



AMERICAN UNIVERSITY OF BEIRUT

ASFARI INSTITUTE FOR CIVIL SOCIETY  
& CITIZENSHIP

معهد الأصفري للمجتمع المدني والمواطنة

**TOOLKIT**

# **SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE MIDDLE EAST AND NORTH AFRICA**

A TOOLKIT FOR RIGHTS-  
BASED, INCLUSIVE,  
AND CRISIS-  
RESPONSIVE ACTION

## **ABOUT THE ASFARI INSTITUTE FOR CIVIL SOCIETY AND CITIZENSHIP**

The Asfari Institute for Civil Society and Citizenship at the American University of Beirut (AUB) is a regional research and advocacy center focused on strengthening civil society, democratic governance, and citizenship in the Middle East and North Africa (MENA). Established with the support of the Asfari Foundation, the institute serves as a hub for interdisciplinary research, public policy analysis, and capacity-building initiatives that promote social justice, human rights, and civic engagement.

The Institute collaborates with academics, activists, policymakers, and civil society organisations (CSOs) to produce policy-oriented research, training programmes, and public dialogue platforms that promote inclusive governance, gender equity, and youth empowerment. It also plays a key role in advocating for reproductive rights, gender-based violence (GBV) prevention, and LGBTQ rights within the broader discourse on citizenship and democratic transformation in the region.

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## EXECUTIVE SUMMARY

This toolkit is designed to be a practical and accessible resource for all those working to advance the health, dignity, and rights of people in the Middle East and North Africa (MENA). It supports practitioners, healthcare workers, educators, policymakers, humanitarian actors, and advocates—especially those working in contexts shaped by conflict, displacement, endemic gender based violence, and the growing impacts of climate change.

Grounded in international human rights principles and shaped by local realities across the region, this toolkit addresses critical gaps in service delivery, advocacy, and policy development. It builds on the shared understanding that SRHR is not a luxury, but a basic right that every individual must enjoy, regardless of gender, background, or circumstance.

Today, the MENA region faces complex and urgent challenges: political and economic instability, sustained militarization, active conflict, and a growing backlash against gender and sexual rights. These dynamics are further compounded by restrictive legal systems, structural gender inequality, under-resourced healthcare infrastructures, and the increasing threats posed by climate and environmental crises. Access to essential services, such as safe maternity care, contraception, protection from gender-based violence, and healthcare that is inclusive of all sexual orientations and gender identities, remains limited, especially for women, girls, LGBTQ individuals, persons with disabilities, refugees, internally displaced persons, migrant women, and sex workers.

Despite the increasing recognition of SRHR as a fundamental human right, most MENA countries lack public policies that explicitly protect or promote SRHR, leaving critical gaps in legal frameworks, service provision, and funding.

## THIS TOOLKIT OFFERS

- A clear framework to better understand the risks and vulnerabilities that different groups face, especially in crisis settings.
- Practical strategies to strengthen access to services, from mobile clinics and telehealth initiatives to community-based and culturally sensitive solutions.
- Tools and approaches for working with policymakers, religious leaders, communities, and humanitarian organisations to advocate for SRHR as a central part of health and protection efforts.
- Guidance for integrating SRHR into humanitarian, health, and climate adaptation policies at local, national, and regional levels.
- Capacity-building recommendations for healthcare workers and educators, focusing on trauma-informed and rights-based care.
- Recommendations and frameworks to guide the future development of templates, multimedia resources, and monitoring tools for the implementation and evaluation of SRHR programmes in fragile and changing environments.

Drawing from the experiences and lessons shared by SRHR practitioners and organisations in Lebanon, Egypt, and Tunisia, the toolkit highlights practical examples of innovation, resilience, and determination. It recognises the power of local knowledge and collective action in advancing SRHR even under the most challenging conditions.

This toolkit ends with a call to action: to bring SRHR into every humanitarian response, every health plan, every policy conversation. It provides clear recommendations for governments, NGOs, healthcare providers, humanitarian organisations, and educators, calling for stronger laws, sustainable funding, and greater community leadership.

Our long-term vision is simple but ambitious: a MENA region where every individual, no matter their gender, nationality, ability, or displacement status, can live with dignity, make informed choices, and access the health services they need and deserve. Achieving this future requires solidarity, investment, and a deep commitment to justice.

This toolkit is a contribution toward that goal: a step forward to build stronger, more inclusive, and more resilient systems that protect and promote the sexual and reproductive health and rights of all.

## TOOLKIT AT A GLANCE

Section	What You Will Find	How You Can Use It
<b>Section 1: Introduction and Background</b>	Toolkit rationale, structure, and SRHR realities in MENA	Frame your project, advocacy, or training initiatives
<b>Section 2: Understanding SRHR in Crisis Contexts</b>	Intersectional vulnerabilities, gendered conflict impacts, climate risks	Contextualise your SRHR programming for fragile settings
<b>Section 3: Strengthening Legal and Policy Frameworks</b>	Legal reform strategies, international standards, case examples	Plan legal advocacy, align policies, influence reforms
<b>Section 4: Access to SRHR Services and Advocacy Strategies</b>	Overcoming barriers, community engagement, advocacy tools	Strengthen service delivery and amplify community-led advocacy
<b>Section 5: Education, Capacity Building and Monitoring</b>	CSE models, trauma-informed training, M&E guidance	Build frontline capacity, monitor impact, adapt programs
<b>Section 6: Tools and Resources</b>	Templates, checklists, multimedia materials	Apply operational tools in the field
<b>Section 7: Conclusion and Future Directions</b>	Sector-specific recommendations, long-term vision	Align your work with regional goals for SRHR justice

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## LIST OF ACRONYMS

**CSE** – Comprehensive Sexuality Education

**CEDAW** – Convention on the Elimination of All Forms of Discrimination Against Women

**GBV** – Gender-Based Violence

**HRW** – Human Rights Watch

**IAWG** – Inter-Agency Working Group on Reproductive Health in Crises

**IDPs** – Internally Displaced Persons

**IFRC** – International Federation of Red Cross and Red Crescent

**LGBTQ** – Lesbian, Gay, Bisexual, Transgender, and Queer

**M&E** – Monitoring and Evaluation

**MENA** – Middle East and North Africa

**NGO** – Non-Governmental Organisation

**PEP** – Post-Exposure Prophylaxis

**SDGs** – Sustainable Development Goals

**SRHR** – Sexual and Reproductive Health and Rights

**STI** – Sexually Transmitted Infection

**UPR** – Universal Periodic Review

**WHO** – World Health Organisation

## SECTION 1:

# INTRODUCTION AND BACKGROUND

## PROJECT BACKGROUND

### RATIONALE FOR THE TOOLKIT

This toolkit is developed as a practical guide to support all those working to protect and promote SRHR across the Middle East and North Africa (MENA). It aims to serve healthcare workers, policymakers, community leaders, educators, humanitarian responders, and advocates — especially those operating in fragile, conflict-affected, and climate-challenged settings.

Across MENA, SRHR remains profoundly shaped by socio-political instability, gender discrimination, restrictive laws, and limited healthcare resources. In too many places, SRHR work is underfunded, deprioritised, or

treated as a secondary concern during emergencies. Global health frameworks increasingly recognise SRHR as a fundamental right, yet many communities across our region still face daily barriers to accessing the services they need and deserve.

The toolkit seeks to bridge some of these critical gaps. It offers practical strategies, advocacy tools, and adaptable models that are grounded in international human rights standards — but equally informed by lived experiences and local realities in the MENA region. It recognises that resilience, dignity, and justice must guide our approaches to SRHR, particularly for the most marginalised among us.

### ALIGNMENT WITH GLOBAL AND REGIONAL SRHR POLICIES

- **The United Nations Sustainable Development Goals (SDGs)**: Especially Goal 3 (Good Health and Well-Being), and Goal 5 (Gender Equality), which call for universal access to sexual and reproductive healthcare services, including for family planning, information, and education (United Nations, 2015).
- **The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)**: CEDAW affirms women’s right to health, autonomy, and protection from violence, and obliges states to eliminate discrimination in law and practice (United Nations, 1979).
- **Universal Periodic Review (UPR) Mechanisms**: A peer-reviewed process through which UN Member States assess one another’s human rights records, including SRHR obligations (OHCHR, n.d.)
- **International Humanitarian Law (IHL) and UNHCR Guidelines**: These frameworks reinforce the obligation to uphold SRHR in humanitarian settings, particularly for displaced and stateless persons. As part of the broader right to health and dignity, IHL affirms the protection of civilians in conflict, while UNHCR’s operational guidelines highlight the inclusion of sexual and reproductive health services in emergency responses. Key resources include the [UNHCR Sexual and Reproductive Health - Public Health Section](#) and the [UNHCR Emergency Handbook: Humanitarian Principles](#).
- **Regional Legal Frameworks and Declarations**: The League of Arab States (LAS) has adopted several strategies and declarations related to women’s rights, gender-based violence prevention, and early and child marriage. Though often non-binding, they provide regionally anchored advocacy points. One example is the [Arab Declaration on Combating All Forms of Violence Against Women and Girls](#).

## OBJECTIVE

This toolkit is designed to:

- Equip practitioners, healthcare workers, policymakers, and advocates with practical tools to promote SRHR across different settings in MENA.
- Address persistent barriers to SRHR, particularly in contexts of conflict, displacement, and environmental stress.
- Foster cross-sector collaboration between health, humanitarian, education, and human rights actors.
- Support the availability of accessible, rights-based SRHR services and information across the region.
- Strengthen policy environments to better protect and fulfil reproductive rights at the national and regional levels.

## EXPECTED RESULTS

By putting this toolkit into practice, we expect to achieve:

- Wider dissemination of SRHR information and tools among civil society, healthcare providers, and policymakers across MENA.
- The identification and promotion of good practices and local innovations to strengthen SRHR work.
- Greater sensitisation of governmental and public institutions to SRHR needs, leading to stronger legal protections and more responsive policies.

## TARGET GROUPS

This toolkit is for all those committed to advancing SRHR in the region, especially among communities facing heightened risks of discrimination, violence, and exclusion.

- **Women and Girls:** Those accessing SRHR services through community organisations, NGOs, and public clinics; adolescent girls at risk of early marriage, sexual violence, and maternal health complications.
- **LGBTQ Individuals:** Those seeking sexual health education, STI prevention, and protection from violence and discrimination.
- **Healthcare Providers:** Doctors, nurses, midwives, community health workers, social workers, counsellors, and educators involved in delivering SRHR and psychosocial support services.

- **Civil Society Organisations (CSOs) and Advocacy Networks:** Groups advancing gender justice, LGBTQ rights, reproductive justice, and child protection in the region.
- **Government Stakeholders and Duty Bearers:** Ministries of Health, Gender, Education, and other public sector actors responsible for SRHR policy and implementation.
- **Regional Institutions:** Bodies such as the League of Arab States and intergovernmental platforms promoting health, rights, and sustainable development across MENA.

## SRHR REALITIES FROM THE GROUND

This toolkit is rooted in real experiences from across the region. Interviews with SRHR practitioners in Egypt, Tunisia, and Lebanon show the daily realities: from health systems collapsing under conflict in southern Lebanon, to the hidden barriers faced by women seeking abortions in Tunisia despite a supportive law, to the economic hardships and medical paternalism that block young Egyptians from accessing care.

These first-hand insights highlight a crucial truth: Legal reforms and global commitments alone are not enough. Access to SRHR depends on addressing gaps between law and practice, dismantling stigma, empowering communities, and providing frontline workers with the tools and support they need.

# TOOLKIT OVERVIEW: HOW TO USE THIS TOOLKIT

This toolkit is built for action. It offers evidence-based strategies, policy guidelines, training modules, and practical templates — all adaptable to the diverse realities of MENA countries.

## STEP-BY-STEP GUIDE ON USING THE TOOLKIT IN DIFFERENT SETTINGS

### For NGOs and Advocacy Groups:

- Use Section 4 to develop data-driven advocacy campaigns addressing SRHR barriers in humanitarian settings.
- Apply Section 5 to design simple but effective monitoring and evaluation frameworks to track progress and adapt programmes.

### For Healthcare Providers:

- Implement service delivery guidelines from Section 2 to expand access to contraception, maternal health, and GBV support.
- Draw on the training and capacity-building guidance in Section 5 to equip healthcare teams with trauma-informed, rights-based practices for delivering inclusive and dignified SRHR care.

### For Policymakers and Government Agencies:

- Refer to Section 3 to align national policies with international and regional SRHR standards.
- Integrate SRHR into health and humanitarian strategies using the tools provided in Section 6.

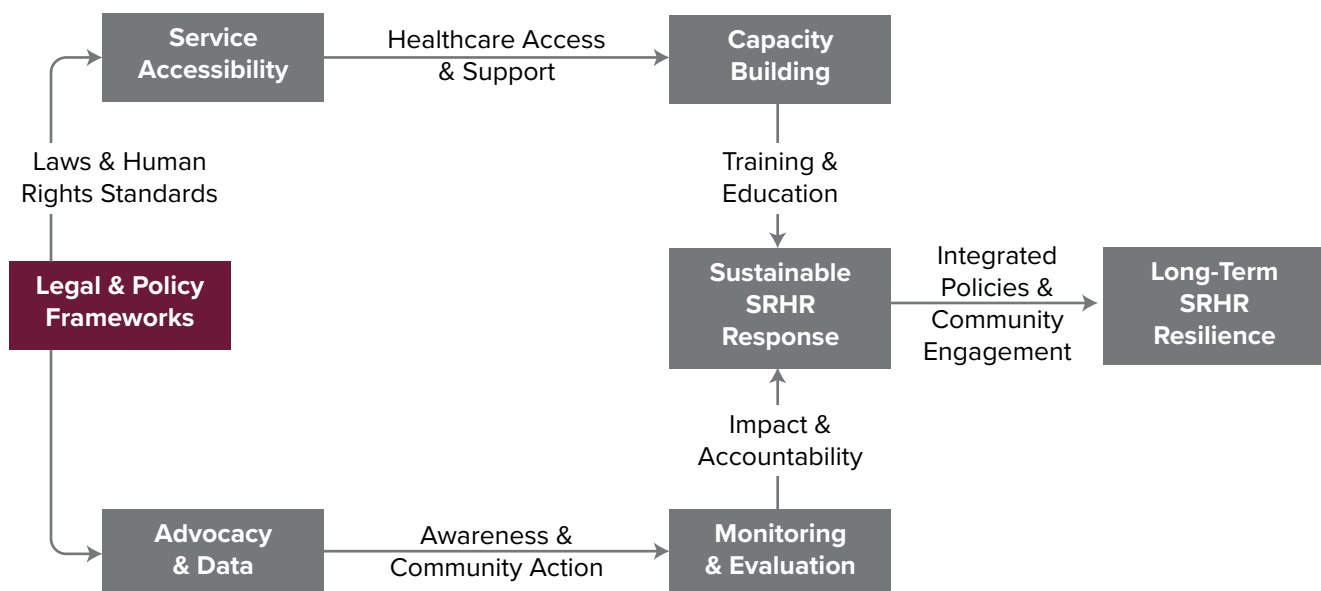
### For Humanitarian Organisations and Refugee Response Teams:

- Use Section 2's emergency SRHR response frameworks to strengthen reproductive healthcare for displaced populations.
- Apply Section 6's practical checklists and templates for rapid SRHR service assessments.

### For Educators and Training Institutions:

- Utilise Section 4's training modules to embed SRHR into education programs, refugee learning spaces, and community outreach.
- Develop culturally appropriate, comprehensive sexuality education (CSE) strategies tailored to local needs.

## Key SRHR Components in Crisis Settings



## SECTION 2:

# UNDERSTANDING SRHR IN CRISIS CONTEXTS

Sexual and reproductive health and rights (SRHR) are often among the first casualties of crisis. Across the Middle East and North Africa (MENA), conflicts, forced displacement, environmental degradation, and political instability have deepened existing inequalities, leaving many communities without access to essential SRHR services. Despite the increasing global acknowledgment that SRHR is a fundamental part of human rights, the reality on the ground in MENA is stark: access to contraception, safe maternal care, protection from gender-based violence, and inclusive healthcare remains severely limited, particularly for women, adolescent girls, LGBTQ individuals, persons with disabilities, and displaced populations.

This section explores how conflict, displacement, and climate change impact SRHR in MENA. It offers a framework for understanding barriers, highlights intersectional vulnerabilities, and presents evidence-based strategies to strengthen SRHR access and resilience in crisis-affected contexts. The aim is to equip practitioners, policymakers, and advocates with the knowledge needed to ensure that SRHR remains a core priority in humanitarian response, conflict recovery, and disaster risk reduction.

## GENDERED PERSPECTIVES ON SRHR IN CONFLICT AND CRISIS SETTINGS

### INTERSECTIONAL IMPACT OF CONFLICT ON SRHR

While infrastructure destruction during conflict is often the focus of humanitarian assessments, it is essential to understand how wars deepen existing social and gender inequalities. Armed conflicts disrupt access to healthcare while simultaneously exposing women, girls, LGBTQ individuals, and people with disabilities to heightened vulnerabilities, including sexual violence, exploitation, early marriage, and reproductive coercion.<sup>1</sup>

**Case Example:** In Yemen, the conflict has severely disrupted reproductive health services, exacerbating vulnerabilities for women, girls, and marginalized groups, including those with disabilities and LGBTQ individuals, who face heightened risks of violence and exclusion from care. The collapse of health infrastructure and the rise in child marriage highlight the intersectional impact of war on SRHR.<sup>2</sup>

Conflict also undermines community safety nets, increases poverty, and weakens state institutions, making it harder for individuals to claim their SRHR. Displacement into refugee camps or informal settlements exacerbates these challenges, often placing reproductive healthcare completely out of reach.

## SPECIFIC POPULATION CHALLENGES

### WOMEN WITH DISABILITIES AND SRHR ACCESS

Women and girls with disabilities face compounded barriers in humanitarian settings:

- Physical inaccessibility of health facilities and services.
- Discrimination and bias from healthcare providers.
- Lack of disability-inclusive SRHR programming.
- Heightened risk of sexual violence and exploitation during displacement.

**Case Example:** In Tunisia, interviews revealed that even where SRHR services exist, women with disabilities are often overlooked, with no tailored outreach or adaptations to service delivery.

Addressing these barriers requires disability-inclusive SRHR strategies, such as mobile clinics with accessible vehicles, healthcare worker training on disability rights, and active outreach to disability communities.

<sup>1</sup> Hedström, J. & Herder, T. (2023). [Women's sexual and reproductive health in war and conflict: Are we seeing the full picture? Global Health Action, 16\(1\)](#).

<sup>2</sup> Tappis, H., Elaraby, S., Elnakib, S., et al. (2020). [Reproductive, maternal, newborn and child health service delivery during conflict in Yemen: a case study. Conflict and Health, 14\(1\)](#), 30.

**Note:** Additional real-life examples, such as those shared by Amal Charif from Lebanon during the latest escalation of conflict, offer valuable frontline insights into how war conditions exacerbate existing inequalities. While these could not be integrated at this stage, they underscore the importance of continuing to document and amplify lived experiences in future iterations of this toolkit.<sup>3</sup>

## ADOLESCENT GIRLS: EARLY MARRIAGE AND REPRODUCTIVE AUTONOMY

Conflicts disrupt education, strain household finances, and weaken legal protections, all of which contribute to increased rates of child marriage and early pregnancy among adolescent girls.

Key risks include:

- Denial of reproductive autonomy and informed consent, particularly in contexts of early and forced marriage.
- Increased exposure to sexual violence, including marital rape, which is often unrecognised or unpunished in legal systems.
- Limited access to contraception, safe abortion services, and comprehensive sexuality education leaves girls vulnerable to unintended pregnancies and unsafe procedures.

**Case Example:** In Syria, practitioners report sharp rises in child marriage during times of displacement, with families turning to early marriage as a survival strategy amidst economic hardship.<sup>4</sup>

Programmes that focus on keeping girls in school, providing safe spaces, and offering youth-friendly SRHR services are essential to combat these trends.

## LGBTQ POPULATIONS: NAVIGATING LEGAL AND HEALTHCARE BARRIERS

For LGBTQ individuals, conflict creates overlapping crises of vulnerability:

- Risk of arrest and criminalisation.
- Exclusion from mainstream humanitarian assistance.
- Heightened exposure to sexual violence and exploitation.

**Case Example:** LGBTQ refugees in Lebanon often rely on underground, informal healthcare networks due to fear of discrimination and arrest in public clinics.<sup>5</sup>

Advancing LGBTQ-inclusive SRHR requires culturally sensitive, rights-based programming that ensures safe access to services without fear of reprisal or stigma.

## CHALLENGES IN HUMANITARIAN RESPONSES AND STRUCTURAL GAPS

Although humanitarian guidelines recognise the importance of SRHR, in practice, these services are often marginalised.

Main Barriers:

- Funding Gaps: SRHR is frequently left out of emergency funding priorities.
- Fragmented Services: Lack of coordination leads to fragmented service delivery.
- Legal and Cultural Constraints: Restrictive laws and cultural stigma limit access to SRHR services.

<sup>3</sup> Amal Charif is a feminist activist, graphic designer, and advocate for the rights of women and girls with disabilities in Lebanon. Her work, particularly during the COVID-19 lockdown and during moments of political crisis and war, highlighted the compounded discrimination faced by disabled women in accessing care, education, and political rights. Her reflections are featured across multiple platforms including:

- **Asfari Institute for Civil Society and Citizenship:** [Video reflection on care work and disability](#)
- **The New Arab (2022):** [Lebanon's disabled community fights for their electoral rights](#)
- **Doria Feminist Fund:** [Amal Charif's feminist and disability rights journey](#)
- **Instagram:** [@amalization\\_](#) | **Website:** [www.amalization.com](#)

Charif's commitment to accessible feminist organising, cross-movement solidarity, and political participation continues to inspire disability-inclusive advocacy in MENA and beyond.

<sup>4</sup> Atallah, S. (2015). [Child marriage in humanitarian settings in the Arab region: Dynamics, challenges and policy options](#). United Nations Economic and Social Commission for Western Asia (ESCWA).

<sup>5</sup> Chemaitelly et al. (2022). [HIV incidence and impact of interventions among female sex workers and their clients in the Middle East and North Africa: a modelling study](#). The Lancet. HIV, 9(7), e496–e505.

**Case Example:** LFPA Lebanon struggled to maintain a steady contraceptive supply during conflict, delaying essential maternal and reproductive health services.

Building resilience requires humanitarian actors to fully integrate SRHR into emergency responses from the outset, including in funding appeals, programme design, and implementation strategies.

**Field Spotlight: Mobile SRHR Outreach during Conflict in Southern Lebanon**

During recent escalations in southern Lebanon, widespread destruction of health centres left thousands without access to basic maternal and reproductive healthcare. The Lebanese Family Planning Association (LFPA) responded by rapidly deploying mobile SRHR units staffed by midwives, nurses, and community health workers. These mobile clinics travelled to informal shelters and villages, providing contraception, antenatal care, and psychosocial support. Community trust was built by involving local leaders and ensuring services were culturally sensitive. This approach demonstrated that even in volatile environments, adaptable, community-rooted strategies can restore life-saving SRHR access.

## THE NEED FOR TRAUMA-INFORMED SRHR CARE

The Inter-Agency Working Group on Reproductive Health in Crises (IAWG) has long advocated for trauma-informed care. Yet, Rubini et al. (2023)<sup>6</sup> show that most humanitarian responses still neglect the psychological dimensions of SRHR service delivery.

**Case Example:** Interviews with [Marsa Sexual Health Center](#) in Lebanon revealed that survivors of sexual violence had little access to integrated medical and psychological care.

Trauma-informed SRHR programming requires:

- Staff training on survivor-centred care.
- Establishing confidential, accessible support pathways.
- Integrating mental health services with reproductive healthcare.

## ADDRESSING STRUCTURAL GAPS

Ensuring SRHR during crises is not merely about the delivery of medical services; it is fundamentally about restoring dignity, protecting autonomy, and affirming rights in the face of instability. To move from fragmented, emergency-driven responses towards durable SRHR systems that are resilient in crises, we must tackle structural gaps through integrated, locally led, and rights-based approaches. The following actions are necessary to close SRHR service gaps in humanitarian settings:

**Key Actions:**

- **Mainstream SRHR into Humanitarian Funding and Planning:** SRHR must be recognised as a life-saving intervention in all humanitarian response budgets and emergency appeals. Funding models must shift to include SRHR as a non-negotiable component of health responses, from the earliest stages of a humanitarian emergency through to long-term recovery planning.
- **Build Cross-Sector Collaboration:** Sustainable SRHR systems require strengthened links between healthcare, legal aid, psychosocial support, gender-based violence (GBV) prevention, and child protection services. Integrated service models should ensure that survivors of GBV can access medical, legal, and psychosocial support seamlessly.
- **Develop Community-Led, Context-Sensitive SRHR Approaches:** Humanitarian SRHR strategies must be designed in partnership with affected communities. This means working with community health workers, women's groups, LGBTQ organisations, disability rights activists, and youth networks to tailor interventions that reflect cultural realities while upholding rights-based principles.
- **Advance Accountability and Monitoring:** Create accountability mechanisms that allow community members to safely report gaps or abuses in SRHR service provision. Participatory monitoring tools can empower beneficiaries to shape programme improvements.

**Case Example:** In Tunisia, where legal access to abortion exists but stigma persists, NGOs worked alongside midwives and community health volunteers to establish confidential referral pathways, improving access for rural and marginalised women during periods of unrest.

<sup>6</sup> Rubini, E., Valente, M., Trentin, M., Facci, G., Ragazzoni, L., & Gino, S. (2023). [Negative consequences of conflict-related sexual violence on survivors: A systematic review of qualitative evidence](#). *International Journal for Equity in Health*, 22(1), 227.

# CLIMATE CHANGE AND SRHR

## IMPACT OF CLIMATE-INDUCED DISPLACEMENT ON SRHR

Climate change is not a distant threat—it is an everyday reality reshaping migration, health, and rights across the MENA region. Displacement due to droughts, floods, and resource scarcity is destabilising already fragile health infrastructures, pushing sexual and reproductive health needs further into crisis, particularly in rural and already underserved areas.

Climate-induced displacement often results in overcrowded refugee camps or informal settlements with poor sanitation, increased exposure to gender-based violence, and limited access to contraception and maternal healthcare.<sup>7</sup> Women and girls in these settings face heightened risks of forced marriage, transactional sex for survival, and unplanned pregnancies due to a lack of contraceptive options. Additionally, the breakdown of health services during climate disasters often leads to gaps in emergency obstetric care, post-rape treatment, and essential SRHR services.

**Case Example:** In Morocco and Jordan, climate change has intensified droughts and water scarcity, particularly affecting rural and low-income communities. Women, who are often responsible for securing water and managing household needs, bear the brunt of these environmental stresses. Despite their increased vulnerability, especially in contexts of poverty and displacement, gender-specific health needs such as antenatal care remain under-addressed in national climate strategies.<sup>8</sup>

SRHR services must be climate-resilient—able to withstand and adapt to environmental shocks, ensuring continuity of care even during large-scale displacement and natural disasters.

## FOOD INSECURITY, HEAT STRESS, AND MATERNAL HEALTH OUTCOMES

The consequences of climate change directly affect maternal and reproductive health in MENA through:

- **Maternal Malnutrition:** Droughts and food insecurity weaken pregnant women's health, raising risks of complications like anaemia, preterm labour, and stillbirth. The chronic stress of displacement and climate disasters can lead to higher rates of maternal mortality and unmet SRHR needs.
- **Pregnancy Complications and Neonatal Mortality:** Rising temperatures exacerbate dehydration, infections, and pregnancy-related stress, particularly for women with limited access to clean water and healthcare.
- **Increased Early Marriage Rates:** Economic collapse driven by agricultural failures has led some families to arrange early marriages for daughters as a survival strategy.

Frisendahl et al. (2024)<sup>9</sup> stress the urgent need to integrate SRHR services into climate adaptation policies, ensuring that reproductive health resilience is prioritised alongside disaster preparedness efforts. Likewise, Kabakian-Khasbolian et al. (2020)<sup>10</sup> highlight that most national climate adaptation plans in MENA fail to incorporate reproductive healthcare, leaving women, girls, and marginalised populations disproportionately affected.

Building maternal health resilience means integrating nutrition services, climate-sensitive facility design, and emergency obstetric care into SRHR programming.

### Actionable Steps:

- Integrate nutrition counselling and supplementation into maternal health programming.
- Design health centres with climate-sensitive features (e.g., heat-resilient shelters, solar-powered clinics).
- Embed SRHR into humanitarian cash transfer programmes that help families avoid harmful coping strategies like child marriage.

<sup>7</sup> Rousseau, C. (2023). [Climate change and sexual and reproductive health: what implications for future research?](#) *Sexual and reproductive health matters*, 31(1), 2232196.

<sup>8</sup> Kamil, A. (2023). [The climategender nexus: A gap in Moroccan policy.](#) In *Climate change and gender in Morocco and Jordan*. Carnegie Endowment for International Peace.

<sup>9</sup> Frisendahl et al. (2024). [Two decades of research capacity strengthening and reciprocal learning on sexual and reproductive health in East Africa - a point of \(no\) return.](#) *Global Health Action*, 17(1).

<sup>10</sup> Kabakian-Khasholian, T., Quezada-Yamamoto, H., Ali, A., Sahbani, S., Afifi, M., Rawaf, S., & El Rabbat, M. (2020). [Integration of sexual and reproductive health services in the provision of primary health care in the Arab States: status and a way forward.](#)

## INTEGRATING SRHR INTO NATIONAL CLIMATE ADAPTATION PLANS

The current disconnect between SRHR and climate adaptation frameworks must be urgently addressed.

### Priority Actions for MENA Governments:

- **Policy Integration:** SRHR must be recognised within national disaster risk reduction and climate adaptation policies as critical to population resilience.
- **Emergency Response Expansion:** Scale up mobile clinics, deploy telehealth platforms to reach displaced and rural populations, and strengthen SRHR commodity supply chains to ensure access during environmental crises.
- **Community Empowerment:** Fund and empower grassroots organisations leading local SRHR and climate justice initiatives, ensuring solutions are rooted in communities' realities and priorities.
- **Address Climate-Linked Gender-Based Violence:** Integrate GBV prevention and response services into climate-related emergency responses, recognising the spike in GBV risks during displacement caused by environmental disasters.

MENA governments can build climate-resilient health systems that safeguard reproductive rights while mitigating broader public health risks by explicitly incorporating SRHR into national climate policies. Integrating SRHR into climate action plans is essential for achieving gender-responsive disaster risk reduction strategies and ensuring that reproductive rights are protected in times of crisis.

## RECOMMENDATIONS FOR STRENGTHENING SRHR IN CONFLICT AND CRISIS SETTINGS

Advancing sexual and reproductive health and rights in fragile and conflict-affected settings across the Middle East and North Africa requires a multi-pronged, long-term strategy. Strengthening SRHR systems must not only respond to immediate crises but also lay foundations for sustainable, resilient health services that can endure future shocks—whether political, economic, or environmental.

<sup>11</sup> UNFPA. (2014) [UNFPA Sierra Leone Ebola Virus Disease Update](#).

<sup>12</sup> Krause, S., Heller, L., & Tanabe, M. (2011). [Priority reproductive health activities in Haiti: An inter-agency assessment by CARE, IPPF, Save the Children and Women's Refugee Commission](#). Women's Refugee Commission.

The recommendations below are organised into short-term, medium-term, and long-term priorities, recognising that change must be strategic, phased, and grounded in local realities.

## SHORT-TERM PRIORITIES (IMMEDIATE ACTION)

### Strengthen SRHR Supply Chains:

- Ensure uninterrupted access to contraceptives, menstrual hygiene products, essential maternal healthcare supplies, and emergency post-rape care kits, even during acute crises.
  - **Example: Sierra Leone during the 2014 Ebola crisis:** UNFPA led an emergency operation to distribute reproductive health kits, including clean delivery kits and post-rape care supplies, despite collapsing health systems and movement restrictions. This prevented a spike in maternal mortality and ensured continuity of essential SRHR services during the outbreak.<sup>11</sup>
- Establish regional and national contingency plans to prevent stockouts of life-saving SRHR medications during times of conflict, economic disruption, or natural disaster.
  - **Establish contingency stockpiles at regional and national levels,** drawing lessons from the MISIP (Minimum Initial Service Package) pre-positioning efforts post-Haiti earthquake in 2010, where swift SRHR deployment significantly reduced maternal and neonatal risks.<sup>12</sup>

### Build Humanitarian Response Capacity:

- Train healthcare workers, community health volunteers, and humanitarian responders on SRHR integration, ensuring that trauma-informed care, post-rape treatment, and emergency obstetric services are embedded in every emergency response.
- Equip frontline teams with practical tools to deliver survivor-centred, confidential, and culturally sensitive SRHR services even in rapidly changing environments.
- **Example: Rohingya Response in Cox's Bazar (Bangladesh)** SRHR integration into humanitarian health services—led by the Inter-Agency Working Group on Reproductive Health in Crises—demonstrated how training frontline responders

in post-rape care, GBV response, and emergency obstetric protocols can be done effectively and rapidly, even in conservative, high-density displacement settings.<sup>13</sup>

### Embed SRHR in Emergency Frameworks:

- SRHR must be included from the outset in humanitarian response plans, rapid needs assessments, funding appeals, and service delivery models.
- Integrate gender-based violence (GBV) prevention and response directly into emergency SRHR services, ensuring survivors receive holistic care.
- **Example:** Post-earthquake Nepal (2015) The government and international partners embedded SRHR in disaster risk management and national recovery plans, incorporating MISP into shelter and health cluster responses. These efforts ensured that maternal and newborn health services were not sidelined.<sup>14,15</sup>

## MEDIUM-TERM PRIORITIES (STRENGTHENING SYSTEMS AND POLICIES)

### Strengthen Legal Frameworks for SRHR Protection:

- Advocate for national laws and policies that protect survivors of sexual violence, guarantee access to post-rape healthcare, and uphold reproductive autonomy, even during conflict.
- Support efforts to decriminalise abortion, LGBTQ identities, and sex work, recognising that criminalisation only deepens exclusion from healthcare and justice.
- **Example: Colombia's Transitional Justice Process:** In Colombia, civil society organisations such as Colombia Diversa and the Center for Reproductive Rights have played a crucial role in documenting sexual

and reproductive rights violations during the armed conflict. These included cases of forced sterilisation, reproductive coercion, and sexual violence targeting LGBTQ persons, Indigenous communities, and Afro-Colombians. Through advocacy and strategic litigation, these violations were recognised within transitional justice processes, including the Special Jurisdiction for Peace (JEP), as crimes against humanity and war crimes. This set a precedent for including SRHR violations within post-conflict accountability mechanisms.<sup>16,17</sup>

### Integrate SRHR into National Health and Humanitarian Policies:

- Ensure that SRHR is firmly embedded within national health strategies, humanitarian action plans, and post-conflict reconstruction frameworks.
- Hold governments accountable for financing, implementing, and monitoring SRHR commitments, ensuring that services reach the most marginalised populations.
- **Example: Ethiopia's Health Extension Programme:** By training thousands of community-based health workers, including women, Ethiopia expanded SRHR access in rural and crisis-affected regions. This task-sharing model, coupled with SRHR embedded into universal health coverage goals, significantly improved maternal health outcomes.<sup>18</sup>

### Develop Culturally-Rooted, Community-Led SRHR Models:

- Design and implement SRHR programmes that reflect the cultural, social, and religious realities of each community, without compromising on rights-based principles.
- Partner with trusted local organisations, women's networks, youth-led groups, LGBTQ organisations, and faith leaders to promote SRHR from within communities.

<sup>13</sup> Center for Reproductive Rights. (2023). [Center-led Program in Bangladesh to Improve Reproductive Health](#).

<sup>14</sup> Inter-Agency Working Group on Reproductive Health in Crises (IAWG). (2016). [Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings](#).

<sup>15</sup> Chaudhary et al. (2017). [Humanitarian response to reproductive and sexual health needs in a disaster: The Nepal Earthquake 2015](#). *Gender & Development*, 25(2), 205–218.

<sup>16</sup> Colombia Diversa & Dejusticia. (2020). [Los Órdenes del Prejuicio: Los crímenes cometidos sistemáticamente contra personas LGBT en el conflicto armado colombiano](#) [Orders of Prejudice: Systematic Crimes against LGBT People in the Colombian Armed Conflict].

<sup>17</sup> Center for Reproductive Rights. (2021). [Breaking Ground: Treaty Monitoring Bodies on Reproductive Rights](#). Center for Reproductive Rights.

<sup>18</sup> DeMaria, L.M., Smith, K.V. & Berhane, Y.(2022). [Sexual and Reproductive Health in Ethiopia: Gains and Reflections Over the Past Two Decades](#), *Reproductive Health*, 19 (Suppl 1): 175.

- **Example: Lebanon and Tunisia:** Grassroots SRHR initiatives—such as the [Marsa Sexual Health Center](#) in Lebanon and Tunisia’s mobile midwife-led service model—demonstrate the impact of sustained, community-based engagement in conservative settings. In Lebanon, Marsa provides confidential, inclusive, and rights-based sexual health services, reaching underserved populations through culturally sensitive care. In Tunisia, the National Office of Family and Population (ONFP) has implemented mobile SRHR units led by midwives to expand access in rural areas. These mobile teams provide maternal health, contraception, and educational outreach, with midwives serving as trusted community health actors. Both models underscore how collaboration with local health workers and community stakeholders, including religious leaders, can shift public perceptions and strengthen SRHR access at the grassroots level.<sup>19</sup>

**Case Reflection:** In Lebanon and Tunisia, grassroots partnerships between women’s groups, religious leaders, and healthcare providers have helped shift community attitudes around maternal health and contraception access, even in conservative environments.

## LONG-TERM PRIORITIES (BUILDING RESILIENT, INCLUSIVE SRHR SYSTEMS)

### Secure Sustainable Funding for SRHR:

- Work with regional development banks, philanthropic foundations, bilateral donors, and private sector actors to establish dedicated, long-term funding streams for SRHR services in fragile and crisis-affected settings.
- Advocate for SRHR to be prioritised in climate adaptation financing, recognising the critical link between reproductive health, resilience, and environmental justice.
- **Example: Kenya’s Climate-Resilient Health Strategy (2022)** Kenya has been at the forefront of integrating sexual and reproductive health and rights (SRHR) into climate adaptation and health resilience planning. Its Health Sector Climate Change Adaptation Strategy (2022–2026) explicitly identifies SRHR—particularly

maternal health, access to contraception, and GBV response—as critical to climate-resilient health systems. The strategy highlights the disproportionate effects of climate change on women and girls and advocates for targeted investments in SRHR as part of national adaptation plans. This approach provides a practical model for MENA governments seeking to link SRHR with climate financing and policy.<sup>20,21</sup>

### Mainstream SRHR into National Healthcare Systems:

- Build resilient and inclusive health systems by fully integrating SRHR services—including maternal health, contraception, safe abortion (where legal), HIV/STI services, and gender-based violence prevention and response—into primary healthcare frameworks.
- Expand task-sharing models, empowering midwives, nurses, and community health workers to deliver essential SRHR services, especially in rural, displaced, and underserved communities, to address workforce shortages and support decentralised care delivery in fragile contexts
- **Example: American University of Beirut Medical Center - WISH Program (Lebanon):** The Women’s Integrated Sexual Health (WISH) Program at AUBMC promotes holistic SRHR care by supporting community-based health services. By integrating SRHR into emergency and primary care pathways, WISH strengthens community resilience and frontline capacity in Lebanon’s protracted crises.
- **Example: Get Up Speak Out (GUSO) Programme (Uganda):** Implemented by a consortium including Rutgers, Aidsfonds, CHOICE for Youth and Sexuality, and the SRHR Alliance Uganda, the GUSO programme (2016–2020) focused on empowering young people to realise their SRHR. Through youth-led collaborations, the programme enhanced access to comprehensive sexuality education and youth-friendly services, contributing to improved SRHR outcomes among adolescents and young adults in Uganda.<sup>22</sup>
- **Example: Durbar Mahila Samanwaya Committee (DMSC) (India):** Established in 1992 in Kolkata, DMSC is a collective of sex workers advocating for

<sup>19</sup> Partners in Population and Development (PPD). (2019). [Strategy of mobile services in family planning and maternal health in the Framework of the Tunisian Reproductive Health Program](#). PPD & UNFPA.

<sup>20</sup> IPPF. (2024). [Integrating sexual and reproductive health and rights with climate adaptation and resilience: An overview of the European policy and funding landscape](#).

<sup>21</sup> Ministry of Health Kenya. (2023). [Kenya Climate Change and Health Strategy \(2023-2027\)](#). Government of Kenya.

<sup>22</sup> Singh, A., Magoola, D., Mairah, F., Mbiriirre, R. & Ocen, J. (2019). [Youth-led collaborations in the Get Up Speak Out programme by the SRHR Alliance Uganda: An Operations Research](#). Rutgers International.

their rights and providing health services, including SRHR. The organisation operates clinics offering HIV prevention, STI treatment, and reproductive health services, demonstrating a successful model of community-led healthcare provision for marginalised populations.

## Invest in Health System Resilience and Regional Research:

In fragile and crisis-affected settings, building resilient health systems that centre SRHR requires robust monitoring, sustained research, and regional knowledge exchange.

- **Develop Monitoring, Evaluation, and Learning Systems:** Design adaptive, context-specific frameworks to monitor SRHR service delivery, equity, and outcomes across both emergency and recovery phases. These should integrate gender-sensitive indicators and feedback from marginalised groups. Tools like the [WHO's Health Emergency and Disaster Risk Management Framework \(2019\)](#) offer templates that can be localised for MENA contexts.
- **Advance Community-Based Research and Gender-Sensitive Evidence:** Investing in long-term, participatory, and feminist-informed research is essential to document the intersecting impacts of conflict, displacement, and systemic collapse on SRHR access in the MENA region. In Lebanon, researchers have worked closely with displaced Syrian women and local health providers to explore fertility decisions, reproductive autonomy, and access to maternal care under protracted crisis conditions<sup>23,24</sup>. These studies reveal how structural barriers—including economic insecurity, gender norms, and weakened health systems—shape women's reproductive experiences during emergencies. More recently, amid Lebanon's deepening political and economic crisis, feminist public health scholars have called for embedding rights-based SRHR approaches into humanitarian and health system resilience frameworks.<sup>25</sup>
- **Build Peer Learning and South-South Knowledge Exchange Platforms:** Similarly, knowledge platforms such as [Share-Net International](#) have supported

country-level research in various countries such as Bangladesh, Uganda, and Jordan, generating evidence-based policy briefs to inform the integration of SRHR into humanitarian and climate adaptation frameworks.<sup>26</sup>

## CLOSING REFLECTION

This toolkit provides a roadmap to move beyond fragmented, reactive responses to SRHR needs during crises. It calls for a bold shift: from emergency-only services to durable systems rooted in equity, justice, and human dignity.

A phased, strategic approach—anchored in immediate action, medium-term system strengthening, and long-term resilience building—will ensure that the rights, health, and futures of women, girls, LGBTQ individuals, people with disabilities, and displaced communities across MENA are protected and advanced, even in the most challenging circumstances.

<sup>23</sup> Kabakian-Khasholian, T., Mourtada, R., Bashour, H., Kak, F. E., & Zurayk, H. (2017). [Perspectives of displaced Syrian women and service providers on fertility behaviour and available services in West Bekaa, Lebanon](#). *Reproductive Health Matters*, 25, S75–S8

<sup>24</sup> Kabakian-Khasholian, T., Shayboub, R., & El-Kak, F. (2013). [Seeking maternal care at times of conflict: The case of Lebanon](#). *Health Care for Women International*, 34(5), 352–362.

<sup>25</sup> Kak, F. E. (2025). [Women's health and rights in conflict: the impact of renewed violence in Lebanon](#). *Sexual and Reproductive Health Matters*, 1–6.

<sup>26</sup> Santos, A.L.R., et al. (2021). [Access to SRHR information and services: Perspectives of women and girls with disabilities in Uganda and Bangladesh](#). *Humanity & Inclusion*.

## SECTION 3:

# STRENGTHENING LEGAL AND POLICY FRAMEWORKS

## DEFINING SRHR

Sexual and reproductive health and rights (SRHR) represent a cornerstone of human dignity, autonomy, and justice. In MENA, however, SRHR continues to be shaped—and too often constrained—by restrictive laws, harmful social norms, systemic discrimination, and political instability.

SRHR encompasses the right to bodily autonomy, access to safe contraception and abortion, maternal healthcare, protection from gender-based violence (GBV), and the right to make informed decisions about one’s body and family life.<sup>27</sup> Across MENA, these fundamental rights are frequently compromised by legal prohibitions, cultural taboos, and fragile healthcare systems, particularly in conflict and displacement contexts.<sup>28</sup>

Bodily autonomy remains at the heart of SRHR: the right to make decisions about one’s own body without fear of coercion, violence, or discrimination. Yet many communities across the region continue to face threats from child marriage, female genital mutilation (FGM), honour-based violence, and the criminalisation of reproductive choices—threats often reinforced, rather than mitigated, by existing legal structures.

## OVERVIEW OF INTERNATIONAL AND REGIONAL LEGAL INSTRUMENTS

MENA countries are signatories to important international agreements affirming SRHR as human rights, including:

- **The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** (1979)
- **The International Covenant on Economic, Social and Cultural Rights (ICESCR)** (1966)

<sup>27</sup> United Nations. (1979). [Convention on the Elimination of All Forms of Discrimination Against Women \(CEDAW\)](#).

<sup>28</sup> Chemaitelly et al. (2022). [HIV incidence and impact of interventions among female sex workers and their clients in the Middle East and North Africa: a modelling study](#). *The Lancet HIV*, 9(7), e496–e505.

<sup>29</sup> Maffi, I., & Tønnessen, L. (2019). [The Limits of the Law: Abortion in the Middle East and North Africa](#). *Health and human rights*, 21(2), 1–6.

<sup>30</sup> Haidar, S. (2024). [A report on the situation of the LGBTQI+ community in the MENA region \[PDF\]](#). *HuMENA for Human Rights and Civic Engagement*.

<sup>31</sup> International Committee of the Red Cross (ICRC). (2004). [What is international humanitarian law?](#)

- **The Sustainable Development Goals (SDGs)** (2015) — particularly SDG 3 (Good Health and Well-Being) and SDG 5 (Gender Equality)

Despite these commitments, implementation remains inconsistent. In many MENA states, abortion remains criminalised except in narrow cases,<sup>29</sup> LGBTQ identities are punished under legal codes,<sup>30</sup> and survivors of GBV face immense barriers to justice and healthcare. Regional frameworks, such as League of Arab States declarations on women’s rights, have opened space for advocacy, but national laws often fall short of meaningful protections.

### Intersection of Human Rights and SRHR

Sexual and reproductive rights cannot be separated from the broader human rights framework. Access to reproductive healthcare, protection from violence, and freedom to make informed choices are tied to core rights enshrined in international law,<sup>31</sup> including:

- The right to life,
- The right to health,
- The right to privacy,
- Freedom from torture and cruel, inhuman, or degrading treatment.

Denying SRHR undermines these rights. Every barrier to contraception, every forced marriage, every criminalised abortion, every act of reproductive coercion represents a violation that demands recognition, redress, and reform.

## EXAMPLES OF SUCCESSFUL LEGAL REFORMS IN MENA

Although challenges persist, successful legal reforms across parts of MENA show that change is possible:

- **Tunisia:** In 2017, Tunisia passed Law No. 58 on Eliminating Violence Against Women. It criminalises domestic violence, marital rape, and economic abuse, and it strengthens reproductive rights protections — setting a vital precedent for the region.<sup>32</sup>
- **Morocco:** Following advocacy by feminist and human rights organisations, Morocco amended its Penal Code in 2014 to remove legal provisions that had allowed rapists to escape prosecution by marrying their victims. While challenges remain, this reform marked a step towards dismantling structural impunity.<sup>33</sup>
- **Jordan:** In 2017, Jordan repealed Article 308 of its Penal Code — another law that had permitted rapists to avoid punishment through marriage. This success was the result of persistent, coordinated advocacy by national and international actors, demonstrating the power of sustained mobilisation.<sup>34</sup>

### Field Spotlight: Tunisia's Abortion Access Gap

Tunisia is often highlighted for its progressive SRHR legislation, including legal access to abortion since the 1970s. Yet interviews with frontline providers reveal that conservative provider attitudes, lack of awareness among women, and administrative barriers continue to limit real access—especially in rural areas. In response, feminist networks and health advocates have established informal referral pathways, working discreetly with sympathetic midwives and doctors to ensure women can access safe abortion services confidentially. This shows that legal reforms must be matched with sustained public education, provider accountability, and community mobilisation.

## STRATEGIES FOR NAVIGATING RESTRICTIVE LEGAL ENVIRONMENTS

In many contexts, direct confrontation of legal restrictions may be impossible or counterproductive. Advocates across MENA are developing creative, context-sensitive strategies to advance SRHR even within highly constrained environments:

### Leveraging International Accountability Mechanisms:

Using reporting under CEDAW, the [Universal Periodic Review \(UPR\)](#), and other international frameworks to expose SRHR violations and pressure for reform.

### Framing SRHR within Religious and Cultural Narratives:

Engaging with religious scholars and leaders to affirm SRHR as consistent with Islamic principles of protecting health, dignity, and family well-being. Initiatives like *Musawah* (2019)<sup>35,36</sup> offer theological grounding for women's bodily autonomy and rights to healthcare.

### Linking SRHR to Public Health and Development

**Goals:** Demonstrating that access to family planning, safe motherhood services, and GBV protection are critical to achieving national health, education, and economic development targets.<sup>37</sup>

### Building Incremental Reforms:

Where comprehensive change is not immediately possible, advocates can push for specific, achievable reforms, such as exceptions to abortion bans, strengthening confidentiality protections, or expanding access to maternal health services.

## POLICY RECOMMENDATIONS FOR STRENGTHENING SRHR LEGAL PROTECTIONS

To meaningfully advance SRHR protections across MENA, the following priorities are recommended:

- **Decriminalisation of Abortion:** Ensure legal access to abortion at least in cases of rape, incest, and threats to maternal health, with a long-term goal of expanding full reproductive autonomy<sup>38,39</sup>.

<sup>32</sup> EuroMed Rights. (2023). [Situation report on discriminations against women in Tunisia \[PDF\]](#).

<sup>33</sup> Amnesty International. (2014). [Morocco: Amendment of rape provision is a step in the right direction \[Press release\]](#).

<sup>34</sup> UN Women. (2017). [Jordanian Parliament abolishes law that allowed rapists to avoid prosecution](#).

<sup>35</sup> Musawah. (2019). [Positive Developments in Muslim Family Laws](#).

<sup>36</sup> Musawah. (n.d.) [Mapping of Global Family Muslim Laws](#).

<sup>37</sup> Canning, D., & Schultz, T. P. (2012). [The economic consequences of reproductive health and family planning](#). *Lancet* (London, England), 380(9837), 165–171.

<sup>38</sup> United Nations. (1979). [Convention on the Elimination of All Forms of Discrimination Against Women](#).

<sup>39</sup> International Center for Reproductive Health. (2022). [Human rights—Including a supportive framework of law and policy](#). In *Abortion care*.

- **LGBTQ Protections:** Challenge discriminatory laws that criminalise LGBTQ identities and deny individuals access to essential SRHR services.<sup>40</sup>
- **Strengthen GBV Legal Protections:** Reform national laws to criminalise all forms of GBV, including marital rape, and ensure survivors’ access to healthcare, legal aid, and psychosocial support.
- **Combat Discrimination in Healthcare:** Pass and enforce anti-discrimination laws that prohibit denial of healthcare based on gender, sexual orientation, disability, or refugee/displacement status.
- **Ensure Accountability for Reproductive Rights Violations:** Establish complaint mechanisms, judicial remedies, and reparations for violations such as forced sterilisation, denial of contraception, or maternal death due to negligent care.<sup>41</sup>

## TRANSITIONAL JUSTICE AND LEGAL FRAMEWORKS FOR SRHR

In post-conflict and transitional justice processes, SRHR violations must be treated as serious crimes, not peripheral issues.

Sexual violence, forced pregnancy, forced sterilisation, and other reproductive abuse are recognised under international law as potential crimes against humanity and forms of gender persecution.<sup>42</sup>

**Lessons from Colombia Diversa (2020):**<sup>43</sup> Their groundbreaking documentation of systematic sexual and reproductive rights violations against LGBTQ individuals during Colombia’s armed conflict demonstrated how transitional justice processes must explicitly address reproductive violence, or risk replicating historic exclusions.

**Scholarly Perspectives:** Lavery and de Vos (2021)<sup>44</sup> argue that if transitional justice processes fail to address reproductive violence, they entrench gender inequality and deny survivors full recognition. Similarly, Pérez Vásquez (2022)<sup>45</sup> highlights that ignoring SRHR in transitional justice frameworks leaves structural gender injustices untouched.

**Call to Action:** MENA transitional justice efforts — whether in Syria, Libya, Yemen, or elsewhere — must integrate SRHR violations into truth commissions, reparations programmes, and legal accountability mechanisms. Survivors’ experiences of reproductive harm must not be erased from the historical record.

### CLOSING REFLECTION

Strengthening legal and policy frameworks for SRHR in MENA is not only a matter of reforming laws — it is about shifting mindsets, challenging entrenched systems of power, and building futures grounded in dignity, choice, and justice. By weaving together international standards, local strategies, and community resilience, MENA countries have the opportunity to build inclusive SRHR systems that protect all individuals, especially those most marginalised by gender, conflict, and displacement.

<sup>40</sup> Chemaitelly et al. (2022). [HIV incidence and impact of interventions among female sex workers and their clients in the Middle East and North Africa: a modelling study](#). *The Lancet. HIV*, 9(7), e496–e505.

<sup>41</sup> Center for Reproductive Rights. (2021). [Sexual and reproductive health and rights in humanitarian settings \[PDF\]](#).

<sup>42</sup> International Criminal Court. (2022). [Policy on the crime of gender persecution](#).

<sup>43</sup> Colombia Diversa & Dejusticia. (2020). [Los órdenes del prejuicio: Los crímenes cometidos sistemáticamente contra personas LGBT en el conflicto armado colombiano \[Orders of prejudice: Systematic crimes against LGBT people in the Colombian armed conflict\]](#).

<sup>44</sup> Lavery, C. & de Vos, D. (2021). [Reproductive violence as a category of analysis: Disentangling the relationship between ‘the sexual’ and ‘the reproductive’ in transitional justice](#). *International Journal of Transitional Justice*, 15, 616-635.

<sup>45</sup> Pérez Vásquez, N. (2022). [Last on the list: The protection of sexual and reproductive health and rights in Timor-Leste’s transitional justice process](#). *Nordic Journal of Human Rights*, 40(3), 419-440.

## SECTION 4:

# ACCESS TO SRHR SERVICES AND ADVOCACY STRATEGIES

## INTRODUCTION

Ensuring equitable access to SRHR services across the Middle East and North Africa region demands a comprehensive, rights-based, and locally grounded approach.

In contexts marked by conflict, displacement, climate instability, and political fragility, SRHR services are often the first to be disrupted—and the last to be restored. Without intentional strategies to overcome structural, economic, legal, and social barriers, the most

vulnerable populations—especially women, adolescent girls, LGBTQ individuals, persons with disabilities, and displaced communities—continue to face systemic exclusion from critical healthcare.

This section explores the persistent barriers to SRHR service access across MENA and proposes evidence-based, culturally adapted strategies for advancing service delivery, policy change, and advocacy.

## BARRIERS TO SRHR SERVICE ACCESSIBILITY

Across MENA, intersecting barriers converge to restrict access to essential reproductive health services:

- **Economic Constraints:** Conflict, displacement, and climate crises have pushed millions into poverty, making healthcare services unaffordable or geographically inaccessible.
- **Cultural and Religious Norms:** Deep-seated taboos around sexuality, family planning, and bodily autonomy limit individuals' willingness or ability to seek care.
- **Legal Barriers:** Criminalisation of abortion, punitive laws against LGBTQ individuals, restrictive guardianship systems, and weak GBV protections create legal minefields for those seeking SRHR services.
- **Structural Deficits:** War and displacement destroy health infrastructure, interrupt supply chains for essential commodities, and trigger healthcare worker shortages.
- **Climate Impact:** Droughts, extreme heat, and water scarcity further degrade maternal health outcomes and overwhelm fragile healthcare systems.

### IMPROVING SRHR SERVICE ACCESSIBILITY

Overcoming these barriers requires integrated, flexible, and community-led solutions:

- **Mobile Clinics and Telehealth Innovations:** Expanding mobile health units and telemedicine platforms ensures continuity of care for displaced and rural populations, as demonstrated successfully in Lebanon and Egypt's refugee programmes.
- **Community-Based Interventions:** Training local community health workers and peer educators in rights-based, culturally sensitive SRHR strengthens community trust and dismantles stigma at the grassroots level.
- **Engagement with Religious Leaders and Community Gatekeepers:** Faith leaders can be powerful allies in shifting narratives around family planning and maternal health. In Egypt, refugee health initiatives that involved religious authorities saw improved acceptance of contraceptive services.
- **Culturally Responsive Provider Training:** Building the capacity of healthcare providers to deliver non-judgmental, survivor-centred, and inclusive SRHR services fosters service uptake and user trust.

# ADVOCACY FOR SRHR: MOBILISING CHANGE IN RESTRICTIVE SETTINGS

In restrictive and fragile environments, advocacy is essential for advancing SRHR rights and access. Successful advocacy strategies include:

## STRATEGIES FOR ENGAGING POLICYMAKERS AND CIVIL SOCIETY

- **Grassroots Mobilisation:** Empowering local activists and community leaders to demand SRHR reforms from within their own societies.
- **National Policy Engagement:** Forming multi-sectoral coalitions to influence government health policies, budgets, and national action plans.
- **International Advocacy:** Using mechanisms such as CEDAW shadow reports, Universal Periodic Review (UPR) submissions, and human rights reporting to pressure governments to fulfil SRHR obligations.
- **Humanitarian Integration:** Embedding SRHR into all phases of humanitarian emergency response, recovery, and development planning.

**Case Example:** In **Yemen and Syria**, women-led grassroots movements successfully advocated for maternal and neonatal health services to be included in humanitarian aid packages, proving that even in active conflict, local advocacy can shape policy and funding priorities.

## USING DATA AND EVIDENCE FOR SRHR ADVOCACY

Data-driven advocacy amplifies credibility and impact. Key practices include:

- **Conflict-Sensitive Data Collection:** Collecting SRHR data ethically and safely in fragile settings, with survivor-centred approaches.
- **Evidence-Based Policy Briefs:** Translating research findings into accessible policy recommendations and advocacy materials.
- **Documentation of SRHR Violations:** Systematic documentation of sexual violence, denial of services, and SRHR-related harms strengthens international accountability and mobilises funding.

**Case Example:** In **Jordan**, data gathered on maternal health outcomes among Syrian refugee women informed advocacy campaigns that secured expanded antenatal care services and trained midwives inside refugee camps.

### Field Spotlight: Tunisia's Abortion Access Gap

Tunisia is often highlighted for its progressive SRHR legislation, including legal access to abortion since the 1970s. Yet interviews with frontline providers reveal that conservative provider attitudes, lack of awareness among women, and administrative barriers continue to limit real access—especially in rural areas. In response, feminist networks and health advocates have established informal referral pathways, working discreetly with sympathetic midwives and doctors to ensure women can access safe abortion services confidentially. This shows that legal reforms must be matched with sustained public education, provider accountability, and community mobilisation.

## DEVELOPING PUBLIC AWARENESS CAMPAIGNS

Transforming social norms and dismantling stigma requires sustained, creative public engagement:

- **Culturally Tailored Messaging:** Designing SRHR campaigns that align with local values and languages while advancing human rights principles.
- **Youth-Led Initiatives:** Harnessing the power of social media, creative arts, and peer education networks to reach adolescents and young adults with SRHR information.
- **Highlighting Climate-SRHR Links:** Building public awareness of how climate-induced crises—from water scarcity to displacement—disproportionately harm women's and girls' reproductive health.

## HEALTH SYSTEM CAPACITY AND SRHR SERVICE PROVISION IN CONFLICT CONTEXTS

Healthcare systems in conflict-affected areas of MENA endure immense strain:

- **Infrastructure Damage:** Hospitals, clinics, and maternity wards are often among the first casualties of war.

- **Workforce Shortages:** Skilled healthcare workers flee unsafe areas, leaving communities reliant on undertrained or volunteer personnel.
- **Supply Chain Disruptions:** Essential SRHR commodities—contraceptives, menstrual products, post-rape kits—become inaccessible during blockades, sieges, or mass displacement.

Research by Chemaitelly et al. (2022)<sup>46</sup> underscores how stigma, funding gaps, and restrictive policies hinder harm-reduction and HIV prevention strategies. Rizk et al. (2023)<sup>47</sup> further critique global health institutions for neglecting MENA-specific SRHR needs in conflict recovery efforts.

**Case Example:** In Bosnia and Herzegovina, war-related destruction of healthcare systems led directly to spikes in maternal and perinatal mortality,<sup>48</sup> a pattern echoed today across Syria, Sudan, and Yemen.

Frisendahl et al. (2024)<sup>49</sup> and Kabakian-Khasbolian et al. (2020)<sup>50</sup> advocate for strengthening health worker education, long-term research collaborations, and resilient service models to safeguard SRHR access during and after conflict.

## KEY SOLUTIONS AND POLICY INTERVENTIONS

Building sustainable SRHR service delivery systems in fragile settings requires a multi-layered strategy:

### Sustainable Financing Mechanisms for SRHR

- Develop partnerships with regional development banks, bilateral donors, and private foundations.
- Embed dedicated SRHR budget lines in humanitarian and national health funding.

### Integration of SRHR into Primary Healthcare Systems

- Institutionalise SRHR services within all levels of the health system, from community clinics to tertiary hospitals.

- Expand task-shifting models, enabling midwives and nurses to provide contraceptive services, antenatal care, and GBV support.

### Scaling Up Community-Based Interventions

- Support mobile clinics, community outreach models, and telehealth innovations tailored for displaced and remote populations.
- Strengthen peer-led programmes to address stigma, misinformation, and access barriers.

### Addressing Legal and Policy Barriers

- Advocate for legal reforms that decriminalise abortion, LGBTQ identities, and consensual sexual conduct.
- Protect healthcare providers offering SRHR services, ensuring they are shielded from political and legal reprisals.

### Enhancing Data Collection and Research

- Build gender-sensitive, conflict-sensitive, and climate-sensitive monitoring and evaluation frameworks.
- Fund participatory research initiatives led by affected communities, ensuring local knowledge drives program design.
- Facilitate cross-border learning platforms to share innovations and lessons across MENA contexts.

## CONCLUSION

Advancing SRHR service access in MENA's fragile settings is a political, social, and humanitarian imperative. By mobilising community voices, strengthening healthcare resilience, embedding rights-based approaches into policy, and sustaining strategic advocacy, MENA countries can transform crisis into opportunity, ensuring reproductive health, dignity, and justice for all, even amid instability.

<sup>46</sup> Chemaitelly et al. (2022). [HIV incidence and impact of interventions among female sex workers and their clients in the Middle East and North Africa: a modelling study](#). *The Lancet HIV*, 9(7), e496–e505.

<sup>47</sup> Rizk et al. (2023). [Has UNAIDS left the Middle East and North Africa behind?](#) *The Lancet HIV*, 4, e630-632.

<sup>48</sup> Fatusić, Z., Kurjak, A., Grgić, G., & Tulumovic, A. (2005). [The influence of the war on perinatal and maternal mortality in Bosnia and Herzegovina](#). *Journal of Maternal-Fetal and Neonatal Medicine*, 18(4), 259–263.

<sup>49</sup> Frisendahl et al. (2024). [Two decades of research capacity strengthening and reciprocal learning on sexual and reproductive health in East Africa - a point of \(no\) return](#). *Global Health Action*, 17(1).

<sup>50</sup> Kabakian-Khasbolian, T., Quezada-Yamamoto, H., Ali, A., Sahbani, S., Afifi, M., Rawaf, S., & El Rabbat, M. (2020). [Integration of sexual and reproductive health services in the provision of primary health care in the Arab States: status and a way forward](#).

## SECTION 5:

# EDUCATION, CAPACITY BUILDING, AND MONITORING

## INTRODUCTION

Securing SRHR for all individuals in the MENA region is not only a matter of service delivery—it is a commitment to long-term resilience, empowerment, and social transformation. Education, frontline capacity building, and robust monitoring systems form the foundation upon which sustainable, rights-based SRHR interventions are built.

In the context of conflict, displacement, fragile governance, and climate instability, the role of knowledge, skills, and community accountability becomes even more urgent and profound.

SRHR education must go beyond information—it must nurture critical consciousness.

Capacity building must go beyond technical training—it must cultivate empathy, trauma awareness, and a rights-based ethos.

Monitoring and evaluation must go beyond numbers—it must amplify community voices, highlight inequities, and drive real-time adaptation.

### SRHR EDUCATION: LAYING THE GROUNDWORK FOR RIGHTS AWARENESS

Comprehensive Sexuality Education (CSE) has the power to transform lives by equipping individuals with the knowledge, confidence, and tools to claim their sexual and reproductive rights. In the MENA region, delivering effective SRHR education requires navigating complex social, religious, and political landscapes with sensitivity and courage.

#### Key Approaches

- **Culturally Adapted Curricula:** Education materials must be relevant to the lived realities of diverse communities, respecting cultural values while advancing human rights. Lessons on consent, bodily autonomy, family planning, and gender equality must be framed carefully without diluting core messages.
- **Engagement with Religious and Community Leaders:** In many MENA countries, religious leaders are influential gatekeepers. Proactively involving them in curriculum design—or at minimum, fostering

dialogue to reduce opposition—has proven vital in expanding acceptance of SRHR education.

- **Integration into Displacement and Emergency Contexts:** Displaced and refugee populations often have little or no access to formal education systems. Embedding SRHR education into informal learning spaces, community centres, and mobile schools is critical to reaching those most at risk.
- **Climate-Sensitive SRHR Education:** In a region increasingly affected by desertification, water scarcity, and climate-driven displacement, education must link environmental challenges with reproductive health outcomes—such as how rising heat impacts pregnancy or how droughts exacerbate GBV risks.

**Case Example:** In **Lebanon's** Bekaa Valley, mobile educational units led by local youth facilitators have successfully delivered SRHR sessions to displaced Syrian adolescents, overcoming mobility barriers and family hesitancy through community trust-building.

## CAPACITY BUILDING MODULES: TRAINING FRONTLINE HEROES

Healthcare workers, social workers, educators, and peer leaders on the frontlines of MENA's crises are not only providers—they are protectors of dignity, rights, and hope. However, they often operate without adequate training, support, or safety mechanisms. Capacity building must prioritise equipping these actors with skills that match the complexity of the environments they serve.

### CORE CAPACITY BUILDING ELEMENTS

- **Trauma-Informed Care:** Providers must understand how trauma impacts bodies, behaviours, and choices, and must respond to survivors with compassion, respect, and agency.
- **Gender-Based Violence (GBV) Case Management:** Practical skills in identification, first-line response, safety planning, referrals, and survivor-centred documentation are essential, particularly in conflict settings.

- **Psychosocial Support and Mental Health First Aid:** Given the psychological toll of war, displacement, and GBV, training must integrate strategies for supporting emotional recovery alongside physical health care.
- **Navigating Legal and Ethical Challenges:** Providers need guidance on confidentiality, informed consent, mandatory reporting (where applicable), and navigating restrictive or punitive laws affecting SRHR service delivery.
- **Community Participation Indicators:** Extent to which affected communities are involved in programme design, feedback, and monitoring.

**Case Example:** In Jordan's Za'atari camp, participatory SRHR monitoring by women's committees helped identify hidden barriers to contraceptive use—leading to targeted outreach and improved service uptake among adolescent girls.

**Field Spotlight: Youth-Led SRHR Education in Egypt's Informal Settlements**

In the aftermath of mass displacement in urban Cairo, a youth-led initiative collaborated with local NGOs to deliver peer-based sexual and reproductive health education in informal settlements. Rather than formal workshops—which risked resistance from conservative families—the programme used theatre, storytelling, and art to open discussions about early marriage, menstrual hygiene, consent, and reproductive choices. This culturally adaptive, youth-driven approach helped reach hundreds of young women and men who would otherwise have had no access to SRHR information, and empowered them to advocate for their rights within their own communities.

## MONITORING AND EVALUATION FOR SRHR PROGRAMMES

M&E is not simply a donor requirement—it is a tool for social accountability, community empowerment, and programme excellence. In MENA's volatile contexts, where power dynamics, security risks, and mobility issues complicate traditional evaluation approaches, M&E must become adaptive, survivor-centred, and locally led.

### DEVELOPING INDICATORS THAT MATTER

Robust indicators should capture both immediate service delivery metrics and long-term rights-based outcomes:

- **Service Access Metrics:** Rates of access to contraception, skilled birth attendance, post-rape care, safe abortion services, and HIV/STI treatment.
- **Rights Realisation Metrics:** Changes in knowledge, attitudes, and behaviours related to SRHR, GBV, gender equality, and bodily autonomy.
- **Climate and Conflict Sensitivity Metrics:** Data on maternal mortality during heatwaves, access to SRHR services during displacement, and GBV incidence following climate disasters.

### DATA INDICATORS AND BEST PRACTICES

Strong SRHR M&E frameworks must:

- **Centre Marginalised Voices:** Data should be disaggregated meaningfully and should highlight disparities faced by adolescents, LGBTQ communities, people with disabilities, and displaced groups.
- **Capture Lived Experiences, Not Just Numbers:** Qualitative data—stories, testimonies, survivor narratives—should complement quantitative service data.
- **Link SRHR to Broader Resilience Indicators:** Monitoring systems should track how SRHR programming strengthens community resilience to climate shocks, economic downturns, and political crises.

**Ethical Considerations:** Data collection in conflict and GBV contexts must prioritise do-no-harm principles, confidentiality, and informed consent, especially when dealing with survivors.

## FEEDBACK MECHANISMS: BUILDING ADAPTIVE, RESPONSIVE PROGRAMMES

Feedback mechanisms are essential for restoring agency to communities whose voices are often marginalised or silenced during humanitarian crises.

### BUILDING SURVIVOR-CENTRED FEEDBACK SYSTEMS

- **Confidential Surveys and Anonymous Hotlines:** Allow individuals to safely report problems, suggestions, or complaints without fear of reprisal.
- **Focus Groups with Marginalised Populations:** Conduct separate, protected discussions with adolescent girls, LGBTQ individuals, persons with disabilities, and displaced women to ensure their specific concerns inform programme design.

- **Digital Innovations:** Where feasible, deploy secure SMS surveys, WhatsApp reporting lines, or app-based feedback tools to gather real-time insights.
- **Community Intermediaries and Champions:** Training community health volunteers, teachers, and youth leaders to act as trusted intermediaries between service users and programme staff.

**Case Example:** In **Lebanon**, Marsa’s mobile feedback kiosks in refugee camps allowed women and girls to anonymously input feedback about SRHR services, resulting in immediate service improvements, particularly around contraceptive counselling.

## CASE STUDY HIGHLIGHTS

- **Lebanon:** Mobile learning initiatives reaching Syrian refugees with SRHR education in informal settlements.
- **Egypt:** Development of culturally adapted, religiously sensitive CSE curricula that respect Islamic principles of health, dignity, and family.
- **Tunisia:** Peer-led training for midwives to expand access to safe abortion care, even amidst political and healthcare system disruptions.

## CONCLUSION

Strengthening SRHR in MENA’s fragile settings is about cultivating collective resilience, dignity, and justice. Through transformative education, strategic capacity building, and survivor-driven monitoring and feedback systems, communities across the region can reclaim agency over their bodies, futures, and lives.

Sustainable SRHR programming demands that every voice is heard, every need is respected, and every person—regardless of gender, status, or circumstance—is empowered to access their fundamental rights, even in times of crisis.

## SECTION 6:

# TOOLS AND RESOURCES

## OVERVIEW

The effective implementation of SRHR programmes in crisis-affected settings necessitates the utilisation of practical tools and adaptable resources. This section highlights areas where practical tools and resources are needed to strengthen SRHR service delivery and advocacy in crisis-affected MENA contexts. Rather than presenting a full suite of templates, the toolkit outlines examples and recommendations to support the development or adaptation of context-specific tools. One such example is the SRHR Needs Assessment and Service Planning Tool, which is included as an annex and available in both standard and facilitator-friendly versions.

Practical tools are essential bridges between policy commitments and the realities of daily service provision. In contexts of conflict, displacement, and environmental instability, the ability to adapt quickly—to mobilise community action, to deliver quality healthcare, to track and respond to needs—is critical.

## TEMPLATES AND CHECKLISTS: OPERATIONALISING SRHR ON THE GROUND

While not all templates are provided in this edition of the toolkit, the following are priority areas where tools can be developed collaboratively by practitioners, healthcare providers, and community leaders:

- **Advocacy Initiatives:** Templates for policy briefs, community mobilisation strategies, and stakeholder engagement plans.
- **Service Delivery:** Checklists to ensure the integration of essential SRHR services in emergency responses, including contraceptive availability, maternal care readiness, and Gender-Based Violence (GBV) response mechanisms.
- **Cultural Sensitivity:** Guides for developing SRHR messaging that respects local values while promoting reproductive rights.
- **Emergency Response:** Rapid assessment tools for identifying urgent SRHR needs in newly displaced communities and protocols for establishing temporary SRHR service hubs.

### Reference Example: Adolescent Sexual and

### Reproductive Health Toolkit by IAWG:

The [Adolescent SRH Toolkit for Humanitarian Settings by the Inter-Agency Working Group \(IAWG\)](#) provides a comprehensive framework for integrating adolescent-responsive services in emergencies. It includes assessment tools, program planning templates, and culturally sensitive service delivery guidelines.

To translate strategy into action, field teams and advocates require ready-to-use tools that can be quickly adapted to different settings:

## ADVOCACY TEMPLATES

Effective advocacy in the MENA region requires not only clarity and coherence, but also cultural sensitivity and strategic framing. While this toolkit does not provide full templates, it identifies key advocacy tools that can be co-developed with local partners and adapted to context:

- **Policy Briefs:** Guidance for drafting concise, persuasive summaries that highlight SRHR gaps and propose actionable, rights-based reforms. These briefs can be tailored to specific stakeholders—government ministries, donor agencies, or healthcare authorities—and grounded in both data and community experience.
- **Letters to Policymakers:** Examples of how advocacy messaging can be structured in correspondence with decision-makers. These can be adapted to advocate for improved SRHR funding, expanded service delivery, or legal reforms—whether directed at national ministries, municipal officials, or religious leaders.
- **Community Mobilisation Campaigns:** Outlines for developing townhall-style gatherings, dialogue sessions, or culturally grounded awareness campaigns. These campaigns can draw on local idioms and values while advancing principles of dignity, equity, and reproductive rights.

## Reference - Localised Family Planning in Egypt

Framing SRHR advocacy using culturally resonant messaging has proven effective in Egypt, where religious leaders endorsed family planning as a means of protecting family health and economic stability. See UNFPA's work with Al-Azhar scholars<sup>51,52</sup>.

## SERVICE DELIVERY CHECKLISTS

In fragile, rapidly evolving environments, frontline providers need simple, context-sensitive tools to ensure life-saving SRHR services are delivered effectively. While this toolkit does not yet include full checklists, it identifies key areas where such tools are urgently needed and can be developed or adapted in collaboration with partners:

- **Contraceptive Access Checklists:** To support consistent access to a full range of contraceptive methods, these tools can guide health teams in ensuring method mix availability, counselling protocols, and supply stock monitoring—especially in mobile or low-resource settings.
- **Maternal Health Readiness Tools:** These can help assess whether facilities or mobile units are equipped to provide antenatal care, skilled birth assistance, and timely referrals for obstetric emergencies, with attention to conflict- and climate-specific constraints.
- **GBV Response Service Guides:** These outlines can map survivor care pathways, from initial disclosure to comprehensive medical, psychosocial, legal, and shelter services. Priority should be placed on confidentiality, informed consent, and culturally appropriate care.
- **MISP Implementation Checklists:** In humanitarian emergencies, ensuring that the Minimum Initial Service Package (MISP) for reproductive health is fully in place—including post-rape care, contraceptive provision, and safe delivery—is a foundational step. A checklist format can help teams track preparedness and response.

**Reference – MISP in Humanitarian Contexts:** IAWG provides guidance and checklist templates for implementing the Minimum Initial Service Package (MISP) in crisis settings, which ensures availability of essential reproductive health services.

**Reference – GBV Response Pathways:** The GBV Guidelines by the Inter-Agency Standing Committee (IASC) offer service mapping tools and referral system templates for humanitarian actors.

## CULTURALLY RELEVANT COMMUNICATION GUIDES

Language and messaging matter deeply in MENA contexts. These guides help practitioners:

- Frame SRHR messaging using culturally appropriate terminology.
- Anticipate common misconceptions or resistance points.
- Engage faith leaders, tribal elders, and women's committees as allies rather than adversaries.
- Use storytelling techniques rooted in local oral traditions to communicate rights-based messages.

**Case example:** In **Egypt**, advocacy efforts that framed family planning as a religious and health responsibility—rather than as “women’s rights” per se—achieved broader acceptance among rural communities.

## Reference – Family Planning Communication:

[Musawah's knowledge briefs](#) and [UNFPA's regional guidance](#) have shown how religious texts and values can be mobilised to support bodily autonomy and healthcare access.

## EMERGENCY SRHR RESPONSE TEMPLATES

In moments of acute crisis—whether due to armed conflict, environmental disaster, or sudden mass displacement—sexual and reproductive health services must be deployed rapidly and sensitively. While this toolkit includes one adaptable tool (the SRHR Needs Assessment and Service Planning Tool), it also outlines areas where additional emergency-focused resources are essential and should be developed collaboratively:

- **Rapid Needs Assessment Tools:** Simple, field-adaptable questionnaires can help frontline teams map urgent SRHR gaps among displaced populations. These tools are critical for prioritising

<sup>51</sup> UNFPA Egypt. (2021). [AlAzhar University's international Islamic population education curriculum](#).

<sup>52</sup> UNFPA Egypt; National Council for Women. (2023). [UNFPA & NCW inaugurate “safe women” clinic at AlAzhar University](#).

services such as contraception, maternal care, and GBV response in the first days and weeks of an emergency.

- **Post-Rape Care Referral Forms:** Survivor-centred templates—where developed—should support safe, confidential referrals to medical, forensic, and psychosocial services. These forms must uphold principles of consent, privacy, and non-discrimination, particularly in contexts where stigma and fear of retaliation are high.
- **Temporary SRHR Hub Protocols:** Clear, actionable guidance is needed to establish mobile reproductive health units in displacement settings, such as tented clinics or school-based outreach. These hubs must be designed with security, accessibility, and service integration in mind.

### Reference – Rapid Assessment Tools for SRHR:

The [Women's Refugee Commission](#), [the International Planned Parenthood Federation](#), and UNFPA have developed adaptable rapid assessment tools for field use in refugee and crisis-affected settings.

## MULTIMEDIA MATERIALS: COMMUNICATING ACROSS LITERACY AND LANGUAGE BARRIERS

This toolkit encourages the co-creation of accessible multimedia materials that respond to the diverse literacy, language, and cultural contexts of the MENA region. These may include:

### INFOGRAPHICS

- **Contraception Options:** Visual flowcharts illustrating method types, effectiveness, and side effects.
- **Maternal Health Warning Signs:** Posters highlighting when to seek emergency care during pregnancy or childbirth.
- **GBV Support Pathways:** Simple, discreet visuals guiding survivors on how to access help confidentially.
- **Menstrual Hygiene Management:** Graphics addressing dignity, hygiene, and stigma reduction during crises.

## CHARTS AND POSTERS

- **Rights-Based Messaging Posters:** Visual affirmations of bodily autonomy, consent, and the right to healthcare.
- **Climate and SRHR Linkage Diagrams:** Showing how water shortages, food insecurity, and displacement impact reproductive health.

Designed for easy adaptation into Arabic, French, Kurdish, and other regional languages, these materials can be printed for clinic walls, schools, community spaces, or mobile units.

**Reference – Multimedia Toolkits for Low-Literacy Settings:** [Save the Children](#) and [IRC](#) have developed infographics, audio messages, and mobile-optimised video tools to disseminate SRHR information to displaced communities with varying literacy levels.

**Reference – GBV and Maternal Health Infographics:** [UNFPA](#) and [WHO](#) regional offices have open-access infographic libraries on maternal warning signs, GBV referral pathways, and menstrual health.

## SHORT EDUCATIONAL VIDEOS

- **Animated Shorts:** These are effective for conveying basic SRHR topics, especially where literacy is low or internet access is limited. They can cover topics like contraception choices, seeking help after GBV, and understanding menstruation. Videos should be mobile phone-friendly and easily shared via apps like WhatsApp or via Bluetooth.
- **Mobile-Friendly Documentaries:** Featuring community voices telling real-life SRHR stories, breaking stigma and humanising the need for services.
- **Social Media Clips:** Short video bursts optimised for WhatsApp, TikTok, or Instagram to engage youth audiences in refugee camps and urban areas alike.

**Reference – Population Foundation India (PFI):** PFI's Main Kuch Bhi Kar Sakti Hoon (I, A Woman, Can Achieve Anything) video series includes episodes on contraception, gender equality, and GBV prevention. It has been adapted for radio and online platforms.

**Reference – UNFPA Youth Animation Series:** Various UNFPA regional offices have released animated videos, podcasts, and other material tackling adolescent SRHR, early marriage, and menstruation, targeting youth in humanitarian and development settings. These include:

- [Youth Empowerment Online Cartoon Competition](#)
- [Jordan: Eib Podcast](#)
- [East and Southern Africa - Safeguard Young People Programme](#)
  - Amaze.Africa - <https://www.youtube.com/@AmazeAfrica>
  - [Tuneme.org - mobile app](#)
- [West and Central Africa – C'est la vie! digital library](#)

## AUDIO MATERIALS

- **Radio Scripts:** Radio remains a powerful medium in displacement and remote communities. Consider ready-to-air scripts for community radio stations covering topics like maternal health, GBV response, and family planning myths.
- **Pre-Recorded Awareness Messages:** Short audio messages—played via loudspeakers in camps, clinics, and mobile units—can include reminders for antenatal appointments, where to access contraception, or steps to report GBV.

**Reference – [BBC Media Action](#) / UNFPA South Sudan:** Radio drama scripts like [Our School and Life in Lulu](#) provide modular stories on maternal health, contraception, and consent, specifically tailored to communities in crisis zones. [Our Life in Lulu programme](#) aims to improve civic engagement among young people and tackle gender-based violence, working in partnership with 26 radio stations and 8 local civil society organisations across five states in South Sudan.

### Field Spotlight: Digital SRHR Tools for Displaced Women in Jordan

Recognising that many displaced women lacked reliable access to formal health services, an NGO consortium in Jordan developed a mobile app delivering SRHR information in Arabic, English, and Kurdish. The app includes discreet modules on contraception, maternal health, GBV support, and emergency contacts, designed to work even with low connectivity. The platform also allows women to anonymously submit questions and receive private advice from trained health providers. This case highlights how low-cost, culturally adapted digital tools can bridge major access gaps, particularly in displacement and humanitarian contexts.

## TRANSLATION AND LOCALISATION GUIDANCE

All materials developed using this toolkit should be reviewed and co-created with local partners to ensure accessibility and resonance. Key translation considerations include:

- Prioritise local dialects.
- Collaborate with community groups or interpreters with lived experience.
- Use gender-inclusive language that reflects local norms without reinforcing exclusion.

Avoid technical jargon; use culturally grounded metaphors and references where possible.

**Reference – [Translators Without Borders' Plain Language Guidelines:](#)** These [guidelines](#) provide practical guidance for adapting health messages across low-literacy and multilingual settings.

# PRACTICAL IMPLEMENTATION CHECKLISTS: RAPID ACTION GUIDES

For teams operating under pressure, structured yet flexible field tools are vital:

## FACILITY ASSESSMENT CHECKLIST

A rapid tool for evaluating a health centre's SRHR readiness, covering:

- Staff training levels
- Availability of essential supplies
- Confidentiality safeguards
- GBV response mechanisms

## MOBILE UNIT DEPLOYMENT CHECKLIST

Guidance for setting up mobile clinics that provide:

- Family planning
- Antenatal care
- Post-rape treatment
- Menstrual hygiene kits distribution

Including tips for navigating security risks, community acceptance, and supply chain continuity.

## EMERGENCY SUPPLY INVENTORY CHECKLIST

A standardised emergency list covering:

- Condoms, oral contraceptives and emergency contraception
- Post-exposure prophylaxis (PEP) kits
- Safe delivery kits and clean birth kits
- Menstrual hygiene materials

Prioritised to ensure SRHR needs are not neglected during emergency procurement processes.

## MONITORING AND REPORTING TEMPLATES

Templates to streamline:

- Daily service utilisation logs
- Monthly stock level reports
- Rapid needs reassessment forms
- Success story documentation for advocacy and learning

## CONCLUSION

While this toolkit does not include pre-developed templates or checklists, it emphasises the necessity of creating such resources through collaborative efforts. Stakeholders are encouraged to adapt existing frameworks and develop new tools that are culturally relevant, conflict-sensitive, and climate-adaptive, thereby enhancing the effectiveness and sustainability of SRHR interventions in the MENA region.

## SECTION 7:

# CONCLUSION AND FUTURE DIRECTIONS

## A CALL TO ACTION

The urgency to advance sexual and reproductive health and rights (SRHR) in the MENA region has never been greater. Conflict, climate instability, economic crises, and political fragility continue to erode the foundations of health, dignity, and rights for millions.

This toolkit calls upon all stakeholders—governments, healthcare providers, NGOs, humanitarian organisations, educators, community leaders, and advocates—to move beyond fragmented efforts. It calls for an active, collective commitment to adopt, adapt, and localise its resources to the unique realities of MENA's communities, ensuring SRHR is not left behind in times of crisis but prioritised as a cornerstone of resilience and recovery.

SRHR must be mainstreamed across all humanitarian responses, integrated into national development plans, and woven into climate adaptation frameworks.

The realisation of reproductive rights—particularly for women, girls, LGBTQ persons, persons with disabilities, and displaced populations—must be recognised not as optional, but as central to building sustainable, just, and thriving societies.

True progress requires solidarity, courage, and persistence. No single actor can achieve this alone. Partnership between civil society, regional institutions, healthcare systems, governments, and international allies is essential to creating systemic, lasting change.

## SECTOR-SPECIFIC NEXT STEPS

### GOVERNMENTS AND POLICYMAKERS

- **Integrate SRHR Holistically:** Embed SRHR into national health strategies, disaster risk reduction frameworks, and climate change adaptation plans.
- **Reform Restrictive Laws:** Decriminalise abortion, LGBTQ identities, and sex work, dismantling legal barriers that block access to essential services.
- **Sustain National Budget Commitments:** Allocate dedicated funding lines for SRHR services, training, and supply chains, even amid economic pressures.

- **Protect SRHR Providers:** Strengthen legal protections and safety protocols for healthcare workers delivering SRHR services in fragile settings.
- **Engage Internationally:** Proactively engage with CEDAW, UPR, and other mechanisms to align national legislation with international human rights standards.

### HEALTHCARE PROVIDERS AND NGOS

- **Deliver Trauma-Informed, Rights-Based Services:** Center survivor dignity, informed consent, and non-discrimination in every SRHR encounter.
- **Expand Access Through Innovation:** Scale up mobile clinics, telemedicine, and community-based service models to reach the most marginalised populations.
- **Invest in SRHR Education and Training:** Integrate SRHR principles into pre-service and in-service training for healthcare providers, humanitarian responders, and educators.
- **Strengthen Grassroots Partnerships:** Collaborate with local feminist, youth, LGBTQ, and disability rights organisations to ground services in community realities.
- **Prioritise Staff Well-being:** Build mental health and psychosocial support into frontline worker training and service delivery structures.

### HUMANITARIAN ORGANISATIONS

- **Mainstream SRHR Across All Humanitarian Response Phases:** From rapid needs assessments to recovery plans, SRHR must be a core part of humanitarian frameworks, not an afterthought.
- **Operationalise SRHR Standards:** Deliver Minimum Initial Service Packages (MISP) for reproductive health as standard components of all emergency responses.
- **Train and Sensitise Staff:** Ensure that all humanitarian actors—from logisticians to protection officers—understand SRHR principles, gender dynamics, and trauma-informed care approaches.
- **Ethically Collect and Use SRHR Data:** Disaggregate data by age, gender, disability, and displacement status while upholding ethical, do-no-harm data collection practices.

# LONG-TERM VISION FOR SRHR IN MENA

The future we seek is one where:

- **Equity is Realised:** Every individual—no matter their gender, nationality, sexual orientation, gender identity, disability, or displacement status—can access comprehensive, quality SRHR services without fear or stigma.
- **Systems Are Resilient:** Health systems are not brittle or reactionary but resilient, gender-responsive, and able to withstand conflict, climate shocks, and political transitions.
- **Rights Are Protected:** National laws, policies, and practices fully uphold bodily autonomy, reproductive justice, and the right to health for all.
- **Communities Lead Change:** Community voices—not just external actors—shape service design, policy priorities, and monitoring systems, ensuring SRHR responses are owned, adapted, and defended from the ground up.
- **Regional Solidarity Grows:** Cross-MENA collaboration fosters innovation, knowledge-sharing, and coordinated advocacy, building a region-wide movement for SRHR justice that transcends borders.

## FINAL REFLECTION

SRHR is not a luxury. It is not negotiable. It is a fundamental human right—essential for dignity, health, safety, and hope.

In a region rich in history, resilience, and creativity, the possibility for transformation is immense. Through solidarity, political will, local leadership, and sustained investment, reproductive justice across MENA can move from vision to reality—even amid the harshest of crises.

This toolkit is not an end in itself. It is an invitation. An invitation to act boldly, to collaborate deeply, and to stand unwavering in the belief that everyone, everywhere, deserves control over their bodies, futures, and lives.

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# ANNEXES

## SRHR NEEDS ASSESSMENT AND SERVICE PLANNING TOOL

For Conflict, Displacement, and Climate-Affected Contexts in the MENA Region

### PURPOSE OF THIS TOOL

This tool is intended to support local organisations, health workers, and advocacy groups in mapping SRHR priorities in their communities. It invites critical reflection on whose needs are being met, whose voices are shaping services, and how historical and structural inequalities influence access to care. It is meant to be a living tool — adaptable, collaborative, and grounded in context.

### GUIDING PRINCIPLES

- **Local ownership matters:** The people closest to the issues should be central in identifying needs and shaping responses.
- **Context is not neutral:** Conflict, colonial histories, migration, gender norms, and environmental injustice shape health realities.
- **Power must be shared:** Effective SRHR work comes from dialogue, mutual respect, and shared accountability — not top-down solutions.
- **Intersectionality is essential:** People's experiences of SRHR are shaped by age, gender, disability, identity, class, and displacement.

### INSTRUCTIONS FOR USE

- Use this tool as a reflective guide for internal planning, inter-agency collaboration, or participatory consultation with communities.
- Adapt questions to your context, and translate them into the language, tone, and framing that resonates locally.
- Consider using this tool as a conversation guide, not only a form, and document what communities prioritise, not only what systems require.
- Where possible, co-facilitate with community members, peer educators, or those with lived experience.

### SECTION A: UNDERSTANDING THE CONTEXT

- What do people in the community say their SRHR priorities are? How have they been historically addressed or neglected?
- Which groups have been systematically excluded from SRHR care — and why?
- What recent events (conflict, displacement, environmental crises) have shifted SRHR realities in this setting?
- How does the community currently organise care, support, or knowledge around health, sexuality, or reproductive decisions?

## **SECTION B: MAPPING SRHR NEEDS AND GAPS**

- What are the most pressing SRHR concerns in this setting, according to affected groups?
- Which services are available — and who can access them safely and without fear or stigma?
- What social, legal, or economic factors are reinforcing SRHR inequalities?
- Who decides what care is offered, and who is left out of those decisions?

## **SECTION C: ACCESSIBILITY, SAFETY, AND TRUST**

- How do people experience safety, dignity, and respect (or lack thereof) when accessing SRHR services?
- Which groups face specific barriers (e.g., adolescent girls, trans people, sex workers, people with disabilities), and how are those addressed?
- What role do informal care systems (community networks, traditional healers, women elders, midwives) play in SRHR access?
- How is care made welcoming for all genders and identities, especially in conservative or high-risk settings?

## **SECTION D: COLLECTIVE ACTION AND COMMUNITY POWER**

- Who in the community holds influence and could be an ally in shifting harmful norms or advancing SRHR?
- What community-led or grassroots efforts already exist, and how can they be resourced rather than replaced?
- How can this process build more than services — how can it build solidarity, trust, and shared purpose?
- What spaces exist for youth, women, and LGBTQ people to speak for themselves about SRHR — and how can those be supported?

## **SECTION E: ACCOUNTABILITY, LEARNING, AND FEEDBACK**

- How is feedback gathered — not just on satisfaction, but on harm, bias, and exclusion?
- Who reviews that feedback, and how is it used to make decisions or shift power?
- How can data be shared back with communities in ways that are useful, transparent, and empowering?
- What mechanisms exist for accountability to community priorities, and how can these be strengthened or co-designed?

## **FINAL REFLECTIONS AND NEXT STEPS**

- What are the three most urgent SRHR priorities that this assessment has surfaced?
- What would it look like to meet these priorities with care, dignity, and equity?
- What can be done immediately, and what needs sustained advocacy or collaboration?
- Who needs to be at the table for the next steps — and how will they be included from the start?

# GLOSSARY OF TERMS

This glossary provides definitions of key sexual and reproductive health and rights (SRHR) terms, contextualised for the MENA region and crisis settings. It aims to ensure a shared understanding among diverse stakeholders.

## **Bodily Autonomy**

The right of individuals to make decisions over their own bodies without coercion, discrimination, or external control. This encompasses choices about sexual activity, contraception, and access to healthcare services.

## **Conflict-Related Sexual Violence (CRSV)**

Acts of sexual violence perpetrated during or in connection with armed conflict, often used as a tactic of war. This includes rape, sexual slavery, forced prostitution, forced pregnancy, and forced sterilisation.

## **Comprehensive Sexuality Education (CSE)**

A curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. CSE aims to equip individuals with knowledge, skills, attitudes, and values to make informed decisions about their sexual and reproductive health.

## **Gender-Based Violence (GBV)**

Any harmful act directed at individuals based on their gender. GBV includes physical, sexual, psychological, and economic abuse, and is prevalent in both public and private spheres.

## **Minimum Initial Service Package (MISP)**

A set of priority reproductive health services to be implemented at the onset of a humanitarian crisis. MISP aims to prevent and manage the consequences of sexual violence, reduce HIV transmission, prevent maternal and newborn deaths, and plan for comprehensive SRH services.

## **Reproductive Justice**

A framework that links reproductive rights with social justice, emphasising the right to have children, not have children, and parent in safe and sustainable communities. It recognises the intersecting social, economic, and political conditions that affect individuals' reproductive choices.

## **Sexual and Reproductive Health and Rights (SRHR)**

A state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction. SRHR encompasses the right to make informed decisions about sexual activity, reproduction, and access to related healthcare services, free from discrimination, coercion, and violence.

## **Sexual Rights**

Human rights related to sexuality, including the right to sexual autonomy, sexual integrity, and safety of the sexual body. Sexual rights ensure that individuals can express their sexuality without discrimination, coercion, or violence.

## **Reproductive Rights**

The rights of individuals to decide freely and responsibly the number, spacing, and timing of their children, and to have the information and means to do so. This includes the right to attain the highest standard of sexual and reproductive health.

## **Menstrual Health and Hygiene**

A state of complete physical, mental, and social well-being in relation to the menstrual cycle. It involves access to accurate information, safe and hygienic menstrual products, and adequate sanitation facilities.

### **Child, Early, and Forced Marriage (CEFM)**

A formal or informal union where one or both parties are under 18 years of age, or where one or both parties have not given full, free, and informed consent. CEFM is a violation of human rights and has significant health and social consequences.

### **Female Genital Mutilation (FGM)**

All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGM is recognised internationally as a violation of the human rights of girls and women.

### **Sexual Orientation and Gender Identity and Expression (SOGIE)**

A term encompassing an individual's physical and emotional attraction (sexual orientation), their internal sense of gender (gender identity), and the external expression of their gender (gender expression).

### **Trauma-Informed Care**

An approach to healthcare that recognises the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life. It involves understanding, recognising, and responding to the effects of all types of trauma to avoid re-traumatisation.

### **Safe Abortion**

A medical procedure to terminate a pregnancy carried out by trained healthcare providers using methods recommended by the World Health Organisation. Access to safe abortion is a critical component of reproductive health services.

### **Post-Abortion Care (PAC)**

Comprehensive care provided to individuals after an abortion, including treatment of complications, counselling, and provision of contraceptive services. PAC is essential to reduce maternal morbidity and mortality.

### **Maternal Mortality**

The death of a woman during pregnancy, childbirth, or within 42 days of termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management. Reducing maternal mortality is a key indicator of health system performance.

### **Contraceptive Prevalence Rate (CPR)**

The percentage of women of reproductive age who are using, or whose sexual partners are using, at least one method of contraception. CPR is a common measure of access to reproductive health services.

### **Unmet Need for Family Planning**

The percentage of women who want to stop or delay childbearing but are not using any method of contraception. Addressing unmet need is crucial for improving reproductive health outcomes.

### **Sexually Transmitted Infections (STIs)**

Infections that are primarily spread through sexual contact. STIs can have serious health consequences if not diagnosed and treated promptly.

### **Harm Reduction**

Policies, programmes, and practices aimed at minimising the negative health, social, and legal impacts associated with certain behaviours, including those related to sexual activity and drug use.

### **Key Populations**

Groups who are at increased risk of HIV infection due to specific higher-risk behaviours, including men who have sex with men, people who inject drugs, sex workers, transgender people, and prisoners.

### **Intersectionality**

An analytical framework for understanding how aspects of a person's social and political identities combine to create different modes of discrimination and privilege. In SRHR, it helps in recognising how overlapping identities impact access to services.

*Note: This glossary is intended as a living document and may be updated to reflect evolving terminology and understanding in the field of SRHR.*

# LIST OF RELEVANT INTERNATIONAL AND REGIONAL INSTRUMENTS

Key legal frameworks supporting SRHR globally and in MENA contexts:

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979)
- International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966)
- Universal Declaration of Human Rights (UDHR) (1948)
- Beijing Platform for Action (1995)
- Sustainable Development Goals (SDGs) – particularly SDG 3, SDG 5, and SDG 16
- African Charter on Human and Peoples' Rights (Banjul Charter) (1981) + Maputo Protocol (2003)
- League of Arab States Conventions and Declarations on Women's Rights
- UN Security Council Resolution 1325 (Women, Peace, and Security Agenda) (2000)

# A SELECTION OF RESOURCES FOR FURTHER READING AND REFERENCE

Organised thematically for practitioners who wish to deepen their understanding and advocacy work.

## SRHR in Displacement and Migration Contexts

1. **Maydaa, Chayya & Myrntinen (2020):** [Impacts of Syrian Civil War and Displacement on SOGIESC Populations. \(Documents challenges faced by LGBTQ individuals in refugee settings.\)](#)
2. **Human Rights Watch (2022):** [Sexual Violence Against Men, Boys and Transgender Women in Syrian Conflict. \(Highlights underreported dimensions of sexual violence.\)](#)
3. **Council on Foreign Relations (2022):** [The Destruction of Healthcare Systems in Yemen and its SRHR Implications. \(Analyses war's devastating effects on health infrastructures.\)](#)

## Intersection of Climate Crisis and SRHR:

1. **Save the Children (2019):** [Sexual Orientation and Gender Identity and Expression \(SOGIE\) Policy. \(Guidance for integrating SOGIE into humanitarian response.\)](#)
2. **International Federation of Red Cross and Red Crescent (IFRC) (2020):** [Gender and Diversity Policy. \(Focus on inclusive humanitarian action.\)](#)
3. **CARE International (2021):** [Climate Change, Gender Inequality and SRHR Linkages in Crisis Settings. \(Recommended to be newly added.\)](#)

## Gender-Based Persecution and Legal Protections:

1. **International Criminal Court (2022):** [Policy on the Crime of Gender Persecution. \(Affirms sexual and reproductive violence as crimes under international law.\)](#)
2. **Colombia Diversa (2020):** [Orders of Prejudice: Systematic Crimes Against LGBT People in the Colombian Armed Conflict.](#)
3. **Gikins, J. et al. (2022):** [Queering Atrocity Prevention. \(Innovative frameworks for LGBTQ-inclusive atrocity prevention.\)](#)

## Women, Peace, and Security (WPS) & SRHR:

1. **Davis, L. & Stern, J. (2018):** [WPS and LGBTI Rights.. In Davies, S. E., & True, J. \(Eds\). The Oxford Handbook of Women, Peace, and Security. Oxford Handbooks.](#)
2. **Stern, J. (2018):** [The UN Security Council's Arria-Formula Meeting on Vulnerable Groups in Conflict: ISIL's Targeting of LGBTI Individuals. International Law and Politics, Vol. 48: 1191-1198.](#)
3. **Canada's National Action Plan on Women, Peace, and Security (2023-2029).** [Global Affairs Canada.](#)
4. **Germany's Action Plan for Women, Peace, and Security (2021-2024).** [Federal Foreign Office.](#)
5. **Netherlands' Women, Peace and Security National Action Plan (2021-2025).** [Government of the Netherlands / Dutch NAP Partnership.](#)

## LGBTQ People in Conflict and Crisis Settings:

1. **Outright International (2023):** [LGBTQ Lives in Conflict and Crisis: A Queer Agenda for Peace, Security and Accountability.](#)
2. **Human Rights Watch (2020):** ["They Treated Us in Monstrous Ways" — Sexual Violence Against Men, Boys, and Transgender Women in Syria.](#)
3. **Outright International (2022):** [Afghanistan: Taliban Target LGBTQ Afghans.](#)
4. **Samuel Hall and International Organization for Migration (IOM) (2023):** [Global report: Mapping and research to strengthen protection and assistance measures for migrants with diverse SOGIESC.](#)



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