

SPRINTing towards change

sex and pregnancy in emergencies





Foreword

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all, including those in humanitarian settings. We are a worldwide movement of national organizations working with and for communities and individuals.

Crises, whether human-induced or caused by natural hazards, can inflict untold suffering and hardship, particularly on women. Problems related to sexual and reproductive health are the leading cause of death and ill health globally for women of childbearing age. In crises, this vulnerability increases, while access to services decreases. It is estimated that tens of thousands of women and girls are subjected to sexual assault in conflict situations each year around the world.

The SPRINT Initiative provides one of the most important aspects of assistance that is often forgotten when disaster and conflicts strike. SPRINT is delivering practical solutions for girls and women, training humanitarian workers to deal with pregnancy, childbirth, reproductive health and the aftermath of rape and violence.

The Initiative also engages in political processes, working towards raising awareness, strengthening coordination, and building capacities to provide sexual and reproductive health services in crises. SPRINT is practical, effective and it saves lives.

Australia has been funding the SPRINT Initiative since 2007. The Australian Parliamentary Group on Population and Development has closely followed the SPRINT Initiative since its inception.

Australia is proud to be a strong supporter of the SPRINT Initiative and its achievements in supporting sexual and reproductive health in crisis settings. A specific example of SPRINT achievements was the provision of a well-implemented package of sexual and reproductive health services which benefited more than 250,000 flood survivors in Pakistan in 2010 (including many who also experienced the additional trauma of sexual and gender-based violence).

We look forward to the SPRINT Initiative continuing to improve and help people affected by crises in the future.

Senator Claire Moore
Senator for Queensland, Australia

The SPRINT Initiative

This publication is part of a larger initiative called SPRINT (Sexual and reproductive health **PR**ogramme **IN** humani**T**arian settings). This initiative, led by IPPF in collaboration with the United Nations Population Fund (UNFPA) and other national and international partners, aims to improve health outcomes of crisis-affected populations by reducing preventable sexual and reproductive ill health, disability and death.

SPRINT was funded by the Australian Government through AusAID



IPPF: SPRINTing towards change

The International Planned Parenthood Federation believes that everyone, irrespective of circumstance, is entitled to full realization of their sexual and reproductive rights – full stop. This core belief underlies everything we do, and every life-saving piece of information and service we strive to provide via our committed Member Associations around the world.

Even today it is all too clear that, for many, quality sexual and reproductive health (SRH) services are simply not a reality. Mothers continue to die in childbirth from fully preventable and treatable causes; newborns are still at risk of life-threatening diseases. Sexual and gender-based violence persists at alarming rates, as does the transmission of sexually transmitted infections, including HIV. In a crisis, vulnerability to these serious sexual and reproductive health conditions increases. At the same time, access to services that prevent unnecessary death and disability decreases. In the context of humanitarian emergencies, the SRH challenges faced by refugees and internally displaced people are generally not prioritized and often go unaddressed. Simply put, many women, men and young people do not have access to sexual and reproductive health services that are critical to their health.

The SPRINT Initiative was established to address these gaps. Through capacity development, support for sexual and reproductive health service implementation, and targeted advocacy, the SPRINT Initiative aims to increase the availability of sexual and reproductive health services available to those in crisis-affected settings. SPRINT represents IPPF's commitment to increasing access to SRH services for crisis-affected populations, who are among the most marginalized people worldwide.

Since its inception in December 2007, SPRINT has supported the implementation of sexual and reproductive health services in crisis-affected settings in the East and Southeast Asia and Pacific Region, South Asia, Central Asia, the Middle East and North Africa, Sub-Saharan Africa, and the Caribbean. SPRINT has trained thousands of programme coordinators and healthcare managers from all parts of the globe to implement life-saving SRH services using the SPRINT curriculum; supported emergency response efforts at the onset of natural disasters and conflict in some 32 crises; and supported national governments in 23 countries to adapt policies ensuring the delivery of sexual and reproductive health services in emergencies. Our work continues to evolve and expand to meet the needs of those affected by crises.

IPPF and its Member Associations certainly couldn't do this important work alone. SPRINT is an inter-agency effort. We work in partnership with AusAID, the Australian Government's overseas aid programme; the University of New South Wales (UNSW); the International Federation of Red Cross and Red Crescent Societies (IFRC); the United Nations Population Fund (UNFPA); the Women's Refugee Commission; the Office of the United Nations High Commissioner for Refugees (UNHCR); and national governments and non-governmental organizations on the ground. We also work in close collaboration with the Inter-

agency Working Group on Reproductive Health in Crises (IAWG). To these partners, we owe a debt of gratitude for making the above successes possible.

IPPF is proud that SPRINT has been able to successfully address and support life-saving sexual and reproductive health needs in vulnerable settings before, during and after a crisis hits. SPRINT successfully bridges the increasingly narrow divide between development and humanitarian activities in support of consistent and good quality sexual and reproductive health services. Moving forward, IPPF will continue to build on the success of SPRINT, moving ever closer to ensuring access to sexual and reproductive health services – and fully realized rights – for all.

Tewodros Melesse

IPPF Director-General

Since 2007 we've trained
95 country coordination teams,
4,000 national coordinators
and actors who responded to
32 humanitarian crises.

The urgent need: sexual and reproductive health in crisis

65 million

internally displaced people and refugees worldwide have been forcibly displaced from their homes by conflict or natural disaster. Women, children and young people make up the vast majority.¹

20 years

is the average time of displacement for internally displaced people worldwide. 17 years for refugees.^{2,3}

80%

of those who died in the 2004 tsunami were women and girls.⁴

25%

of all displaced women between the ages of 15 and 49 could be pregnant at a given time.

Global gap

For people whose lives have been directly affected by conflict or natural disaster, life is drastically disrupted. When humanitarian emergencies occur, months and years may pass before what was lost can be rebuilt, particularly in developing nations. The sheer number of people displaced by humanitarian emergency is compounded by the long periods of time they are forced to spend in limbo, in camps and other settings that are hard to imagine and even harder to endure.

When disaster strikes a country or region, the consequences for all aspects of life can be devastating. If they survive the crisis itself, those displaced struggle to find the basic necessities they need to survive, against a backdrop of turmoil that often persists for years or decades. The needs are many and great.

But one particular need is often neglected in the wake of disaster: the urgent need for life-saving sexual and reproductive health services. Although sexual and reproductive health services are sometimes briefly considered when disaster strikes, the need for such services is neither well understood nor prioritized. Most often, sexual and reproductive health is forgotten or dismissed and access to quality life-saving services is not viewed as critical.

However, when rights to sexual and reproductive health are not fully realized, displaced women and girls are at increased risk of death and disability.

Sexual and reproductive health issues affect a large cross section of any population, and the same is true for those displaced by crises; indeed, their needs are often even more acute. Approximately 25 per cent of displaced women of reproductive age will be pregnant,⁵ and 15 per cent of all deliveries will incur complications – with five per cent of women requiring a caesarean section to save their life and deliver their baby.⁶ Mothers and newborns will be at risk. Conflict and uncertainty frequently compromise access to life-saving health care services due to the breakdown of infrastructure and health systems. Crises exacerbate instances of sexual and gender-based violence, which can lead to death. The lack of access to modern family planning methods can lead to unwanted pregnancies, and complications resulting in unsafe abortion. Survival sex may be traded for food, water and shelter. These factors and many more increase the vulnerability of refugees and internally displaced people to sexually transmitted infections, including HIV.

Yet what is most frustrating about the dire situation facing crisis-affected populations is that we know what needs to be done.

International response standards

The Inter-Agency Working Group on Reproductive Health in Crises (IAWG) was formed in 1995 to develop international guidance on addressing sexual and reproductive health for refugees, internally displaced people, and others affected by emergencies. The IAWG, originally comprising more than 30 groups, including IPPF, United Nations (UN) agencies, universities and governmental and non-governmental organizations, and led by the Office of the UN High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), and the UN Population Fund (UNFPA), established the Minimum Initial Service Package for Reproductive Health in Crisis Situations (MISP) – a set of priority activities to be implemented at the onset of an emergency.

The goal of the MISP is to save lives by implementing priority emergency sexual and reproductive health interventions. The MISP is an international standard of care, as outlined in the Sphere Project's Humanitarian Charter and Minimum Standards in Disaster Response (2004). The MISP is also endorsed by the Global Health Cluster, a WHO-led body comprised of more than 30 international humanitarian health organizations.⁷

Women and girls

are vulnerable to rape and other forms of sexual and gender-based violence during humanitarian crises.

Up to 500,000

women survived rape during the genocide in Rwanda.⁸

17%

of Rwandan women tested positive for HIV.

Men and boys

are also increasingly reported to be targets of rape.

When successfully implemented as soon as a humanitarian crisis occurs, the sexual and reproductive health services set out in the MISp can mean the difference between life and death or disability for those affected by the disaster.

In 2004, IAWG produced “Reproductive Health Services: A Decade of Progress” (also known as the Global Evaluation), which identified the primary gaps in sexual and reproductive health in emergencies – the starting point and rationale for SPRINT.

Implementing the MISp is not optional: it is an international standard of care that should be implemented at the onset of every emergency.

WE KNOW WHAT WORKS

The Minimum Initial Service Package

Humanitarian emergencies are characteristically complex and unique. However, with respect to the sexual and reproductive health needs of refugees and internally displaced people, there is a set of priority life-saving interventions that must be put into place at the onset of every emergency.

The Minimum Initial Service Package for Reproductive Health in Crisis Situations (MISp) is the internationally accepted standard for sexual and reproductive health coordination and care in emergency settings.

MISp priority actions, if implemented at the very early stages of a crisis, are designed to:

- coordinate sexual and reproductive health response (so that agencies know who is doing what, and where)
- prevent sexual violence and provide care for survivors
- reduce the transmission of HIV
- prevent maternal and newborn death and disability

- treat sexually transmitted infections, provide contraceptives to meet demand, and ensure that antiretrovirals for HIV treatment is available for continuing users
- plan for more comprehensive sexual and reproductive health services, as the situation allows

The MISp should always be provided alongside other critical priorities, including food, water, security, sanitation and shelter; all of these services save lives and are most effectively delivered in tandem.

Despite being the established standard of care for sexual and reproductive health services in emergencies, the MISp is neither universally prioritized nor implemented in many countries and regions. In fact, many programme coordinators and healthcare providers who work in humanitarian settings still do not understand the MISp and have not yet been trained in its coordination and implementation. Those who work in post-crisis settings also have a role to play in building upon the MISp to ensure that comprehensive services are put into place as soon as the situation permits.

Natural disaster case study: Pakistan Surviving sexual violence after flooding

“My daughter fell and is bleeding,” said Sakina’s mother, pushing her 10-year-old daughter into the emergency outreach clinic that the Family Planning Association of Pakistan (FPAP) just deployed in the flood-affected district of Muzaffargarh, South Punjab.

In late July 2010, Pakistan was overwhelmed by flooding, the result of unprecedented monsoon rains that submerged about one-fifth of Pakistan’s total land. Roads and infrastructure were decimated, crops destroyed, and farmland swollen beyond use – but it was Pakistan’s people who suffered most. Some 5,000 were killed or injured. Official estimates showed that 20 million Pakistanis were badly impacted by the flooding, with some 3.4 million people displaced and 1.9 million houses destroyed or damaged. FPAP, also known as Rahnuma-FPAP (“Rahnuma” is an Urdu word that means a guide for development and prosperity), is an IPPF Member Association that has served the people of Pakistan since 1953. Rahnuma-FPAP is intimately familiar with the sexual and reproductive health needs of the country’s people, and was best positioned to continue the delivery of much-needed services when the flooding began. The SPRINT Initiative immediately partnered with Rahnuma-FPAP and UNFPA to ensure that the MISP was implemented straightaway – closing the gap in sexual and reproductive health service delivery despite the massive displacements. Using vehicles and also boats where infrastructure was heavily damaged, Rahnuma-FPAP extended mobile services to flood-affected and displaced communities. One of these mobile teams took care of

Sakina. Her physical examination revealed that the bleeding was coming from her genitals which also showed signs of trauma. No fall, but instead sexual violence, the most life-threatening form of sexual and gender-based violence which has been documented worldwide to increase in cases of forced displacement and breakdown of laws and order. Sakina immediately received treatment to prevent sexually transmitted infections, HIV and pregnancy, all of which are part of the MISP services. Rahnuma-FPAP psychologists are trained on sexual and gender-based violence counselling and took care of Sakina.

This SPRINT partnership managed to attract other international agencies and funding, including from CARE International, the Pakistan Poverty Alleviation Fund, and AusAID. To date, the well-implemented MISP has served more than 250,000 flood survivors in Pakistan, including many who experienced the compounding trauma of sexual and gender-based violence. Some 3,500 sexual and reproductive health kits and more than 5,600 hygiene kits were distributed in flood-affected areas. Rahnuma-FPAP, long respected as a reproductive health organization, has since emerged as a recognized humanitarian relief agency capable of delivering sexual and reproductive health services in crisis settings.

Director of Programme Implementation Dr. Anjum Rizvi – a SPRINT trainee herself – and Programme Manager Tauqeer Mustafa, both of Rahnuma-FPAP, agree that the SPRINT partnership in Pakistan continues to be a success:



The fact that six of nine South Asian countries are listed at “extreme risk” of experiencing natural disasters does little to alleviate the worry that SRH needs of vulnerable populations can and will be addressed when the next crisis occurs.

“What has been most important is SPRINT’s focus on the MISP and having training available for partners. The coordination and constant support SPRINT provided have been invaluable to us. And now other partners understand the applicability of the model and wish they had known about it earlier.”

Further, this experience equipped Rahnuma-FPAP to effectively and efficiently respond to the 2011 flooding in Sindh Province. The MISP was rolled out through a trained team of service providers and additional resources mobilized through the Humanitarian Response Clusters.

Conflict case study: Côte d'Ivoire

Birthing wisdom in conflict

"I am so relieved," said Pélagie to the skilled birth attendant who just helped her give birth at the clinic of the Association Ivoirienne pour le Bien Être Familial (AIBEF). Pélagie's healthy daughter was born on 28 May 2011. Exactly, two months earlier, on 28 March, this 27-year-old Ivorian found refuge in the makeshift camp for internally displaced people at the catholic mission in the city of Duékoué. She arrived exhausted, feeling sick and afraid – she was pregnant.

The West African Republic of Côte d'Ivoire has been plagued by civil unrest since the First Ivoirian Civil War broke out in 2002. A 2007 treaty between the government and the rebels brokered peace for several years until the presidential election – postponed from 2005 – was finally held in November 2010. Bracing for possible upheaval and building on regional trainings previously held, SPRINT organized in-country training sessions in September 2010, to prepare with national actors, including IPPF's Member Association AIBEF, for the displacement likely to follow further unrest.

When the post-election violence spread to Pélagie's home town and after her husband and other men were killed, she and a group of surviving women had no choice but run away. They arrived in the Duékoué camp where the SPRINT Initiative, with additional support from Save the Children and the United Nations Central Emergency Response Fund (CERF), had been supporting AIBEF to roll out MISP services, including essential emergency obstetric and newborn

care. Soon after her arrival in the camp, Pélagie received continuous pregnancy support and much solidarity at the AIBEF clinic, not least because several staff were themselves forcibly displaced from their homes and living in the same camp. Under their care, Pélagie recovered her strength and eventually, away from conflict and violence, gave birth to Sophie – a name meaning "wisdom" and also the name of the SPRINT staff member who helped mount the AIBEF emergency operation.

For Florent Kéi, AIBEF Executive Director, and Michel Comossiehi, Supervising Coordinator, the SPRINT partnership has resulted in thousands of SRH services being delivered on the ground from the onset of the emergency, including prenatal and emergency obstetric care for women and newborns, treatment and prevention of sexually transmitted infections, and basic contraceptive availability. As the situation stabilized, a wider range of modern contraceptives, including intrauterine devices and implants, were made available at camp level. From February to September 2011, AIBEF's small clinic in the Duékoué camp provided skilled birth attendance to 341 women, 1,712 prenatal consultations, 1,352 contraceptive services including 110 implants and 46 intra-uterine devices, distributed more than 4,500 condoms, treated 174 cases of sexually transmitted infection, and provided clinical management to nine rape survivors. The AIBEF clinic is also contributing to the recovery and redevelopment of the community as it continues to provide sexual, reproductive, maternal and newborn health services.

Baby Sophie waiting for her four-month well child check at the AIBEF clinic.



Most importantly, the skills and tools transferred during the SPRINT collaboration mean that AIBEF staff members are better equipped to deal with the next emergency situation in Côte d'Ivoire – and are advocating policy change and building even more comprehensive SRH services in the interim.

Filling the gaps and bridging the development and humanitarian divide

Despite the fact that the MISP has been internationally recognized as a life-saving standard for coordination and care, the provision of sexual and reproductive health services is not consistently integrated into international humanitarian response. In addition, international humanitarian responders do not respond to every crisis that hits, particularly small- to medium-scale crises.

Recognizing the gaps in MISP implementation, and that disasters do not always attract international attention, SPRINT was established to **strengthen national capacity** to respond to the sexual and reproductive health needs of displaced populations. It began in 2007 as a pilot programme in the East and Southeast Asia and Pacific Region, and later extended into South Asia, Central Asia, the Middle East and North Africa, Sub-Saharan Africa, and the Caribbean. SPRINT works with national ministries of health and disaster management, IPPF Member Associations, international and local relief organizations, and UN agencies to:

- increase national capacity to coordinate and implement the MISP by conducting training for humanitarian actors at the regional and national levels
- support advocacy to governments and organizations to integrate sexual and reproductive health into national emergency preparedness plans, policies and responses
- provide funding and technical support for MISP implementation during emergencies

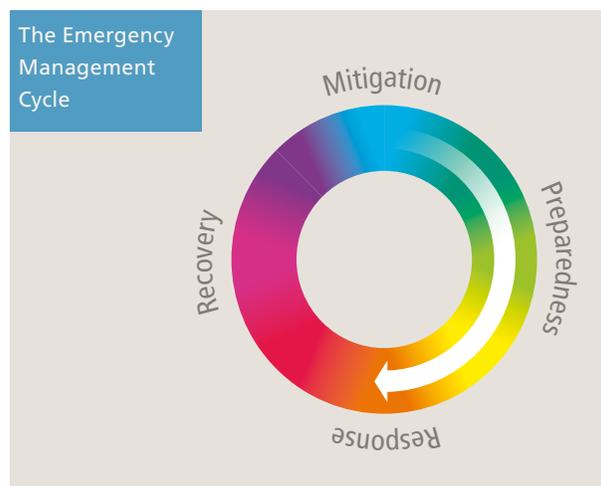
The SPRINT Initiative addresses emergency sexual and reproductive health needs before, during and after emergencies. The holistic approach addresses all stages of the Emergency Management Cycle, wherein emergency responses in acute phases of a crisis are preceded by preparedness activities and followed by recovery/redevelopment interventions:

- SPRINT invests in creating an enabling environment to **mitigate** risk of decreased access to life-saving reproductive health services at the onset of a crisis. SPRINT does this by supporting the establishment of plans and policies for MISP implementation before crises hit.
- SPRINT works to **prepare** national actors by developing capacity in regions at risk of disaster and training key stakeholders in coordinating and implementing the MISP.
- SPRINT provides technical assistance, funding and surge capacity to help countries ensure MISP implementation and **respond** to life-saving sexual and reproductive health needs at the onset of an emergency.

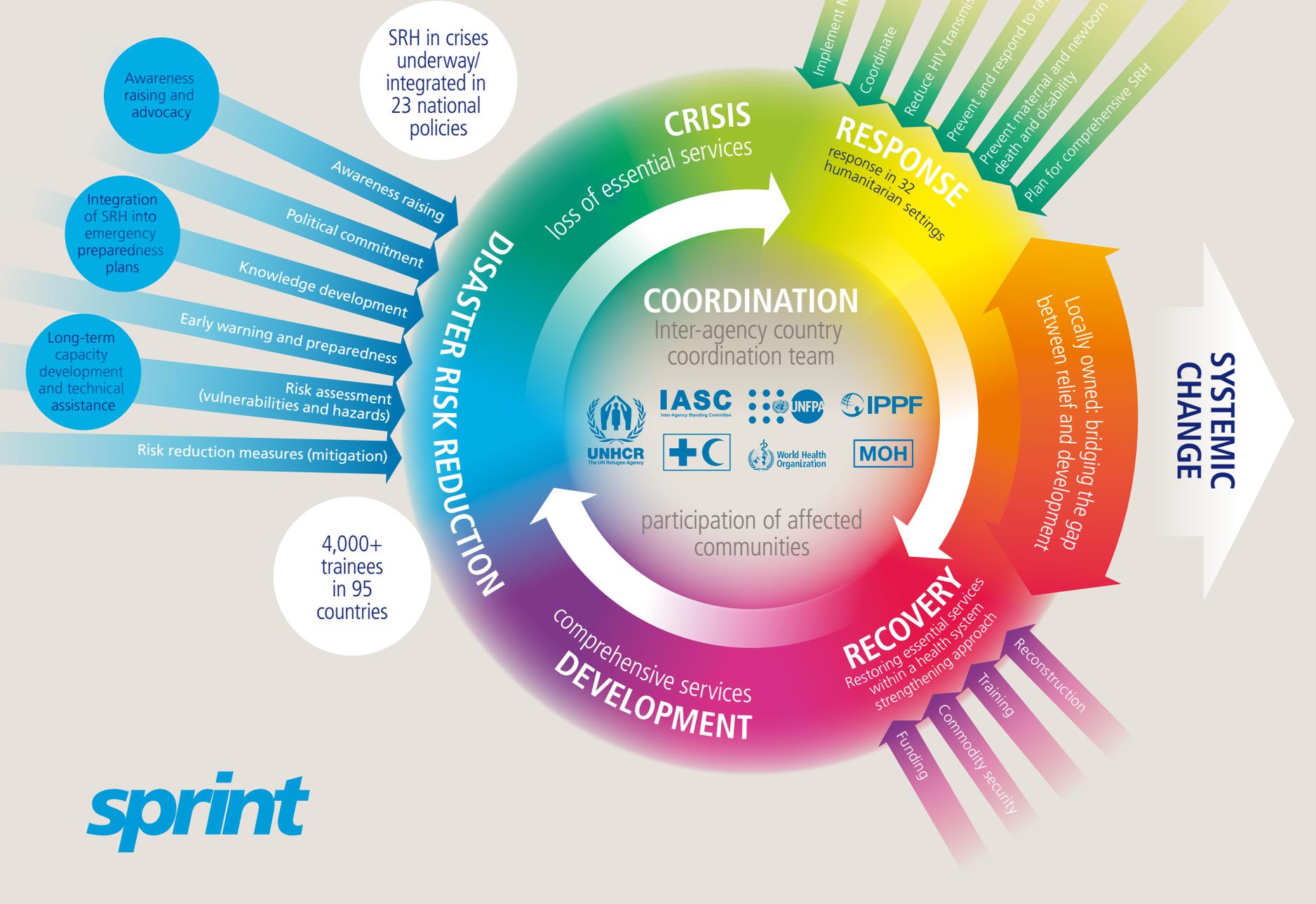
- SPRINT supports the transition to more comprehensive sexual and reproductive health service provision to **recover** post-crisis.

Preparedness case study: South Sudan Getting ready for the birth of a new country

Longtime conflict in South Sudan means that the world's newest country is host to many refugees and internally displaced people. SPRINT organized an important MISP training for in-country first responders in October 2010. This training session brought SPRINT partners together – ministry of health offices from five states, the national Ministry of Health in Juba, non-governmental representatives, UN agencies, and the Sudanese Red Crescent Society – to receive training on MISP coordination. Following the training, together with the Women's Refugee Commission and UNFPA, trainees designed a reproductive health contingency plan. The plan detailed what could and should be included in preparing for the elections and their outcomes in order to provide uninterrupted sexual and reproductive health services and information to displaced populations. Ultimately, the plan was included in the Global Health Cluster contingency planning for the country's January 2011 referendum, a major SPRINT-initiated achievement in terms of emergency preparedness and a global model for crisis planning. The newly-formed country coordination team in South Sudan is also working to effect policy change and move sexual and reproductive health in emergencies to the top of the agenda.



SPRINT model of relief to development continuum



Successes around the world (2007–2011)



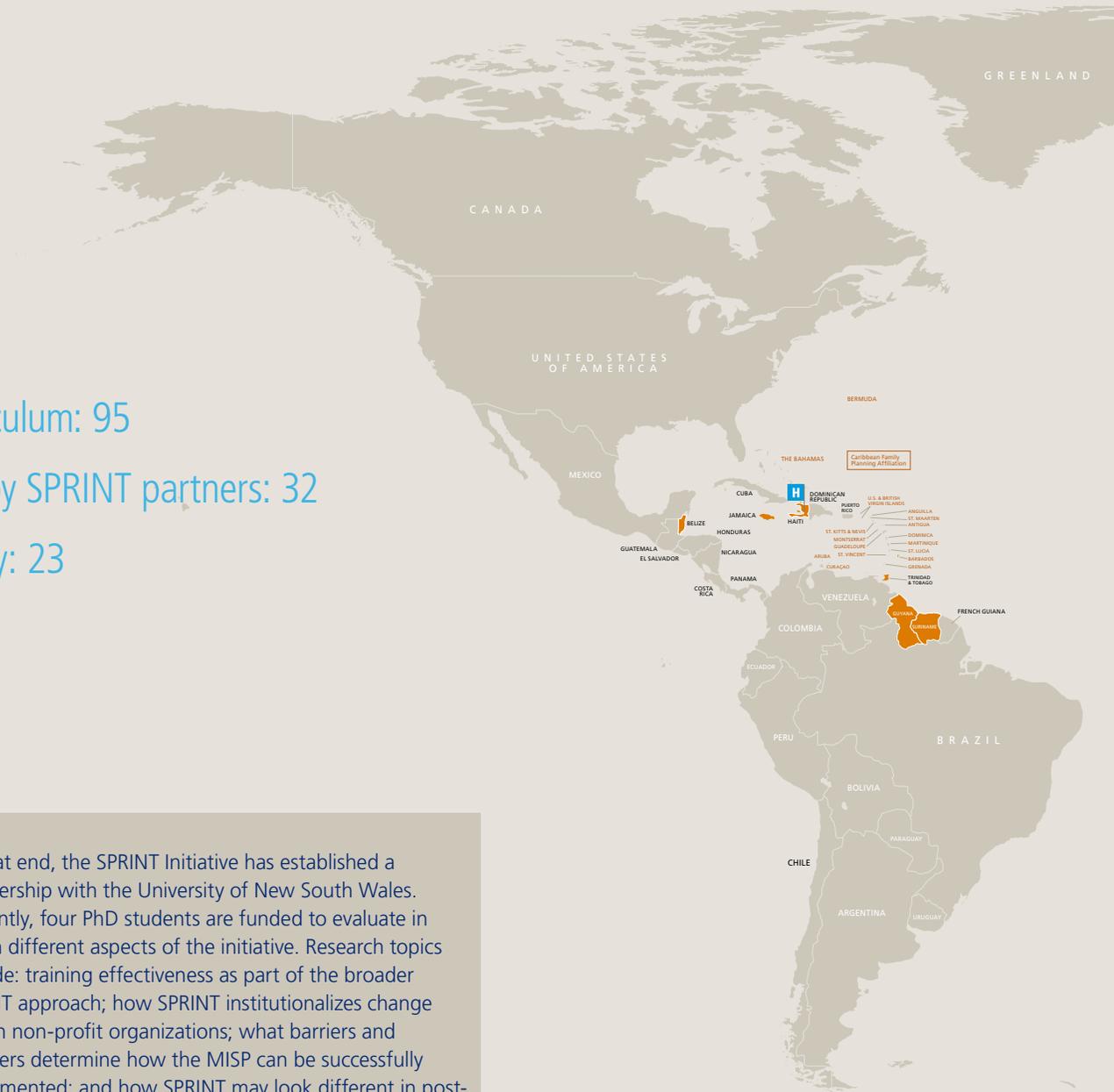
Countries trained in the SPRINT curriculum: 95



Humanitarian responses carried out by SPRINT partners: 32



Policy changes instituted or underway: 23



THE IMPORTANCE OF EVIDENCE

Collecting data, documenting promising practices and successes

The SPRINT Initiative is committed to the highest standards of public health programming to deliver quality SRH services and information in emergencies. SPRINT uses on-the-ground experience and feedback received to constantly improve the initiative and better support trainees and their organizations.

To that end, the SPRINT Initiative has established a partnership with the University of New South Wales. Presently, four PhD students are funded to evaluate in depth different aspects of the initiative. Research topics include: training effectiveness as part of the broader SPRINT approach; how SPRINT institutionalizes change within non-profit organizations; what barriers and enablers determine how the MISP can be successfully implemented; and how SPRINT may look different in post-crisis versus crisis settings.

Country-led and country-owned: SPRINT empowers local voices

IPPF designed the SPRINT Initiative with the strategic vision that national partners, when working together, supported and empowered, can deliver the most aid-effective interventions.

SPRINT is uniquely positioned to act as a global catalyst, expanding access to sexual and reproductive health information and services via IPPF's 150 Member Associations working at the grassroots level in more than 170 countries. Many of these countries have been and continue to be devastated by crises. As IPPF staff are highly skilled and already on the ground, they are well positioned to continue to deliver life-saving sexual and reproductive health services when crisis hits.

Collaborating to address gaps in MISP implementation: SPRINT and the inter-agency approach

The MISP cannot be implemented by one agency alone. The SPRINT Initiative works with in-country representatives – national ministries of health and disaster management, IPPF Member Associations, national non-governmental organizations, and UN agencies – to promote policy change, identify capacity development needs, support national trainings, and provide emergency response support.

SPRINT brings together country coordination teams and works to support them throughout the Emergency Management Cycle. The successful delivery of sexual and reproductive health services in crisis settings depends on the successful coordination of national stakeholders on the ground. This is particularly critical in smaller-scale crises that may not trigger an international response.

The making of a SPRINT country coordination team

SPRINT conducts regional trainings to develop the capacity of humanitarian actors to ensure that the MISP is implemented and life-saving sexual and reproductive health services are provided in crisis settings. Participants come together to form country coordination teams, usually consisting of representatives from national ministries of health, national disaster management authorities, UNFPA, WHO, IPPF Member Associations, Red Cross or Red Crescent Societies, and other relevant actors coordinating and implementing the reproductive health response.

Each country coordination team commits to conducting national SPRINT trainings in their country; advocating for the integration of sexual and reproductive health into national emergency preparedness and response plans; and working together to ensure the MISP is fully implemented at the onset of a national emergency. Those who participate on these teams have important country-specific information and contextual knowledge, and are in country before, during and after a humanitarian emergency occurs.

The establishment and evolution of country coordination teams means that when a natural disaster or conflict happen, those charged with providing MISP services can hit the ground running.

The international response to humanitarian crises is often perceived as intrusive and disempowering by communities caught up in disasters. SPRINT works locally to change this perception.

Aid-effective, empowering and respectful

In keeping with the Paris Declaration's emphasis on country ownership of development, the SPRINT Initiative builds the capacity of national actors to coordinate their efforts to mainstream sexual and reproductive health and rights into national emergency preparedness and response plans. The resulting strategies to implement and scale up proven life-saving interventions that improve health outcomes of crisis-affected populations, and in particular women and girls, are country owned. In accord with the Accra Agenda for Action, the SPRINT Initiative fosters inclusive grassroots partnerships that deliver results and develop capacity.⁹

Developing capacity: the SPRINT training model

The SPRINT Initiative develops capacity at national and regional levels to get services to those most in need.

Capacity development is at the core of the SPRINT Initiative. In 2004, the Inter-agency Working Group on Reproductive Health in Crises (IAWG) produced its Global Evaluation, which identified the dual lack of MISP awareness as well as responders qualified to implement it as major gaps in sexual and reproductive health service coordination and delivery.

The SPRINT curriculum, developed by IPPF, UNFPA and the University of New South Wales, compiles the current best thinking around SRH training and response in emergencies, using an interactive adult-education model to deliver the materials. The entire training focuses on how to coordinate the implementation of the MISP, but also encompasses advocacy and emergency preparedness work.

First, the SPRINT team identifies potential participants representing organizations who have a role to play in SRH response. These participants come together as part of a country team for an initial five-day regional training workshop conducted by high-level SPRINT trainers; over the course of the training, they strengthen their linkages to become a country coordination team with clear roles and responsibilities for advancing the MISP at the national level.

SPRINT then identifies regional participants who, with ongoing SPRINT support, go on to become lead trainers willing and able to provide national SPRINT trainings in their respective home countries. This way, lead trainers transfer important SRH skills and tools to local in-country actors, and the circle of knowledge widens.



Advocating for policy change

To increase access to timely life-saving sexual and reproductive health services requires more than just the emergency response when a crisis hits.

Reaching out to a camp for internally displaced people in Côte d'Ivoire.



Foresight is essential, and an investment in creating an enabling environment to mitigate risk of decreased access to life-saving sexual and reproductive health services at the onset of a crisis. This is achieved by establishing supportive policies for MISP implementation long before a crisis arises. SPRINT's comprehensive model includes advocacy to change the policy and funding environment for sexual and reproductive health in emergencies. Research has shown that funding for reproductive health in conflict-affected countries is largely inadequate. Research also indicates that in crisis settings, policies and technical guidelines related to emergency obstetric care and family planning are severely lacking.^{10, 11}

Policy case study: Philippines Integrating the MISP to the Magna Carta of Women

The Philippines, a country of tropical islands and home to more than 94 million people, is also no stranger to natural disaster. On 26 September 2009, Typhoon Ketsana brought continuous and ravaging rains upon the Philippines, the most devastating of the eight typhoons in the 2009 Pacific typhoon season. Metro Manila was hardest hit. Hundreds of Filipinos died, and some six million more were affected by Ketsana.

The disaster did not end there; resulting floodwaters inundated low-lying areas, and Typhoons Parma and Marinae only served to worsen the situation. By mid-November 2009, almost 400,000 individuals were still

living in temporary shelters in flooded areas in 871 villages. Most were without regular access to healthcare of any kind, and the situation persisted for months.

In the wake of this destruction and displacement, SPRINT partnered with the Family Planning Organization of the Philippines (FPOP), an IPPF Member Association, to support MISP implementation and ensure that those displaced had access to sexual and reproductive health information and services.

Since Ketsana, SPRINT partners, including UNFPA and FPOP, have worked to integrate the MISP into the country's Magna Carta of Women and a landmark reproductive health bill, both significant steps to ensuring sexual and reproductive health services are available for women and girls in emergencies. Building on these early achievements, SPRINT partners on the ground were better prepared to respond when Super Typhoon Megi landed in October 2010, and when Typhoons Nesat and Nalgae hit in September and October 2011.

In collaboration with national SPRINT partners, progress has been made to integrate the MISP into national emergency preparedness plans and policies in more than 23 countries to date.

Delivering sexual and reproductive health services in emergencies

It is well documented that women and girls are disproportionately affected by man-made and natural disasters. The SPRINT Initiative endeavours to implement the MISRP in all settings where displacement has occurred.

Since its inception, the SPRINT Initiative has seen the success of its model play out in humanitarian emergencies around the world, when those displaced by conflict or natural disaster have received the critical sexual and reproductive health services they require. In-country implementation of the MISRP is the ultimate proof that SPRINT is working and evolving to meet the needs of its colleagues, trainees and the refugees and internally displaced people who could not survive without life-saving sexual and reproductive health care. Since 2007, the SPRINT Initiative has supported MISRP implementation in 32 humanitarian contexts worldwide.

Natural disaster case study: Myanmar From training to immediate action

Cyclone Nargis hit Myanmar on 2 May 2008, killing upwards of 138,000 people and severely affecting 2.4 million more, many of whom were forced to flee their homes – if those homes were still standing. This natural disaster served to complicate Myanmar's already dire reproductive health situation: needs in this country go unmet because basic healthcare allocation is only a minuscule percentage of the overall national budget.

When Nargis hit the densely-populated Irrawaddy Delta in Southwest Myanmar, two representatives from UNFPA and UNHCR, respectively, were completing their SPRINT training on coordinating and implementing the MISRP in emergency settings.

SPRINT supported UNFPA's Dr. Thwe Thwe Win and her colleagues every step of the way. Despite initial resistance from agencies who didn't understand the importance of sexual and reproductive health services for displaced populations, Dr. Win and her partners immediately established coordination bodies for health and protection – technical working groups that still exist today, helping Myanmar to be ready for its next emergency.

During Nargis, UNFPA led the charge to coordinate the implementation of the MISRP and delivery of sexual and reproductive health services, and many other agencies followed suit. In Myanmar, thousands of first responders have attended national SPRINT trainings, positive policy changes are underway, and when Cyclone Giri hit in October 2010, MISRP implementation happened more quickly.

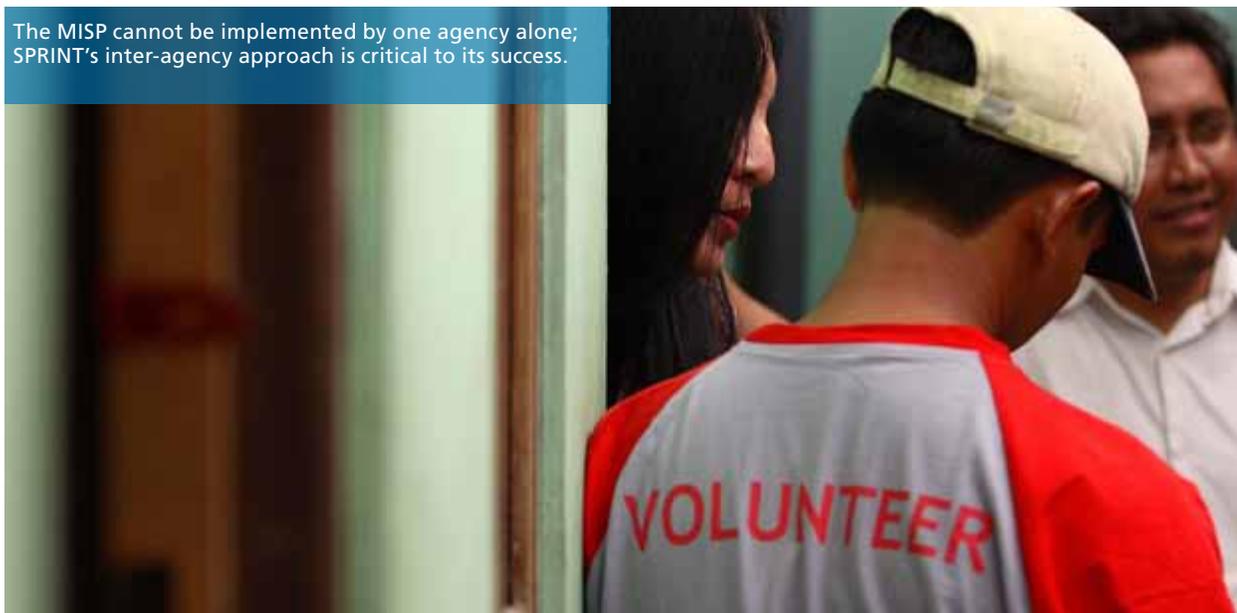
"We immediately applied our knowledge and skills for a response to Cyclone Nargis. Before being trained in the MISRP, we didn't have much awareness or comprehensive knowledge and skills for SRH response in emergencies."

Dr. Thwe Thwe Win, UNFPA Myanmar's National Programme Officer for Reproductive Health and a SPRINT trainee



Exposure to tsunamis, flooding, typhoons and earthquakes in Southeast Asia: Vietnam, Myanmar, Indonesia and the Philippines are ranked "high risk" or "extreme risk" on the 2010 Natural Disasters Risk Index.

The MISP cannot be implemented by one agency alone; SPRINT's inter-agency approach is critical to its success.



Natural disaster case study: Indonesia Resilience in action: from disaster response to recovery and redevelopment

On 30 September 2009, a powerful earthquake – magnitude 7.6 – and series of aftershocks rocked West Sumatra, Indonesia, a country which sits at the junction of three very active plates of the Pacific Ring of Fire. More than 1,100 people lost their lives and tens of thousands were displaced and needed basic services, including SRH care.

When the earthquake struck, SPRINT immediately responded, connecting the Indonesian Planned Parenthood Association with UNFPA Indonesia for on-the-ground MISP coordination and implementation, an important task both agencies take very seriously. Fortunately, thanks to the work of SPRINT and its national partners before the earthquake, many of those charged with putting the MISP in place were SPRINT trainees and well prepared to respond.

SPRINT provided technical assistance and funding to IPPA and their local partners throughout the response to provide sexual and reproductive health services after the acute emergency phase – paving the way for more comprehensive services to follow. **In the aftermath of the earthquake's devastation, SPRINT trainees – via their robust country coordination team – worked to change the policy environment in Indonesia so that when the next emergency happened, the sexual and reproductive health response could be even more swift and seamless.** This proved to be critical when, in 2010, Indonesia experienced a volcanic eruption, earthquake and subsequent tsunami.

Dr. Rosilawati Anggraini manages UNFPA Indonesia's emergency preparedness and response programme. She is also a SPRINT trainee who shares in the initiative's success, noting, "In Indonesia, SPRINT training has built our capacity in the area of sexual and reproductive health in emergency contexts and has inspired us to implement comprehensive sexual and reproductive health emergency preparedness and response programming."

"The SPRINT [Initiative] provides one of the most important aspects of assistance that is often forgotten when disaster and conflicts strike... and also trains humanitarian workers who may already know all about water supplies, how to fix broken bones and diseases, but may know nothing about reproductive health or how to deal with pregnancy, childbirth and the aftermath of rape and violence. SPRINT is a great programme. It is practical, it is saving lives, and it works."

Australian Senator Anne McEwen, representing the Parliamentary Group on Population and Development, after a study tour to the Philippines to see SPRINT in action



In Sri Lanka, SPRINT and FPASL have worked without pause to implement the MISP and save lives.

Post-conflict and disaster case study: Sri Lanka MISP implementation in a complex emergency setting

Estimates vary as to exactly how many Sri Lankans have been forced from their homes, at different times and in different waves, as a result of the country's long-running civil war. To date, no fewer than 220,000 Sri Lankans remain displaced. And while some have returned to their homes, further displacement may be a longer-term problem requiring humanitarian assistance. In fact, many Sri Lankans have been displaced multiple times during this protracted armed conflict.

The Family Planning Association of Sri Lanka (FPASL), an IPPF Member Association, was founded in 1953 to serve the sexual and reproductive needs of Sri Lankans. FPASL – with the help of SPRINT – was able to respond when severe flooding began on Sri Lanka's east coast in January 2011, further displacing vulnerable populations. FPASL's Medical

Director Dr. Sumithra Tissera had already participated in SPRINT training on the MISP.

SPRINT and FPASL worked without pause to implement the MISP with other national organizations, thereby strengthening on-the-ground access to sexual and reproductive health services and information for internally displaced populations. As an extension of the SPRINT partnership, FPASL – with UNFPA and the Ministry of Health – rallied to reach out to marginalized communities affected by both conflict and flooding and offer desperately needed sexual and reproductive health services via 1550 mobile clinics and 100 static clinics. Tens of thousands of internally displaced people benefited directly from this work. Dr. Tissera notes that, "FPASL was able to prevent the majority of preventable maternal and neonatal deaths due to our commitment to implementing the MISP with the support of other government and non-profit agencies."

Mr. Lasantha Gunaratna, FPSAL Outreach Director and a SPRINT trainee via national training, is extremely proud of the profound effect of the SPRINT collaboration in Sri

Lanka. He says that, "In the beginning, FPASL was the only non-governmental organization trained in the MISP and able to implement it. But we are working with UN agencies, non-governmental organizations and also with government – including the Family Health Bureau – to change this. People are recognizing that SRH services in emergencies are important."

"FPASL was able to prevent the majority of preventable maternal and neonatal deaths due to our commitment to implementing the MISP with the support of other government and non-profit agencies."

Dr. Sumithra Tissera, Medical Director, FPASL

The SPRINT Initiative: moving forward

While the SPRINT Initiative has had many successes since its inception in 2007, work continues to build upon this important foundation to ensure universal access to sexual and reproductive health services and information for those affected by crisis worldwide.

SPRINT PROFILE

Dr. Wame Baravilala

Dr. Wame Baravilala is an obstetrician/gynaecologist and medical educator and currently an Advisor in Reproductive Health for the UNFPA Pacific Sub-Regional Office based in Fiji, responsible for 15 countries. Dr. Baravilala has witnessed firsthand the devastating consequences of natural disaster: he recently responded to the Samoa and Tonga tsunamis (2009), flooding in the Solomon Islands and Fiji (also in 2009), and a hurricane in Fiji (2010). Dr. Baravilala was one of the first participants in a regional SPRINT training in the spring of 2008, and has been championing the initiative ever since:

“SPRINT raised the importance of positioning sexual and reproductive health and especially the MISP in country and regional responses to humanitarian crises. It provides the framework that guides the response of the sexual and reproductive health sector. While the Inter-agency Working Group on Reproductive Health in Crises has produced the guidelines to use in such settings, SPRINT makes the link to practical application. This allows in-country personnel to [coordinate and implement the MISP] with confidence.”

When SRH services are available, women and girls are better able to thrive.



Moving forward, SPRINT is committed to strengthening its partnerships and will continue to:

- consider the needs of women and girls, who are disproportionately affected by poor quality or absent sexual and reproductive health services in crisis settings
- advocate for a strong enabling environment, with robust policies, political will and designated funding for MISP coordination and implementation during humanitarian emergencies
- bring together national actors, who have local knowledge and expertise, for increased collaboration and better on-the-ground outcomes
- roll out national SPRINT trainings to increase and develop the capacity of national actors to respond when disasters strike
- expand SPRINT training to other countries and regions in collaboration with UNFPA and other partners
- work to address all stages of the Emergency Management Cycle, with an emphasis on preparation and planning – so when disasters happen, national actors are ready to respond to critical sexual and reproductive health needs

Finally, the SPRINT Initiative will continue to bring together traditional humanitarian and development actors before disasters strike to ensure that the continuum of SRH service provision remains intact – so that the sexual and reproductive rights of women, men and young people everywhere are upheld and lives are saved.

Key recommendations

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

Policy and funding environment

Create enabling policies and earmark designated funding to support sexual and reproductive health coordination and implementation before, during and after crises

- Advocate for and support sexual and reproductive health in emergencies at the policy, systems and service levels
- Governments and non-governmental organizations should work together to ensure that sexual and reproductive health planning and preparation take place in advance
- Promote policies that support the full implementation of the MISIP
- Remove policies and practices that pose barriers to the implementation of the MISIP
- Development and humanitarian sections among donors, governments and non-governmental organisations should align and harmonize their policies, funding and programs in order to maximize impact on the ground

Programmes and services

Mainstream sexual and reproductive health services into emergency preparedness plans and humanitarian response programmes

- Involve communities, and specifically women, girls and vulnerable groups, from the beginning of preparedness planning to response and recovery phases
- Invest in developing skills and knowledge of coordinators and service providers in how to implement the MISIP to swiftly respond from the very onset of a crisis
- Support mechanisms to hold governments and agencies accountable for ensuring access to life-saving sexual and reproductive health services for crisis-affected populations
- Reinforce coordination among humanitarian and development partners to ensure a cost-effective and holistic approach to the Emergency Management Cycle
- Ensure that programmes and services reach the most marginalized and stigmatized, including the disabled, elderly and vulnerable women and girls

Research

Invest in research on sexual and reproductive health in crises that is pragmatic and participatory

- Build a body of evidence through operations research and robust monitoring and evaluation to improve what is working and magnify impact
- Involve crisis-affected populations as researchers and work with them to get research integrated into policy and practice
- Encourage agencies to conduct action research on accountability in relation to sexual and reproductive health programming in humanitarian settings
- Add to the body of evidence on emerging issues, such as the impact of crises on the sexual and reproductive health of men and boys

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Acronyms

AIBEF: l'Association Ivoirienne pour le Bien-Être Familial (AIBEF or, in English, the Ivoirian Association for Family Well-Being)

HIV: Human Immunodeficiency Virus

FPAP: Family Planning Association of Pakistan

FPASL: Family Planning Association of Sri Lanka

FPOP: Family Planning Organization of the Philippines

IAWG: Inter-Agency Working Group on Reproductive Health in Crises

IFRC: International Federation of the Red Cross and Red Crescent Societies

IPPA: Indonesian Planned Parenthood Association

MISP: Minimum Initial Service Package for Reproductive Health in Crisis Situations

SPRINT: Sexual and reproductive health Programme IN humaniTarian settings

SRH: Sexual and Reproductive Health

UN: United Nations

UNHCR: Office of the United Nations High Commissioner for Refugees

UNFPA: United Nations Population Fund

UNSW: University of New South Wales

WHO: World Health Organization

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Key definitions

Emergency Management Cycle: Managerial function charged with creating the framework within which nations/ organizations/communities reduce vulnerability to hazards and cope with disasters. It involves four phases: mitigation, preparedness, response, and recovery.

Humanitarian crisis/emergency (or “humanitarian disaster”): An event or series of events which represents a critical threat to the health, safety, security or wellbeing of a community or other large group of people, usually over a wide area. Armed conflicts, epidemics, famine, natural disasters and other major emergencies may all involve or lead to a humanitarian crisis.

Internally displaced person: A person who has been forced to flee his/her home because of natural disasters, conflict or fear of persecution, but remains inside his/her home country.

Minimum Initial Service Package (MISP) for Reproductive Health in

Crisis Situations: Set of priority activities to be implemented during the early stages of an emergency (conflict or natural disaster). It is designed to: coordinate the response; prevent and respond to sexual violence; prevent excess neonatal and maternal morbidity and mortality; reduce STI and HIV transmission; and plan for comprehensive reproductive health services.

Refugee: A person who has fled his/her home country because of natural disasters, conflict or persecution. A refugee has crossed an international border and has sought safety in another country.

Sexual and gender-based violence (SGBV): Any harm enacted against a person’s will that is the result of power imbalances that exploit distinctions between males and females. Violence may be physical, sexual, psychological, economic or socio-cultural, perpetrated in private or in public settings. Forms of SGBV that can occur during crises and its aftermath include: sexual abuse and exploitation; domestic violence; trafficking; forced impregnation or sterilization; forced marriage; forced prostitution; forced recruitment; and harmful traditional practices, such as female genital mutilation or early marriage.

Sexual and reproductive health (SRH): State of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so

Sexual and reproductive health (SRH) services: Constellation of methods, techniques and services that contribute to SRH and well-being through preventing and solving SRH problems.

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SPRINTing towards change

sex and pregnancy in emergencies

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Right now, all around the world, there are more than 65 million people who have been forced by natural or man-made disasters to leave their homes – for an average of 17 years. The consequences of forced displacement can be devastating, and women and girls are disproportionately affected by crises.

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SPRINTing towards change: sex and pregnancy in emergencies explores the innovative approaches, promising practices, and high-impact interventions piloted by the SPRINT Initiative. These interventions offer great potential for making a difference on a large scale. They take a holistic approach to empower both development and humanitarian partners to prevent ill health, disability and death in affected populations, and women and girls in particular: physical and psychological trauma, early and forced marriage, school drop-out, sexual violence, unintended pregnancy, unsafe abortion, unskilled childbirth, and sexually transmitted infections, including HIV. When national and international partners work together and involve communities, including women and girls, they can prioritize critical sexual and reproductive health services - via enabling policies, preparedness plans, and emergency response. This, in turn, can improve the resilience, response, recovery and redevelopment of entire communities when crises happen.

It is time for policy- and decision-makers, managers, service providers and community leaders to re-think protection strategies for women and girls before, during and after a crisis. We must invest in, protect and promote disaster risk reduction policies, preparedness programmes, healthcare services and research that mainstream life-saving sexual and reproductive health and rights.