



**FP2020**  
**READY TO SAVE LIVES: A**  
**Preparedness Toolkit for**  
**Sexual and Reproductive**  
**Health Care in Emergencies**

*November 24, 2020*



# Beth Schlachter, Executive Director, FP2020

Beth Schlachter is Executive Director of Family Planning 2020 (FP2020), a global community of partners working together to ensure women and girls are empowered to decide, freely and for themselves, whether, when, and how many children to have. Beth provides strategic leadership of FP2020, which brings together partner countries, donor governments, civil society organizations, multilateral institutions, foundations, and private sector partners to advance rights-based family planning.



# ADVANCING JENN'S VISION



# Dr. Natalia Kanem, Executive Director, UNFPA

On 3 October 2017, United Nations Secretary-General António Guterres appointed Dr. Natalia Kanem Executive Director of UNFPA, the United Nations Population Fund. She brings to the position more than 30 years of strategic leadership experience in the fields of medicine, public and reproductive health, peace, social justice, and philanthropy.



# Lorelei Goodyear, Senior Technical Advisor, FP2020

Lorelei Goodyear leads FP2020's Emergency Preparedness and Resilience Portfolio which promotes rights-based family planning access for populations affected by crises. She has over 25 years of experience fostering strategic partnerships and managing technical assistance, research, and evaluations in humanitarian and development settings.



# TOOLKIT OVERVIEW



# MISP for SRH

## Minimum Initial Service Package for Sexual and Reproductive Health (MISP for SRH)

PREVENT MORTALITY, MORBIDITY AND DISABILITY IN CRISIS-AFFECTED POPULATIONS

-  1 Ensure the health cluster identifies an organisation to lead the MISP for SRH
-  2 Prevent sexual violence and respond to the needs of survivors
-  3 Prevent and reduce morbidity and mortality due to HIV and other STIs
-  4 Prevent excess maternal and newborn morbidity and mortality
-  5 Prevent unintended pregnancies
-  6 Plan for comprehensive SRH services integrated into primary health care as soon as possible
-  7 Ensure that safe abortion care is available, to the full extent of the law, in health centres and hospitals

# READY TO SAVE LIVES: A Preparedness Toolkit for SRH Care in Emergencies



**Purpose:** provide guidance, country-level preparedness learnings, and resources to ensure quality essential SRH services are available at the onset of any type of emergency response.



**Audience:** country-level decision makers and stakeholders in government, private sector, civil society organizations, and international agencies.



# STAGES OF SRH PREPAREDNESS

## 1 Initiating

1. Adopt a systems approach to SRH preparedness, connecting activities on the national, subnational, and community level to build collective capacity.
2. Treat SRH preparedness as a component of health system strengthening and resilience building.
3. Use the MISP and Health-EDRM Framework to guide SRH preparedness activities.
4. Contextualize preparedness based on health system capacity and the types of risks.
5. Build rights-based, people-centered, and inclusive SRH preparedness.

## 2 Assessing

1. Identify and collaborate with key stakeholders to jointly assess preparedness.
2. Use available tools to assess preparedness.
3. Take advantage of previous learning, regional knowledge, and SRH-related data.

## 3 Implementing

Organized by Health-EDRM components:

1. Policies, Strategies, and Legislation
2. Planning and Coordination
3. Human Resources
4. Financial Resources
5. Information and Knowledge Management
6. Risk Communications
7. Health Infrastructure and Logistics
8. Health and Related Services
9. Community Capacities for Health-EDRM
10. Monitoring and Evaluation

# LEARNING BRIEFS



*Photo Credit: IPPF/Alana Holmberg/Tonga*

Inclusion

Policy Integration

Coordination

Curriculum Integration

Supply Chain Preparedness

Community Preparedness

# KEY SRH PREPAREDNESS RESOURCES



*Photo credit: IPPF/ Tom Pilston/  
Nepal IPPF*

**Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings** (IAWG, 2018)

**Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings** (IAWG, 2020)

**Health - Emergency and Disaster Risk Management Framework** (WHO, 2019)

**MISP Readiness Assessment** (IPPF, 2020)

**MISP Training for Policy Makers/Program Managers and Service Providers** (IPPF/IAWG, 2019)

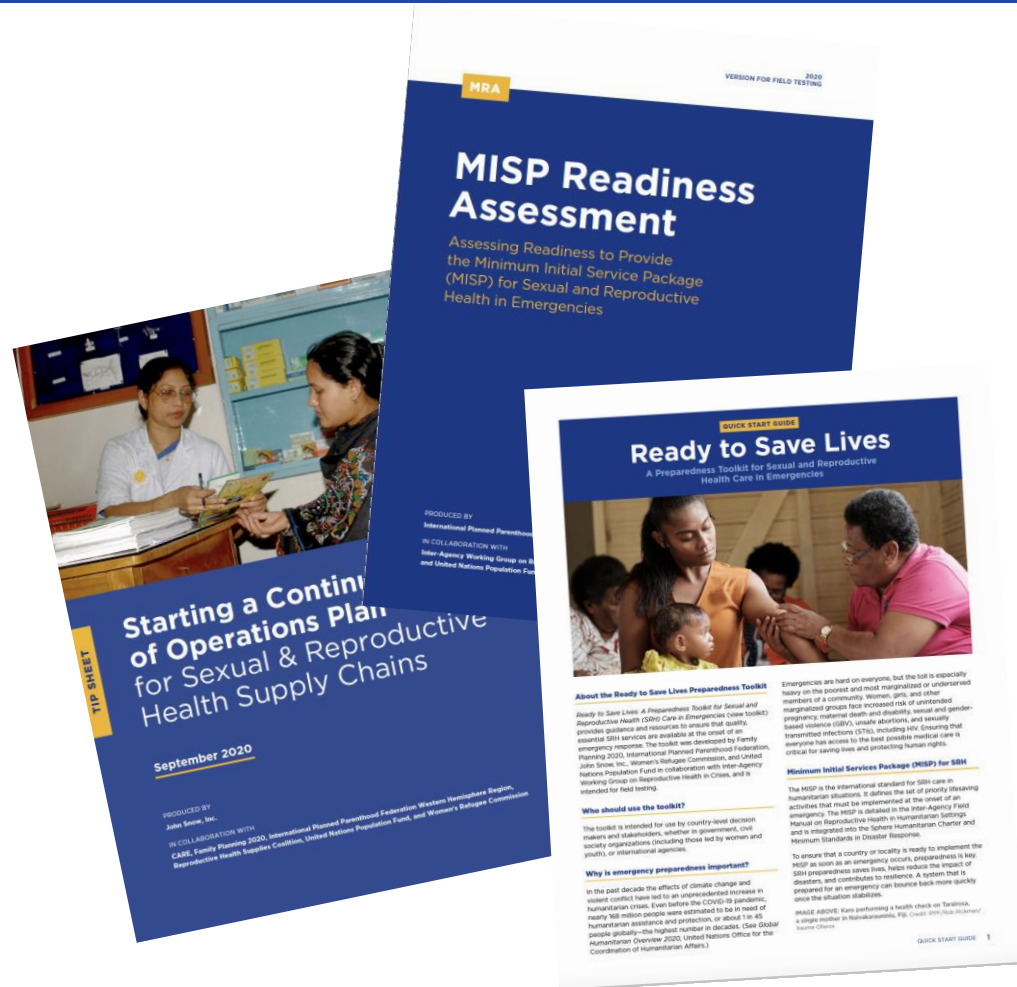
**For a full list of resources, please consult the Resources section of the toolkit**  
[familyplanning2020.org/srh-toolkit](https://familyplanning2020.org/srh-toolkit)

# COMPANION TOOLS

Ready to Save Lives:  
Quick Start Guide (FP2020)

MISP Readiness  
Assessment (IPPF)

Tip Sheet for Starting a  
Continuity of Operations  
Plan for Sexual &  
Reproductive Health  
Supply Chains (John Snow,  
Inc.)





*Karo performing a health check on Tarairosa, a single mother in Naivakarauniniu, Fiji.*

*Credit: IPPF/Rob Rickman/Xaume Olleros*

# Sandra Krause, Senior Director Sexual and Reproductive Health Program, WRC

Sandra Krause is the Senior Director, Sexual and Reproductive Health program at the Women's Refugee Commission an organization committed to improve the lives and protect the rights of women, children, and youth displaced by conflict and crisis.





# Panelists




# Dr. Grace Kodindo, gynécologue- Obstétricienne, et la directrice adjointe, Ministère de la Santé publique et de la Solidarité Nationale au Tchad

Dr. Grace D. Kodindo est gynécologue-Obstétricienne, et actuellement la directrice adjointe de la Santé de la Reproduction au Ministère de la Santé publique et de la Solidarité Nationale au Tchad. Chevalier de l'Ordre National de Mérite CIVIQUE du Tchad, 1997. Prix de la FIGO (fédération internationale de gynécologie-Obstétricale) et de la faculté de santé publique de l'université de Columbia pour services Distingues en soins obstétricaux d'urgence à la communauté, Septembre, 2000, Washington, DC.








? Au Tchad, la **stratégie essentielle d'intégration de la Santé de la Reproduction** en situations d'urgences naturelles comme en cas de conflits reste le Dispositif minimum d'urgence (**DMU**)

1. S'assurer que le secteur/cluster santé identifie une organisation pour diriger la mise en œuvre du DMU.
2. Prévenir la violence sexuelle et répondre aux besoins des survivantes.
3. Prévenir la transmission du VIH et réduire la morbidité et la mortalité dues au VIH et aux autres IST.
4. Prévenir l'excès de morbidité et de mortalité maternelle et néonatale.
5. Prévenir les grossesses non planifiées.
6. Planifier des services complets de Santé Sexuelle et Reproductive, intégrés dans les Soins de Santé primaire dès que possible.



# Activités de préparation

- ? Le Tchad s'est donc inscrit dans cette dynamique en commençant par la formation des acteurs ( gouvernement, OMS, UNFPA, IRC, CARE, UNICEF, ONG nationales) sur le DMU révisé qui prend en compte la planification familiale pour tous y compris les Adolescents, les jeunes et les célibataires;
- ? Il existe un Cluster Santé au Tchad avec un secrétariat permanent des ONG et des affaires humanitaires (SPONGHA) basé au ministère du plan pour la coordination de toutes les activités y compris la santé sexuelle et reproductive en situation d'urgence
- ? Il y a le pré positionnement des kits d'urgence en santé de la reproduction pour répondre en temps réel aux populations sinistrées en cas de besoins y compris La mise a dispositions des méthodes contraceptives ( UNFPA et autre acteurs)
- ? Contraceptifs et les préservatifs sont inclus et gratuits

- 
- ? la formation des prestataires sur la prévention et le contrôle des infections
  - ? Intégration de la sensibilisation sur la COVID19 dans la sensibilisation sur le Dispositif Minimum d'Urgences (DMU)
  - ? La mise à disposition des équipements de protection individuelle (PCI)
  - ? Partage d'informations avec la population à travers les media sur la continuité de l'offre des services de qualité et sécurisé
  - ? L'intégration d'un module sur la gestion des cas de Violence basée sur le Genre pendant la formation des Sages-femmes sur la PCI

# Patience Mgoli Mwale, FP2020 CSO Focal Point, Care Malawi

Patience Mgoli Mwale is a Social Development Specialist with over 13 years professional experience in with International NGOs and working as a Learning and Advocacy Manager in the reproductive health sector in Malawi. She is working with CARE International in Malawi and the Ministry of Health Reproductive Health Directorate for demand creation and coordination for Family Planning Services provision. She is also the National CSO focal point person for FP2020 ensuring alignment of CSO plans to the government and vice versa.



# **Case Study: Malawi - Journey to MISP Preparedness**

**When Hurricane Idai hit, UNFPA, CARE and others leapt into action....but MISP was missing from preparedness plans, resulting in delays and SRH service disruption.**

- SRH was missing from Malawi's national emergency preparedness plan
- UNFPA activated SRH response at national level- but huge gap in SRH services in the districts affected, hard to reach areas cut off
- CARE stepped up to fill SRH service gap in Nsanje district – district-level coordination, MISP training for healthworkers/responders, activated existing relationships with community-based gender champions, helped import supplies
- Challenges
  - Humanitarian responders in didn't understand their role in MISP
  - UNFPA had some pre-positioned supplies, but not enough to meet needs, port closed so resupply disrupted.
  - Rationing of SRH supplies in clinics, most IDP in camps couldn't reach clinics + it took 2 months to get adequate SRH Supplies and commodities into the country (some imported from Dubai)

# MISP training as part of Idai response



# Case Study: Malawi- Journey to MISP Preparedness

**When COVID-19 hit.....systems built during response to Idai enabled some districts to quickly respond and sustain SRH/GBV services (but service disruption in other areas)**



- In “prepared” districts
- Pre-positioned supplies
  - Understanding of the MISP
  - Essential SRH services maintained
  - Coordination- SRH sub-cluster immediately activated, RH department knew what to do
  - Mobilized existing partnerships with youth activists = real-time monitoring of ASRHR gaps/barriers
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- Rapid gender analysis = revealed gaps in SRHR, spikes in GBV, influenced Gov of Malawi to prioritize MISP nationally
    - MISP being integrated national response plan

# Case Study: Malawi - Journey to MISP Preparedness

## Looking forward: Hard-hit by both Idai and COVID, opportunity to build back resilient health systems that can withstand shocks and ensure MISP as a core element of emergency preparedness and response

- Devastating impact of IDAI + COVID = increased political will to build more resilient health systems (across sectors)
- Documenting increases in teen pregnancy, CEFM to help make the case
- Rolling out MISP preparedness training at national and district levels
- Ongoing advocacy to build MISP preparedness into national preparedness plans, incl. pre-positioning supplies, ensuring community engagement
- Joint advocacy for domestic financing for FP

**COVID-19 THREATENS FUTURE OF MALAWIAN ADOLESCENT GIRLS**

**A. CONTEXT**

Adolescent girls are at special risk: with a 50% child marriage rate, a 29% teenage pregnancy rate, and 20% of girls experiencing sexual abuse before the age of 18. Girls in Malawi are in a very precarious position.

Closure of schools coupled with limited hot resources during the COVID-19 period, saw an 11 per cent increase of teenage sex on January to August 2020 compared to the year\*.

- 13 000 cases of child marraig
- Over 40 000 cases of teen pns

**B. WHY DOES THIS MATTER**

Increased maternal and neonatal mortality early pregnancies have major health outcomes, nutritional outcomes and 50% than women aged 20-24 years†. Adolescents 15 are twice as likely to die during pregnancy those over age 20, girls under age 15 are likely to die‡. Malawi risk losing the gains health and not achieving SDG 3, especially 3.6

Reversal of gains in girls' education: Is significant progress in increasing access to where gender parity has been achieved? † and pregnancies rise, girls will have to go back to school when it reopens, u gains in girls' education Malawi had been in

Increased risk of gender based violence of managing divins: The prevalence of e physical abuse and controlling behaviour higher for those experiencing poverty¶. Mala a sole in gender based violence. Malawi will be costly for the country as the direct handling physical intimate partner violence was estimated at MK 677 million (US\$2,638

**C. OUR CALL**

**Immediate/Short-term Actions**

**Nullify child marriages now!** Traditional a law enforcement officers and all statutory nullify child marriages now, send the crime and ensure applicable laws are enforced.

**Empower girls:** Economically – Govs Ministry of Youth and Labor) to engage providers for special IGA loan schemes for;

**Invest in prevention:** Expand safe sex strengthen the skills, scale up provision reproductive health services and information the school re-admission policy is fully implem

**Context**

The COVID-19 outbreak is placing additional strain on Malawi's health system. With increased demand on public resources to respond to the crisis, the Government is faced with difficult decisions about how to ensure ongoing provision of essential services.

One of the essential services with real consequences that cannot be ignored, but often forgotten, are family planning and reproductive health services. Family planning (FP) is critical basic health care that can have positive long-term effects on women and young girls and the country's economy. Disruptions to supply chains of contraceptive commodities, intermittent hours at health clinics and suspended outreach will erode gains made in increasing uptake of modern FP.

In 2012, the Government made a serious commitment at the Family Planning (FP) London Summit, referred to as FP2020, to increase the modern contraceptive prevalence rate (mCPR) among all women from 42% in 2010 to 60% by 2020. This commitment encompasses universal access to voluntary FP services, with a focus on reaching adolescents and young people and increasing domestic funds through the establishment of an FP commodity budget line in the national health budget. Guided by the principles of "no parenthood before adulthood" and "leaving no-one behind", Malawi further committed in 2017 to reducing teenage pregnancies in line with the Health Sector Strategic Plan II (2017-2021).

Malawi has made significant progress towards meeting some of its FP2020 commitments, but still has a long way to go. Only 1.4% of FP commodity needs are paid for by domestic funding making contraceptive supply highly dependent on donors; only 48.3% of all women (married and unmarried) currently use a modern method of FP; and the late and unpredictable release of funds allocated for FP commodities from the Ministry of Finance hinders the efficient supply of FP commodities.

Contraceptive needs among young people requires urgent attention. Malawi's last Demographic and Health survey (2015-2016) reported that just over half of all young people aged between 15-19 years wanted to avoid pregnancy but were not using any modern contraceptive method. This indicator captures women and teenage girls who are sexually active but:

- are not using modern contraception,
- are at risk of becoming pregnant, and
- are at risk of seeking an unsafe abortion due to unwanted pregnancies.

**Investing in family planning is critical for Malawi's post COVID-19 recovery**

Logos: MALAWI, WISH | Options, care, UKaid, WISH2ACTION



# Dr. Syed Kamal Shah, Rahnuma-Family Planning Association of Pakistan

Dr. Syed Kamal Shah, CEO Rahnuma-Family Planning Association of Pakistan 'FPAP' (a member association of IPPF), worked for 19 years with Government of Pakistan, has been working as CEO FPAP for over 10 years now.





Global Launch-24 Nov

Syed Kamal Shah, CEO Rahnuma-FPAP  
CSO Point FOCAL FP2020

- How did preparedness evolve in Pakistan starting from 2004-till - 2020
- Role played by Rahnuma-FPAP (strategy next slide)
- Partnerships developed to influence policy makers
- UNFPA and Ausaid key partners for MISP since MISP remains as the basic strategy of preparedness and response
- Targeted stakeholders beyond usual partners
- MISP training for all possible partners
- Sustainability of the interventions
- Learnings from COVID19

# **The Process followed by FPAP for inclusion of SRH/FP in the public sector strategy**

**Advocacy with National Disaster Management Authority (NDMA)**

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graph TD; A[Advocacy with National Disaster Management Authority (NDMA)] --> B[Incorporation of MISP in NDMP]; B --> C[Incorporation of MISP in Provincial/Regional DMAs]; C --> D[Awareness of MISP among Stakeholders and community]; D --> E[Better Health Care for Women and Children during Emergencies];
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**Incorporation of MISP in NDMP**

**Incorporation of MISP in Provincial/  
Regional DMAs**

**Awareness of MISP among Stakeholders and  
community**

**Better Health Care for Women and Children  
during Emergencies**



# Baroness Sugg CBE, Minister for Overseas Territories and Sustainable Development, FCDO

Baroness Sugg has been a Minister at the Foreign, Commonwealth and Development Office since September 2020. Baroness Sugg's ministerial portfolio includes gender equality, sexual and reproductive health and rights, children, youth and education, and inclusive societies.





# Q&A



# NEXT STEPS

- Make strong commitments to building country and sub-national preparedness plans and capacity
- Access the Ready to Save Lives toolkit from FP2020
- Join the IAWG Emergency Preparedness and Resilience Sub-Working Group
- Share your preparedness experience at ICFP and annual IAWG meetings scheduled for late 2021





**THANK YOU**