Sexual and Reproductive Health and Rights in Emergencies: Experiences from Disasters

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Presentation Outline

- Importance of Sexual and Reproductive Health and Rights (SRHR) in emergencies
- Key components of the Minimum Initial Service Package (MISP) for Sexual Reproductive Health
- Sphere Standard for SRHR
- Response to 2015 Gorkha Earthquake and COVID-19
- Key preparedness actions
- Challenges to meeting SRH needs in Crises
- Key lessons

International mandates & policies addressing SRH rights & services

- Universal Declaration of Human Rights, 1948
- Convention on the Elimination of All Forms of Discrimination Against Women, 1979
- Programme of Action, International Conference on Population and Development, Cairo 1994
- Platform for Action, Fourth World Conference on Women, Beijing 1995
- Convention on All Forms of Rational Discrimination
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- UN Security Council Resolutions 1325, 1820, 1308, 1888, 1889

National mandates addressing SRH rights & services

- Constitution of Nepal 2015
- Safe Motherhood and Reproductive Health Rights Act 2018 and Regulation 2021
- Public Health Service Act 2018

Right to SRH

"All migrants, refugees, asylum seekers and displaced persons should receive basic education and health services"

Chapter 10, ICPD Programme of Action, 1994

SRH needs continue
Emergency Halts Other Lifelines but....

- Women won't stop being pregnant
- People won't stop having sexual life (even in shelters)

- Women can't stop giving birth
- Exploitation, violence rather increases during social instability

SRH needs continue … in fact, increase during crisis

- STI/HIV transmission may increase in areas of high population density
- Lack of Family Planning, increases risks associated with unwanted pregnancy
- Malnutrition and epidemics increase risks of pregnancy complications
- Childbirth occurs on the wayside during population movements
- Lack of access to comprehensive emergency obstetric care increases risk of maternal death

Inter-Agency Working Group on RH in Refugee Situations (IAWG)

Formed in 1995: >30 UN, NGO, Academic, Donors

- Minimum Initial Service Package (MISP)
- Inter-agency Field Manual (IAFM)
  - The MISP
  - Comprehensive RH

Maternal Health

Family Planning

Gender-based Violence

STI, HIV/AIDS

Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings

Objective 6
Plan for COMPREHENSIVE SRH services, integrated into PHC as soon as possible

- Work with health sector/cluster partners to address the six health system building blocks (service delivery, health workforce, health information system, medical commodities, financing & governance/leadership)
- Plan to integrate RH in health system reconstruction
- Collect background information

Objective 1
Ensure the health sector/cluster identifies an organisation to LEAD implementation of MISP

- Identify sexual and reproductive health focal point/coordinator (organisation/individual)

RH Kit 0

Objective 5
Prevent UNINTENDED PREGNANCIES

- Make range of contraceptives available at all levels to meet demand
- Contraceptives, contraceptive information and counselling should be made available confidentially
- Ensure community is aware of availability of contraceptives

RH Kit 1 | RH Kit 4 | RH Kit 7

Objective 2
Prevent SEXUAL VIOLENCE and respond to the needs of survivors

- Plan camp design
- Protect at risk groups
- Medical response (EC, STI/HIV prevention)
- Inform community

RH Kit 3 | RH Kit 9

GOAL
Decrease mortality, morbidity & disability in crisis-affected populations (refugees, IDPs and host populations)

Objective 4
Prevent excess MATERNAL & NEWBORN morbidity and mortality

- Emergency obstetric and newborn care
- Basic EmONC in primary health care facilities
- Comprehensive EmONC in referral hospitals
- Referral system for emergencies (transport/communication)
- Clean home deliveries

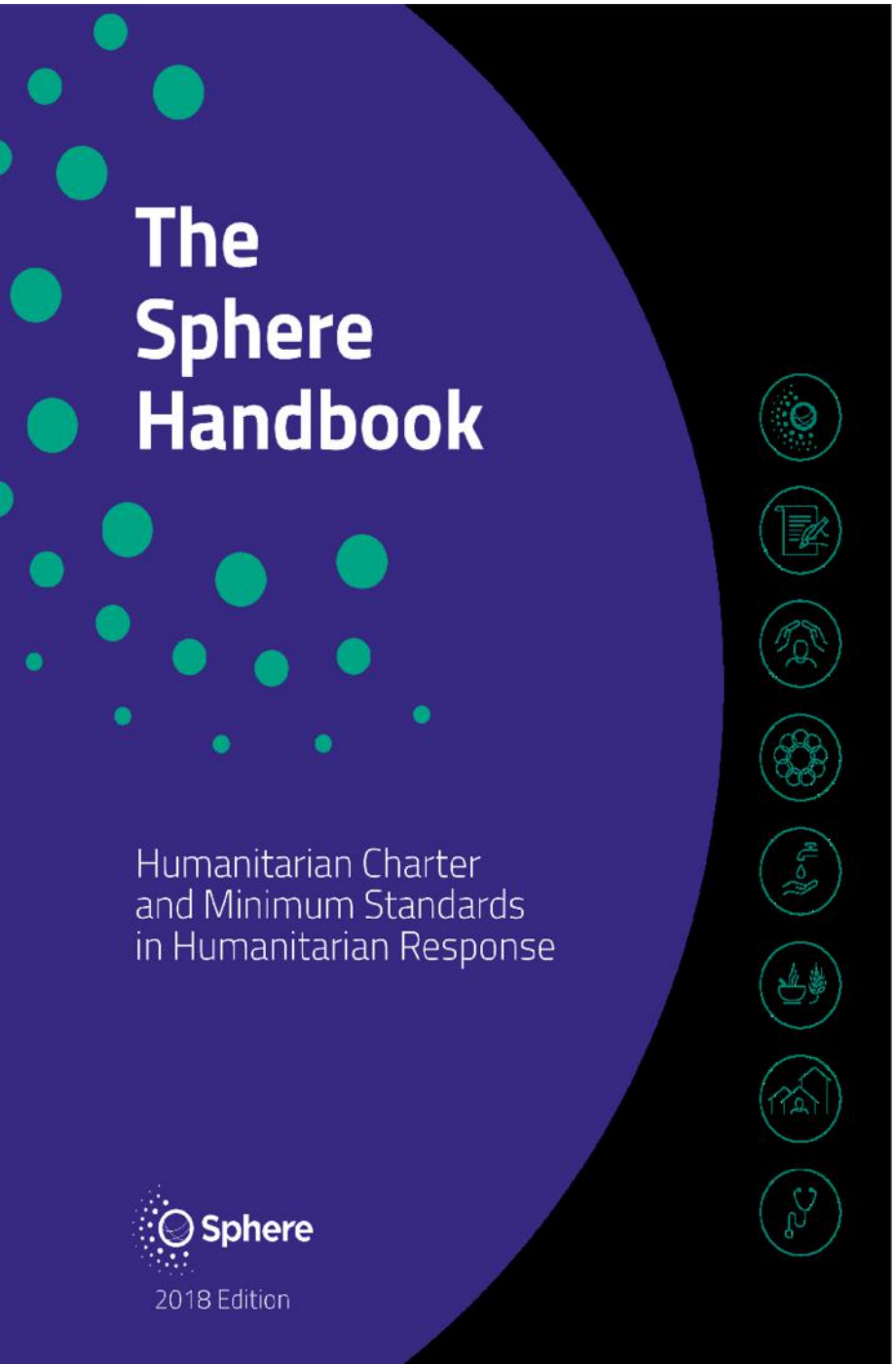
RH Kit 2 | RH Kit 4 | RH Kit 6 | RH Kit 8 | RH Kit 9 | RH Kit 10 | RH Kit 11

Objective 3
Prevent transmission of and reduce morbidity and mortality due to HIV and other STIs

- Standard precautions
- Free condoms
- Safe and rational blood transfusions
- Additional priorities: syndromic treatment of STIs; ARVS for continuing users incl. prevention of mother-to-child transmission

RH Kit 1 | RH Kit 5 | Universal precautions kits 1-12 | RH Kit 12

2018 IAFM Revision (draft cheat sheet)



Minimum Standards in Health Action

Sexual and reproductive health standard 2.3.1
Reproductive, maternal and newborn healthcare

Sexual and reproductive health standard 2.3.2
Sexual violence and clinical management of rape

Sexual and reproductive health standard 2.3.3:
HIV

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Experiences: 2015 Gorkha Earthquake

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REPRODUCTIVE HEALTH

(As of 19 April 2016, UNFPA Nepal Humanitarian Database)

Following the devastating earthquake in Nepal, many health facilities were destroyed with supplies and drugs being damaged. With over 1.4 million women and girls of reproductive age affected by the earthquake, meeting reproductive health (RH) needs was an urgent priority. UNFPA ensured that the RH needs were integrated into emergency responses and women and girls were provided with the necessary services.

MOBILE REPRODUCTIVE HEALTH CAMPS

132

Reproductive Health Camps conducted across 14 districts in 128 VDCs.

104,740

Earthquake affected population (85% women/adolescent girls) reached with RH and GBV services.

SUPPORTING HEALTH SERVICE RECOVERY

80

Maternity units set up and equipments provided at partially damaged health facilities.

14

Transition homes established, providing temporary shelter and services for pregnant and post partum mothers and their newborns.

DELIEVERING LIFE-SAVING RH SUPPLIES

1,331

RH Kits distributed to health facilities, UN agencies, I/NGOs, private and community Hospitals and One-Crisis Management Centers sufficient for three months.

143,686

Estimated affected population have been reached with emergency RH Kits (drugs and supplies) and medical equipment.

SEXUAL AND RH SERVICES FOR ADOLESCENTS

491

Adolescent volunteers (56% girls) trained as trainers on adolescent sexual and reproductive health and engaged.

4,231

Adolescents (72% girls) reached through adolescent Sexual and Reproductive Health awareness sessions and referral.

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RESPONSE TO GBV

(As of 19 April 2016, UNFPA Nepal Humanitarian Database)

Women and adolescent girls bear extraordinary burdens when natural disasters strike a country. Gender-based violence (GBV) is especially a sensitive issue with adequate services often lacking or non-existent. Often times GBV survivors can feel they have little or no incentive to report incidents. After the devastating earthquake struck Nepal, UNFPA supported quality services and effective referral systems as a priority during the course of humanitarian reponse in the 14 most affected districts.

FEMALE FRIENDLY SPACES

14

Female Friendly Spaces were established in the 14 most affected districts.

124,720

Women and adolescent girls were provided with GBV services.

DIGNITY KITS

56,000

Dignity kits and motivational packages were distribuited to earthquake affected women and girls and female community health volunteers.

600

Winterization packages were distributed to lactating, pregnant and other vulnerable women and girls during winter.

CLINICAL MANAGEMENT OF RAPE

261

Health service providers were trained on Clinical Management of Rape (CMR).

70

Rape kits distributed to hospitals and partners with PEP Kits, emergency care and antibiotics to cater for up to 4,200 women and children.

Experiences: COVID-19 Response: SRH

RH sub-Cluster activated in federal and provincial level

Received over 68,500 calls from 5 helplines for SRH counselling and referral services

Five rounds of assessment on impact of COVID-19 on RMNCAH services

Distributed 227 sets of different IARH kits to 57 HFs to continue essential SRH services

Developed the RMNCAH Interim Guideline and oriented 19,022 HSPs from 4378 HFs

Supplied PPE and IPCs to the health facilities, quarantine sites, and the point of entry

72 print, 97 radio and 34 TV/video message disseminated around 20 million persons

Provision of ambulance services for pregnant women for referral services

Experiences: COVID-19 Response: GBV

Ensure a GBV sub-cluster coordination mechanism at the federal level and three provinces.

Strengthened capacity of 9 health posts and 14 OCMCs and provided services to 5687 survivors.

Development of 4 training module under GBV SC to provide survivor sensitive and multi-sectoral services rolled out across the nation.

Strengthened capacity of 2566 GBV service providers to provide survivor sensitive and multi-sectoral services.

Technical support in mapping GBV referral pathways throughout the nation.

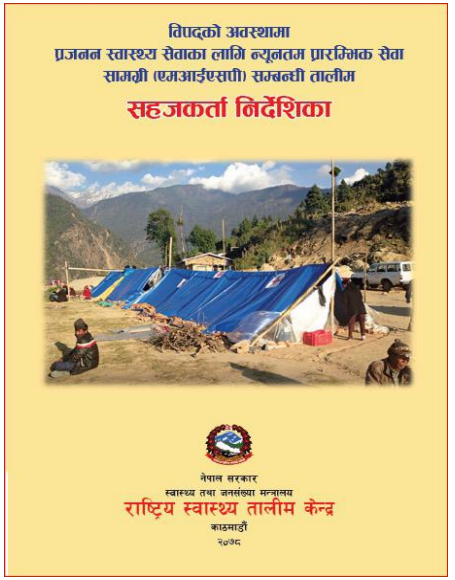
8513 women and girls affected by both COVID and monsoon-induced disasters received Dignity kits and Kishori Kits.

Support in developing guidelines to ensure availability of GBVPR services.

More than three million reached with messaging on GBV and harmful practices and information on relevant services.

Preparedness is key for response

- Functional coordination mechanisms, including SRH, protection/GBV
- Integration of the SRHR/ MISP components in disaster planning at all levels
- MISP training package by NHTC and integrated RRT training package by EDCD
- Capacity building health Service Providers and stakeholders on SRHR and GBV in emergencies
- Sensitization of policy makers, elected bodies on SRHR and GBV in humanitarian settings
- Prepositioning of humanitarian supplies
- Capacity mapping of partners on SRH & GBV
- Roster of trained people and mobilization



Challenges to SRHR in emergencies

- Prioritizing SRH and GBV in emergency preparedness and response, and obtaining adequate funding remain a challenge;
- Availability of logistics and their transportation, particularly to remote places and also COVID-19 context
- Finding Implementing Partners who follow integrated approach – RH/GBV – not much expertise/examples of integrated approach.

Key Lessons

- The role of RH and GBV Sub-cluster at federal and sub-national level was well recognized and crucial.
- A stand-by work plan and capacity building for IP is vital for the timely implementation of response activities.
- The prepositioning of humanitarian supplies must be continued in strategic locations to enable a more rapid response in emergencies.
- Logistical difficulties, as a result of the destruction and chaos created by the earthquake and restrictions during COVID-19, hindered effective response.
- Participation of young people during the emergency response was an effective way to reach adolescents.

Thank you