innovations addressing gaps in SRH capacity

The majority of the innovations focused on training healthcare providers, so there is scope to address other critical gaps in the capacity of the humanitarian health system in relation to SRH as identified in the following section.

Unaddressed gaps from the identified innovations

As part of the research study, a review was conducted of recent literature identifying priority SRH gaps in humanitarian settings. These can be seen in the below table.

Table of priority humanitarian SRH sector gaps¹

| | Gaps |
|--------------------|--|
| Services | <ul style="list-style-type: none"> • Safe abortion/post-abortion care and advocacy • Family planning, especially long-acting reversible contraceptives (LARCs) and emergency contraception (EC) • Interventions addressing neonatal mortality, including stillbirths • Interventions addressing utero-genital fistulae and female genital mutilation/cutting (FGM/C) • Quality maternity care, including respectful care • Home-based maternity care by community health workers (CHWs) • Home or community-based newborn care • Pregnancy and newborn care education for caregivers • Integrated mental health/psychosocial support (PSS) and SRH services |
| Populations | <ul style="list-style-type: none"> • Vulnerable newborns (small and sick) • Adolescents (10-19) and young people (up to 24) • Older people (particularly women) • People with disabilities • LGBTQIA+ • People living with HIV/AIDS • Sex workers • Urban refugees and refugees outside of camp settings |
| Capacities | <ul style="list-style-type: none"> • MISP to comprehensive SRH implementation • Skilled healthcare providers across SRH components • Collection and monitoring of data on maternal and neonatal mortality • Use of data for evidence-based decision-making • SRH supply chain management |

1. Gender-based violence-related gaps not included

The following list summarises humanitarian SRH gaps for which we identified either no or only one innovative solution being designed, piloted, implemented or scaled to address the gap:

Services

- Interventions addressing utero-genital fistulae and FGM
- Home or community-based newborn care
- Pregnancy and newborn care education for caregivers
- Integrated mental health/psycho-social support and SRH services

Populations

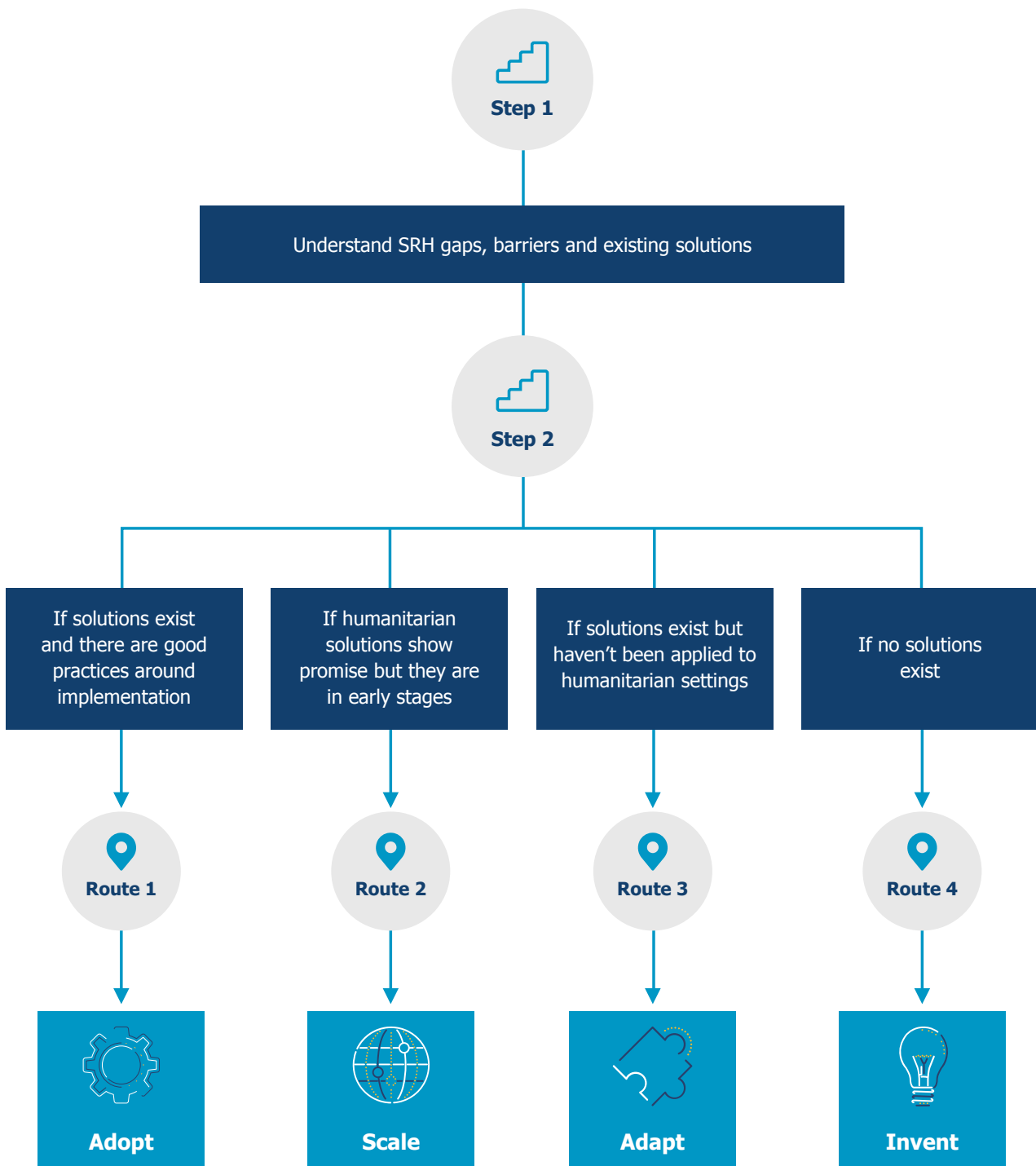
- Older people
- Urban refugees and refugees outside of camp settings

Capacities

- MISP to comprehensive SRH services
- Collection and monitoring of data on maternal and neonatal mortality
- Use of data for evidence-based decision-making
- Improving the SRH supply chain

WHAT WE KNOW NOW: HOW TO MEANINGFULLY APPLY INNOVATION TO SRH IN HUMANITARIAN CRISES

For those interested in furthering the potential of innovation in humanitarian SRH settings to address these gaps, we propose the following approach. The specific opportunities within each of these routes are further unpacked in the [full report](#), which we encourage you to review.



- **Step 1:** Understand outstanding SRH gaps, barriers that are preventing progress and the strengths and limitations of any existing solutions
- **Step 2:** Decide on a suitable route to pursue
 - ◇ **Route 1 – Adopt:** If relevant, effective solutions exist, as well as good practices around how to implement them in the humanitarian setting of interest, seek funding and support to adopt the solutions and share any new knowledge gained with the wider SRH humanitarian sector
 - ◇ **Route 2 – Scale:** If relevant, promising solutions exist for addressing an identified SRH gap in humanitarian settings but there is little evidence around effectiveness or implementation practice, seek support to further test and scale these solutions as called for by the evidence.
 - ◇ **Route 3 – Adapt:** If relevant, effective solutions exist but they have not been implemented in humanitarian settings (or in the geographies, communities, or cultures of interest), and significant work is needed to understand how these solutions might be implemented in/adapted to these settings and what impact they might have, seek support to adapt solutions to the new humanitarian context and share new knowledge and emerging practices with the broader SRH sector.
 - ◇ **Route 4 – Invent:** If relevant solutions to address an identified SRH gap are missing or have significant limitations, invent solutions in close collaboration with local actors and those who will directly benefit from them.

Regardless of the route taken, we highlight the importance of ensuring innovations address a well-defined problem for the humanitarian SRH sector, generate new learning, lead to measurable improvements on existing practice, and take an iterative, co-creative, inclusive and ethical approach. We are aware that this is an ambitious ask – but it is one that reflects the expectations and ambitions of the humanitarian SRH community.

To foster this type of innovation, there was an expressed need from key informants for a more inclusive, collaborative and transparent ecosystem. Three specific recommendations stood out from the interviews which apply regardless of the appropriate route, or approach:

- **Promote inclusive, flexible and long-term funding designed to support systemic innovation**
- **Foster innovation practices grounded in local knowledge and lived experiences**
- **Create opportunities for knowledge generation and knowledge exchange**

The findings from this review suggest that actors working in the humanitarian SRH sector have a broad yet nuanced understanding of humanitarian innovation, what it should aim to achieve and what the key features of any innovation should be. Through mapping exercises and interviews, we gained a sense of the work that is ongoing to address critical gaps in humanitarian SRH, and where innovation offers opportunities to better understand and address these gaps. In conclusion, we bring these insights together to provide **a clear pathway to change and call to action for the community of practice to utilise innovation for SRH in humanitarian crises.**

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