**[MAIN TITLE]**

# The forgotten priority: sexual and reproductive health in crises

#### IPPF never turns anyone away. In humanitarian settings we improve access to contraceptive services before, during and after conflict and crisis situations.

**[Nepal image]**

**[SECTION 1]**

## Women are 14 times more likely to die in a crisis than men

Sexual and reproductive health issues are the leading cause of women’s ill health and death worldwide. These health issues are compounded during a crisis.  Vulnerability to sexual and reproductive health risks increases while access to services that prevent unnecessary death and disability decreases. For many women and girls access to reproductive health services in a crisis can mean the difference between life and death.

**Infographic:**

100 million people are in need of humanitarian assistance

26 million of them are women and girls

20% of displaced populations are women of reproductive age and one in five are likely to be pregnant

500 women and girls die every day from complications related to pregnancy and childbirth in crises and fragile settings1

60% of preventable maternal deaths take place in crises and fragile settings2

Sexual and gender-based violence increases in crises

## Sexual and reproductive health needs increase in crises

After the earthquake in Haiti the pregnancy rate was three times higher in the camps compared to the average urban rate before the crisis; 66 percent of pregnancies were unwanted or unplanned. (UNFPA)  **[Haiti image]**

Sexual and reproductive health issues do not disappear when a humanitarian crisis occurs; they increase. Mothers continue to die in childbirth from fully preventable and treatable causes; people continue to be sexually active but with less access to contraceptive methods; newborns are at risk of life-threatening diseases but are unlikely to be immunized; sexual and gender-based violence increases, as does the transmission of STIs and HIV. Access to sexual and reproductive health services can mean the difference between life and death.

**[Display below bullet list as pictograms]**

Neglecting reproductive health needs in humanitarian crises has dire consequences:

* Preventable maternal and new born deaths
* Unplanned pregnancies
* Unsafe abortions
* Spread of HIV and STI
* Increased sexual and gender-based violence
* Gynecological and obstetric complications including infertility and cancers

## Pregnancy and childbirth don’t wait for a crisis to end

One in five women of childbearing age are likely to be pregnant in a humanitarian crisis. With limited access to clean and safe health care approximately one in five of all deliveries incur complications. Many women and adolescent girls face an increased risk of unintended or unwanted pregnancies due to a lack of access to contraception or as a result of sexual violence and rape. Unsafe abortions often lead to complications.

**[Story]**

## Delivering 10,000 babies a month during the Nepal earthquake [New title to replace this – bit random]

For women like Parvati, providing for her newborn baby during the devastation of the earthquake was her first priority. Lucky to survive, Parvati and her husband lost their house and everything they owned when the earthquake struck on April 25. They lived under a tarpaulin tent in the rubble borrowing blankets and clothes to stay warm. Parvati’s baby was just 26 days old.

Within days the Family Planning Association of Nepal (FPAN) had mobilized medical camps into difficult to reach areas to support thousands of women like Parvati. Parvati was able to access post-natal checks and receive a dignity kit with sanitary and baby items. “I am very happy that at the camp people have actually thought about a woman’s needs, especially a new mothers needs”, said Parvati. [Image of Parvati]

## Gender inequality creates new issues in a crisis

7 out of 10 women are exposed to gender-based violence in crises situations right now.

Sexual and gender-based violence arising from gender inequality worsens in humanitarian settings. After the 2011 cyclones in Vanuatu a counseling center recorded a 300% increase in gender-based violence referrals. Too often women and adolescent girls are left to fend for themselves or care for their families alone. Sex may be traded for survival - food, water and shelter.

**[Quote]**

*“Most of the women whom we treat for STIs and HIV have gone through a traumatic personal experience. Most of the women and girls who settled in Nakivale camp fled their homes after being gang-raped, often more than once, or after their husbands and families had been killed during the civil unrest. Some of the women have contracted HIV. We counsel these women and girls, but most of them take a long time to heal."*

*Dr Joy is a senior health worker with Reproductive Health Uganda and has worked in refugee settlements for over 10 years.*

***[Uganda image]***

## Women and girls often can’t access life-saving services

Up to 70% of all health facilities sustained damaged or were destroyed when Cyclone Pam devastated the islands of Vanuatu in 2015. Access to life-saving maternal and neonatal services in the immediate aftermath of the disaster was not an option for many women. **[Vanuatu image]**

In the rush to provide immediate humanitarian assistance, sexual and reproductive health needs are often overlooked. A woman in need of care and protection may travel for days; if she manages to reach a shelter or camp there may be no doctor or sterile equipment.

## Where do sexual and reproductive health and rights stand on the global agenda?

Sexual and reproductive health rights feature in a number of international declarations and agreements related to humanitarian crises. Despite significant achievements, political pressures that oppose prioritizing sexual and reproductive health and rights are strong, and the landscape of issues that must also be considered for inclusion in humanitarian responses is crowded. Too often, sexual and reproductive health and rights in emergencies are overlooked and critically under funded. Ensuring that sexual and reproductive health and rights are at the heart of the world’s response to humanitarian crises is an urgent priority. **[SDGs pictograms: health, education, gender equality]**

**[SECTION 2]**

# Prioritizing sexual and reproductive health in emergencies

When a crisis strikes we are often the first to respond with critical sexual and reproductive health services. For many, this can be the difference between life and death.

We have the largest reach and capacity to deliver sexual and reproductive health and rights globally. We work across 170 countries to empower the most vulnerable women, men and young people to access life-saving services and programmes. Supported by millions of volunteers and more than 30,000 staff, we provide sexual and reproductive health information, education and services through 65,000 different service points. We deliver services in hard-to-reach areas where there are few, if any, other providers.

**[IPPF map – response, presence, policy changes – updated for the booth panels]**

## Our programme model

Access to family planning servicrs can reduce maternal deaths by a third.We provide a comprehensive range of life-saving services including family planning, safe abortion, sex education, maternal and child health, gender-based violence and STI and HIV treatment, prevention and care. Wherever possible, we go beyond this basic package to offer a more comprehensive range of life-changing services ensuring that we build back better.

**[Infographic - data from APR: number of services and delivery points]**

## Locally owned, globally connected

**[Quote]**

*"Our partners were on the ground within hours of the Nepal Earthquake setting up mobile clinics for sexual and reproductive health services."* **[Nepal image]**

We build local capacity to deliver the most effective sexual and reproductive health interventions in emergencies across 170 countries. We are uniquely placed to scale up and respond to crises as they occur. Our Member Associations understand the cultural and political context in which they work.

Our focus on local solutions means our responses are sustainable - we are on the ground before, during and after a crisis. IPPF Member Associations help prepare governments and civil society for the sexual and reproductive health issues ahead of a crisis. We plan for a return to regular services from day one of a crisis by creating referrals and linkages with existing networks and longer-term services.

**[MA logo wheel]**

## Advocating for sexual and reproductive health rights in humanitarian settings

## Need help with this advocacy section – bit wobbly and vague!

**[Quote]**

*Our team played an important role to secure the inclusion of sexual and reproductive health rights in the Post 2015 Framework for Disaster Risk Reduction (Sendai, Japan)*

Our global reach, advocacy and extensive work in partnership with UNFPA, UNHCR, the World Health Organization, the Red Cross and the Women’s Refugee Commission, puts us in a strong position to engage and influence policy makers to ensure that sexual and reproductive health and rights are integrated into emergency response at national, regional and international levels.

IPPF is a steering committee member of the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) and pioneered the creation and rollout of the Minimum Initial Service Package for Reproductive Health in Crisis Situations (MISP) – a set of life-saving activities to be implemented at the onset of every humanitarian crisis.

**[MISP graphic – scaled-down version of the 5 points]**

## Investing in innovation to tackle barriers to sexual and reproductive health

**[Quote]**

*"We work with religious leaders in Bangladesh, Myanmar and Palestine to talk about family planning and sexual and reproductive health so they can become advocates and supporters of sexual and reproductive rights in crises."*

Our approach works because we are continually adapting and trying new and different approaches. We work closely with religious leaders and the military to improve access to life-saving services. We fight stigma, reduce sexual violence and increase community support for contraceptive methods by engaging non-health partners in our programmes.

**[Case studies]**

## Pakistan: working with the military to reach previously unreachable populations

Pakistan is a disaster-prone country with the world’s largest population of people affected by conflict and natural disasters. The Government of Pakistan typically deploys the Ministry of Defense in a crisis to rapidly respond to the urgent and life threatening needs of the people. The army is the first and sometimes the only agency deployed in sensitive areas during crises. IPPF-Pakistan (RPAP) trains the Ministry of Defense armed forces and military officials on life-saving sexual and reproductive health service delivery, distribution of reproductive health kits and referral/linkages to nearby health units. Soldiers at the borders distribute kits and offer referrals, giving people access to much needed services.

## Working with religious leaders to combat prejudice

In some contexts women are prevented from accessing contraceptive methods due to religious beliefs. To change this perception, we engage with religious leaders in a number of contexts and after years of advocacy, we are noticing a significant change in their preaching and teachings. Contrary to the general opinion that religious leaders are uncomfortable in tackling sexual and reproductive health issues we discovered that if advocated properly, they can become strong supporters.

**[SECTION 3]**

# On the ground: successes around the world

We have provided life-saving sexual and reproductive health services during conflict and natural disasters for more than 2 million women, men, boys and girls globally.

Currently our Member Associations are providing sexual and reproductive health services in conflict or disaster affected countries across all regions of the world. Our success in humanitarian situations is evidenced in the changes to the lives of women and girls living in crises.

**[Quote]**

*"When Tropical Cyclone Winston struck Fiji in 2016 IPPF was well positioned to respond. We had trained teams of nurses, medical staff and hundreds of volunteers and youth peer educators that were mobilized with SRH supplies."*

## Developing capacity

We strengthen national capacity to respond to the sexual and reproductive health needs of disaster-affected populations. In keeping with the Paris Declaration’s emphasis on country ownership, we build on the capacity of national partners to mainstream sexual and reproductive health and rights into national preparedness plans. We also train national staff in the delivery of comprehensive sexual and reproductive health services in emergencies.

**[Below as a list]**

The following countries engaged in training and/or integrated the MISP into their national disaster management plans, policies, regulations and/or Standard Operating Procedures in 2015:

Afghanistan, Bangladesh, Central African Republic, Côte d’Ivoire, Democratic Republic of Congo, Ethiopia, Fiji, Indonesia, Kenya, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Solomon Islands, Sri Lanka, Uganda, Vanuatu.

## SPRINT

**[SPRINT logo and AUSAID?]**

IPPF is at the forefront of delivering life-saving services. Established in 2007 and supported by the Australian Government, the SPRINT Initiate ensures access to essential lifesaving sexual and reproductive services for women, men and children in times of crises.

The SPRINT Initiative provides the only sexual and reproductive health and rights model in the humanitarian sector connecting the inter-related elements of humanitarian action: prevention and preparedness, response, recovery and resilience. **[Circle diagram of action]**

Bridging the gap between development and humanitarian work and is at the core of the SPRINT initiative:

* Supporting the establishment of plans and policies for MISP implementation before crises hit
* Preparing national partners by developing capacity in regions at risk of disaster and training key stakeholders in sexual and reproductive health in emergencies
* Providing technical assistance, funding and surge capacity to help countries ensure MISP implementation and respond to life-saving sexual and reproductive health needs in emergency.
* Supporting the transition to more comprehensive sexual and reproductive health services to recover post-crisis

By supporting national partners and through Inter-agency coordination in the implementation of the MISP, SPRINT is making strides in decreasing the global gap in SRH in crises.

**[SPRINT Fast Facts]**

**[Infographic/ pictograms]**

* Responded to 62 emergencies
* Supported 95 countries
* Reached 800,000 clients
* 77 percent of our clients are women and girls
* 1700+ trainers in 19 countries
* Sexual and reproductive health integrated into 30+ policies

**[Case study]**

## Sri Lanka: capacity development in complex emergency settings

The Family Planning Association of Sri Lanka (FPASL) responded quickly when severe flooding began on Sri Lanka’s east coast in 2011. Having already been trained on the Minimum Initial Services Package (MISP), FPASL worked with other national organizations, and were able to strengthen on-the-ground access to sexual and reproductive health services and information. FPASL worked with UNFPA and the Ministry of Health to reach out to marginalized communities affected by both the conflict and flooding. More than 1,500 mobile clinics and 100 static clinics were established benefitting tens of thousands of people.

 “FPASL managed to avert the majority of preventable maternal and neonatal deaths due to our commitment to implementing the MISP with the support of government and other non-profit agencies,” said FPASL Medical Director, Dr. Sumithra Tissera.

## Being where it counts

Having established partnerships in 170 countries means we are often the first to respond when a crisis occurs. Our surge capacity to scale up during a disaster and continue life-saving services is substantial.

**[Quotes – plot on a map?]**

**LATIN AMERICA AND THE CARIBBEAN**

“Women often lack the choice and the voice to refuse sex, much less negotiate condom use. We offer practical solutions that help women cope with the realities of their daily lives.”

Dr. Pío Iván Gómez, Senior Medical Advisor

In Latin America and the Caribbean, IPPF has provided tens of thousands of women and young people with essential reproductive services, counselling and medical advice since the Zika outbreak including support on gender-based violence.

**LIBERIA**

“I went to all the hospitals and was refused. Then I heard about Planned Parenthood and they helped me and my baby.”

Jennah Zoe and her daughter, who fell sick during the Ebola outbreak.

IPPF, through the Planned Parenthood Association of Liberia, kept all its facilities open during the outbreak providing essential maternal and child health, including safe delivery of babies. While being an integral part of the government’s Ebola response, they provided over 100,000 lifesaving women and young people, including those with disabilities, sexual and reproductive health information and services. [Data graphic on services and clients]

**SYRIA**

"When a woman comes to our services she is lost, without hope. Last year we helped 900,000 women and children find hope."

Syrian Family Planning Association Executive Director Dr. Lama

In Syria, IPPF provides a wide range of primary, reproductive and sexual health care alongside psychosocial support. The Syrian Family Planning Association (SFPA) is on the front line when it comes to dealing with the less reported consequence of every war: sexual and reproductive health and rights. Since the beginning of the ongoing war in Syria SFPA has scaled up its services to meet an ever increasing need. In 2015, SFPA provided 2,372,531 reproductive health services, more than double the services provided in 2014. Paediatric services increased by 126% and gender-based violence and Clinical Management of Rape (CMR) services increased by 72%.

[Asset Bank image ID824]

**FIJI**

“I have never experienced such a strong cyclone in my 77 years of life.”

Jokaveti Bavou, Ra, Fiji. Her village was devastated by category 5 Cyclone Winston.

IPPF worked with the support of the government to reach thousands of women with life-saving reproductive health services. Within one month of the cyclone’s landfall 37 medical camps reached 868 clients, including 122 pregnant women and 272 breastfeeding women. 868 dignity kits were provided to women and adolescent girls. Condoms and contraceptives were provided to 556 clients.

[Asset Bank image ID44538]

**NEPAL**

“I’m very happy that at the camp people thought about a woman’s needs, especially a new mother’s needs. I’m really grateful that for once, my requirements have been considered.”

Parvarti and her newborn baby received an IPPF dignity kit following the 7.8 magnitude earthquake.

Within a month, we had organized over 21 clinics and 4,400 people reached with critical reproductive health services. Sixteen women requiring obstetric care were referred to different referral sites. In the months following the disaster, 360 clinics were mobilized reaching 19,207 affected people. Three Female Friendly Spaces and four Maternity Transit Homes were also established.

## Dignity Kits

Being on the ground enables us to understand the culture and the specific needs in a crisis context. As a result, we are able to appropriately adapt the services we provide.

For example, the content of our dignity kits vary. They are culturally appropriate and sensitive to the needs of the women and adolescent girls affected by the crisis. Items such as a torch and whislte help reduce a woman's vulnerability when accessing the latrines and supplies.

More than 868 dignity kits were distributed to women and adolescent girls in the 2015 Fiji response.

**[Infographic of dignity kit]**

**Advocating for change**

[Quote]

*"In 2014, working with our local Ugandan Member Association – Reproductive Health Uganda, we saw the culmination of two years of advocacy efforts as the government signed a bill that will increase support for family planning and reproductive health issues in Uganda."*

We are setting, initiating and leading industry benchmarks and standards on sexual and reproductive health in crises.

Our unique network of globally connected Member Associations means that the realities and challenges of our clients can be reflected in and influence national, regional and global agendas. Our efforts have contributed towards a policy and funding environment that is increasingly supportive of sexual and reproductive health and rights.

## Building back better after a crisis

**[Quote]**

Modern contraceptive prevalence increased from 4% to 45% in ten years following prioritization of building back better in Rwanda in 2000.

Sometimes disasters have positive outcomes. After the earthquake in Nepal we were able to reach out to many women who previously had little understanding or access to sexual and reproductive health services. Similarly, during the Fiji response, our medical teams provided immediate life-saving services, such as emergency obstetric care, as well as access to contraceptive services and information. With well-established partners on the ground we work to ensure these services continue well after the crisis has ended.

**[Stories]**

## Vanuatu: Cyclone Pam gave opportunities for women to access contraception

Tanna was one of the worst-affected islands when Cyclone Pam struck Vanuatu in March 2015 and also one of the most vulnerable. Before Cyclone Pam most women living in remote communitites had not heard of contraceptive methods instead relying on traditional methods.

During our response to Cyclone Pam, Julia, a young woman in her early 20’s and a mother of four was worried she would get pregnant again but the Cyclone gave her the opportunity get advice from the VFHA nurses. Now, she said, she can focus on taking care of her four young children without the fear of an unexpected pregnancy.

 “When I first came here to implement the MISP (Minimum Initial Service Package) we used the kitchen to operate from. On my second trip, we created a clinic in our youth centre and used the nearby health post for clinical procedures like inserting a contraceptive implant. Soon we saw more clients pouring in, thereby creating a huge demand for this space." Julie is a health nurse and program manager, Vanuatu Health Association (VFHA).

Because VFHA is there before, during and after the crisis, they are able to continue providing services long after normality returns.

**[SECTION 4]**

# Moving forward: ensuring SRHR is central to humanitarian action

We are committed to providing 1.5 billion services by 2022, including in preparing for and responding to humanitarian emergencies.

In order to achieve maximum results and improve the health outcomes of crisis-affected populations we call upon the international community to consider, and act, on the following recommendations:

**Prioritize**

* Prioritize sexual and reproductive health rights within disaster preparedness and planning process
* Save lives by allocating funding and technical resources to develop a comprehensive package on reproductive health for integration into humanitarian health responses
* Invest more capacity development for localized action – including peer-to-peer surge capacity
* Close the funding gap by increasing finance for integrated and sustainable responses.

**Strengthen inclusion and quality**

* Strengthen inclusive access to services – focus attention on the needs of adolescent girls and other marginalized groups including people with disabilities, older persons, sex workers, and people with sexual and gender diversity
* Engage adolescent girls and boys in the planning, design and delivery of sexual and reproductive health services in crisis-affected environments.

**Build evidence**

* Commission more and better evaluations and publish evidence about what works in sexual and reproductive health in emergencies
* Invest in research on emerging issues, such as the impact of crises on the sexual and reproductive health of men and boys