

# Sexual Reproductive Health in Humanitarian Settings

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**November 20, 2014**

# Humanitarian context

- **51.2 million people were forcibly displaced** worldwide as a result of persecution, conflict, generalized violence and human rights violations (2013)
  - 16.7 million people were refugees
  - 33.3 million internally displaced persons (displaced by violence and conflict)
  - 1.2 million asylum seekers
- **On average 27 million people** displaced due to natural disaster

# Sexual reproductive health context

- High maternal mortality due to lower number of deliveries attended by a skilled birth attendant
- Unmet needs for FP – unavailable or non affordable, leading to unsafe abortions
- Forced displacement from homes – lack of security; abject poverty; basic and survival needs increase risk for sexual violence.
- Lack of SRH services targeting adolescents
- In most settings, sexually transmitted infections, including HIV, spread fastest where there is poverty, powerlessness and instability.

Afghanistan  
Burundi  
Cameroon  
CAR  
Chad  
DRC  
Ethiopia  
Iraq  
Jordan  
Kenya  
Lebanon  
Mali  
Pakistan  
Sierra Leone  
Somalia  
South Sudan  
Sudan  
Syria  
Turkey  
Yemen



# Overview continued

## Globally in 2013:

- **382 health care providers** were trained in clinical management of rape and **2,872** on guiding principles of GBV prevention and response
- **12,156 survivors** of sexual assault received appropriate care at IMC supported facilities

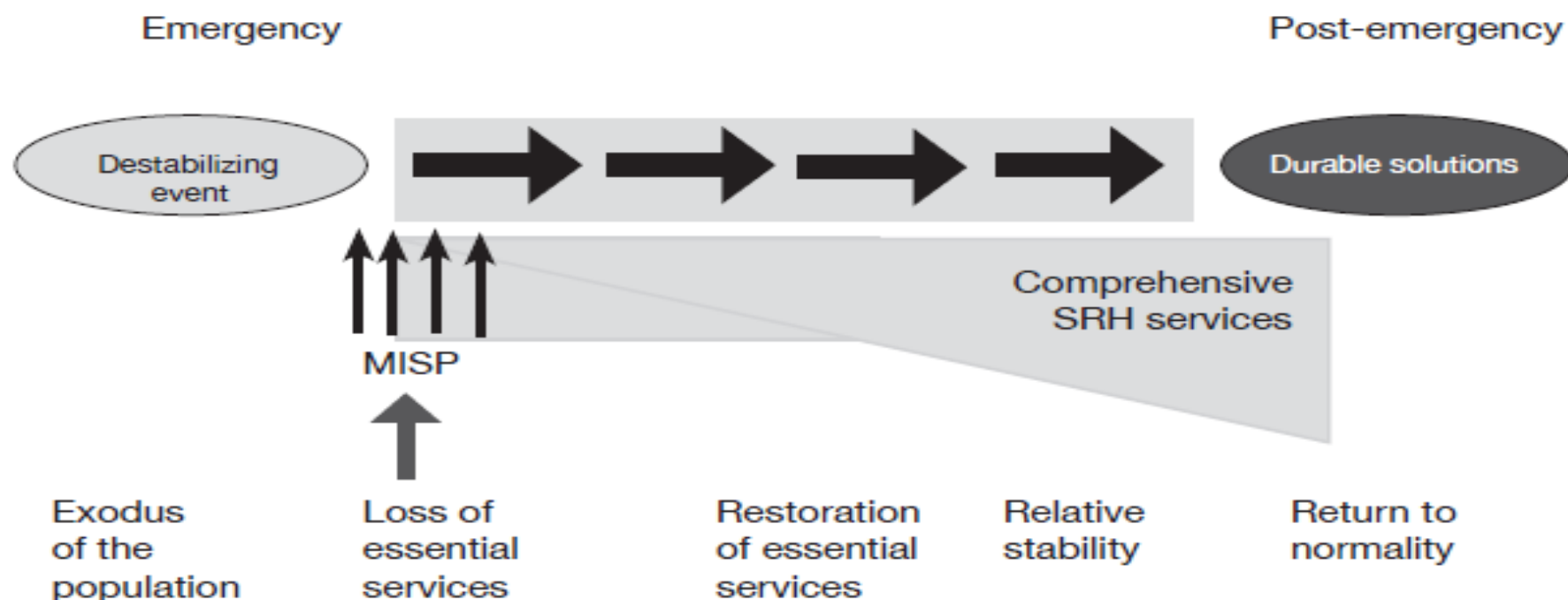


# Overview continued

- **Over 1,585** providers were trained on maternal and newborn health concepts
  - family planning
  - emergency obstetric and newborn care concepts (including referral systems)
- **43,716 new users** for family planning

# Framework for SRH in Emergencies

**Figure 3: Continuum of an emergency**



*Note: Crises seldom take a linear, clear-cut path from emergency, stability, recovery to development. Often, they are complex, with settings experiencing varying degrees of improvement or deterioration that can last decades. The provision of RH services must therefore take into account the non-linear trajectory of a crisis, and the gaps in services due to insecurity, competing priorities or dwindling funds in protracted settings. The IAFM is applicable for all settings, wherever an agency finds itself on the emergency continuum.*

3.8 million people targeted for assistance

7.3 million people at risk

- countrywide for 12 months, January to Dec 2014 (as per the Crisis Response Plan).

**Total number of people assisted: 3.1 million**

- with some form of assistance

- includes in-country 244,805 refugees

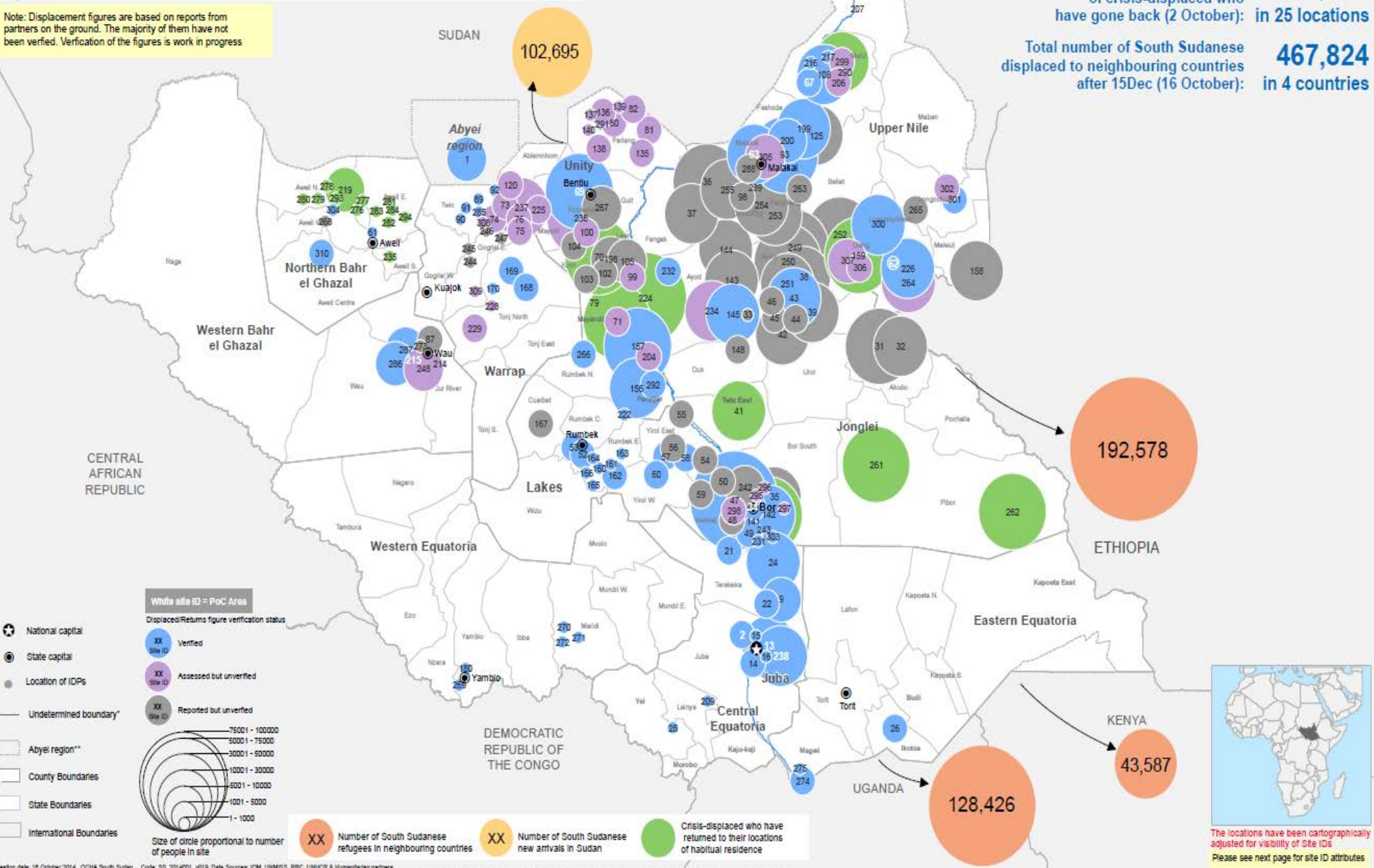
Total estimated number of IDPs: **1,438,695**  
(12 October) in 173 locations

Total estimated number of IDPs in UNMISS PoC area (12 October): **100,298**  
in 9 bases

Total estimated number of crisis-displaced who have gone back (2 October): **203,240**  
in 25 locations

Total number of South Sudanese displaced to neighbouring countries after 15Dec (16 October): **467,824**  
in 4 countries

Note: Displacement figures are based on reports from partners on the ground. The majority of them have not been verified. Verification of the figures is work in progress



The locations have been cartographically adjusted for visibility of Site IDs. Please see next page for site ID attributes





IMC Midwife and TBA in Awerial

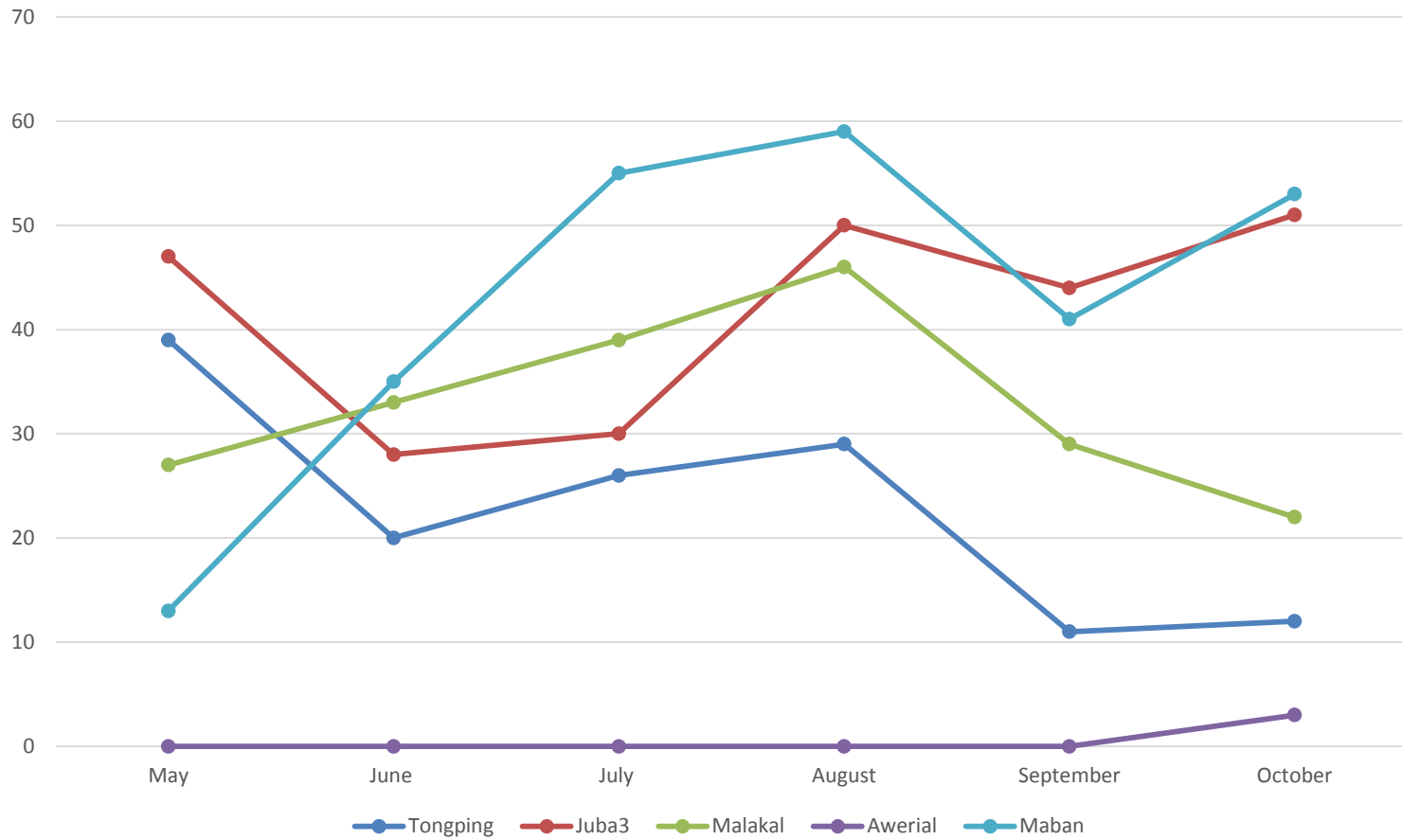


UNFPA Midwife and Newborn

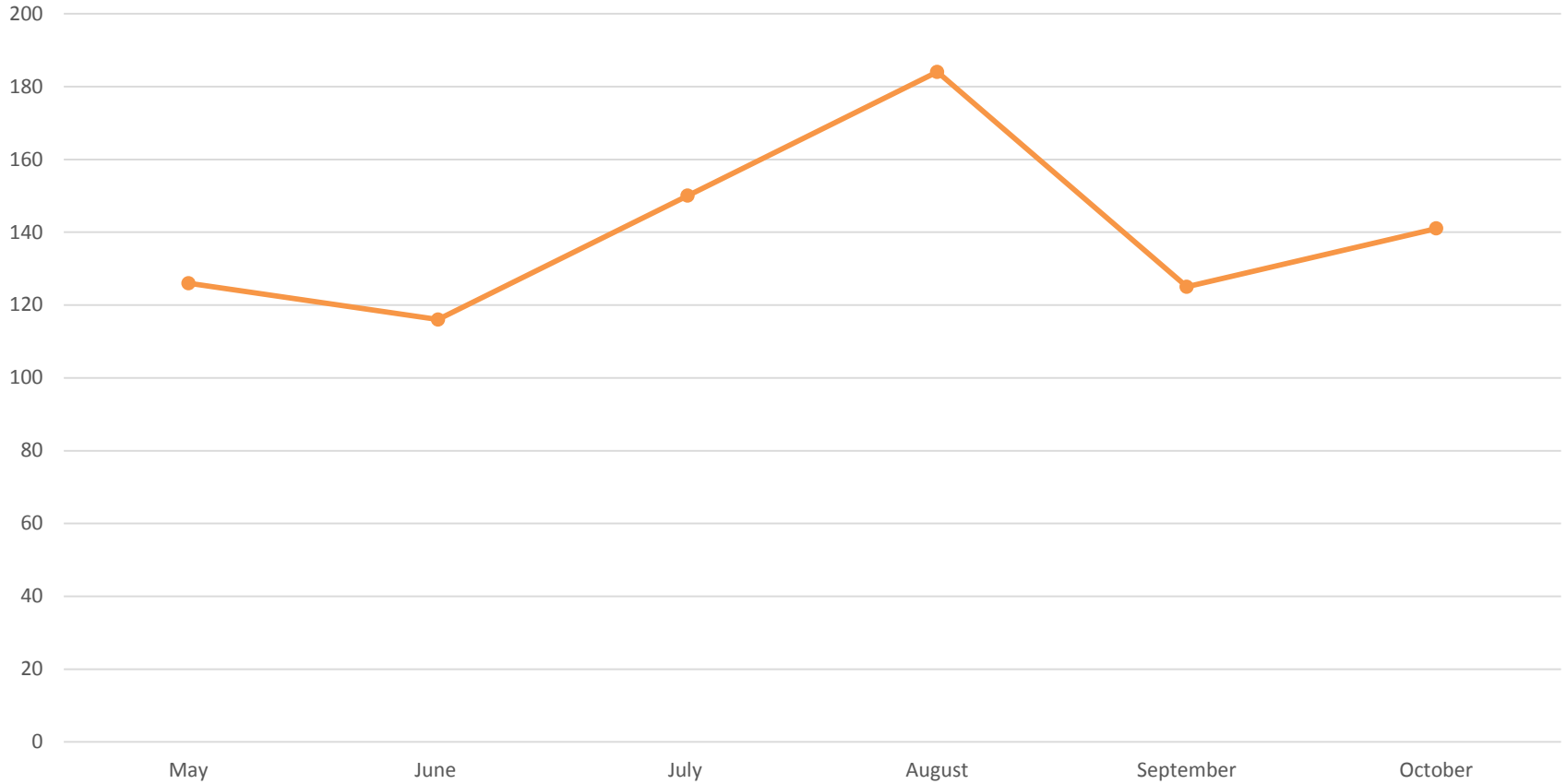
## IMC program sites:

- Tomping, Juba 3, Malakal, Arweil PoCs
- Maban Camps

Deliveries by site



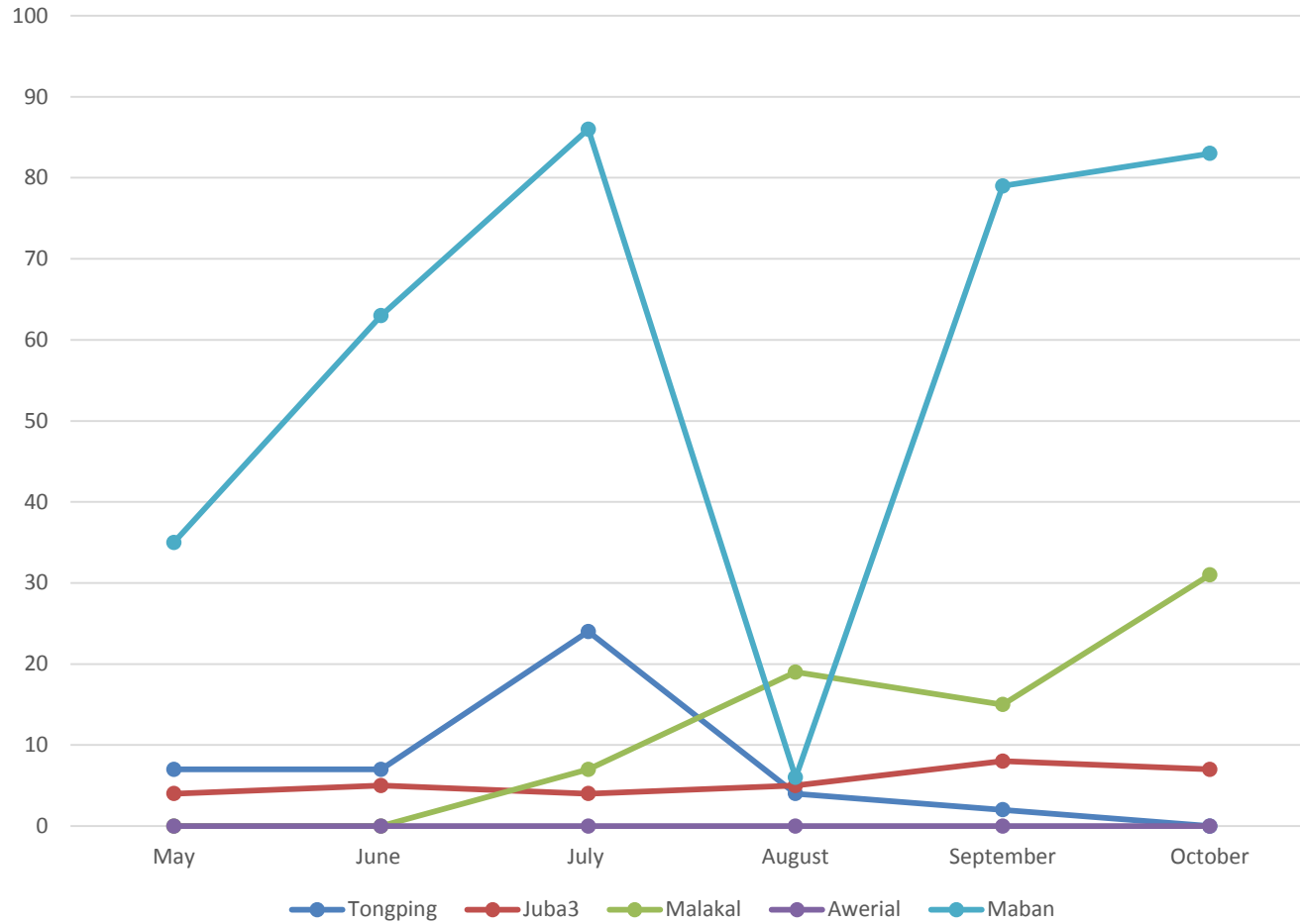
### Total deliveries all sites





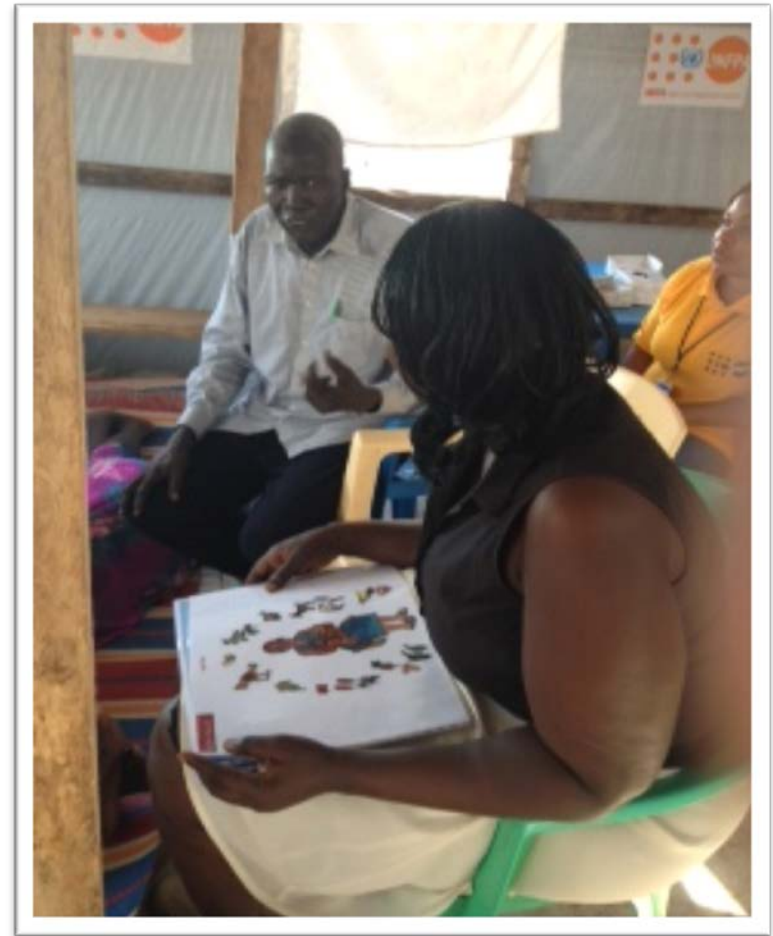
## CEmONC Facility in Juba 3 Camp

New acceptors of FP by site





Health Education in Topping



# Ethiopia: Gambella refugee camps ASRH services

- SRH in emergency/MISP
  - MISP training to ARRA health providers
  - FP and emergency contraception training
  - HCT training and condom provision
  - BEmONC training, CDK distribution
  - Supporting SRH referral services including GBV
  - Training on syndromatic management of STI

# Gambella continued

- ASRH services including:
  - Facilitation of youth clubs activities such as peer education sessions
  - Developing youth focused SRH IEC materials
  - Youth friendly SRH service training
  - Youth edutainment sessions



# South Sudan: Health System Support - Health Workforce

- Support to **3 midwifery and nursing schools** in South Sudan
- Donors: UNFPA/CIDA

# Midwifery Schools





# South Sudan Midwifery and Nursing Schools

Name of HSI	Program	Year	Total No. students		Tutors	
			M	F	Nat'l	Intl
JCONAM	Nursing	2013 - 14	19	23	03	03
JCONAM	Midwifery	2013 - 14	19	34	02	03
Kajo Keji	CMW Bridging Programme	2013 - 14	01	18	02	04
Kajo Keji	Enrolled	2013 - 14	23	42	02	04
Wau	Midwifery	2013 - 14	18	26	00	03

# Partnerships

- Interagency Working Group for RH in Emergencies (IAWG)
- UNFPA
- Ministries of Health

## South Sudan:

- Marie Stopes International – condoms, Misoprostol, Implants for FP; UNICEF – Mama kits, baby kits, dignity kits; Concern – dignity kits
- Multiple Donors

## Ethiopia:

- BPRM, UNHCR and SPRINT/IPPF

# Challenges – South Sudan

- Occasional stock outs of test kits, medicines, condoms and consumables
- Shortage of skilled personnel
- No C/S available at night in POCs - women fear delivering at Juba Teaching Hospital for security reasons
- Women prefer to deliver at home
- Pressure to have children and populate the country

# Challenges – South Sudan cont'd

- Providers resistance to providing FP services without consent from husband
- High level of repeat STIs
- Women outside POCs travel long distances - expensive
- $\frac{3}{4}$  of women are heads of household and cannot leave children
- Police intimidate survivors seeking CMR services
- Preference for female birth attendants

# Actions Taken

- Midwives travel with mobile outreach teams
- Women focus groups talking about SRH issues
- Weekly SRH and surgical trainings for staff
- Increase SRH outreach through TBAs and health workers in POC
- Maternal waiting homes
- Continue to train and negotiate with all GBV actors about survivor-centered approach



# Actions Taken

- Provide incentives to TBAs based upon number of women referred to facilities for deliveries and ANC
- Train TBA outreach workers in danger signs of pregnancy, birth preparedness
- Preposition commodities during dry season to prevent stock outs in the rainy season

# Challenges

- Lack of comprehensive care and supportive environment to facilitate time reporting and care after SV
- Provider biases related to GBV, FP, ASRH, etc...
- Short courses or refresher training when full training is needed
- Stock-outs of key medicines
- Cold chain is frequently disrupted affecting availability of oxytocin and tetanus immunization

# Things to Consider

- Advocate with governments to allow nurses and SBAs to provide CMOR
- PEP and EC supplies
- Improve referrals especially for survivors of sexual violence
- Competency based training