



PROJECT SUMMARY

REPRODUCTIVE HEALTH IN EMERGENCIES

SUPPORTING ACCESS TO FAMILY PLANNING AND POST-ABORTION CARE IN EMERGENCIES (SAF-PAC)

Background

The need for quality reproductive health services in poor countries remains great. But in times of natural and conflict-related emergencies, in particular, the unmet need intensifies as women and young girls are subjected to an increased risk of sexual violence, unwanted pregnancies due to lack of access to contraceptives and overall lack of control over their situation, with little or no access to maternal newborn health care including emergency obstetric care services. A woman’s risk of death is particularly acute during conflicts where rape is used as a weapon of war, as has been the case in some 36 recent conflicts. Recommended interventions (including family planning and post-abortion care) are often unavailable in humanitarian settings and the lack of trained health care providers, supervision and availability of contraceptives and supplies, along with socio-cultural barriers, limit the quality of services even when they are available.

CARE has responded to 123 natural and conflict-related emergencies over the past five years. Although reproductive health services are among the recommended life-saving interventions in times of crisis, they are frequently not integrated into other emergency response activities. The lives of women and girls are at great risk as a result. Many seek services from untrained traditional healers, receiving ineffective methods and, in some cases, an unsafe abortion. According to the Guttmacher

Institute, 1 in 4 women who undergo an unsafe abortion will experience a severe complication. The United Nations Population Fund estimates that up to half of all maternal deaths in refugee settings are due to complications of unsafe abortion.

CARE’s SAF-PAC initiative will reduce unintended pregnancies and deaths from obstetric complications, including unsafe abortion, through the integration of essential reproductive health services. SAF-PAC focuses on integrating the minimum initial service package (MISP) into CARE’s emergency response programming and also strengthening reproductive health programming in three countries – The Democratic Republic of the Congo (DRC), Pakistan and Chad. In the countries, women are viewed as second-class citizens and face critical, unmet reproductive health needs, as reflected in the following data from the Demographic and Health Survey, World Bank and UNICEF:

| | DRC | Pakistan | Chad |
|---|--------|----------|--------|
| Average number of children per woman | 6.3 | 4.1 | 6.3 |
| Percentage of married women with unmet need for family planning | 24.4 % | 24.9 % | 20.7 % |
| National contraceptive prevalence rate (modern methods) | 6.7 % | 21.7 % | 1.6 % |
| Maternal mortality ratio (per 100,000 live births) | 670 | 280 | 1,200 |

Strategy

CARE's SAF-PAC project will directly benefit women in the DRC, Pakistan and Chad. It will also set a standard for improving the lives of other women and their families both in and outside those countries as we develop and share good practices as well as work with others to advocate for increased integration of the MISIP, with a focus on family planning and post-abortion care, in all emergency humanitarian responses.

There are three basic components to CARE's SAF-PAC implementation approach:

- 1) Build organizational structures and processes that will support and sustain improved reproductive health outcomes**
- 2) Improve health delivery and strengthen health systems**
- 3) Reduce barriers to utilization of quality reproductive health services**

The first component of the SAF-PAC approach builds organizational capacity to support reproductive health services across CARE's emergency responses. This requires intense engagement with internal stakeholders, training and technical assistance, and the means to build the knowledge base and disseminate key learnings as a critical part of emergency preparedness planning and response. The other two components reflect CARE's understanding that high quality and increased coverage of reproductive health services requires effective service delivery at all levels, from the village community to the first-level healthcare facility to the referral hospital. It also requires effective integration of services across the continuum of care – before, during and after pregnancy.



CARE's experience in delivering proven and cost-effective emergency and development programs has shown that success depends on a combination of efforts, particularly at the village/household level and at health facilities. Women could have access to the best health facility but if services are not delivered in a respectful and culturally sensitive manner then they will not want to use it. Engaging with communities to address social factors and behaviors that limit access and use of reproductive health services is key. Applied together, the three SAF-PAC components will result in a highly effective and sustainable program to ensure widespread quality coverage and utilization of reproductive health services for women in the most difficult environments in the world.

Conclusion

Any successful society is gauged by the status of its women, their ability to access health care and where their children can grow up properly nourished and educated. Ensuring the welfare of women, men, girls and boys particularly in emergency situations, is one CARE's priorities. This commitment can be further met by responding to the reproductive health needs of women and girls to improve resilience in poor countries such as Chad, DRC, and Pakistan as well as in emergency settings.



CARE USA Headquarters
151 Ellis Street, Atlanta, GA 30303
404-681-2552 | www.care.org

Copyright ©2011 by Cooperative for Assistance and Relief Everywhere, Inc. (CARE). All rights reserved.
Cover photo: Kate Holt/CARE. Back side photos from top to bottom: Jason Sangster/CARE, Jenny Matthews/CARE.