Title of Research

Wars and Conflicts and its Impact on Sexual Reproductive Health Rights (SRHR) among Forcibly Displaced Women of Reproductive Age (15-49 years): A Scoping Review

Final Report of Summative Learning Project (SLP) presented to the BRAC James P Grant School of Public Health, BRAC University.

Name of the Student:

Shafiqua Nawrin Oishi

ID: 22167014

18th Cohort

Supervisors:

Dr Shaikh A Shahed Hossain

Professor and Course Coordinator, Health Systems Management

Email: shahed.hossain@bracu.ac.bd

Mentors:

Syeda Tahmina Ahmed

Research Associate, BRAC JPGSPH

Email: tahmina.ahmed@bracu.ac.bd

Co-reviewers:

Hannah Sheriff
Email: hs.honoria@gmail.com
Nahida Sultana
Email: nsrima.sultana@gmail.com

In Partial Fulfillment of the Requirements for the Degree of Master of Public Health (MPH).

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante-Natal Care
BPHS	Basic Package of Health Services
BSS	Behavioral Surveillance Surveys
CHW	Community Health Worker
DRC	Democratic Republic of the Congo
FP	Family Planning
GBV	Gender Based Violence
GLIA	Great Lakes Initiative on AIDS
HIV	Human Immunodeficiency Virus
IAWG	Inter-agency Working Group
JCAP	Jordanian Communication, Advocacy, and Policy
KAP	Knowledge, Attitude and Practice
KP	Key Population
LAPM	Long-Acting and Permanent Method
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MISP	Minimum Initial Service Package
MSF	Médecins Sans Frontières
NAP	National AIDS Control Program
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
RH	Reproductive Health
RHG	Reproductive Health Group
SAFPAC	Supporting Access to Family Planning and Post-Abortion Care in Emergencies
SDG	Sustainable Development Goals
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health Right
STI	Sexually Transmitted Infection
UNHCR	United Nations High Commissioner for Refugees
VCT	Voluntary Counselling and Testing

Contents

Abstract

Introduction:

With growing political instability, war and conflict has been disrupting the access to SRHR service and in some cases, they are left neglected. Even though the international agencies have provided relevant guidance, there is still no agreement on the effective way to provide Sexual Reproductive Health (SRH) services in the humanitarian settings. Thus, this study will explore the impact of forced displacement due to war and conflict on Sexual Reproductive Health Right (SRHR) of the displaced women of reproductive age

Method:

This study adhered the guidelines of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) for systematic reviews. Indexed Articles from databases such as PubMed, Scopus, and Google Scholar were methodically searched in addition to other sources and grey literatures by two reviewers independently step by step based on a pre-determined inclusion and exclusion criteria. A total of 285 record were screened of which 15 studies were included.

Findings:

15 studies were included in this review from 17 countries covering Asia and African Among the 15 studies, 2 were literature review, 1 qualitative study, 8 quantitative study, 1 policy review and 3 mixed-method studies design. Findings suggest, regardless of policies in place, due to lack of proper utilization, women displaced due to war or conflict are not receiving SRH services to the full. However, some of the effective community-based interventions can help the update of SRH services. In addition, issues like transactional sex work among female in the conflict affected settings are underrated thus gap remains in appropriate measures and intervention dedicated for them.

Conclusion:

The review was able to highlight some of the effective interventions across the humanitarian setting focusing on SRH for women. Community based approach has been at the heart of all the progress in SRH service and intervention.

Introduction

The concept of forced displacement indicated a situation where in order to escape the impacts of events or circumstances like armed war, widespread violence, or human rights abuses, people and communities may be forced to evacuate or abandon their homes or areas of habitual habitation (Global Protection Cluster Working Group, 2007). With more than 100 million people displaced worldwide and growing conflict in parts of Asia and Africa and now Europe (DRC, 2022), access to Sexual Reproductive Health (SRH) services have been rather neglected.

Previously, Sexual and Reproductive Health and Rights (SRHR) have been kept as group of isolated health issues. Even though in early 1950s and 1960s discussions were initiated on population policies and family planning (Finkle & McIntosh, 2002; Kellogg, 1970). Till 1994 the governments and the international bodies were mostly concerned with family planning and world population under the reproductive health umbrella (Berro, 2018). It wasn't until early 2000s that the Millennium Development Goals (MDGs) initiated the dialogue on Sexual Reproductive Health Rights (Galati, 2015) which was later solidified with the Sustainable Development Goals (SDGs) (Berro, 2018).

Following the advancement of the SRHR policies, during the 21st century, gender-based violence, complications during pregnancy and childbirth, unwanted pregnancies, unsafe and risky abortions, Sexually Transmitted Infections (STIs), including HIV, and genital cancers are just to list a few of the SRH concerns that threaten the well-being of all which includes, women, men, and families amid the conflicted world (Cepal, 2014). Besides existing evidence indicates that forced displacement bring vulnerable to adverse SRH outcomes especially the women of reproductive age, including: unsafe sexual practices, lack of contraceptive use, STIs and HIV/AIDS (Ivanova, Rai, & Kemigisha, 2018). Besides, Inter-agency Working Group (IAWG) on Reproductive Health has initiated the Minimum Initial Service Package (MISP) which is a coordinated group of high-priority activities designed to prevent excessive maternal and newborn morbidity and mortality, reduce HIV transmission, and organize comprehensive RH treatment in addition to lessening and controlling the consequences of sexual assault (Onyango et. al., 2013).

Furthermore, evidence suggest that the access to and availability of SRH services are often inadequate due to distances, costs, stigma and limited SRH programs in humanitarian settings

(Casey, 2015). In this scenario, regardless of the availability of appropriate guidance by international agencies, there is still no consensus on how best to provide SRH services while upholding SRHR in these situations, and the need to adequately and effectively meet the needs of SRH forcefully displaced individuals (Munyuzangabo, 2020). Moreover, the need for major funding to achieve SDG targets related to sexual and reproductive health are not achieved due to the lack of reliable data on intervention coverage along with the quality of care for women of reproductive age in these conflict settings (Boema at. Al., 2018).

Despite today's need of knowing the situation, in order to propose better services for SRH, the present information seem to have been scattered and in need to be brought together to understand the trend and pattern especially after 2000 as more focused initiatives, action plans and policies developed centering SRHR. Thus, this scoping review explored the impact of forced displacement due to war and conflict on Sexual Reproductive Health Right (SRHR) of the displaced women of reproductive age during the 21st century to understand the gaps in knowledge, the current SRH status of externally displaced persons and the interventions in place to address them. The timeframe was kept from year 2000 onwards in order to capture the impact of the existing initiatives and policies in addressing SRHR in humanitarian context.

Conceptual Framework

Annex 1 contains the conceptual framework the impact of forced displacement due to war and conflict on Sexual Reproductive Health Right (SRHR) among externally displaced women of reproductive age for this proposed study. It demonstrates forced displacement can trigger risk factors compromising the health status especially the sexual reproductive health status of the displaced women. The conceptual framework also brings in any response available for ensuring the proper SRHR for the displaced.

Operational Definitions

Annex 2 outlines the operational definitions that was used for this scoping review

Research Question and Objectives

Research question: What are the available evidences on the impacts of wars and conflicts on Sexual Reproductive Health Rights (SRHR) among forcibly displaced women of reproductive age?

General objective: To provide an overview of the available evidences on the impacts of wars and conflicts on Sexual Reproductive Health Rights (SRHR) among forcibly displaced women of reproductive age of 15-49 years.

Specific objectives:

1. To explore the available evidences on the impact of war and conflict on SRHR among the forcibly displaced women of reproductive age
2. To explore the sexual and reproductive health status of forcibly displaced women of reproductive age due to war and conflict
3. To explore the available interventions in place for ensuring SRHR among the forcibly displaced women of reproductive age due to war and conflict

Methodology

Study Design:

A scoping review was undertaken to provide an overview the existing literature on the impact of wars and conflicts on Sexual Reproductive Health Rights (SRHR) among forcibly displaced women of reproductive age. A summary of the scoping review protocol is presented in Annex 3.

Study Selection Criteria:

To improve the external and internal validity of the study and progress its feasibility inclusion and exclusion criteria was set for this study.

Inclusion criteria: Studies exclusively dealing with or containing disaggregated data on any of the Key Population (KPs) i.e., Forcibly Displaced Women of reproductive age i.e., 15 to 49 years of age was included. The studies that discussed on the impact of war or conflict on SRHR of the KP affected which included information on reproductive health such as access to contraceptive,

family planning or abortion, risk and burden of STI and the overall SRH care system or individual interventions have been included in the study. In addition, studies that involve disruption in having access to SRHR services and rights during and/or post displacement or conflict inflicted situation published post 2000 were taken into consideration. The timeline was taken as such due to more focused initiatives, action plans and policies being developed centering SRHR during that time. For this study, academic literatures which were of open access, full-text articles from peer reviewed journals meeting the inclusion criteria have been included.

Exclusion Criteria: Studies that discuss population who have migrated willingly, seeking asylum or displaced due to natural disasters were excluded from the study. In addition, women below 15 years of age and above 49 years have been excluded. Besides, articles and references written in languages other than English, published before year 2000 or not having open access to the full articles were excluded.

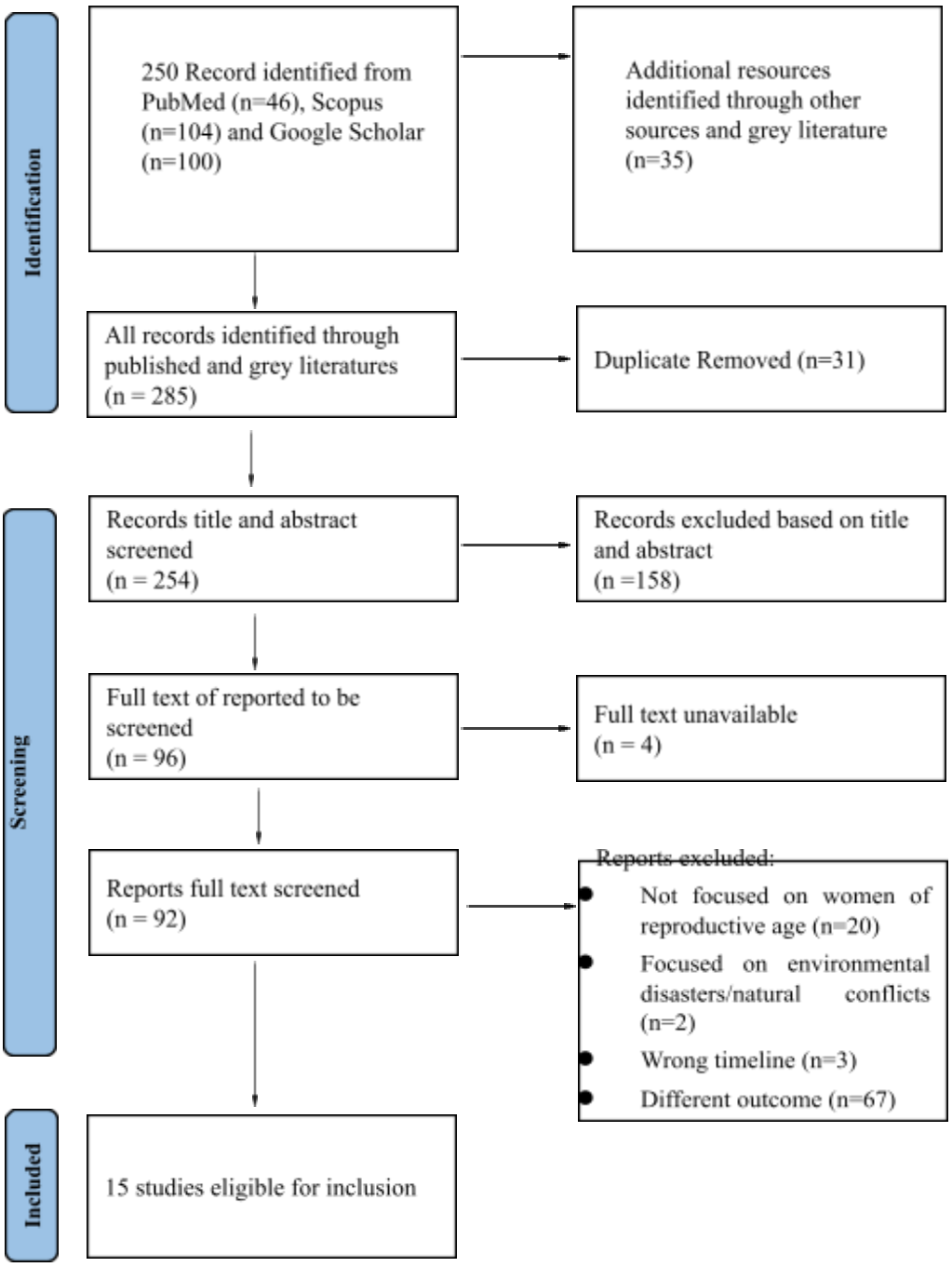
Initial Search:

The study cohered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for systematic reviews (Moher et. al., 2009). Indexed Articles from databases such as PubMed, Scopus, and Google Scholar were systematically searched. Three key terms (Annex 4) ('War and Conflict, 'Sexual Reproductive Health Rights' and 'Forcibly Displaced Persons'), each with associated keywords combined with the Boolean operation 'OR', was searched for in combination using the Boolean term 'AND' with timeline 2000 till 2022 (Annex 5). However, the key terms were not tailored as per location. In addition, other sources and grey literatures were also search to gather relevant data. The process for the inclusion of studies has displayed using the four phase PRISMA (Figure 1).

Data Identification:

The results of the searching data bases were transferred to Rayyan software for further management. Initially, all the duplicates were removed prior to the screening by title and abstract using a pre-designed screening tool (Annex 6). In addition to the principal reviewer, two researchers independently screened through the titles and abstract applying the study inclusion and exclusion criteria. The disputes were later resolved through discussion with the principal

reviewer. Following the 1st screening, full text of all the selected articles were retrieved and uploaded in Rayyan using pre-designed screening tool (Annex 7). Subsequently, the second screening was done with two reviewers along with the primary reviewer and disputes were resolved through consultation. Lastly, the data extraction and charting with pre-formed formats were used to take key findings, summarize and sort from the selected articles.



Adapted From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: http://www.prisma-statement.org/

Data Extraction:

A content analysis was performed on the extracted data presented in the chart under different themes and classification. The extracted data were initially group in themes deducted from the specific objectives of the study. The data were analyzed based on the rights, gaps, status, interventions and policies in place for SRH among the women of reproductive age in humanitarian settings across various countries around the globe. This helped build a map and understand the patterns, different perspectives and contexts.

Result

Study Characteristics

A total of 15 studies were included in this review from 17 countries (Figure 2) covering Asia and African region where some of the studies covered multiple regions at once (Annex 8). The following countries were included in the studies from Asia: Bangladesh (n=2) (Khan et. al., 2021; Tanabe et. al., 2017), Pakistan (n=1) (Curry et. al., 2015), Afghanistan (n=1) (Hadi et. al., 2007), Myanmar (n=1) (Mullay et. al., 2010), Turkey (n=1) (Samari, 2017), Malaysia (n=1) (Tanabe et. al., 2017), Lebanon (n=3) (Nabulsi et. al., 2021; Jain et. al., 2019; Samari, 2017), Jordan (n=2) (Tanabe et. al., 2017; Samari, 2017) . On the other hand, countries like Chad (n=1) (Curry et. al., 2015), Uganda (n=3) (Tanabe et. al., 2017; Casey et. al., 2013; Harrison et. al., 2009), Djibouti (n=2), Mali (n=1) (Curry et. al., 2015), Kenya (n=1) (Tanabe et. al., 2017), DRC (n=3) (Casey et. al., 2015; Curry et. al., 2015; Culbert et. al., 2007), South Sudan (n=1) (Casey et. al., 2015), Burkina Faso (n=1) (Casey et. al., 2015), Guinea (n=2) (Roenne et. al., 2009; Howard et. al., 2008). The countries mention in different studies have either been the country of conflict with the key population of this study being displaced internally within the country

mentioned or the countries mentioned in the studies have been the host to the displaced key population. Most studies exclusively focused on displaced or refugee women of reproductive age. However, 2 studies (Harrison et. al., 2009; Culbert et. al., 2007) focused on both men and women, out of which one solely focused on individuals infected with HIV.

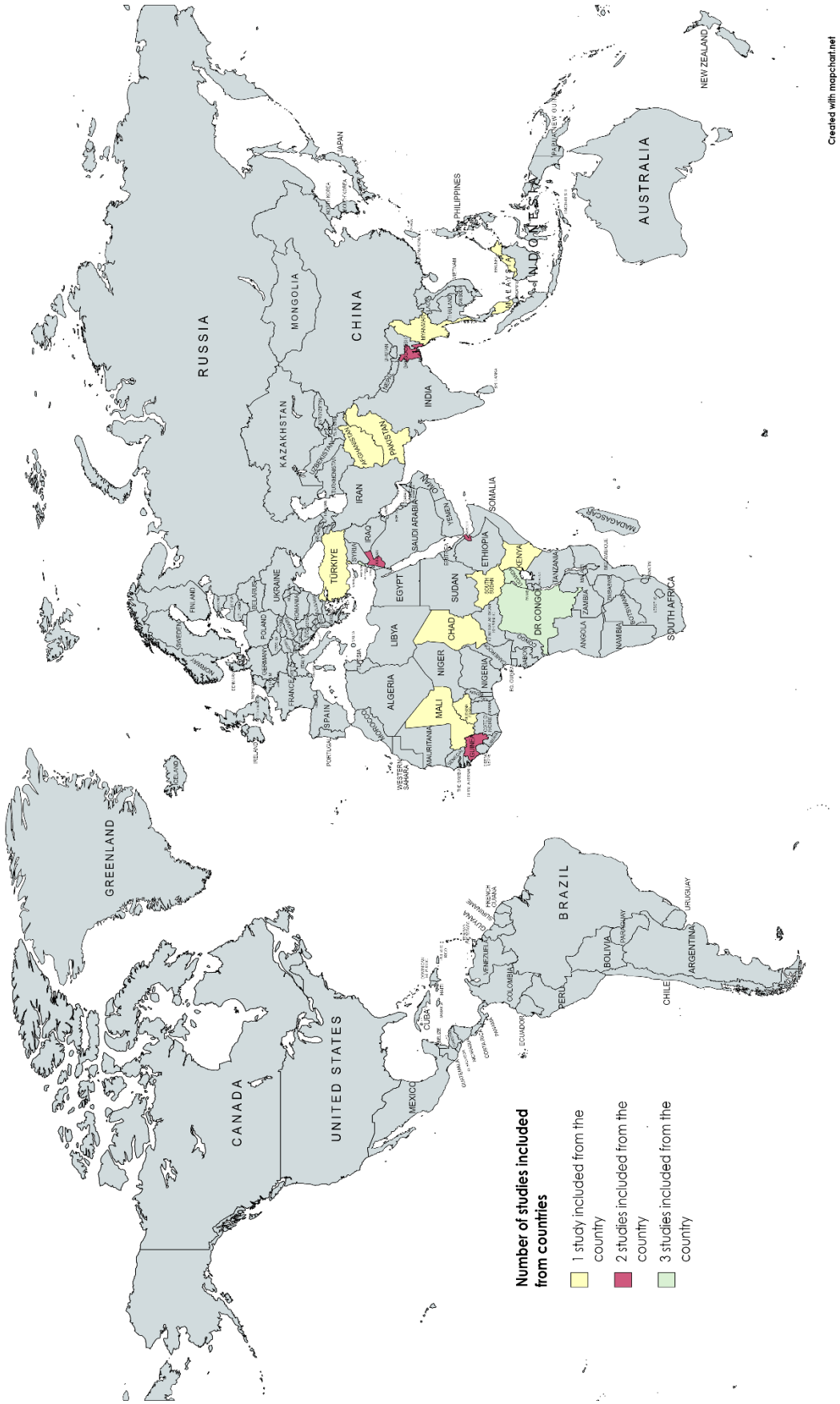

RUSSIA
CHINA
MONGOLIA
KAZAKHSTAN
INDIA
PAKISTAN
IRAN
IRAQ
SAUDI ARABIA
YEMEN
SOMALIA
ETHIOPIA
KENYA
TURKIYE
EGYPT
SUDAN
LIBYA
CHAD
NIGER
ALGERIA
MALI
NIGERIA
MAURITANIA
DR CONGO
ANGOLA
ZAMBIA
NAMIBIA
SOUTH AFRICA
TANZANIA
MADAGASCAR
UKRAINE
POLAND
GERMANY
FRANCE
SPAIN
FINLAND
SWEDEN
BELARUS
ROMANIA
PORTUGAL
IRELAND
WESTERN SAHARA
JAPAN
PHILIPPINES
INDONESIA
AUSTRALIA
NEW ZEALAND
GREENLAND
CANADA
UNITED STATES
MEXICO
CUBA
HAITI
BRAZIL
VENEZUELA
COLOMBIA
ECUADOR
PERU
BOLIVIA
PARAGUAY
CHILE
ARGENTINA
URUGUAY
GUYANA
SURINAME
FRENCH GUIANA
Number of studies included from countries
1 study included from the country
2 studies included from the country
3 studies included from the country
Created with mapchart.net

Table 1 Information on the countries included, type of conflict, study population and the issues discussed

Study Identifier	Author/Year	Study Country/Location	Type of Conflict	Study Population/ Respondents	SHR Issue Discussed
SRHR_01	Nabulsi et. al., 2021	Lebanon	Civil War	Syrian refugee women	Gender Based Violence (GBV), Maternal and Child Health (MCH), HIV-AIDS
SRHR_02	Samari 2017	Lebanon, Turkey and Jordan	Civil War	Syrian refugee women	Gender Based Violence (GBV), Maternal and Child Health (MCH), Family Planning (FP)
SRHR_03	Tanabe et. al., 2017	Bangladesh, Djibouti, Jordan, Kenya, Malaysia, Uganda	Civil and Cross-country war/war at the boarder	Refugee women of reproductive age	Family Planning (FP)
SRHR_04	Culbert et. al., 2007	Bukavu, DRC	Cross-country war with Rwanda, Uganda and Burundi	HIV infected male and female residing in Bukavu, DRC	HIV-AIDS
SRHR_05	Casey et. al., 2015	Burkina Faso, DRC and South Sudan	Civil War	Refugee women and girls	Maternal and Child Health (MCH)
SRHR_06	Chynoweth, 2015	Global	Any	Displaced Individuals	SRH policies
SRHR_07	Jain et. al., 2019	Lebanon	Civil War	Syrian refugee Women and Girls	Family Planning (FP)
SRHR_08	Casey et. al., 2013	Uganda	Civil War	Women of reproductive age	Family Planning (FP)

SRHR_09	Khan et al., 2021	Bangladesh	Ethnic cleansing in Myanmar	Rohingya Refugee	Family Planning (FP)
SRHR_10	Curry et. al., 2015	Chad, Democratic Republic of the Congo, Djibouti, Mali, and Pakistan	Civil and Cross-country war/war at the boarder	Women of reproductive age	Family Planning (FP)
SRHR_11	Harrison et. al., 2009	Uganda	Civil War	Adult men and women of 15-59 years age of the refugee camp and surrounding host communities	HIV-AIDS
SRHR_12	Mullay et. al., 2010	Burma (Myanmar)	Internal clash between Tatmadaw and DKBA-5 group,	Women of reproductive age	Maternal and Child Health (MCH), Family Planning (FP)
SRHR_13	Hadi et. al., 2007	Afghanistan	Internal conflict	Married women	Maternal and Child Health (MCH)
SRHR_14	Roenne et. al., 2009	Guinea	Civil war	Liberians and Sierra Leoneans Women of reproductive age	Maternal and Child Health (MCH), Family Planning (FP), HIV-AIDS
SRHR_15	Howard et. al., 2008	Guinea	Civil war	Reproductive age Liberians and Sierra Leoneans men and women	Family Planning (FP)

In the papers included, there have been mention of multiple SRH issues (Table 1), however, due to limited information on other SRH issues, the findings is focused on Family Planning (FP), Maternal and Child Health (MCH) and HIV-AIDS/STI. Seven papers discussed Family Planning (FP) (Khan et al., 2021; Jain et. al., 2019; Tanabe et. al., 2017; Curry et. al., 2015; Casey et. al., 2013; Roenne et. al., 2009; Howard et. al., 2008), five discussed Maternal and Child Health

(MCH) (Nabulsi et. al., 2021; Samari 2017; Mullay et. al., 2010; Roenne et. al., 2009; Hadi et. al., 2007) and three on HIV/AIDS and STIs (Casey et. al., 2015; Harrison et. al., 2009; Culbert et. al., 2007). However, there have been some cross-over within the topics in the studies. Among the 15 studies, 2 were literature review (Nabulsi et. al., 2021; Samari 2017), 1 qualitative study (Jain et. al., 2019), 8 quantitative study (Khan et al., 2021; Curry et. al., 2015; Casey et. al., 2013; Mullay et. al., 2010; Harrison et. al., 2009; Roenne et. al., 2009; Howard et. al., 2008; Hadi et. al., 2007), 1 policy review (Chynoweth, 2015) and 3 mixed-method studies design (Tanabe et. al., 2017; Casey et. al., 2015; Culbert et. al., 2007).

Sexual Reproductive Health Right Situation of Forcibly Displaced Women

Out of 15, 8 studies reported on knowledge and practice of SRH issues and services which includes FP, MCH, and HIV-AIDS (Khan et al., 2021; Nabulsi et. al., 2021; Jain et. al., 2019; Samari, 2017; Tanabe et. al., 2017; Casey et. al., 2015; Harrison et. al., 2009)

The knowledge regarding different SRH issues was found to be limited among the women of reproductive age in these humanitarian settings. Added challenges and misconception regarding FP, MCH and HIV-AIDS and STIs on top of complication with country policies were also highlighted in these studies. On a progressive side, a policy review conducted by Chynoweth (2015) highlighted that there has been an increase of inclusion of components of Minimum Initial Service Package (MISP) either partially or fully by 2.4% and 40% across the globe in these humanitarian setting for providing better health care especially SRH. However, according to Samari (2017), MISP for the humanitarian and crisis setting, even though prevention of HIV transmission and reducing maternal and child mortality and morbidity is an essential part, its implementation faces several constrains adapting with the host countries policies. The study by Samari (2017) included the refugee SRH health of 3 countries, Lebanon, Turkey and Jordan, where the report suggests regardless of MISP provision, obstacles remain in accessing reproductive health care. Most reported of these barriers have been the cost, distance, fear of maltreatment and discrimination in Lebanon. The main issues in Turkey and Jordan, on the other hand, have been the inadequate STI and HIV coverage, the slow deployment of comprehensive reproductive health care, an increase in sexual and gender-based violence, and a lack of initiatives for urban refugees according to the study. The report also notes that, on average, 23%

of women in camps throughout these nations were not aware of reproductive health services, and 28% had had unintended births, both of which point to worrying SRH conditions.

High-cost association has been a major drawback in accessing SRH services in Lebanon refugee camps too. A study conducted by Nabulsi et. al. (2021) highlighted that despite free awareness campaigns and voluntary testing and counselling centers most other testing such as CD4, chest x-rays for HIV and other STI detection are high in cost. High cost is also associated with maternal services regardless partial cost is covered by UNHCR which has been discouraging for the women living in such humanitarian setting to seek the services.

Another study conducted over Bangladesh, Djibouti, Jordan, Kenya, Malaysia and Uganda showed a mixed outcome. While it was shown that 94.1% of women in Amman were aware of any modern FP method, this percentage was lower in Ali Addeh (35.7%) and Eastleigh (16.1%) and was higher in Kuala Lumpur (89.9%), Cox's Bazar (89.7%), and Nakivale (81.2%) (Tanabe et. al., 2017). In spite of this, similar obstacles were also highlighted in this study, including remote service delivery locations, the expense of transportation, ignorance of various methods, misconceptions and misinformation, religious opposition, language barriers with providers, resistance from husbands, and provider biases.

Lack of knowledge regarding the significance of SRH or the available services were also seen in some African countries. Even in the crisis-hit areas, Burkina Faso and the DRC had many health facilities for FP treatments, but a focus group discussion with the impacted population highlighted their lack of awareness of the available RH services and sociocultural hurdles to obtaining them. (Casey et. al., 2015). While there was no FP facility in South Sudan, all participants from all 3 countries reported a striking rise in the usage of facility-based delivery services.

Nonetheless, one of the common barriers in accessing FP and MCH in the humanitarian setting was reported as the resistance faced from the husband and mothers-in-law (Khan et. al., 2021; Jain et. al., 2019; Tanabe et. al., 2017).

One of the most underreported issues has been the prevalence of transactional sex work by women across these humanitarian setting. Only one study was found where transactional sex was highlighted. It was reported that 74% female Burundian and Rwandan refugee participants of the

study were involved in transactional sex, however, there was no mention of dedicated services for this target group (Harrison et. al., 2009). However, the research references UNHCR, Great Lakes Initiative on AIDS (GLIA), and the World Bank creating a standardized methodology for carrying out HIV Behavioral Surveillance Surveys (BSS) among the displaced population and the nearby host community.

Sexual Reproductive Health Interventions

Seven studies were focused on different types of interventions circling SRH in humanitarian settings globally. 3 main SRH agenda were highlighted in these studies which includes, FP, MCH and HIV-AIDS and STIs (Table 2).

Table 2 SRH Intervention in Humanitarian Settings

SRH Topic	Intervention/Activities	Target Population	Country of Implementation	Impact
Family Planning	Outreach and awareness on Family Planning (FP) through mobile outreach team and Public Heath Centre	Women of reproductive age	Uganda	A significant rise (7.1% to 22.6%) in the usage of the Long-Acting and Permanent Method (LAPM) (Casey et. al., 2013)
	● Door-to-door visit by Community Health Worker (CHW) ● Health Care Centre awareness on FP, by FP counsellor, ● Free of cost contraceptive and counselling	Women of reproductive age	Bangladesh, Malaysia, Jordan	Increase (33% higher since 2018) (Khan et. al., 2021) in uptake of contraceptive methods due to its easy accessibility (Tanabe et. al., 2017)
	Supporting Access to Family Planning and Post-Abortion Care in Emergencies (SAFPAC)	Women of reproductive age	Chad, Democratic Republic of the Congo, Djibouti, Mali, and Pakistan	52,616 new users of contemporary contraceptives were reached in 5 countries, from a population of 698,053 women of reproductive age. The majority (61%) of these users choose long-acting methods such implants or intrauterine devices. (Curry et. al., 2015)

	Jordanian Communication, Advocacy, and Policy (JCAP) project	Syrian refugee women	Jordan	Women could contribute to the decision related to family planning and 87% were aware on where to get the methods (Mahadeen et. al., 2012)
HIV-AIDS/STI	Community Conversations'	Adult men and women of refugee camp and surrounding host communities	DRC	Participation of community leaders in promoting measures to ward off disease and encourage discussion between men and women on sensitive and difficult topics like HIV/AIDS (Burton & John-Leader 2009)
	National AIDS Control Program (NAP)	Syrian refugee	Lebanon	NAP began an awareness campaign and provided free antiretroviral treatment to all qualified patients and Voluntary Counseling and Testing (VCT) for STIs among Syrian refugees in collaboration with NGOs. (Jain et. al., 2019)
	Médecins Sans Frontières (MSF) HIV Program	HIV infected male and female residing in Bukavu, DRC	Bukavu, DRC	11,076 persons received voluntary counseling and testing (VCT) by 2006, and of them, 19% received ART and were directed to HIV clinics. (Culbert et. al., 2007)
Maternal health	Mobile Obstetric Medics (MOM) Project	Women of reproductive age	Burma (Myanmar)	Higher level coverage of maternal health interventions including birth at the facility was reported during the project period. (Mullay et. al. 2010)
	Community based motherhood program	Married women	Afghanistan	Around 15,460 families in the Paghman area are served by a total of 212 CHWs. Eight BRAC health facilities also offer institutional deliveries and the Basic Package of Health Services (BPHS) on a need-basis (Hadi et. al. 2007)
HIV-AIDS/STI, FP and Maternal health	Reproductive Health Group (RHG)	Liberians and Sierra Leoneans Women of reproductive age	Guinea	Being a part of the same community, RHG assisted in the promotion of other important SRH information, such as that regarding HIV-AID, STIs, FP, and maternal health, where 91% of women and 86% of men

				reported acquiring their health information from RHG employees or medical facilities. (Roenne et. al, 2007; Howard et. al., 2008)

From study conducted in Uganda across the refugee camps, it was reported that, outreach and awareness on FP through mobile outreach team combined with Public Heath Centre sessions was effective. The study highlights comprehensive FP services provided among conflict-affected populations increases its use from 1.2% to 9.8% for long lasting method and 7.1% to 22.6% for any modern FP method along with the use of FP method along with the use of Long-Acting and Permanent Method (LAPM) (Casey et. al., 2013). Similar intervention was also successful in the refugee camps of Bangladesh, Malaysia and Jordan. Two studies conducted in these regions highlighted when health workers are taken from the affected community and provided with essential capacity building support, they help built trust and gain confidence in cascading down essential and sensitive SRH information, especially that of FP (Figure 3). It was reported that, when these Community Health Workers (CHWs) work for door-to-door awareness and provide

Figure Engaging community in providing FP services depicted

further guidance to meet the FP counsellor at the health facility, there is an increase (33% higher since 2018) (Khan et. al., 2021) in uptake of contraceptive methods due to its easy accessibility (Tanabe et. al., 2017) when these counselling sessions along with the FP methods are given free of cost as like the mentioned countries.

On the other hand, a study conducted in the humanitarian settings of Chad, Democratic Republic of the Congo, Djibouti, Mali, and Pakistan highlighted another FP intervention namely, Supporting Access to Family Planning and Post-Abortion Care in Emergencies (SAFPAC) which, in addition to providing door-to-door awareness like other countries, provides basic first level health centers and patient referral support to refugees and surrounding host communities. Drawing to the effectiveness of the intervention, the study points out that the intervention has helped advocate for LAPM and it was found that majority (61%) of the participants chose LAPM implants or intrauterine devices. (Curry et. al., 2015). The Jordanian Communication, Advocacy, and Policy (JCAP) project was started as another intervention to raise the demand for and usage of contemporary family planning techniques among Jordanians and Syrian refugees living in Jordan (Samari 2017). Even though the study did not mention about its outcome, a separate study conducted on JCAP highlighted some of the intervention's accomplishments being women's contribution to the decision related to family planning and 87% of the women participants being aware on where to get the methods (Mahadeen et. al., 2012).

For HIV-AIDS and other STIs, among 2 of the dedicated interventions found in 2 studies, one was of the intervention Community Conversion in DRC (Harrison et. al., 2007) which helped mobilize refugees along with host populations for better and sustainable responses to the HIV epidemic and the other being the National AIDS Control Program (NAP) which made possible to provide Antiretroviral Treatment to all eligible patients for free among the Syrian Refugee (Jain et. al., 2019).

Under the MCH umbrella two interventions in Myanmar and Afghanistan was found in 2 studies. Mobile Obstetric Medics [MOM] Project in Myanmar provided maternal health services. Under this intervention the study conducted by Mullay et. al., (2010) reported that higher-level care at birth was significantly more during the project period. In Afghanistan, BRAC initiated another MCH related intervention for the women affected by conflict. Community based motherhood program which was implemented in the Paghman district. Study conducted by Hadi et. al., (2007) mentioned the intervention, on top of providing basic outreach services through CHWs, institutional deliveries through 8 BRAC health facilities to provide institutional deliveries and Basic Package of Health Services (BPHS) were also available. The study also highlighted that

Ante natal care rose from 37.3% to 91.2% and institutional delivery in rural communities has been increasing.

Effectiveness of involving the community to provide their own service was reported by 2 studies focusing on Guinea region. Reproductive Health Group (RHG) initiative engaged refugee nurses and medical personals in providing RH support to their own communities. One study showed that 24% of the pregnant refugee women gave birth at a medical facility with the assistance of RHG midwives, whereas the majority of the rest likely gave birth at home in less sanitary and safe conditions (Roenne et. al., 2007). The study also mentions RHG producing entertaining street drama, providing crucial information and guidance on RH, and dispensing condoms and spermicides. RHG also encouraged pregnant women in attending ANC, couples to use FP, or those who were exhibiting symptoms of a STI to seek medical attention. According to the results of a survey conducted by Howard et al. (2008), RHG facilitators were recognized as the primary family planning information source by respondents who were aware of family planning (67%). Both the study suggested RGH refugee self-help model very effective being from the same community promoting trust and fostering confidence in the service

Discussion

Of the 285 records screened, 15 was identified which were published since 2000 with a focus on the impact of war and conflict on the SRHR of the women of reproductive age who have been displaced due to the crisis. Findings suggests, regardless of the international policies in place to provide necessary SRH support to women in humanitarian settings, lack of proper implementation has disrupted the proper exercise of the SRH right for these individuals. However, promising interventions were also seen across the globe which resulted in update of various SRH services. These interventions were seen to have some common characteristics such as self-help group or peer-led model of support i.e. bringing the community to provide for their own through capacity building. In addition, mass awareness, free of cost services were also seen effective. Limited evidence was found to support any effectiveness focusing on national health policies adapting with humanitarian policies to provide for the affected population.

Limited studies were found which focused on HIV-AIDS and other STI among the displaced population, their status, gaps and risk factors. No studies were found on HIV-AIDS and STIs in the Asian region, the 2 studies that focused on STIs were from African region.

Majority of the study was quantitative (53.3%) which offered some statistical evidence of the difference between the intervention and the result. Even though only one qualitative study was taken, 3 additional mixed-method study provided some ground to evaluate the findings beyond statistical measures and further into the experience of the study population. Since virtually all studies are cross-sectional and lack a control group for the intervention, the evidence on attribution is particularly weak. Three review studies were also included in addition to, two literature review and one policy review which provided varied information on SRHR, however, information specific to this study was found in low quality from these review as their focus was across larger parameter of SRH topics.

In comparison to other systematic reviews assessing SRH interventions in humanitarian situations, similar levels of evidence and study quality measuring SRHR condition and intervention were observed (Hossain & Dawson, 2022; Singh et. al., 2018; Ivanova et. al., 2018) suggesting a slower progress in research and generating evidence in this field.

Overall, there is limited evidence available in this field to a compare and contrast. However, some similarities were with the result suggesting refugee women in humanitarian setting are more inclined to take the services which has no or subsided cost was also supported by Raheel et. al., (2012) with his study of Knowledge, Attitude and Practice (KAP) survey done on Afghani Refugees residing in Pakistan. On the other hand, contrast to the findings on the impact of the interventions in this study, Tanabe et. al. (2013) highlighted the feasibility of the intervention in conflicted setting of Myanmar by building evidence by involving the community. The studies which mentioned interventions included in this study being mostly quantitative left out the experience of the intervention which would have been achieve through a qualitative study design.

According to the studies that were screened and included, there are significant evidence gaps, which highlights the urgency of conducting thorough and timely research on the mechanisms underlying SRH interventions as well as additional studies focusing on HIV/AIDS and STI

among these displaced populations in humanitarian settings. In addition, some of the interventions that have been mentioned in the studies require further examination. For instance, the door-to-door FP counselling have been proven quite effective in Khan et. al. (2021) and Tanabe et. al. (2017) in which case initiatives as such should be evaluated further to understand how this can be replicated in similar humanitarian settings.

Nonetheless, this review has a number of limitations. Other strict inclusion criteria may have resulted in the removal of certain reviewed papers, despite the presence of both qualitative and quantitative data along with some mixed-method and review research. In addition, use of search terms might also have screened out some relevant studies in this area. The number of citations retrieved by our search may have been constrained for this study due to the capability of the study team's language inclusion requirements, which required only papers published in English. Additionally, the 15 studies included in the review had a diverse range of study techniques, outcomes, and interventions, which made it easier to grasp the gaps in the body of knowledge and the potential directions for future research.

Conclusion

The review was able to highlight some of the effective interventions across the humanitarian setting focusing on SRH for women. Community based approach has been at the heart of all the progress in SRH service and intervention. At the same time this review could also shed some light to the existing gaps in evidence to understand the actual SRHR condition in the humanitarian settings. However, the findings from this review should be used watchfully due to the limited evidence and statistical data use for the study. This indicates for a robust and timely research into the field to identify the actual condition of SRHR in these setting along with the need for the appropriate interventions. Besides, MISP should be implemented in onset of all the humanitarian settings along with more community involvement and presence of self-help groups.

Reference

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. International journal of social research methodology, 8(1), 19-32.

Berro Pizzarossa, L. (2018). Here to stay: the evolution of sexual and reproductive health and rights in international human rights law. Laws, 7(3), 29.

Betts, A., Loescher, G., & Milner, J. (2013). The United Nations High Commissioner for Refugees (UNHCR): The politics and practice of refugee protection. Routledge.

Boerma, T., Requejo, J., Victora, C. G., Amouzou, A., George, A., Agyepong, I., ... & Zaidi, S. (2018). Countdown to 2030: tracking progress towards universal coverage for reproductive, maternal, newborn, and child health. The Lancet, 391(10129), 1538-1548.

Burton, A., & John-Leader, F. (2009). Are we reaching refugees and internally displaced persons?. Bulletin of the World health Organization, 87, 638-639per.

Casey S. E. (2015). Evaluations of reproductive health programs in humanitarian settings: a systematic review. Conflict and health, 9(1), S1. https://doi.org/10.1186/1752-1505-9-S1-S1

Casey, S. E., Chynoweth, S. K., Cornier, N., Gallagher, M. C., & Wheeler, E. E. (2015). Progress and gaps in reproductive health services in three humanitarian settings: mixed-methods case studies. Conflict and health, 9(1), 1-13.

Casey, S. E., McNab, S. E., Tanton, C., Odong, J., Testa, A. C., & Lee-Jones, L. (2013). Availability of long-acting and permanent family-planning methods leads to increase in use in conflict-affected northern Uganda: evidence from cross-sectional baseline and endline cluster surveys. Global public health, 8(3), 284-297.

Cepal, N. (2014). Report of the first session of the Regional Conference on Population and Development in Latin America and the Caribbean: full integration of population dynamics into rights-based sustainable development with equality: key to the Cairo programme of action beyond 2014.

Chynoweth, S. K. (2015). Advancing reproductive health on the humanitarian agenda: the 2012-2014 global review. Conflict and Health, 9(1), 1-9.

Culbert, H., Tu, D., O'Brien, D. P., Ellman, T., Mills, C., Ford, N., ... & Médecins Sans Frontières. (2007). HIV treatment in a conflict setting: outcomes and experiences from Bukavu, Democratic Republic of the Congo. PLoS medicine, 4(5), e129.

Curry, D. W., Rattan, J., Nzau, J. J., & Giri, K. (2015). Delivering high-quality family planning services in crisis-affected settings I: program implementation. Global Health: Science and Practice, 3(1), 14-24.

DRC. (2022). Global Displacement Forecast 2022 – July Update

Ellington, S., Strid, P., Tong, V. T., Woodworth, K., Galang, R. R., Zambrano, L. D., ... & Gilboa, S. M. (2020). Characteristics of women of reproductive age with laboratory-confirmed SARS-CoV-2 infection by pregnancy status—United States, January 22–June 7, 2020. Morbidity and Mortality Weekly Report, 69(25), 769.

Finkle, J. L., & McIntosh, C. A. (2002). United Nations population conferences: shaping the policy agenda for the twenty-first century. Studies in family planning, 33(1), 11–23. https://doi.org/10.1111/j.1728-4465.2002.00011.x

Global Protection Cluster Working Group. (2007). Handbook for the protection of internally displaced persons. Global Protection Cluster Working Group.

Hadi, A., Rahman, T., Khuram, D., Ahmed, J., & Alam, A. (2007). Raising institutional delivery in war-torn communities: experience of BRAC in Afghanistan. Asia Pac J Fam Med, 6(1), 51.

Harrison, K. M., Claass, J., Spiegel, P. B., Bamuturaki, J., Patterson, N., Muyonga, M., & Tatwebwa, L. (2009). HIV behavioural surveillance among refugees and surrounding host communities in Uganda, 2006. African journal of AIDS research, 8(1), 29-41.

Howard, N., Kollie, S., Souare, Y., Von Roenne, A., Blankhart, D., Newey, C., ... & Borchert, M. (2008). Reproductive health services for refugees by refugees in Guinea I: family planning. Conflict and health, 2(1), 1-10.

Ivanova, O., Rai, M., & Kemigisha, E. (2018). A systematic review of sexual and reproductive health knowledge, experiences and access to services among refugee, migrant and displaced girls and young women in Africa. International journal of environmental research and public health, 15(8), 1583.

Ivanova, O., Rai, M., & Kemigisha, E. (2018). A systematic review of sexual and reproductive health knowledge, experiences and access to services among refugee, migrant and displaced girls and young women in Africa. International journal of environmental research and public health, 15(8), 1583.

Jain, R., Davison, C. M., Michael, S., Durand, M. A., & Bartels, S. A. (2019). A qualitative analysis of knowledge, attitudes, and perceptions of family planning among Syrian refugees in Lebanon. Current Opinion in Gynecology and Obstetrics, 346-353.

Kellogg, Alfr. (1970). Population Growth and International Law. Cornell International Law Journal 3: 93–100

Khan, M. N., Islam, M. M., Rahman, M. M., & Rahman, M. M. (2021). Access to female contraceptives by Rohingya refugees, Bangladesh. Bulletin of the World Health Organization, 99(3), 201.

Mahadeen, A. I., Khalil, A. O., Mansour, A. M., Sato, T., & Imoto, A. (2012). Knowledge, attitudes and practices towards family planning among women in the rural southern region of Jordan. EMHJ-Eastern Mediterranean Health Journal, 18 (6), 567-572, 2012.

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. BMJ, 339, b2535. https://doi.org/https://doi.org/10.1136/bmj.b2535

Mullany, L. C., Lee, T. J., Yone, L., Lee, C. I., Teela, K. C., Paw, P., ... & Beyrer, C. (2010). Impact of community-based maternal health workers on coverage of essential maternal health interventions among internally displaced communities in eastern Burma: the MOM project. PLoS medicine, 7(8), e1000317.

Munyuzangabo, M., Khalifa, D. S., Gaffey, M. F., Kamali, M., Siddiqui, F. J., Meteke, S., ... & Bhutta, Z. A. (2020). Delivery of sexual and reproductive health interventions in conflict settings: a systematic review. BMJ global health, 5(Suppl 1), e002206.

Nabulsi, D., Abou Saad, M., Ismail, H., Doumit, M. A., El-Jamil, F., Kobeissi, L., & Fouad, F. M. (2021). Minimum initial service package (MISP) for sexual and reproductive health for women in a displacement setting: a narrative review on the Syrian refugee crisis in Lebanon. Reproductive Health, 18(1), 1-13.

Onyango, M. A., Hixson, B. L., & McNally, S. (2013). Minimum Initial Service Package (MISP) for reproductive health during emergencies: time for a new paradigm?. Global public health, 8(3), 342-356.

Raheel, H., Karim, M. S., Saleem, S., & Bharwani, S. (2012). Knowledge, attitudes and practices of contraception among Afghan refugee women in Pakistan: a cross-sectional study. PloS one, 7(11), e48760.

Samari, G. (2017). Syrian refugee women's health in Lebanon, Turkey, and Jordan and recommendations for improved practice. World medical & health policy, 9(2), 255-274.

Singh, N. S., Aryasinghe, S., Smith, J., Khosla, R., Say, L., & Blanchet, K. (2018). A long way to go: a systematic review to assess the utilisation of sexual and reproductive health services during humanitarian crises. BMJ global health, 3(2), e000682.

Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., ... & Ashford, L. S. (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. The Lancet, 391(10140), 2642-2692.

Tanabe, M., Myers, A., Bhandari, P., Cornier, N., Doraiswamy, S., & Krause, S. (2017). Family planning in refugee settings: findings and actions from a multi-country study. Conflict and health, 11(1), 1-12.

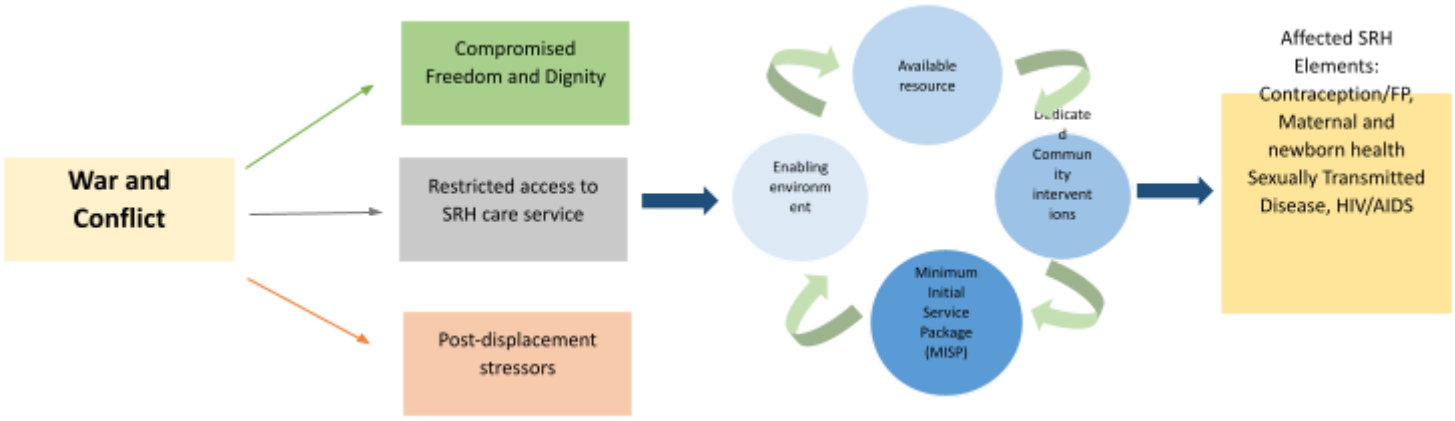
Tanabe, M., Robinson, K., Lee, C. I., Leigh, J. A., Htoo, E. M., Integer, N., & Krause, S. K. (2013). Piloting community-based medical care for survivors of sexual assault in conflict-affected Karen State of eastern Burma. Conflict and health, 7(1), 1-11.

UNHCR. (2015). Emergency Handbook.

Von Roenne, A., Von Roenne, F., Kollie, S., Swaray, Y., Sondorp, E., & Borchert, M. (2010). Reproductive health services for refugees by refugees: an example from Guinea. Disasters, 34(1), 16-29.

World Health Organization. (2021). Sexual and reproductive health and rights: infographic snapshot: Afghanistan 2021 (No. WHO-SRH-21.21). World Health Organization.

Annex. 1 Conceptual Framework



Annex. 2 Table of operational definition

Key terms	Operational definitions
Forced Displacement	Individuals and communities being forcefully or obliged to flee or to leave their homes or places of habitual residence as a result of or in order to avoid the effects of events or situations such as armed conflict, generalized violence, human rights abuses (Global Protection Cluster Working Group, 2007)
Sexual Reproductive Health Right	The right to make choices that affect one's bodies, free from stigma, discrimination and coercion including sexual and reproductive health, and access to its services (Starrs et. al., 2018). These services include, provision of comprehensive, people-centred services, that address the different elements of SRHR, and which are supported by an enabling environment, quality health systems, and meaningful community engagement extending to multiple, synergistic cross-linkages which exist within and between the different SRHR elements, leading to sequential outcome benefits throughout the life course (WHO 2021).
Reproductive Age- Women	Women within the age of 15-49 years (Ellington et. al., 2020)
Forcibly Displaced Persons	People who have fled war, violence, conflict or persecution crossing an international border to find safety in another country. (UNCHR, 2013)
War and Conflict	Armed hostile conflict, situations of generalized violence, violations of human rights involving states/nation. (UNHCR, 2015)

Annex. 3 Overview of document review protocol

Objective	To provide an overview of the available evidences on the impacts of wars and conflicts on Sexual Reproductive Health Rights (SRHR) among forcibly displaced women of reproductive age of 15-49 years
Research Question	What is the available evidences on the impacts of wars and conflicts on Sexual Reproductive Health Rights (SRHR) among forcibly displaced women of reproductive age?
Specific Research Question	1. In what ways does war and conflict impact on SRHR among the forcibly displaced women of reproductive age?
	2. What is the sexual reproductive health status of forcibly displaced women of reproductive age due to war and conflict?
	3. What are the available interventions in place for ensuring SRHR among the forcibly displaced women of reproductive age due to war and conflict?
Research Strategy	
Inclusion Criteria	***Population:*** Studies exclusively dealing with or containing disaggregated data on any of 1 Key Population (KPs) i.e., Forcibly Displaced Women of Reproductive Age will be included. Only women from 15-49 years i.e., the reproductive age will be taken into consideration
	Concept: The studies that discusses on the impact of SRHR on KP affected which includes information on reproductive health such as access to contraceptive, family planning or abortion, risk and burden of STI and the overall SRH care system put in place.
	Context: Studies that involve disruption in having access to SRHR services and rights during and/or post displacement or conflict inflicted situation post year 2000 as it wasn't until early 2000s that the Millennium Development Goals (MDGs) initiated the dialogue on Sexual Reproductive Health Rights which was later solidified with the Sustainable Development Goals (SDGs)
	Academic Literatures which are open access, full-text articles from peer reviewed journals meeting the inclusion criteria will be included **Grey literature**, including reports from international and local organizations, government etc will also be considered
Exclusion Criteria	Studies that discuss population who have displaced internally within national boarder, migrated willingly, seeking asylum or displaced due to natural disasters are excluded from the study. Women below 15 years of age and above 49 years will also be excluded.
	Articles and references written in languages other than English.
	Articles whose abstracts and/or full text versions are not available or cannot be retrieved.
Time Frame	From year 2000 onwards
Data Source	Indexed Articles from PubMed, Scopus, and Google Scholar Additional Records Identified from Other Sources

Annex. 4 Key Terms for PCC

Population (A)	Content (B)	Context (C)
Forcibly Displaced Person	Sexual Reproductive Health Rights	War & Conflict
Refugee	Sexual Reproductive Health	War
Displaced person	Reproductive Health	Conflict
Forcefully Displaced Person	Family Planning	Armed combat
Women of Reproductive Age	Contraceptive	Armed Conflict
Adolescent Girl	Sexually Transmitted Disease	Battle
Girl	HIV AIDS	
Female	Sexual Reproductive Health Interventions	

- *A, B and C were combines with the Boolean Operator 'AND' and the terms/key words under each theme (A. B, C) were combined with the Boolean Operator 'OR'*

Annex. 5 Key Terms Used for Search in Pubmed

PCC Terms		Key Word/Phrase	Searches
Population		Forcibly Displaced Person	("forcibly"[All Fields] OR "forcefully"[All Fields]) AND ("refugees"[MeSH Terms] OR "refugees"[All Fields] OR ("displaced"[All Fields] AND "person"[All Fields]) OR "displaced person"[All Fields])
		Women of Reproductive Age	("womans"[All Fields] OR "women"[MeSH Terms] OR "women"[All Fields] OR "woman"[All Fields] OR "women s"[All Fields] OR "womens"[All Fields]) AND ("reproduction"[MeSH Terms] OR "reproduction"[All Fields] OR "reproductions"[All Fields] OR "reproductive"[All Fields] OR "reproductively"[All Fields] OR "reproductives"[All Fields] OR "reproductivity"[All Fields]) AND "age"[All Fields]
		Adolescent Girl	"adolescent"[MeSH Terms] OR "adolescent"[All Fields] OR ("adolescent"[All Fields] AND "girl"[All Fields]) OR "adolescent girl"[All Fields]
Content		Sexual Reproductive Health Right	("sexual behavior"[MeSH Terms] OR ("sexual"[All Fields] AND "behavior"[All Fields]) OR "sexual behavior"[All Fields] OR "sexual"[All Fields] OR "sexually"[All Fields] OR "sexualities"[All Fields] OR "sexuality"[MeSH Terms] OR "sexuality"[All Fields] OR "sexualization"[All Fields] OR "sexualize"[All Fields] OR "sexualized"[All Fields] OR "sexualizing"[All Fields] OR "sexuals"[All Fields]) AND ("reproductive health"[MeSH Terms] OR ("reproductive"[All Fields] AND "health"[All Fields]) OR "reproductive health"[All Fields]) AND ("right"[All Fields] OR "right s"[All Fields] OR "rightful"[All Fields] OR "rights"[All Fields])
		Family Planning	"family planning services"[MeSH Terms] OR ("family"[All Fields] AND "planning"[All Fields] AND "services"[All Fields]) OR "family planning services"[All Fields] OR

			("family"[All Fields] AND "planning"[All Fields]) OR "family planning"[All Fields]
		Health Intervention	"health"[MeSH Terms] OR "health"[All Fields] OR "health s"[All Fields] OR "healthful"[All Fields] OR "healthfulness"[All Fields] OR "healths"[All Fields]) AND ("intervention s"[All Fields] OR "interventions"[All Fields] OR "interventive"[All Fields] OR "methods"[MeSH Terms] OR "methods"[All Fields] OR "intervention"[All Fields] OR "interventional"[All Fields])
Context		War & Conflict	"armed conflicts"[MeSH Terms] OR ("armed"[All Fields] AND "conflicts"[All Fields]) OR "armed conflicts"[All Fields] OR "war"[All Fields] OR ("Armed Conflicts/economics"[Mesh] OR "Armed Conflicts/epidemiology"[Mesh] OR "Armed Conflicts/organization and administration"[Mesh] OR "Armed Conflicts/statistics and numerical data"[Mesh] OR "Armed Conflicts/trends"[Mesh])

Annex. 6 Title and abstract relevance screening tool

No.	Question	Reason for exclusion
1	Does the article have abstracts?	"No abstract"
2	Does the article describe research in English?	"Foreign language"
3	Is the article published in 2000 or after?	"Wrong publication year"
4	Does the article *mention* women of reproductive age?	"Wrong population"
5	Does the article *mention* any Sexual Reproductive Health Right issue?	"Wrong concept"
6	Does the article *mention* any war or conflict?	"No context defined" if no specific armed conflict mentioned

Reviewer decision:

- If the reviewer answer "yes" to all questions, the article was marked as "included"
- If the reviewer answer is "no" for at least one of the questions, the article was marked as "excluded" and the reason for exclusion(s) was added

Annex. 7 Full-text article relevance screening tool

General Information

Title:	
First author:	Year of publication:
Citation:	

Study Eligibility

Study Characteristics			**Reason for exclusion**
Language	*Is it published in English?* ☐ Yes ☐ No □ **Exclude**		Foreign language
Publication type	☐ Peer-reviewed population-based research articles ☐ Other (specify e.g. book chapter, case report, commentaries) _____	*Does the publication type meet the criteria for inclusion?* ☐ Yes ☐ No □ **Exclude**	Wrong publication type
Study design	☐ Content analysis ☐ Cross-sectional survey research ☐ Review article ☐ Hypothetical study ☐ Other design (specify) _____	*Does the study design meet the criteria for inclusion?* ☐ Yes ☐ No □ **Exclude**	Wrong study design
Country of study	Any countries classified as war inflicted? ☐ Yes ☐ No □ **Exclude**		Wrong context
	Specific location:		
SRHR	☐ SRH services/interventions ☐ SRH Status ☐ SRH Policies	*Does the SRH studied meet the criteria for inclusion?* ☐ Yes ☐ No □ **Exclude**	Wrong concept

Summary of Assessment for Inclusion

Reviewer decision (1) If the reviewer answer "yes" to all questions, the article was marked as "included" (2) If the reviewer answer is "no" for at least one of the questions, the article was marked as "excluded" and reason for exclusion(s) was added
Include in review ☐ **Exclude from review** ☐
Notes:

Annex. 8 Information on Studies included

Study Identifier	Author/Year	Study Population	Study Country/Location	Research Design	Primary Objective	Key Findings
SRHR_01	Nabulsi et. al., 2021	Syrian refugee women	Lebanon	Literature Review	To explore the SRH response for Syrian refugee women and girls in Lebanon, with a focus on MISP implementation.	• Prevention and protection programs through legal services, hotline services, protection and shelter, and medical and psychological health services to all survivors of SGBV covered for free to address the reports of domestic violence among Syrian women since their displacement • Despite free awareness campaigns and voluntary testing and counselling centers most other testing such as CD4, chest x-rays for HIV and other STI detection are high in cost • High cost associated with maternal services regardless partial cost is covered by UNHCR for registered refugees include ANC visits at a reduced price, coverage of 85% of laboratory fees and two free ultra sounds

SRHR_02	Samari 2017	Syrian refugee women	Lebanon, Turkey and Jordan	Literature Review	To understand the magnitude of displacement in the setting and the approach to reproductive health services and its problems	• MISP implementation in Lebanon and Jordan provides a starting point for understanding reproductive health provision. However, each country, Lebanon, Turkey, and Jordan, has policies on distribution of refugee health care and responds to the needs of Syrian women within these constraints• In a rapid needs assessment, only a quarter of women reported visiting a gynecologist in the past 6 months, and reported primary barriers for accessing reproductive health care including the cost, distance, and fear of mistreatment and discrimination in Lebanon• In Turkey the condition as per reports states, 96 percent of pregnant women deliver in a health-care setting, however, some barriers for accessing reproductive health care in Turkey include the ongoing conflict and instability, delayed deployment of comprehensive reproductive health services, escalating sexual and gender-based violence, and lack of programming for urban refugees• Rapid assessments in camps indicate that 23 percent of women were unaware of reproductive health services, 28 percent had experienced unplanned pregnancies and barriers include cost, fear of reporting abuse or violence, child marriage, inadequate STI and HIV coverage, lack of attention to menstrual hygiene, and lack of programming to address the needs of urban refugees.

SRHR_03	Tanabe et. al., 2017	Refugee women of reproductive age	Bangladesh,Djibouti, Jordan, Kenya, Malaysia, Uganda	Mixed-Method study	To examine the barriers and challenges at the community and health facility levels that hindered uptake of contraceptives, and the practical ways that the challenges could be addressed	• 94.1% of women in Amman were aware of any modern method, followed by Kuala Lumpur (89.9%), Cox's Bazar (89.7%), and Nakivale (81.2%). In Ali Addeh and Eastleigh, 35.6% and 16.1% of women reported they were aware of any modern method, respectively• Common challenges included: Distant service delivery points, cost of transport, lack of knowledge about different types of methods, misinformation and misconceptions, religious opposition, language barriers with providers, opposition from husbands, and provider biases
SRHR_04	Culbert et. al., 2007	HIV infected male and female residing in Bukavu, DRC	Bukavu, DRC	Mixed-Method study	To share the lessons learnt from three years' experience of providing HIV care, including antiretroviral therapy (ART), to a conflict-affected population in the Democratic Republic of the Congo (DRC).	• The MSF clinics provided free-of-charge basic primary medical care and in addition October 2003, the programme began providing ART—the first service to do so free of charge in eastern DRC • Out of 11,076 people had received Voluntary Counselling and Testing (VCT) 19% were HIV positive of which 494 (26%) patients had commenced ART and among them the majority (66%) were female with a median age of 37 years
SRHR_05	Casey et. al., 2015	Refugee women and girls	Burkina Faso, DRC and South Sudan	Mixed-Method study	To explore the availability and quality of, and access barriers to RH services in three humanitarian settings in Burkina Faso, Democratic Republic of the Congo (DRC), and South Sudan	• Five health facilities in Burkina Faso, six in DRC, and none in South Sudan met the criteria as a family planning service delivery point. • Focus groups revealed limited knowledge of available RH services and socio-cultural barriers to accessing them, although participants reported a remarkable increase in use of facility-based delivery services. • Adequate STI and HIV services were available at the hospital in DRC and two of three hospitals in Burkina Faso, but nonexistent at the hospital in South Sudan

SRHR_06	Chynoweth, 2015	Displaced Individuals	Global	Policy Review	To review different policies surrouding various SRH components to understand thr progress and gaps	• Research in Burkina Faso, DRC, and South Sudan sheds light on the challenges of providing good quality care in remote settings with limited health providers• Inclusion of all of the components of the MISP and those with partial MISP components among humanitarian setting have increased an average of almost 40% and 2.4%, respectively, per year
SRHR_07	Jain et. al., 2019	Syrian refugee Women and Girls	Lebanon	Qualitative Study	To identify barriers to accessing FP and to explore its acceptability in an effort to inform SRH services and policies for displaced Syrian women and girls.	• Economic hardships for refugees in Lebanon, which is highly relevant since cost is an important barrier to contraceptive use • Husbands' and mother-in laws' attitudes towards fertility influenced their decisions about its use in practice
SRHR_08	Casey et. al., 2013	Women of reproductive age	Uganda	Quantitative Study	To evaluate the effectiveness of the mobile outreach and health centre service provision of FP, and especially LAPM, in conflict-affected northern Uganda	• Comprehensive FP services provided among conflict-affected populations increases its use from 1.2% to 9.8% for long lasting method and 7.1% to 22.6% for any modern FP method as a result of mobile outreach and health care centre awareness program
SRHR_09	Khan et al., 2021	Rohingya Refugee	Bangladesh	Quantitative Study	To determine the prevalence of the use of contraceptives among female Rohingya refugees in Bangladesh and its associated factors.	• 50.91% of the survey participants used contraceptives and those who did not use stated reasons as disapproval by husbands, actively seeking a pregnancy and religious beliefs. • An increased likelihood of using contraceptives was found to be positively associated with women's employment outside their households and the presence of a health-care centre in the camp

SRHR_10	Curry et. al., 2015	Women of reproductive age	Chad, Democratic Republic of the Congo, Djibouti, Mali, and Pakistan	Quantitative Study	To share the lessons learned during the first 2.5 years of implementing the ongoing Supporting Access to Family Planning and Post-Abortion Care in Emergencies (SAFPAC) initiative	• Baseline health facility assessments to identify gaps in basic infrastructure and in the health information system and capacity building in clinical skills and supervision by establishing in-country training centers has been behind the success of the initiative.• SAFPAC and its government partners reached 52,616 new contraceptive users exceeding their target and of those new users, 61% chose and received a long-acting reversible contraceptive (LARC).
SRHR_11	Harrison et. al., 2009	Adult men and women of 15-59 years age of the refugee camp and surrounding host communities	Uganda	Quantitative Study	To examine the extent of sexual violence and to determine prevention activities to improve HIV-related programming.	• To improve our understanding of HIV and AIDS knowledge, behavior and practices among displaced persons and surrounding host populations, the United Nations High Commissioner for Refugees (UNHCR), in conjunction with the Great Lakes Initiative on AIDS (GLIA) and the World Bank, developed a standardized manual for conducting HIV behavioral surveillance surveys (BSS) among displaced populations and their surrounding host communities • 74% female refugees participants reported having transactional sex post-displacement for a favor or in exchange of goods, food, or money under pressure for economic survival
SRHR_12	Mullay et. al., 2010	Women of reproductive age	Burma (Myanmar)	Quantitative Study	To evaluate impact of the MOM project on uptake of family planning, attendance at delivery by those capable of providing emergency obstetric care, and coverage of	• Compared to baseline, women whose most recent pregnancy occurred during the implementation period were substantially more likely to receive antenatal care (71.8% versus 39.3%) • The three-tiered MOM network of providers led to an almost 10-fold increase in the proportion of women attended to at delivery by individuals trained to provide emergency obstetric care.

					essential maternal health interventions	
SRHR_13	Hadi et. al., 2007	Married women	Afghanistan	Quantitative Study	To examine the contribution of the BRAC programme in raising institutional delivery in rural Afghanistan	• Findings reveal that Ante natal care rose from 37.3% to 91.2% and institutional delivery in rural communities has been increasing in post-conflict poor rural communities due to the intervention. The use of services was much higher when antenatal care was provided by midwives and physicians. • Intensive community mobilization, provision of free services and transport facilities at night, incentives to health providers, maintaining privacy in the delivery room and the quality of services were the key factors in raising the number of institutional deliveries.
SRHR_14	Roenne et. al., 2009	Liberians and Sierra Leoneans Women of reproductive age	Guinea	Quantitative Study	To provide an outline of the work, outputs and lessons learnt of the Reproductive Health Group (RHG), an organization of Liberian and Sierra Leonean refugee midwives and laywomen providing RH services to fellow refugees in Guinea's Forest Region between 1996 and 2000.	• 24 per cent of pregnant refugee women delivered at a health facility assisted by RHG midwives, while most of the others presumably had home deliveries under less safe and hygienic conditions. • The RHG facilitators formed the link between community and health facilities. They took advantage of all kinds of contacts and group gatherings to provide information and advice on RH and to distribute condoms and spermicides and encouraged pregnant women to attend ANC, couples to use FP, or those experiencing STI symptoms to seek treatment together with their partner. • 14 RHG drama groups of young refugees, often supervised by RHG facilitators, conducted regular performances spreading RH messages to audiences of several hundred refugees.

SRHR_15	Howard et. al., 2008	Reproductive age Liberians and Sierra Leoneans men and women	Guinea	Quantitative Study	To assess the gender or age differences in reproductive health knowledge, attitudes, and practices, which might warrant different approaches for these target groups	• RHG facilitators were cited as the main family planning information source for respondents who knew about family planning (67%) • RGH refugee self-help model appeared largely effective being from the same community promoting trust in the service