

# Advancing SRHR in both development and humanitarian settings across the Pacific Islands

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# LOCALLY OWNED, GLOBALLY CONNECTED

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- A **service provider** and an **advocate** of sexual and reproductive health and rights (SRHR)
- Worldwide network of **151** autonomous, national Member Associations working in **173 countries**
- Member Associations are run by and for **local** people
- A **leader in civil society**, Locally Owned and Globally Connected: a movement for Change



# IPPF

100

governments respect,  
protect and fulfill sexual  
and reproductive rights  
and gender equality

outcome 1

1 billion

people to act freely  
and exercise sexual and  
reproductive health  
rights

outcome 2

outcome 3

2 billion

quality integrated  
sexual and reproductive  
health services  
delivered

outcome 4

A high performing,  
accountable and  
united Federation

Galvanize commitment and  
secure legislative policy  
and practice improvements

Enable young people  
to access comprehensive  
sexuality education and  
realize their sexual rights

Deliver rights-based  
services including for  
safe abortion & HIV

Enhance operational  
efficiency and double  
national and global income

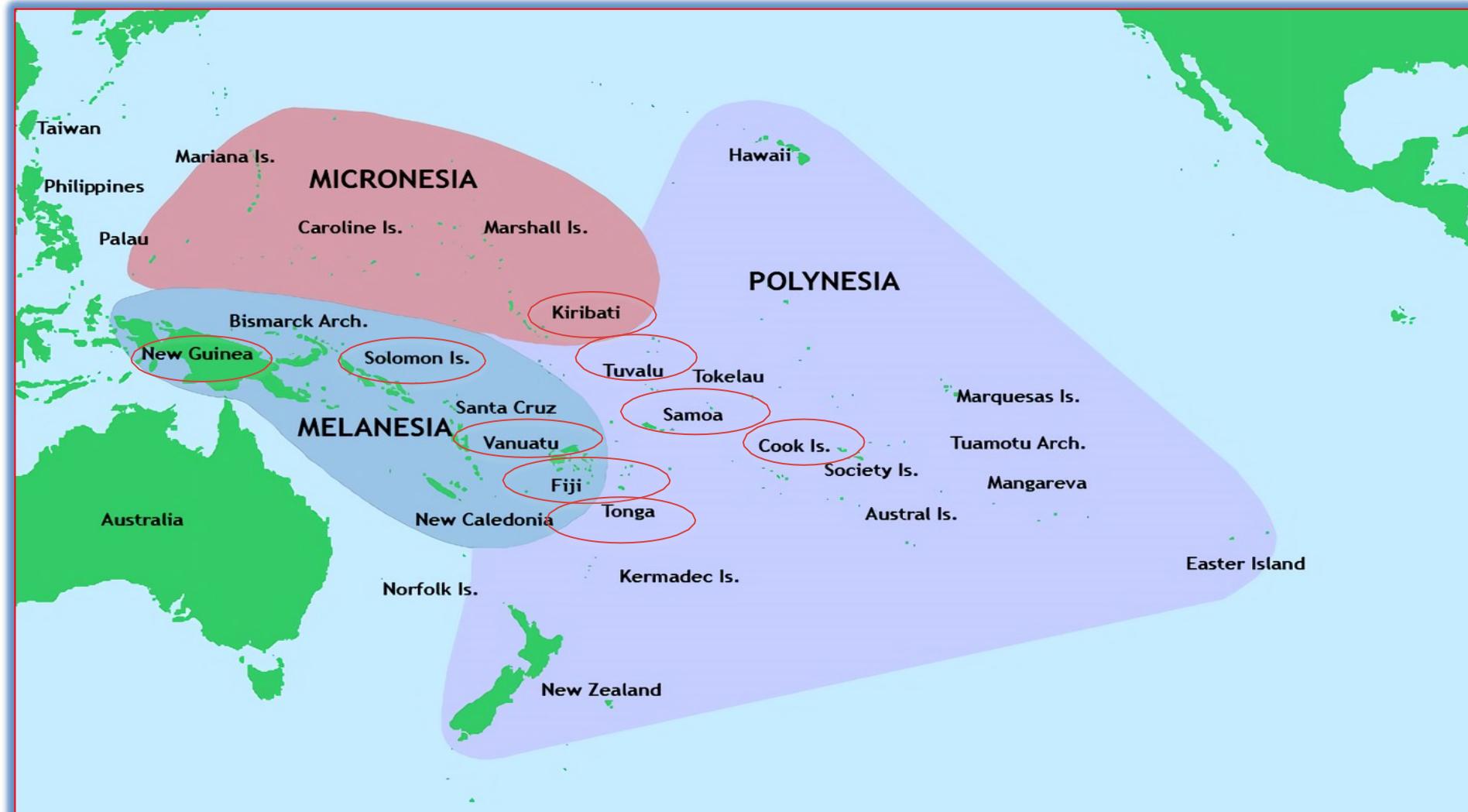
Engage women and  
youth leaders as advocates  
for dialogue

Engage diplomats, opinion  
formers and the media  
to promote health, choice  
and rights

Enable services  
through public and private  
health providers

Grow our volunteer and  
activist supporter base

# IPPF in the Pacific



# SRH Service delivery in the Pacific

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Member Associations (MAs) provide SRH clinical services through both Static clinics and Mobile Clinical outreach

In 2018 :

- **Total clients:** 145,781 (41% of whom were new clients)
- **Total SRH services provided:** 438,885 from 25 clinics over 9 countries

64% of our total clients are youth (age 10 – 24yrs)

25% of total clients are female

*Governments respect, protect and fulfill sexual and reproductive rights and gender equality*

- Strengthening partnerships at international, regional, national and local level, with government, private sector, CSOs, FBOs and multilateral organizations
- Recognition of work of MAs at international and national levels
- Influence and contributions to policy and legislative changes and development
- Reframing advocacy issues to add SRH to agenda



*People to act freely on their sexual and reproductive health and rights.*

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- Increase in coverage through the expansion of outreach activities
- Innovative, evidence-based methods of reaching diverse groups, including youth, PLWD, LGBTIQ
- Formalised recognition of MA expertise in peer education and Comprehensive Sexuality Education by governments and institutions.

## *Quality integrated sexual and reproductive health services delivered*

- Improved data management has enabled evidence-based decision making
- Migration to electronic data management systems
- Maintenance of commodity management systems
- Renovations of static clinics and establishment of new SD points
- Capacity building of all clinicians (e.g. LARCs)
- Expansion of service delivery to 101 service delivery points (SC, MC, CBD), reaching more vulnerable and marginalized communities



## *A high Performing accountable and united Federation*

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- Increased local income, including through sub-contracts from MoH and private sector
- MA inclusion in national committees
- Increased engagement of volunteers
- Improved infrastructure and assets
- Strengthening of governance structures and accreditation

## HUMANITARIAN NEXUS

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- **Partnerships**

Pre-existing partnerships formed during normal program assist in accessing country coordinating mechanisms

- **Advocacy**

During cluster/coordination meetings the MAs advocated for SRH needs as a priority raised the profile of SRH as well as IPPF profile at national level

- **Service Delivery in emergencies**

During disaster, IPPF MAs transitioned from comprehensive service delivery to delivery of the Minimum Initial Services Package (MISP) for SRH in crisis2

# In both stable and emergency settings

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SRH needs do not stop during emergencies:

- Women do not stop being pregnant
- Babies continue to be born
- STI/HIV risks still present
- And violence against women remains an issue



**In fact... SRH risks increase**

# Humanitarian programme

**Goal:** Prevent mortality, morbidity and disability in crisis-affected populations

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## Key SRH interventions:

- Contraception (all methods - short and long-acting, as well as emergency contraception);
- Pregnancy and childbirth care (incl. emergency obstetric care);
- Postnatal care (mother & newborn) especially immediately post-partum;
- Prevention and management of STIs and HIV, including mother-to-child transmission of HIV and syphilis;
- Prevention and management of sexual violence;
- Safe abortion and post-abortion care to the extent permitted under the law

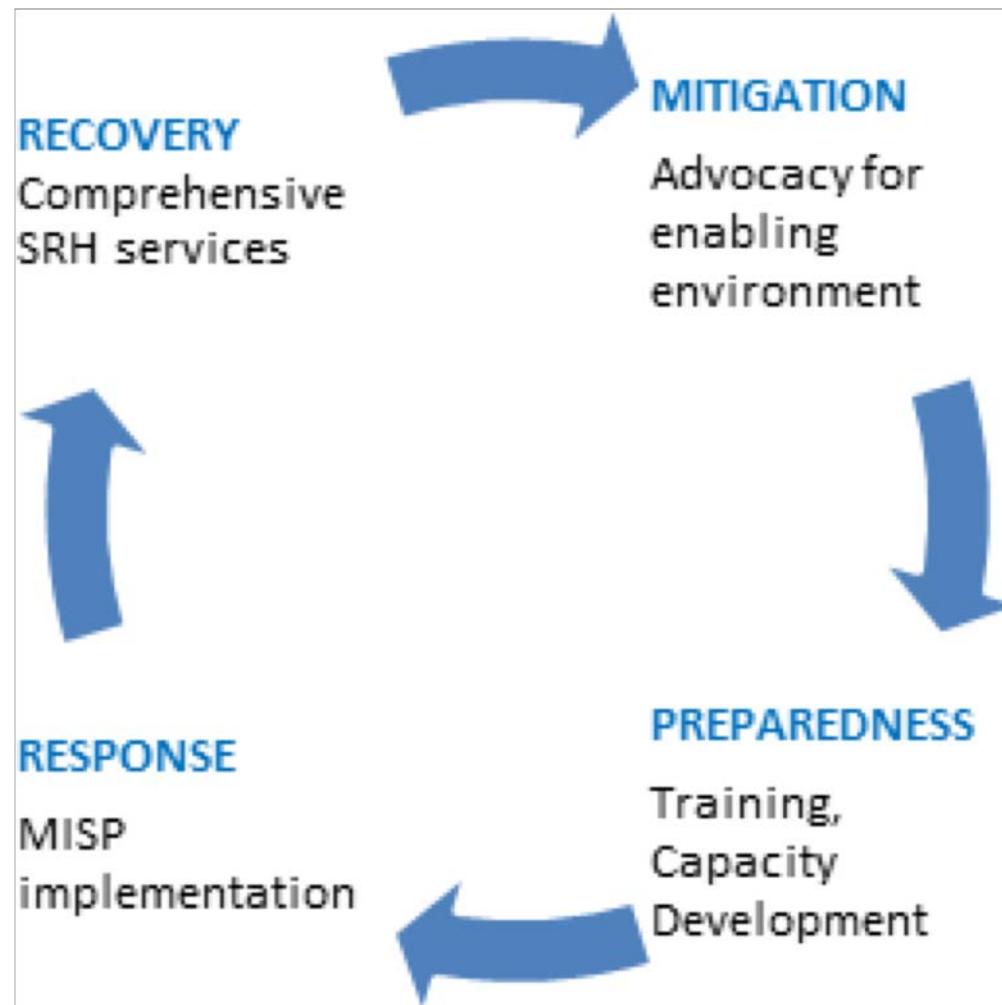


## IPPF's approach to humanitarian action:

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- A model for SRHR in crises that connects elements of humanitarian action (**mitigation and preparedness, response, recovery, and resilience**) with long-term, equitable development goals.
- **A gender-responsive and inclusive approach:** Recognition that during an emergency, the needs and capacities of all genders, people with disabilities and individuals with diverse sexual orientation and gender identity are different and distinct.





# IPPF HUMANITARIAN PROGRAM: KEY COMPONENTS

## Program Goal

Improved access to life saving sexual and reproductive health services for crisis-affected women, men, girls and boys through implementation of the Minimum Initial Services Package (MISP) for reproductive health

### COMPONENT 1 Enabling Environment

**Program outcome:**  
The policy & funding environment is increasingly supportive of SRHR in emergencies

### COMPONENT 2 Preparedness - Capacity Development

**Program outcome:**  
Increased national and subnational capacity to implement the MISP in crises in cooperation with partners

### COMPONENT 3 Emergency Response

**Program outcome:**  
MISP implemented in an emergency in timely manner in cooperation with partners

# RECENT EMERGENCY RESPONSES



## Vanuatu – Ambae Volcanic eruption

### Key Indicators (Phase I - Oct '17- Feb '18)

- ✓ 1,902 beneficiaries receiving SRH services
- ✓ 385 Women reached with contraceptive services
- ✓ 3,649 beneficiaries total

### Key Indicators (Phase II – Jun-Nov 2018)

- ✓ 2614 beneficiaries reached
- ✓ 420 beneficiaries received SRH services
- ✓ 265 Women reached with contraceptive services

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## PNG Earthquake

### Key Indicators (Mar-Jul '18)

- ✓ 5484 beneficiaries reached
- ✓ 371 beneficiaries received SRH services
- ✓ 505 Dignity Kits distributed
- ✓ 12 EmONC clients treated & referred



# THANK YOU

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