

HUMANITARIAN STRATEGY 2018-2022



Strengthening IPPF's
SRH service delivery in
humanitarian settings and
championing rights





IPPF HUMANITARIAN: DIGNITY, PROTECTION AND CARE

FOREWORD

MAY 2018



Dr. Alvaro Bermejo,
Director General of IPPF

IPPF's Strategy Framework commits the organisation to increase sexual and reproductive health (SRH) services and champion the rights of the marginalised and underserved during crises. The strength of our approach will rely on improving access before, during and after crisis. This strategy explains how this will be done, what needs to happen at all levels of the Federation, and how we will work with our humanitarian partners.

Women's need for reproductive health care is not suspended in a crises. During my Red Cross days, I saw first-hand how when crisis force people to flee their communities, women and girls become more vulnerable to health risks such as HIV/AIDS, pregnancy complications and sexual violence. In 2013, IPPF reached 1.2 m people in crises with services. By 2016, that number rose to 3.1m, but this represented only 5% of those we reached that year. We know that unmet need for family planning and maternal mortality is concentrated in fragile countries. We know we need to do more to reach services out to those who need them in crises.

To realise IPPF's strategy, we will need to apply a humanitarian lens to every process we undertake. We will need to ask ourselves when providing SRH services how we can adapt them to reach affected populations during crises. When planning our clinic structures and service delivery points, we will need to consider preparedness for future emergencies. When thinking about Human Resources, finance, data management and safety systems, we will need to consider how these will work during crises.

Safeguarding sexual and reproductive health rights (SRHR) and providing quality SRH services during crises saves lives and prevents needless suffering. It is time for IPPF to commit wholeheartedly to humanitarian integration and to embrace our potential to become the leading civil society provider of SRH services in crises globally.

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OVERVIEW

IPPF's Strategic Framework (SF) 2016-2022 commits the organisation to lead a locally-owned globally connected movement that provides and enables services, and champions sexual and reproductive health and rights (SRHR) for all. Increasing numbers of people face crises or live in chronically insecure settings. In recent years we have scaled up the number of sexual and reproductive health (SRH) services and information provided to people in emergencies from 1.3m in 2013 to 3.2m in 2016, but we can do much more. The SF commits us to doubling the number of people we reach.

The SF inspires our staff and volunteers at national, regional and global level to take up the challenge of pushing our services out before, during and after crises, adapting them to meet life-saving needs and reach populations on the move. Our locally owned Member Associations (MAs) are uniquely placed to provide a comprehensive range of services in crises, reach the most vulnerable, and work with Governments and other partners to enable services. This potential cannot be achieved without sustained preparedness planning, strengthening our systems for rapid release of funds, deployment of staff, and monitoring the outcomes of our work. We will also need to strengthen our partnerships with Governments, Civil Society Organisations, Non-Governmental Organisations and International Non-Governmental Organisations. Further, we need to improve our ability to tell our story during crises and increase our ability to mobilise funding.

This Strategy focuses on enabling IPPF MAs and the Secretariat to prioritise and plan humanitarian programs. It will serve MA staff, volunteers and board members and staff at the Regional and Central Offices with responsibility for developing and/or allocating human and financial resources for programs. The strategy is based on international agreements that govern humanitarian action. The Strategy was developed through wide consultation with a range of MAs and staff across IPPF Offices.

The goal of this strategy is to improve access to life-saving SRHR for crisis-affected people in all their diversity. As the situation normalises after a crisis, we aim to leave behind stronger MAs sustaining quality services to diverse populations. IPPF's model for SRHR in crisis connects the key elements of humanitarian action (prevention and preparedness, response, recovery and resilience) with long-term, equitable development. By linking our development work to our humanitarian work, we maintain and protect development gains and build resilience.

The world is facing stronger and longer natural disasters, protracted complex emergencies, conflicts and epidemics, driving people to seek support for their survival. In 2016, 65.6 million individuals were considered internally displaced and international migrants, with the average time spent in displacement up to 20 years. Humanitarian crises expose weakness in health systems, with particularly serious consequences for women, children, adolescents and young people.

During conflict or a natural disaster, family and social structures are often disrupted, protective services are not available and educational and social services discontinued. Girls are especially vulnerable to sexual assault, child marriage and exploitation. Such risks increase their vulnerability to sexually transmitted infections (STIs), including HIV, unplanned pregnancies and unsafe abortion. Boys also cope with specific vulnerabilities, often related to their gender and are frequently victims of sexual violence. The **Minimum Initial Service Package (MISP)** for Reproductive Health in Crises guides life-saving health services to affected communities from the onset of crises. IPPF is a steering group member of the Inter Agency Working Group on Sexual and Reproductive Health in crisis (IAWG) which pioneered the creation and roll out of the development of the MISP. IPPF implements the MISP in acute emergencies, in coordination with government, UN and other service providers to ensure priority life-saving services are available to all. In protracted crisis and refugee settings a locally tailored approach is chosen to ensure that life-saving SRH service needs are met and where possible the overall health system strengthened.

1 Information based on review of annual service statistics (IPPF Annual Reports 2016).

2 These international frameworks include Agenda for Humanity, Sendai Framework of Action for Disaster Risk Reduction and the Core Humanitarian standard. The strategy is also informed by commitments made by IPPF during the World Humanitarian Summit and the Call to Action on Gender Based Violence and the Montevideo Consensus on Population and Development.

3 Central Office, all Regional Offices, MAs in all regions and volunteers have been included in the consultation process on the Humanitarian Strategy.

4 UNHCR (2015). Global trends: Forced displacement in 2016.

IPPF HUMANITARIAN

An abridged history

Working in humanitarian situations is not new to IPPF MAs. The Sexual and Reproductive Health Program in crisis and post-crisis situations (SPRINT) project was initially designed to address the gaps in the implementation of MISP and to increase access to SRHR information and services in humanitarian settings.

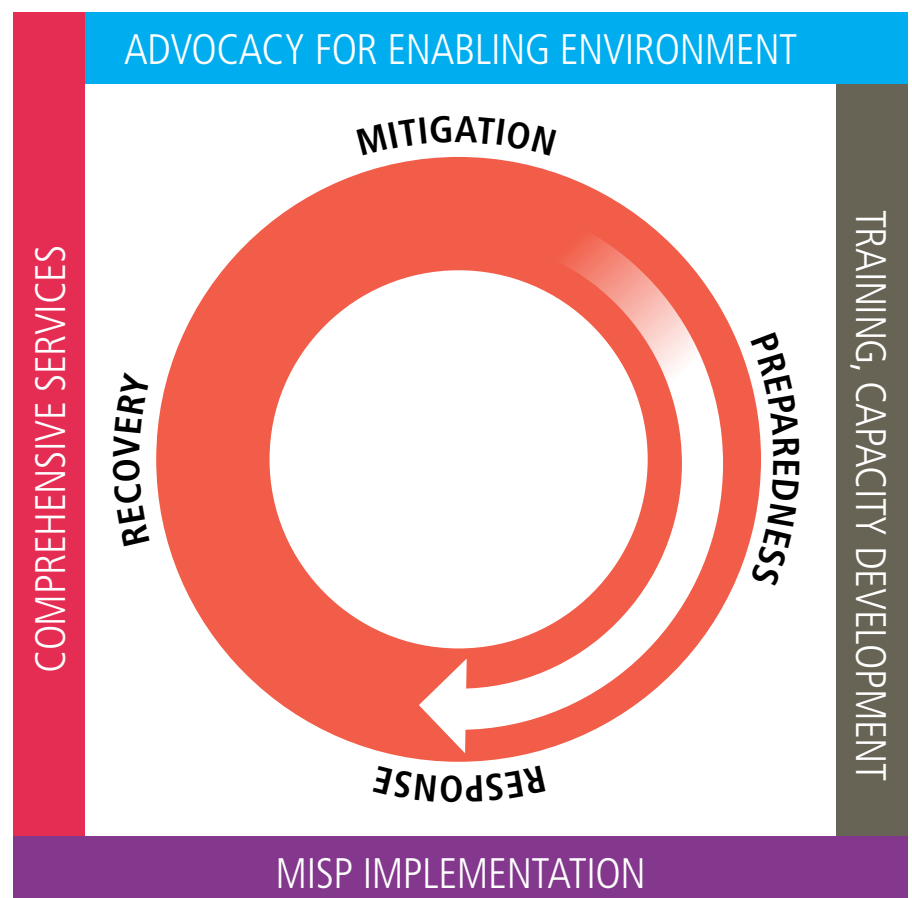
As shown in Figure 1, SPRINT phase 1 (2007-11) took a three-pronged approach which included: training on MISP for MAs; advocacy to integrate the MISP in national disaster management (DM) policy. IPPF varies its response actions and interventions approach, depending on whether the crisis is a natural disaster or conflict. IPPF also distinguishes between protracted and sudden onset humanitarian situations.

National humanitarian response has been undertaken at the MA level beyond SPRINT in many countries including Syria, Tunisia, Palestine, Sudan, Cote d'Ivoire, Uganda, Liberia, Nepal, Pakistan, Vanuatu, Fiji, Bolivia and Haiti. Many IPPF MAs have played a vital role in advocating for the inclusion of SRHR in disaster response. However, until now IPPF has not engaged in the humanitarian sphere in a concerted, consistent and coherent manner.

2016 was a watershed year for the organisation. Externally, IPPF strongly promoted the SRHR in emergency agenda at the World Humanitarian Summit. Internally, the global senior management team committed to an activation system for local, regional and global responses. In 2017, a Humanitarian Team and two Humanitarian Hubs (Bangkok and Fiji), were established with funding support via the SPRINT III program and core funds.

FIGURE 1

SPRINT Program & linkage to the Disaster Management cycle



5 Family Planning Evidence Brief – Improving family planning service delivery in humanitarian crises: WHO/RHR/17.13.

6 The MISP is a priority set of life-saving activities to be implemented at the onset of every humanitarian crisis. It forms the starting point for SRHR programming and should be sustained and built upon with comprehensive SRHR services throughout protracted crises and recovery.



HUMANITARIAN ACTION IN IPPF'S STRATEGIC FRAMEWORK (SF)

The SF commits IPPF to significantly expanding its services to people affected by crisis. IPPF will strengthen SRH services by improving access before, during and after conflict and crisis situations. For IPPF, it is not possible to meet the vision outlined in the SF without engaging in humanitarian response work; ensuring the vision of a world in which "all people are free to make choices about their sexuality and well-being, in a world without discrimination" includes those living through complex emergencies.

Humanitarian was identified in March 2018 as one of the six solution areas in the 100-day Action Plan of the incoming Director General and will receive additional investment to significantly lift IPPF's ability to reach the most marginalised people in crises with life-saving SRH services. The Humanitarian Strategy is particularly targeting women and young people. IPPF will engage women and young people by empowering them as agents of change and involving them in the design, delivery and evaluation of humanitarian programs and interventions. Figure 2 outlines targets against 8 priorities under the four outcome areas of the SF.

⁷ Australian Department of Foreign Affairs and Trade (DFAT) has generously provided AUD 9.5m (about USD 7m) funding from Jan 2017-Dec 2019 for SPRINT III. In 2018, USD 114,200 of core funding has been allocated to promote humanitarian integration in the organisation.

⁸ "Locally Owned, Globally Connected: A Movement for Change IPPF Strategic Framework 2016-2020".

FIGURE 2

HUMANITARIAN STRATEGY: 2016 - 2022



<p>PRIORITY ONE Secure improved integration of SRHR in disaster management plan & policy and disaster risk reduction in SRHR policies at national, regional & global levels</p>	<p>PRIORITY THREE Empower crisis-affected people in all their diversity by providing information and access to SRHR services</p>	<p>PRIORITY FIVE Deliver 30 million SRHR services in humanitarian settings</p>	<p>PRIORITY SEVEN Enhance preparedness planning, especially in high risk countries with a ready-to-deploy surge capacity in 72 hours, wherever needed</p>
<p>PRIORITY TWO Engage opinion formers to promote importance of SRHR in crisis at national, regional and global level</p>	<p>PRIORITY FOUR Engage youth as agents of change in SRHR in humanitarian settings</p>	<p>PRIORITY SIX Enable governments and aid agencies to provide SRHR services in humanitarian settings</p>	<p>PRIORITY EIGHT Enhance system and capacity to keep staff safe, mobilise funding & improve our ability to report outcome & impact in humanitarian settings</p>

PRIORITY ACTIONS AND MILESTONES

KEY ACTIONS AND MILESTONES AGAINST EACH OF THE 8 STRATEGIC FRAMEWORK PRIORITIES ARE GIVEN BELOW.

HUMANITARIAN TEAM PURPOSE: A TEAM OF HUMANITARIAN EXPERTS WITH HIGH TECHNICAL AND LEADERSHIP CAPACITY TO EXPLAIN HOW TO INTEGRATE HUMANITARIAN IN IPPF AND DELIVER RESULTS FOR CRISIS AFFECTED PEOPLE.

	PRIORITY 1	KEY ACTIONS	MILESTONES	
OUTCOME 1	Secure improved integration of SRHR in disaster management plan & policy and disaster risk reduction in SRHR policies at national, regional & global level	<ul style="list-style-type: none"> ✓ Advocate for inclusion of SRHR in disaster management plan/ policy and DRR in SRHR policies at national, regional & global level ✓ Active participation in country coordination mechanisms for disaster management (DM) & SRHiE, and regional & global mechanisms like IASC, IAWG, ICVA ✓ Partnering with key stakeholders for advocacy on SRHiE 	2019 13 new countries/ MAs prioritized for integrating SRHR in DM policies and documents 5 successful policy initiatives and/or legislative changes in support of SRHR in crisis (legally binding) at regional/ global level Strategic partnerships developed with 13 agencies for joint advocacy on SRHiE and DM planning at National/ Regional level	2022 21 new countries/ MAs prioritized for integrating SRHR in DM policies and documents 10 successful policy initiatives and/or legislative changes in support of SRHR in crisis (legally binding) at regional/ global level Strategic partnerships developed with 20 agencies for joint advocacy on SRHiE and DM planning at National/ Regional level
	Engage opinion formers, e.g. youth, media, activist groups, politicians, to promote importance of SRHR in crisis at national, regional and global level	<ul style="list-style-type: none"> ✓ Participate in various advocacy forum and conference to promote SRHiE ✓ Engage and work closely with youth and other champions to promote SRHiE 	2019 Humanitarian communications strategy implemented by 2018 2 Good practice & change reports	2022 Targets for public engagement in humanitarian communication strategy are met 7 Good practice & change reports
OUTCOME 2	Empower crisis-affected people in all their diversity by providing information to access SRHR services	<ul style="list-style-type: none"> ✓ Provide information on life saving services like contraception, HIV/STI, maternal & child health, abortion and gender based violence during crisis, in line with Minimum Initial Service Package (MISP) for Reproductive Health ✓ Incorporating SRHiE elements into programs planning and implementation 	2019 5.2 million reached with positive SRHR messages in humanitarian setting	2022 7 million reached with positive SRHR messages in humanitarian setting
	Engage youth as agents of change in SRHR in humanitarian settings	<ul style="list-style-type: none"> ✓ Engaging youth and volunteer networks in training, simulations and early warning activities ✓ Integrating youth-centered approach in humanitarian settings 	2019 Integrated capacity building of youth: 28% of youth oriented/ trained on SRHiE topics 25% of trained youth engaged in response	2022 Integrated capacity building of youth: 42% of youth oriented/ trained on SRHiE topics 45% of trained youth engaged in response

	KEY ACTIONS	MILESTONES
OUTCOME 3 PRIORITY 5 Deliver 30 million SRHR services in humanitarian settings	<ul style="list-style-type: none"> ✓ Provide lifesaving services like maternal & child health, HIV/STI, contraception, abortion & gender based violence during crisis, in line with MISP for Reproductive Health ✓ Delivering MISP training internally ✓ Strengthening MA capacity on GBV services during crisis by providing training on Clinical Management of Rape (CMR), SGBV & development of referral pathways ✓ Allocate funding for service delivery to groups such as refugees and displaced populations 	2019 4 million people reached with SRHR services through MAs and / partners 80% of those affected population reached are poor and vulnerable
	PRIORITY 6 Enable governments and aid agencies to provide SRHR services in humanitarian settings	<ul style="list-style-type: none"> ✓ Delivering MISP training externally ✓ Develop operational partnerships to increase reach for provision of life saving services in line with MISP ✓ Promoting integration of MISP in academic DM & health curricula ✓ Contribute to joint needs assessments after emergencies, ensuring SRH is integrated
OUTCOME 4 PRIORITY 7 Enhance preparedness planning, especially in high risk countries with a ready-to-deploy surge capacity in 72 hours, wherever needed	<ul style="list-style-type: none"> ✓ Systems to switch quickly from regular services to life-saving focus and build back in recovery ✓ Disaster preparedness plan in place and regularly reviewed by MAs ✓ Allocate budget for contingency funding to respond to an emergency (see APB guidelines) ✓ Allocate Humanitarian focal point within the MA or RO ✓ Develop surge roster of Hub, RO and MA 	2019 22 countries with preparedness plan 3 Surge Roster with 384 staff registered 286 Surge Roster staff deployed during crises
	PRIORITY 8 Enhance system and capacity to keep staff safe, mobilise funding & improve our ability to report outcome & impact in humanitarian settings in high-risk countries with a ready-to-deploy surge capacity in 72 hours, wherever needed	<ul style="list-style-type: none"> ✓ M & E and Data management training and operationalization ✓ Develop mechanisms for sex, age and disability disaggregated data collection, analysis and use ✓ Develop long term relationships with humanitarian donors ✓ SSRM system in place ✓ MAs in high risk countries have safety and security plan in place
		2019 21 countries with safety security risk management plan 4.5 million/ year fund raising 8 MAs receiving USD 0.2million/ year, humanitarian grants
		2022 32 countries with safety security risk management plan 7.6 million/ year fund raising 17 MAs receiving USD 0.2million/ year, humanitarian grants

IPPF'S HUMANITARIAN NICHE

1. SERVICE DELIVERY

With over 65 years of experience, IPPF is well positioned to provide quality SRH services across a wide range of countries, areas and contexts. Our approach is to build on existing MA capacity and skills to extend services to crisis-affected populations. IPPF's service delivery model is effective and rare within the humanitarian sector. IPPF MAs are committed to providing the Integrated Package of Essential Services (IPES) in stable settings. In humanitarian settings, these are adapted to align with the MISP to offer life-saving SRH services in crises. Contraception and safe abortion care needs are addressed and linked to other essential SRH services (BEmONC, STI and HIV). Comprehensive Sexuality Education (CSE) in emergency settings is also a priority. Follow-up care is provided across both stable and humanitarian contexts with an emphasis on ensuring Quality of Care using IPPF approaches and tools.

2. LOCALLY DRIVEN

IPPF is organised in a federated structure, each MA is an accredited local Civil Society Organisation and an established SRHR leader in their country context. When a disaster strikes, our well-established network of service delivery points enables quick delivery of meaningful, timely and efficient services in the community. Where needed, our experienced MA staff and volunteers mobilise to provide services via mobile clinics to reach more isolated and underserved populations. We work through existing coordination mechanisms and build partnerships to ensure the provision of priority services. IPPF MAs work in collaboration with governments as well as with local actors such as community leaders to coordinate emergency responses.

3. MARGINALISED AND UNDERSERVED PEOPLE

Working with and for marginalised and underserved population groups is a core area for IPPF. In 2016, 8 in 10 people receiving services were classified as poor and vulnerable. IPPF's work in this area includes applying a contextualised vulnerability analysis to support marginalised, under-served and at-risk groups. Due to our strong presence on the ground, IPPF is uniquely positioned to provide support and services to people in all their diversity; including women and girls, people with disabilities, people of diverse sexual orientation, gender identity or expression, and sex characteristics (SOGIESC), those living in remote areas, and people living with HIV. But to do this we recognise that our MAs need to strengthen partnerships with organisations working with these groups. To effectively reach vulnerable groups, sex, age, and disability-disaggregated data is collected, analysed and utilised as part of humanitarian program planning and implementation.

4. ADVOCACY

IPPF is a global leader in SRH service provision and advocate for SRHR inclusion in humanitarian settings. Effective advocacy to integrate SRHR in national policies, strategic frameworks, donor priorities and legal documents plays a crucial role in creating an enabling environment for partners, stakeholders and communities to participate and engage in a meaningful manner. IPPF draws on a decade of experience sensitising and training stakeholders on the MISP and ensuring its integration into disaster risk management (DRM) plans. IPPF's policy to "leave no one behind" is reflected in our advocacy work. We are bold and will champion issues such as access to safe abortion care, including medical abortion, in humanitarian settings.

GUIDING PRINCIPLES

IPPF's humanitarian work embraces a right based, life-saving, inclusive approach which prioritises access to SRHR information and care in crisis settings.

EMPHASIS IS PLACED ON:

- Participation of under-served populations in the planning, implementation and evaluation of humanitarian interventions
- Accountability to/ and engagement of affected populations, in all their diversity. Accountability towards donors is also an important principle of IPPF
- Promotion of an enabling environment where SRHR is incorporated in disaster management plans, policies and laws
- Leaving no one behind awareness-raising with an emphasis on vulnerable, marginalised and under-served populations
- Provision of life-saving SRH services based on the MISIP, during crises
- Commitment to partnerships with humanitarian organisations and agencies operating at global, national and local levels
- Innovation as a mean to test novel approaches to SRH services and information in humanitarian settings.



KEY INTERNAL ENABLERS

I. PREPAREDNESS AND CAPACITY BUILDING

For a fast and effective response, it is important to have a surge capacity roster for deployment. This surge should be available at Central, Regional and Country level. The system will be developed so that Regional Offices and MAs are equipped to take action in case of an emergency. We need to have a sustainable, adaptable and flexible model of surge, ensuring that we fulfil our humanitarian objectives and responsibilities. We also need to invest in capacity building for staff and volunteers in key areas that will enable effective preparedness and response, such as security management and humanitarian standards and principles. Capacity building efforts should target all levels of IPPF, including national, regional and global and by MA to MA support. Technical support will be given through Regional Offices and the Humanitarian Team.

II. FINANCIAL SYSTEMS

When responding to a crisis, MAs need rapid access to funding. The Director General's Emergency Fund is one potential source of funding to which MAs can apply via their Regional Director (RD). There is provision for up to 10% of MA core funds to be allocated in response to an emergency with agreement from the relevant RD. In both cases advice and support can be sourced from the Humanitarian Team via the Humanitarian Director. IPPF will also allocate core funds to humanitarian action. Further IPPF is building relationships with institutional humanitarian donors and with existing private donors and foundations to be able to access funding rapidly in a crisis.

III. SECURITY

IPPF must ensure it provides its people with the necessary information and support to help them stay as safe as possible and perform to their fullest in diverse and sometimes challenging environments. IPPF's Safety & Security Risk Management (SSRM) Manual documents our approach towards the management of risks from safety hazards and security threats. IPPF owes a duty of care to all associated with the organisation worldwide, including employees, contractors, external consultants, volunteers, visitors and other stakeholders. Key elements of the SSRM System include:

- Mandatory on-line security management courses for staff
- Travel monitoring for overseas travel
- Security management plans and active risk management strategies at MA level.

IPPF takes Sexual Exploitation and Abuse (SEA) of staff, volunteers and beneficiaries very seriously. IPPF has a Safeguarding task force led by a Senior Divisional Director. The review of existing policies promoting safeguarding within IPPF and to external stakeholders is underway. A 24-hour multi-language helpline, orientation and awareness training for staff will be implemented.

IV. MONITORING & EVALUATION

Lack of accurate data remains one of the major concerns for resolving global health challenges, especially in humanitarian settings. IPPF's Humanitarian Team is a part of a global network to strengthen a surveillance and data/ research system. The monitoring and evaluation (M&E) Guidance Note for humanitarian programming encourages MAs to build on existing tools and formats and ensure that service disaggregated, gender and inclusive data is collected, reported and utilised to improve programs. Emergency response operations will be reviewed via Post Emergency Reviews and External Evaluations. We will report on the progress of the Humanitarian strategy annually via the Annual Report and a simple Dashboard Reporting System.

VI. GENDER & INCLUSION

Investing in gender equality and inclusion is essential both as a means for fulfilling SRHR in crises and as an end in itself. For IPPF, gender equality means equality of opportunity for people of all genders to realise their full rights and potential. It signifies an aspiration to transform structural inequalities, behavioural patterns and social norms, leading to social change and sustainable development. A gender and inclusion approach ensures that our humanitarian responses reach all people equally, and avoids putting people at further risk. Gender responsive programming makes crisis response more efficient, with longer-term impacts.

In humanitarian crises, women and girls have a significantly increased risk of unplanned pregnancy, maternal death, SGBV and STIs, in particular HIV. Persons with disabilities (PWD) are another group that can be disproportionately affected by disaster contexts which places them in vulnerable situations such as through separation from families, lack of access to information and appropriate services. It is important to adapt humanitarian response so that it meets the needs of people of all genders. One example is that the continuation of hormonal treatment for transgender people can be a priority in humanitarian settings because of the risk it poses to the life of transgender people.

VII. INNOVATION

Ensuring universal access to SRH in a constantly changing and increasingly unstable world requires creative thinking and innovative solutions. The development sector and humanitarian field in particular, is undergoing a period of flux due to changes in both funding and political support. To ensure our continued relevance and future-readiness, IPPF must have processes in place to respond to these changes, and to react to changes in the nature and location of SRHR vulnerability.

KEY EXTERNAL ENABLERS

I. PARTNERSHIPS

Partnerships are critical to the success of IPPF's vision to become a locally owned and globally connected federation as outlined in the Strategic Framework for 2016-2022. Through investing in effective and nurturing partnerships across the development and humanitarian sectors, IPPF aims to amplify the impact on the SRH rights and voices of people affected by crisis. In particular, using partnerships with civil society organisations to ensure marginalised populations are included in IPPF humanitarian responses. Thus, the strategy targets partnerships with like-minded agencies which can help grow and maximise the impact of IPPF's humanitarian work across the globe. Key partnerships include UNFPA, International Federation of Red Cross/Red Crescent, the Inter Agency Working Group on Reproductive Health in Crises and academic institutes. We work with these partners to strengthen our advocacy, capacity building, service-delivery and research work.

II. COMMUNICATIONS

For the first time, communication is at the heart of IPPF's Strategic Framework 2016-2022. Additionally, the Humanitarian Program places a strong emphasis on communications, driven by the existing lack of impactful SRHiE communication material to support current and future advocacy and resource mobilisation efforts. Our approach recognises that communication is a key enabler as an agent for change. We will establish the profile, brand and reputation of IPPF Humanitarian amongst sector peers, communities, donors and governments by demonstrating need and impact. We will communicate - through high-quality and impactful content which is sensitive and right based - a compelling core narrative about IPPF Humanitarian that describes our members' ability to transform the lives of people through the provision of SRHiE.

III. RESOURCE MOBILISATION

The approach to Resource Mobilisation corresponds to IPPF's SF as well as IPPF's Financial Plan 2018 – 2020, which sets out to attract and retain restricted, institutional donor funds to maintain a global humanitarian response capacity. The objective is to develop consistent and locally relevant donor responses through developing a pipeline based on fully informed decision making, positioning with target donors as a credible stakeholder, and establishing partnerships that can be leveraged for funding opportunities and delivering high quality proposals. Donors will be targeted based on criteria including relevance and IPPF capacity. Support will be provided to prioritised MAs to increase their capacity to secure funding for their humanitarian work.



PUTTING THE STRATEGY IN TO PRACTICE

To mainstream SRHR services in humanitarian settings, it is important to engage IPPF at all levels (national, regional and global).

PUTTING THE HUMANITARIAN STRATEGY IN TO PRACTICE PUSHES US TO:

- i. Be more flexible
- ii. Be more agile in our decision-making processes, innovative in programmatic approaches, systems and staff movement during crises
- iii. Systematically invest staff time and, resources and build partnerships to strengthen MA preparedness capacity and advocacy work with governments on SRHR in crises
- iv. Forge new partnerships with humanitarian agencies and strengthen linkages with government bodies working on humanitarian response.





LOCALLY OWNED
GLOBALLY CONNECTED:
A MOVEMENT FOR CHANGE



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