REPRODUCTIVE HEALTH
In Humanitarian Settings
Challenges with MISP Implementation and Upcoming Changes to the MISP

- Better position voluntary contraception to meet demand
- Update maternal health and attention to planning for comprehensive RH
- Improve access to quality postabortion care
- Expand attention to newborn care
Why are Family Planning and Postabortion Care important in Humanitarian Settings?
41% of all pregnancies are unintended

14 maternal deaths due to unintended pregnancy occur every hour

One-third of maternal deaths could be averted by meeting the unmet FP need of 222 million women

Almost 50% of newborn deaths take place in countries affected by conflict and/or natural disasters
43.8 million abortions occur each year, of which nearly half are unsafe

47,000 maternal deaths are due to unsafe abortion each year

13% of all maternal deaths are due to unsafe abortion

Around 5 million women are admitted to hospital as a result of unsafe abortion each year
Family Planning and Postabortion Care

- Access to informed, voluntary contraception is a reproductive right
- High unmet need for contraception
- Longer Birth-to-Pregnancy intervals leads to better newborn and child survival
- FP and PAC is part of the Sphere minimum standard for humanitarian response that international organizations including NGOs and UN agencies have signed to uphold

**Mortality Risk**

**Birth-to-Pregnancy Intervals and Risk of Child Mortality**

- Infant
- Neonatal
- Early Neonatal

Sources: Conde-Agudelo 2005 and DaVanzo et al 2007; Rutstein 2005
Family Planning

Risk of Adverse Pregnancy Outcomes Decreased

Birth-to-Pregnancy Intervals and Risk of Adverse Pregnancy Outcomes

Risk (odds ratio)

Sources: Conde-Agudelo 2005 and DaVanzo et al 2007; Rutstein 2005
FAMILY PLANNING AND POSTABORTION CARE
SAVE LIVES
Key Elements of Postabortion Care
5 Elements

• Treatment of incomplete and unsafe abortion and abortion-related complications that are potentially life-threatening
• Counseling to identify and respond to women’s emotion and physical health needs and other concerns
• Contraceptive and family planning services to help women prevent an unwanted pregnancy or practice birth spacing
• Reproductive and other health services – preferably provided onsite or via referrals
• Community and service provider partnerships to prevent unwanted pregnancies and unsafe abortion, mobilize resources to help women receive appropriate and timely care for complications from abortion, and ensure health services reflect and meet community expectations and needs.

(Adapted from Postabortion Care Consortium, 2002)
Perceived Challenges with Providing FP and PAC in Humanitarian Settings

- Too Clinical
- Delivery models such as mobile clinics won’t work well
- Continuity of services after the emergency response
- Low level of knowledge about LARC and PAC
- Supply chain management not well established
- Insecurity
RH in Emergencies at Save the Children
Where we work

DRC, Egypt, Haiti, Niger, Pakistan, Rwanda, Somalia, Syria, Yemen
Our Approach

Build global capacity
Integrate
Mobilize communities
Provide services

Procure commodities
Competency based training
Monitor & evaluate
## Key Project Results

### 2011-2016

<table>
<thead>
<tr>
<th>179,841 women adopted contraceptive methods</th>
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<tbody>
<tr>
<td>38% of clients chose a LARC</td>
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<td>16,753 PAC clients served</td>
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<tr>
<td>53% of PAC clients chose an FP method before discharge</td>
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<td>293 service providers trained on PAC</td>
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<td>379 service providers trained on LA/PMs</td>
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<tr>
<td>192 service providers trained on PPIUD insertion</td>
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<td>Core programs in DRC, Pakistan, Somalia, Syria, and Yemen</td>
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<td>New responses in Haiti, Mali, Niger, Rwanda, the Philippines</td>
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<td>Three e-learning courses developed and launched</td>
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<td>Country</td>
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<tr>
<td>DRC</td>
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<td>Egypt</td>
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<td>Pakistan</td>
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<td>Somalia</td>
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<td>Syria</td>
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<td>Yemen</td>
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<td><strong>Total</strong></td>
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Somalia: Family Planning Uptake
Trends from July 2012 to December 2016

Graph 2: Number of clients who started an FP method, by method,
July 2012 - December 2016, Somalia

- Oral Contraceptive Pill
- Injectable
- Implants
- IUD
- Tubal Ligation
- Vasectomy
Yemen: Number of FP Users by Method
Trends from July 2012 to December 2016

Graph 1: Number of clients who started an FP method, by method, July 2012 - December 2016, Yemen

- Oral Contraceptive Pill
- Injectable
- Implants
- IUD
- Tubal Ligation
Syria: Family Planning Uptake
Trends from July to December, 2016

Graph 1: Number of clients who started an FP method, by method, July 2016 - December 2016, Syria

- Oral Contraceptive Pill
- Injectable
- Implants
- IUD
- Tubal Ligation
- Vasectomy
Pakistan: Postpartum IUD
Trends in PPIUD Uptake from January 2013 to December 2016

Graph 7: Number of clients who received PPIUD at health facility after delivery, January 2013 - December 2016, Pakistan
## Conclusion: Reproductive Health in Humanitarian Settings

<table>
<thead>
<tr>
<th>Reproductive health needs don’t disappear when crisis strikes</th>
<th>The Minimum Initial Service Package (MISP) addresses reproductive health needs and saves lives</th>
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<tbody>
<tr>
<td>Family planning and PAC save lives</td>
<td>There is a high unmet need for FP and PAC services in many emergency settings&lt;br&gt;Family planning and postabortion care are included in the MISP</td>
</tr>
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<td>Maternal and child deaths are linked to poverty and fragility</td>
<td>There is a growing need for RH programming from emergency preparedness to response, transition and development to address fragility in acute and protracted crisis settings</td>
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<tr>
<td>FP and PAC can be successfully delivered in humanitarian settings</td>
<td>FP and PAC can be delivered at the health center and the community level&lt;br&gt;Nurses and midwives can provide both FP and PAC</td>
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