

Stories of Accessing SRH in Emergencies

Following from the video on SRH in emergencies, this activity will provide participants with the opportunity to hear and learn from people who have been directly affected by humanitarian crises.

Time

20 minutes

Process

- You have a number of options for presenting stories of affected populations:
 1. Invite one or more individuals from your context who have lived experience of requiring or choosing to access sexual and reproductive information and services in humanitarian emergencies. You could also ask those who have been involved in responding to sexual and reproductive health needs in emergencies to present to the group about their experiences and what they witnessed during those times.
 2. Provide real life written accounts of people from your context who have lived experience of requiring or choosing to access sexual and reproductive information and services in humanitarian emergencies.
 3. Provide the more generic written accounts included in this training module to participants from IPPF. Ideally, you will also have contextualized these for your particular workshop participants (Participant Handout #1).
- If you choose to use options 2 or 3, divide the written accounts of people accessing SRH services in emergencies between the tables. Ask each small group or pair to read through and absorb the information provided.
- After 5 minutes or so, ask each small group or pair to discuss their story and how they feel it highlights the need for SRH in crisis.

Materials



Participant Handout #1 if using option 3 (above).

Participant Handout #1

Stories of accessing SRH in emergencies: group work

1. Epi

Epi, 30, was eight months pregnant with her sixth child when a 7.5 earthquake occurred near her town in Palu, Indonesia on the 28 September 2018. She received prenatal care through IPPF's SRH mobile health tent which was located in the Internally Displaced Persons (IDP) camp where she was staying. The checkup confirmed the gestation of her pregnancy, she received vitamins and the IPPA nurse was able to work through her delivery plan with her. For Epi, this was the first time she had received prenatal care throughout any of her six pregnancies. She said, "I don't have any information about family planning. This is my first time getting a checkup during a pregnancy. I have never, ever been to a clinic throughout any of my pregnancies. I was scared! But today, when I heard [IPPF Member Association] IPPA were setting up a tent, my aunt and everyone really encouraged me to come to get prenatal care and not to be scared."

2. Amelia

Amelia, 19, has three daughters aged four, two and a one month old baby. She was married in 2013 when she was 14 years old. Her newest baby, Gifa, was born only seven days after a devastating 7.5 earthquake hit her home island in Indonesia. Amelia named her Gifa as it means 'earthquake' in the local language. She says, "For the moment, I still carry too much trauma after the earthquake to have more children. I remember so clearly how I was so heavily pregnant, and I had to push myself so hard to run away from the earthquake to reach a far place. That is so traumatizing to think about. Three children is enough for now. I won't have more until I feel safe and comfortable again. I am still scared of another earthquake". IPPA Midwife Anggnani was able to provide Amelia with a contraceptive injection in the mobile SRH tent located in her IDP camp.

3. PNG Highlands Earthquake

On the 26 February 2018, a 7.5 magnitude earthquake struck the Highlands Region of Papua New Guinea. The Papua New Guinea Family Health Association (PNGFHA) team did mobile outreach to the remote area villages where they heard about a 16 year old girl who had delivered her 1st baby and had a retained placenta. The PNGFHA midwife examined the mother and immediately transported her to the Nipa Health centre where she delivered the placenta. The following day the mother was discharged back to the village. The PNGFHA midwife did a home visit for follow-up postnatal care for the mother and baby the following day. She also provided family planning counselling to the couple. At first the husband was reluctant and didn't want his wife to start family planning, but after careful explanation about the family planning methods, they couple decided to start with oral contraceptive pills.

Participant Handout #2

Sexual and Reproductive Health are Human Rights Relevant UN and Global Body Resolutions

S/RES/2467: Women and peace and security: Sexual violence in conflict (Adopted by the UN Security Council 23 April 2019)

- Recognizing that sexual violence in conflict occurs on a continuum of interrelated and recurring forms of violence against women and girls, and recognizing that conflict also **exacerbates the frequency and brutality of other forms of gender-based violence**,
- Recognizing the need for a **survivor-centered approach in preventing and responding to sexual violence in conflict and post-conflict situations**, further recognizing the need for survivors of sexual violence to receive non-discriminatory access to services such as medical and psychosocial care to the fullest extent practicable and need to be free from torture and cruel, inhuman or degrading treatment, and that violations of the obligations on the treatment of victims can amount to serious violations of international law;
- Recognizes the need to **integrate the prevention, response and elimination of sexual violence in conflict and post-conflict situations** and addressing its root causes in all relevant resolutions;
- Encourages member States to adopt a **survivor-centered approach in preventing and responding to sexual violence in conflict and post-conflict situations**, ensuring that prevention and response are non-discriminatory and specific, and respect the rights and prioritize needs of survivors, including groups that are particularly vulnerable or may be specifically targeted, and notably in the context of their health, education, and participation;
- Notes the link between sexual violence in armed conflict and post-conflict situations and **HIV infection, and the disproportionate burden of HIV and AIDS on women and girls** as a persistent obstacle and challenge to gender equality.

73/142: Inclusive development for and with persons with disabilities (Adopted 17 December 2018 by the UN General Assembly)

- Recognizing that persons with disabilities are **often disproportionately affected in situations of risk**, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters and in their aftermath, and that they may require specific protection and safety measures, recognizing also the **need to support further participation and inclusion of persons with disabilities** in the development of such measures and decision-making processes relating thereto, in order to ensure disability-inclusive risk reduction and humanitarian action, and recognizing further the special coping mechanisms developed by persons with disabilities to withstand the effects of conflict and natural disasters.

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73/148: Intensification of efforts to prevent and eliminate all forms of violence against women and girls: sexual harassment (Adopted 17 December 2018 by the UN General Assembly)

- Recognizing the increase in public awareness and advocacy on sexual harassment, and stressing the need to **accelerate government action to tackle sexual harassment**,
- Establishing and/or strengthening law enforcement, **health and social workers' and counsellors' response protocols and procedures to ensure that all appropriate actions are taken to protect and respond to the needs of victims of violence**, including sexual harassment, to identify acts of violence and to prevent their recurrence or further acts of violence and physical and psychological harm, ensuring that services are responsive to the survivors' needs, including by providing access to female health-care providers, police officers and counsellors if requested, and ensuring and maintaining the privacy of victims and the confidentiality of their reporting
- Encourages humanitarian assistance agencies and non-governmental organizations to **adopt and implement policies to prevent, address and prohibit sexual harassment within their organization**.

HRC/39/10. Preventable maternal mortality and morbidity and human rights in humanitarian settings (Adopted 27 September 2018 by the Office of the United Nations High Commissioner for Human Rights)

- For the first time at the intergovernmental level, **sexual and reproductive health and reproductive rights without reference to ICPD or Beijing** are recognized as integral to the realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;
- Encourages all stakeholders to consider **promoting and using the Inter-Agency Field Manual and the Minimum Initial Service Package (MISP)**, which is necessary to curb MMMRs in humanitarian settings;
- Urges States to bring **laws and policies concerning sexual and reproductive health**, including international assistance policies, in line with **international human rights law** and to **repeal discriminatory laws relating to third-party authorization for health information and health-care services**, and to combat gender stereotypes, norms and behaviors that are discriminatory;
- Remove legal barriers, develop and enforce policies, good practices and legal frameworks that **respect bodily autonomy** and guarantee universal access to sexual and reproductive health-care services, evidence-based information and education within a human rights-based approach, including for family planning, safe and effective methods of modern contraception, emergency contraception, universal access to health care, including quality maternal health care;

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- Recognizes that in humanitarian settings, disintegrating judicial systems, **gender-based discrimination and discrimination against refugees in host countries**, fear of reprisals against their families or themselves, and the stigma associated with sexual and gender-based violence all prevent **women and girl** survivors of sexual and gender-based violence and those denied access to sexual and reproductive health-care services from reporting sexual violence and seeking justice, accountability and remedies for the violations they have endured
- Highlights the integration of a **human rights-based approach** to the provision of sexual and reproductive health-care services as positively contributing to the common goal of reducing maternal mortality and morbidity rates.
- Includes three operative paragraphs on accountability for women and girls that address **legal accountability, accountability via monitoring and reporting mechanisms, and remedies, reparations and guarantees of non-recurrence for victims and survivors of SGBV as well as on women and girls' meaningful and effective participation in all decisions that affect them).**
- And for the first time Member States agreed on the need to ensure access to **CSE for women and girls in humanitarian settings.**

HRC/38/1: Elimination of all forms of discrimination against women and girls (Adopted 5 July 2018 by the Office of the United Nations High Commissioner for Human Rights)

- Reaffirming that the full enjoyment of all human rights by women includes their **right to have control over and to decide freely and responsibly on matters relating to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, and that equal relationships in matters of sexual relations and reproduction, including full respect for the dignity, integrity and bodily autonomy of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences,**
- Urges States to **promote and protect sexual and reproductive health and reproductive rights, in accordance with the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development** and the outcome documents of their review conferences, and to respect, protect and fulfil the right of every woman to have full control over and decide freely and responsibly on all matters relating to her sexuality and sexual and reproductive health,
- Guarantee **universal access to sexual and reproductive health, services, evidence-based information and education,** including for family planning, safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care, such as skilled birth assistance and emergency obstetric care, safe abortion in accordance with international human rights law and where not against national law, the prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers and the integration of sexual and reproductive health into national health strategies and programmes.

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WHO's 13th General Programme of Work (GPW) (Adopted May 2018) which, inter alia, commits WHO to work on the following:

- Access to SRHR for the most vulnerable populations, particularly in fragile and conflict-affected countries;
- Address SDG targets 3.7 and 5.6 in relation to gender equality and women's economic empowerment;
- Implementation of gender equality, equity and rights-based approaches to health that enhance participation, build resilience, and empower communities;
- Gender mainstreaming including not only sex-disaggregated data, but also bringing a gender lens to needs analysis and programme design;
- Seize opportunities to advocate for mainstreaming SDG 5 (achieving gender equality and empowering all women and girls);
- End all forms of discrimination against women and girls everywhere; to eliminate all forms of violence against all women and girls in the public and private spheres; and to eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

HRC RES 37/20 Rights of the child: protection of the rights of the child in humanitarian settings (adopted March 2018 by the Office of the United Nations High Commissioner for Human Rights)

- Recognizing that humanitarian situations **compromise the effective enjoyment of the rights of the child**, including the rights to life, to survival, to development, to family relations and not to be separated from one's parents against one's will unless necessary for the best interests of the child, to the highest attainable standard of health, to an adequate standard of living, to education, to recreation and play and to be protected from all forms of violence, abuse, neglect or exploitation;
- Urges States to **provide age-, disability- and gender-sensitive humanitarian assistance**, including specialized child protection services, to children in the context of humanitarian situations, including refugee and displaced children, that takes into account the particular vulnerabilities and specific protection needs of children, including those who have been forced to flee violence, who have suffered persecution, who are the primary caregivers of families, who have disabilities or who are unaccompanied or separated;
- Calls upon States to **develop, in consultation with children, and integrate into humanitarian responses, from the early stages of humanitarian emergencies, measures** to address the increased vulnerability of girls to child, early and forced marriage and to protect children, especially girls, from sexual and gender-based violence, exploitation and abuse during humanitarian emergencies and situations of forced displacement, armed conflict and natural disaster, including by ensuring that health-care and education services, goods and facilities are available, accessible, acceptable and of quality and that

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safe counselling, reporting and complaint mechanisms are available to and accessible by all child victims of violence, including sexual violence

- Calls upon States to **promote the meaningful participation of and active consultation with children and adolescents affected by humanitarian situations on all issues affecting them** and to raise awareness about their rights through safe spaces, forums and support networks that provide children with information, life skills and leadership skills training and opportunities to be empowered, to express themselves and to participate meaningfully, consistent with their evolving capacities, during and after an emergency.

72/162. Implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto: situation of women and girls with disabilities (Adopted 19 December 2017 by the UN General Assembly)

- Urges States to take all appropriate measures to **eliminate discrimination against persons with disabilities, in particular women and girls in situations of risk**, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters, to address violence against women and girls, providing timely and appropriate reintegration and rehabilitation assistance to persons with disabilities while ensuring that their specific needs are addressed, such as access to health-care services, psychosocial support and educational programmes;
- To ensure that **international cooperation is disability- and gender-sensitive and inclusive**, including through the implementation of disability markers to monitor the implementation of programmes, and the collection of data and statistics on persons with disabilities in the implementation of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals, targets and indicators, as well as other international frameworks.

72/139: Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society (Adopted 12 December 2017 by the UN General Assembly)

- Affirming the right of every human being, without distinction of any kind, to the **enjoyment of the highest attainable standard of physical and mental health**,
- Recognizing the **special needs of people living in areas affected by complex humanitarian emergencies**, and expressing concern that the most vulnerable in areas affected by conflicts often have no or limited access to health services, and, moreover, that attacks against medical personnel and facilities have immediate and long-term consequences for health-care systems
- Underscoring the importance of motivated, **well-trained and appropriately equipped health professionals and health workers** in decent jobs, to build a sustained and resilient health system and contribute towards the achievement of sustainable universal health coverage and the protection of health workers during emergencies

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- Promotion of, inter alia, **gender equality and women's empowerment and ensure universal access to sexual and reproductive health and women's and girls' full enjoyment of all human rights**, so as to contribute to the eradication of poverty and to economic and social development, including improved health outcomes,
- Recognizing that **women and girls play a vital role as agents of development**, and acknowledging that realizing gender equality and the empowerment of all women and girls is crucial to making progress across all Sustainable Development Goals and targets.

HRC RES 35/16 Child, early and forced marriage in humanitarian settings (Adopted June 2017 by the Office of the United Nations High Commissioner for Human Rights)

- Recognizing that child, early and forced marriage constitutes a serious threat to the full realization of **the right to the enjoyment of the highest attainable standard of physical and mental health of women and girls**, including but not limited to their sexual and reproductive health, significantly increasing the risk of early, frequent and unwanted pregnancy, maternal and newborn mortality and morbidity, obstetric fistula and sexually transmitted infections, including HIV/AIDS, as well as increasing vulnerability to all forms of violence;
- Urges States to **enact, enforce, harmonize and uphold laws and policies aimed at preventing, responding to and eliminating** child, early and forced marriage, protecting those at risk, including in humanitarian settings, and supporting already married women and girls, and to ensure that marriage is entered into only with the informed, free and full consent of the intending spouses and that women have equality with men in all matters pertaining to marriage, divorce, child custody and the economic consequences of marriage and its dissolution;
- Calls upon States to promote the **meaningful participation of and active consultation with children and adolescents affected by humanitarian settings, especially girls**, on all issues affecting them and to raise awareness about their rights, including the negative impact of child, early and forced marriage, through safe spaces, forums and support networks that provide girls and boys with information, life skills and leadership skills training and opportunities to be empowered, to express themselves, to participate meaningfully in all decisions that affect them and to become agents of change within their communities;
- Also urges States, **with the collaboration of relevant stakeholders, to ensure that the basic humanitarian needs of affected populations and families, including clean water, sanitation, food, shelter, energy, health, including sexual and reproductive health, nutrition, education and protection**, are addressed as critical components of humanitarian response, to ensure that civil registration and vital statistics are an integral part of humanitarian assessments, and that livelihoods are protected recognizing that poverty and lack of economic opportunities for women and girls are among the drivers of child, early and forced marriage.

Participant Handout #2

Sendai Framework for Disaster Risk Reduction 2015 - 2030

- Disaster risk reduction requires an all-of-society engagement and partnership. It also requires empowerment and inclusive, accessible and non-discriminatory participation, paying special attention to people disproportionately affected by disasters, especially the poorest. **A gender, age, disability and cultural perspective should be integrated in all policies and practices**, and women and youth leadership should be promoted. In this context, special attention should be paid to the improvement of organized voluntary work of citizens;
- To strengthen the design and implementation of inclusive policies and social safety-net mechanisms, including through community involvement, integrated with livelihood enhancement programmes, and **access to basic health-care services, including maternal, newborn and child health, sexual and reproductive health**, food security and nutrition, housing and education, towards the eradication of poverty, to find durable solutions in the post-disaster phase and to empower and assist people disproportionately affected by disasters.

The Sustainable Development Goals (Adopted 2015)

- 3.1: By 2030, **reduce the global maternal mortality ratio** to less than 70 per 100,000 live births;
- 3.7: By 2030, **ensure universal access to sexual and reproductive health-care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;
- 3.D: **Strengthen the capacity of all countries**, in particular developing countries, for early warning, risk reduction and management of national and global health risks;
- 5.5: **Ensure women's full and effective participation and equal opportunities** for leadership at all levels of decision-making in political, economic and public life;
- 5.6: **Ensure universal access to sexual and reproductive health and reproductive rights** as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;
- 5.C: Adopt and strengthen sound policies and enforceable legislation for the **promotion of gender equality and the empowerment of all women and girls at all levels**.

Next Steps Activity

This activity will allow participants to consolidate their learning and advocacy messages from the workshop and discuss concrete next steps to support the provision of SRH information and services in emergencies.

Time

45 minutes

Process

- Divide participants into small groups, likely around tables or by organization. Distribute copies of the handout.
- Ask the groups to consider the following: If an emergency was to happen tomorrow, would their current response system be able to address the objectives of the MISP and the other SRH priority? Ask them to note any likely gaps in the first column.
- In the remaining two columns, ask participants to consider what activities they could do in preparedness and during the response to address these gaps, and better support MISP implementation. If you have many policy makers in the room ask them to identify any specific policies/plans/and processes that could be used to support MISP implementation.
- After the handouts have been completed, ask tables to report back on one to two key activities identified.

Note to facilitators Highlight that more in depth MISP readiness assessments tools are available if participants would like to pursue planning after the workshop to identify key preparedness actions.

Materials



Participant Handout #3

Participant Handout #3

	Gaps in current situation	Activities and policies to address gaps: Preparedness	Activities and policies to address gaps: Response
Objective 1: Identify an agency to lead implementation of the MISP <ul style="list-style-type: none"> ▪ SRH Coordinator nominated ▪ Regular meetings ▪ Reporting mechanisms ▪ Mapping & analysis of SRH services ▪ Information sharing ▪ Community awareness 			
Objective 2: <ul style="list-style-type: none"> ▪ Prevent & manage the consequences of sexual violence ▪ Preventive measures ▪ Clinical care & referral for survivors ▪ Confidential & safe spaces 			
Objective 3: Reduce Transmission of HIV & other STIs <ul style="list-style-type: none"> ▪ Safe & rational blood transfusion ▪ Standard precautions ▪ Condoms available ▪ ARVs for continuing users ▪ PEP ▪ Co-trimoxazole ▪ Syndromic diagnosis & treatment of STIs 			
Objective 4: Prevent maternal & infant mortality <ul style="list-style-type: none"> ▪ Availability & accessibility of EmONC ▪ Community awareness ▪ Clean delivery kits ▪ 24/7 referral system ▪ Post-abortion care ▪ Supplies & commodities 			
Objective 5: Prevent unintended pregnancies <ul style="list-style-type: none"> ▪ Range of contraceptive methods available ▪ IEC materials ▪ Community awareness 			
Objective 6: Plan for comprehensive services <ul style="list-style-type: none"> ▪ Plan for comprehensive services ▪ Address 6 health system building blocks 			
Other SRH priority Activity Safe abortion care			

*See MISP for SRH Cheat Sheet and IAFM 2018 for the full list of activities

Participant Handout #4

The Importance of Addressing Sexual and Reproductive Health in Emergencies

From *Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations: A Distance Learning Module (Draft 2019)*

Why is it important to address sexual and reproductive health in emergencies?

1. The Minimum Initial Service Package for Sexual and Reproductive Health (SRH) is a priority set of life-saving activities to be implemented at the onset of every humanitarian crisis. It forms the starting point for sexual and reproductive health programming and should be sustained and built upon with comprehensive sexual and reproductive health services throughout protracted crises and recovery.
2. Two-thirds of preventable maternal deaths and 45% of newborn deaths take place in countries affected by recent conflict, natural disaster, or both.¹
3. The MISP for SRH saves lives and prevents illness, disability, and death. As such, the MISP for SRH meets the life-saving criteria for the Central Emergency Response Fund (CERF).
4. Neglecting the MISP for SRH in humanitarian settings has serious consequences: preventable maternal and newborn deaths; sexual violence and subsequent trauma; sexually transmitted infections; unintended pregnancies and unsafe abortions; and the possible spread of HIV.
5. The priority life-saving SRH services in the MISP for SRH are integrated to Sphere Minimum Health Standards in Humanitarian Response.²
6. The Global Health Cluster endorses the MISP for SRH as a minimum standard in health service provision in emergencies as outlined in the IASC Health Cluster Guide.³
7. International laws support the rapid and unobstructed implementation of the MISP for SRH by humanitarian actors.⁴ Sexual and Reproductive health services are also vital to realizing United Nations Security Council Resolutions 1325, 1820, 1888 and 1889 on Women, Peace and Security.

1 The Lancet. For every woman, every child, everywhere: a universal agenda for the health of women, children, and adolescents. Published: May 16, 2015 DOI: [https://doi.org/10.1016/S0140-6736\(15\)60766-8](https://doi.org/10.1016/S0140-6736(15)60766-8)

2 The Sphere Project, Humanitarian Charter and Minimum Standards in Disaster Response, 2018. Available from <https://handbook.spherestandards.org/>

3 Inter-Agency Standing Committee, Health Cluster Guide: A practical guide for country-level implementation of the Health Cluster, 2009.

4 Geneva Convention (IV) Relative to the Protection of Civilian Persons in Time of War (1948); Geneva Conventions, common art. 3; International Covenant on Civil and Political Rights, art. 6; Geneva Convention (IV) Relative to the Protection of Civilian Persons in Time of War, arts. 23, 55, 59, 60 (1948); Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol 1), art. 70; Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), arts. 9-11; Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); the International Covenant on Economic, Social and Cultural Rights (ICESCR).

Participant Handout #4

8. In addition to health, activities of the MISP for SRH must be coordinated with other sectors/clusters, including protection, water, sanitation, logistics, and hygiene (WASH) and early recovery.
9. As humanitarian actors become familiar with the priority activities of the MISP for SRH, they recognize that it can and should be provided within the context of other critical priorities, such as water, food, cooking fuel and shelter.