Scoping Study for the IAWG Global Evaluation

EXECUTIVE SUMMARY

The Inter-Agency Working Group (IAWG) on Reproductive Health in Crises commissioned a scoping study to inform the next Global Evaluation (GE), reviewing 2020–2025 SRHiE evidence and stakeholder insights to identify trends, gaps, and opportunities amid shifting geopolitical, funding, and public health landscapes. The scoping study consisted of (1) a desk review of more than 200 literature sources; (2) a survey among 21 IAWG members; and (3) three focus group discussions (12 participants). A thematic analysis of the literature generated eight broad themes and five cross-cutting topical issues emerged from the consultation (survey and focus group discussions).

KEY FINDINGS

1. Access to SRHiE

Access remains the dominant issue in the literature, limited by insecurity, weak health systems, stigma and financial/geographic barriers. Facilitators include supportive laws and community engagement, yet major access gaps persist for highly excluded groups. Scaling telemedicine, self-care and community distribution is needed.

2. SRHiE Services

Most publications focus on maternal and newborn care, with fewer on GBV, family planning, abortion and STIs/HIV. Literature shows that integration, especially SRH/GBV, is effective but underfunded. Persistent gaps include safe abortion care, perinatal mental health and M&E, amid growing political restrictions.

3. Service Providers

The research centres on midwives, overlooking other critical cadres such as CHWs, TBAs and pharmacists. Persistent workforce barriers include shortage of staff, low pay, safety risks and weak MISP preparedness, affecting service continuity and quality in humanitarian settings.

4. Public Health Emergencies (PHEs)

COVID-19 and Ebola dominate the evidence, showing major SRH service disruptions but also driving innovations like telemedicine and task-shifting. A broader all-hazards approach is needed to address climate-related disasters and future unpredictable emergencies.

5. Humanitarian–Development Nexus

Preparedness is well documented while recovery is neglected in the literature. Current humanitarian–development distinctions do not reflect cyclical crises. Evidence is needed on how preparedness improves continuity and quality of SRH services during a humanitarian response.

6. Exposure and Risks

Crises increase SRH morbidity and mortality—including unsafe abortion complications and adverse pregnancy outcomes—but systematic measurement remains limited. Stronger surveillance is essential to understand and prevent crisis-driven SRH harms.

7. Justice and Rights-Based Approaches

The literature increasingly references reproductive justice and human rights frameworks, yet translation into operational practice is limited. Practical guidance and accountability mechanisms are needed to support rights-based SRHiE implementation.

8. Assessing SRHiE Research

Innovative humanitarian research approaches exist, but feasibility, adaptive design challenges and restrictive data governance persist. Concerns around evidence "gatekeeping" and limited access to donor-funded findings hinder sector learning and accountability.

CROSS-CUTTING TOPICAL ISSUES

Localization remains under-documented but is essential for preparedness and access. Local actors sustain services when international access fails but risk being underfunded.

Climate Change is reshaping humanitarian demand; SRH must be integrated into climate-related preparedness and response.

Changing Humanitarian Landscape (funding cuts, donor realignment, politically hostile environments) means SRHiE must prove value, cost-effectiveness, and lifesaving impact while protecting marginalised groups.

Coordination and Role of the IAWG: Stakeholders view IAWG as essential but less active at high-level humanitarian decision-making during a moment of global system restructuring.

Re-imagining the GE: The GE must both reflect progress of the sector in the last 10 years as well as account for the challenges and set-backs arisen since 2025. Evidence must serve multiple functions—policy influence, donor advocacy, resource mobilisation, and sector alignment.

RECOMMENDATIONS

Strengthening the SRHiE Sector

- Document and scale promising service delivery innovations such as self-care, telemedicine, digital SRH information, community-based distribution, and private-sector partnerships.
- Demonstrate feasibility of safe abortion care in emergencies and compile successful models to support scale-up.
- Strengthen monitoring and evaluation systems to improve real-time SRH data availability and quality in emergencies.
- Expand the evidence base beyond midwives to include CHWs, TBAs, pharmacists, and other non-traditional providers.
- Prioritize continuity of services for highly excluded populations (LGBTQI+, persons with disabilities, migrants, sex workers, older adults, adolescents and young people).

SRHiE and Global Humanitarian Commitments

- Adopt an all-hazards, service-continuity preparedness model that integrates PHE, cyclic disasters, and climate-induced crises.
- Strengthen localization as a preparedness strategy through investment and documentation of community-led SRH interventions.
- Provide evidence to support donor advocacy by demonstrating the impact of preparedness and SRHiE interventions on mortality, morbidity, and cost-effectiveness.

Strengthening the Position of SRHiE in a Shifting Global Landscape

- Reassert IAWG's leadership in global coordination spaces, including during the humanitarian architecture "reset".
- Design the GE for strategic influence: generate products that support policy change, grant-making, and high-level advocacy.
- Secure a high-profile ambassador or sponsor to amplify visibility and mobilize multilevel support for SRHiE.
- Use the GE as a platform to synthesize and centralize SRHiE documentation to counter fragmentation and restricted access to evidence.

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