

A photograph of a community meeting in a room with green walls. Several people are seated on the floor, facing away from the camera towards a front area where others are standing. A woman in the foreground on the right is smiling at the camera.

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

**Michael Sami, IPPF**



# LOCALLY OWNED, GLOBALLY CONNECTED

---

- 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



OUTCOME 1

100

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

OUTCOME 2

1 billion

people to act freely and exercise their sexual and reproductive health and rights

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

Engage women and youth leaders as advocates for dialogue

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

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

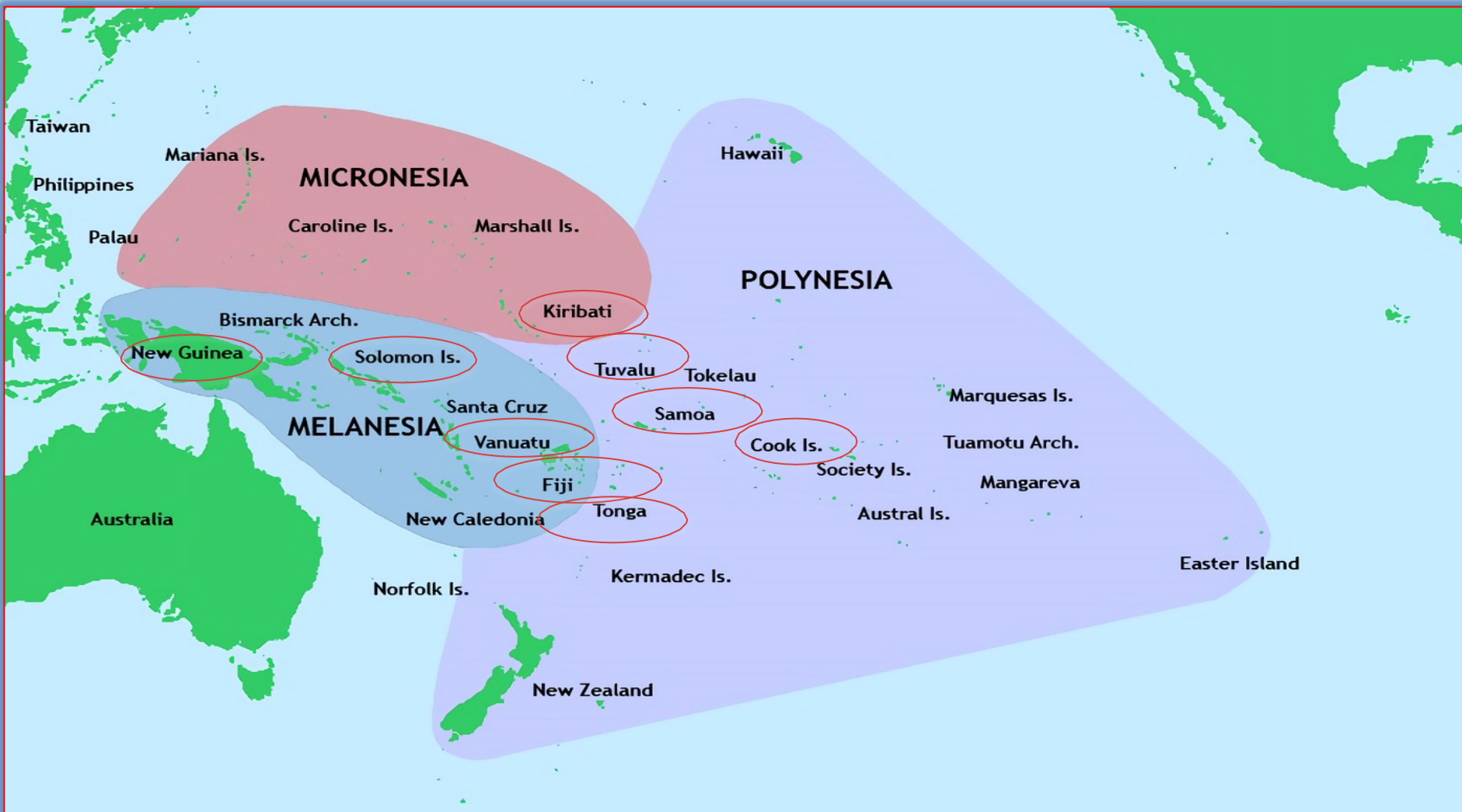
Deliver rights-based services including for safe abortion & HIV

Enable services through public and private health providers

Enhance operational effectiveness and sustainable national and global income

Grow our volunteer and activist supporter base

# IPPF in the Pacific





# SRH Service delivery in the Pacific

---

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.*

---

- 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*

---



- 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

---

- 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 crisis<sup>2</sup>

# In both stable and emergency settings

---

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

---

## 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:

---

- 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)

- v 1,902 beneficiaries receiving SRH services
- v385 Women reached with contraceptive services
- v3,649 beneficiaries total

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

- v 2614 beneficiaries reached
- v420 beneficiaries received SRH services
- v265 Women reached with contraceptive services

## Tonga TC Gita

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

- v 3949 beneficiaries reached
- v 3412 SRH services provided
- v320 Dignity Kits distributed
- v10,655 condoms distributed

## PNG Earthquake

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

- v 5484 beneficiaries reached
- v 371 beneficiaries received SRH services
- v505 Dignity Kits distributed
- v 12 EmONC clients treated & referred





# THANK YOU

---

