



The role of reproductive health services in Ethiopia's humanitarian response

The challenge

The crisis in Tigray, Ethiopia, which began in 2020, has severely disrupted healthcare services, creating a dire need for humanitarian intervention. Ongoing conflict has made many areas inaccessible, while government facilities face severe shortages in resources, medical supplies and service providers. The community also faces significant challenges related to trauma, with many individuals requiring mental health support. Women and girls have been disproportionately affected, struggling with limited access to comprehensive and reliable reproductive health services. This has led to a rise in unintended pregnancies, unsafe abortions, and a dramatic increase in maternal mortality which has quadrupled in the region [according to recent data](#).

What we did

As a healthcare provider in the region for many years, in early 2024, we adapted our service delivery to better reach displaced populations while supporting the public sector to rebuild and be able to provide such services. Since March 2024, two mobile health teams have been operating exclusively in Tigray, delivering comprehensive family planning services. The teams also provide clinical services for survivors of SGBV and refer complex cases to nearby hospitals. Community engagement is key to raise awareness about sexual and reproductive health services, so MSI's outreach teams collaborate with health extension workers, community gatekeepers, and local leaders prior to visiting. This also includes working with schools, where gender officers and teachers

support adolescents to make informed sexual health decisions. Coordination and information sharing with other partners is also critical, facilitating shared resources like transportation, equipment, and service delivery spaces, while also integrating services such as vaccination and nutrition by aligning educational activities and setting up referral links.

MSI Ethiopia has partnered with 26 public sector sites in the region, providing capacity-building support to providers through training, mentoring, and essential supplies. Advocacy efforts are underway to promote awareness of SRHR, including participation in regional technical working groups and collaboration with the Tigray Regional Health Bureau for events like World Contraception Day.

Key learnings

- Delivering reproductive health services in crisis-affected areas is challenging due to inaccessibility, shortages of essential supplies, a lack of trained healthcare providers, and damaged infrastructure.
- The needs of clients, especially those requiring SGBV and mental health support, demand that service delivery be people-centred, tailored to address the diverse and evolving needs of individuals in these difficult contexts.
- Services must be adaptable and responsive to the changing and complex nature of humanitarian settings.

What we found

From March to October 2024, the MSI Ethiopia teams in the Tigray region have worked under challenging conditions to provide life-saving services. Despite many hurdles, they have achieved the following results:

40,000

Clients served across outreach and public sector sites

800

Women received antenatal care

57,000

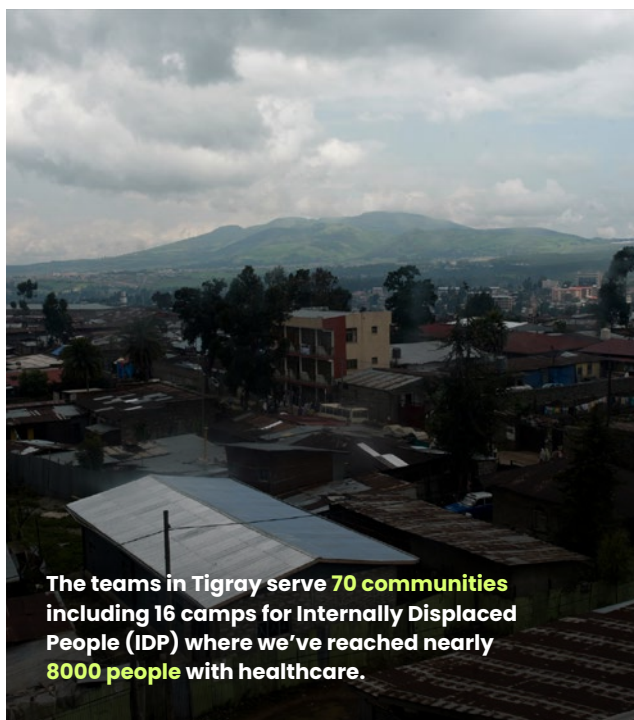
CYPs generated

14%

Under 20 years old

17,000

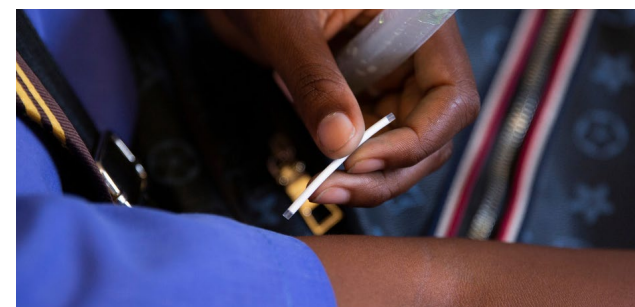
Participants in activities tackling sexual and gender-based violence



The teams in Tigray serve **70 communities** including 16 camps for Internally Displaced People (IDP) where we've reached nearly **8000 people** with healthcare.

What this means

The teams have successfully navigated numerous challenges to deliver critical healthcare in a conflict setting, offering valuable lessons for similar environments. Key barriers include inaccessibility, damaged facilities, shortages of essential commodities, and a limited number of healthcare providers. People in humanitarian settings have high demand for sexual and reproductive healthcare, with mobile teams being the primary means to reach them. While there's significant demand for MSI non-core services such as STI and HIV/AIDS care, antenatal care and cervical cancer screening, service delivery is often constrained to core contraceptive and abortion care due to resource limitations. Additionally, many people have experienced complex trauma, with a higher prevalence of SGBV, meaning ongoing mental health support and referrals are crucial. Collaboration with other partners should be implemented in such settings to maximise the use of limited resources, service providers and facilities, and integrate interventions to ensure that comprehensive care can be delivered to those in need.



“I am so excited having my five-year implant contraception today because I was fearing for unintended pregnancy. I could not afford another baby soon and this is a big relief for me and for my family, too. And I thank you all for the respectful and compassionate service I got today.”

MSI Client in Tigray

More information

For more information on MSI Reproductive Choices and the work that we do, please contact:

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