

# Sexual and Reproductive Health in Crises Situations

- Marie Stopes – specialist SRH agency, working in 41 countries worldwide, incl Australia
- MSIA supports programs in 14 countries in the Asia-Pacific from Melbourne office
- Working in Crisis situations since early 1990's, including Bosnia, Sierra Leone, Afghanistan, Nepal, Sri Lanka, Yemen, Pakistan
- Founding member of the International RH for Refugees Consortium ([www.rhrc.org](http://www.rhrc.org))



PGPD Supporting paper: SRH in Crises situations (MSIA)

# Pakistan earthquake 2006



# Reproductive health care in crisis is critical

- “While food, water and shelter remain a priority, reproductive health care is among the crucial elements that give refugees basic human welfare and dignity that is their right” (UNHCR)
- Agreed in 1994 at ICPD that RH for refugees was a priority:
  - “..special attention should be given to the specific needs of refugee women and refugee children... including family planning” (PoA)

# The Millennium Project

- Of the 34 countries furthest from achieving the MDGs, 22 are in or emerging from conflict.
- “Humanitarian & relief work needs to provide basic health services for women and girls, especially RH services and care, and ensure security from sexual violence”.
- SRH provision considered to be one of the achievable ‘quick wins’ for refugee health.

# Why so important?

Women and children account for  
75% of the refugees and  
displaced persons at risk from  
war, famine, persecution and  
natural disaster (UNFPA)

# Why so important?

- Babies don't wait to be born, and need assistance
- Families may be torn apart for extended periods
- Unsanitary living conditions increase rate of infections
- Women and children left 'unprotected'
- Dramatically increased risk of gender based violence & rape (tool of war) – increase in unsafe abortions
- Women may be culturally unable to access help if no women-sensitive services
- Women may have to trade sex for food for remaining children (HIV/STI risks)

# What can be done?

- Ensure SRH care and education is planned for and integrated into all emergency and humanitarian responses from the start;
- 5 “S” of crises humanitarian response:
  1. **Security**
  2. **Sustenance**
  3. **Shelter**
  4. **Sanitation**
  5. **SEX!**

# Minimal Initial Services Package (MISP)

**Designed to facilitate rapid & appropriate delivery of SRH services in the acute phase of an emergency**

- Human resources
- Guidelines and training
- Material resources, incl essential drugs and basic equipment
- Rapid Needs Assessment and Monitoring tools

# What can Australia do?

1. Ensure its emergency response protocols include Reproductive Health provisions as standard
2. Adopt the MISIP approach in line with international practise
3. Help build the capacity of humanitarian partner agencies to incorporate RH into their emergency response
4. Build Australian expertise in the region and support partner governments' inclusion of RH in their disaster preparedness



IDP (Internally Displaced People) Community  
Outreach worker, northern  
Sri Lanka

