

December 2016

WORKSHOP REPORT

CARE West Africa: Sexual and Reproductive Health and Rights in Emergency Settings and Humanitarian Response



In this Report:

- A summary of the workshop and objectives
- An outline of the workshop sessions covered each day
- Key lessons learned and takeaways
- Next Steps



From November 29-December 3, 2016, CARE West Africa convened 37 CARE staff in Accra, Ghana, for orientation and training on responding to sexual and reproductive health and rights (SRHR) in emergency and crisis-affected settings. Among those who attended the workshop were representatives from the eight CARE West Africa country offices, members of the SRHR Global Team, the Deputy Director of the Emergencies and Humanitarian Assistance Team, and the CARE Regional Emergency Coordinator for West Africa. Two representatives from our key partner, **UNFPA**, facilitated sessions on procurement and distribution of SRH supplies and equipment kits during acute crises.



Dr. Martin Tshipamba Mukongo leads a "Values Clarification and Attitudes Transformation" activity during the workshop. Martin was one of six representatives from the CARE DRC team that attended the workshop, bringing five years of experience working on SRHR in crisis-affected settings through the SAFAPAC Initiative (Supporting Access to Family Planning and Post-Abortion Care) in Eastern DRC.

Workshop Objectives:

1. To familiarize all participants with the importance of SRHR in emergency contexts
2. To familiarize all participants with the Minimum Initial Service Package (MISP) for SRHR that should be integrated into each emergency response
3. To introduce participants to the procurement and logistics systems for ensuring access to SRHR commodities during emergencies
4. To familiarize participants on how to include and integrate SRHR in Emergency Preparedness Planning

Workshop Sessions, November 29-December 3, 2016

Tuesday, November 29, 2016

- **Humanitarian and Emergency Response at CARE:** As an integral part of CARE's strategy to fight poverty, our humanitarian and emergency response is founded on gender equity, agility, partnerships, and multiplying impact. In West Africa, a zone vulnerable to emergencies, we must identify and understand our organizational "value-add".
- **Values Clarification and Attitudes Transformation (VCAT):** As we focus on the SRHR needs of women and girls, we assess and transform our organizational perspectives on comprehensive SRHR care, including family planning, SRHR for adolescents, post-abortion care, and therapeutic abortion care in emergency settings. Three "VCAT" activities were conducted over the course of the workshop.
- **Sexual and Reproductive Health in Emergencies:** In emergency settings, SRHR services are essential; 20-25% of a population is made up of women of reproductive age. Disruption of family planning services, increases in sexual assault, and lack of access to safe birthing facilities/ qualified personnel manifest in times of crisis.
- **Emergency Preparedness Plans (EPPs) at CARE:** Among the 19 scenarios outlined in CARE West Africa Country Offices' EPPs, 7 take into consideration the SRHR needs of the affected population. SRHR should be considered in every country's EPP, and CARE must ensure that our staff are equipped to respond to SRHR needs.

Wednesday, November 30, 2016

- **Initial Rapid Assessment (IRA):** The IRA covers different sectors of an emergency response and should be conducted as soon as possible after the onset of an emergency. Using the IRA tools and scenarios developed by the workshop facilitators, participants simulated conducting an IRA and determining key SRHR priorities/next steps in their respective 'settings'.
- **Minimum Initial Service Package for SRH in Emergencies (MISP):** The MISP is considered by the international SRHR in Emergencies Sector to be an essential part of all humanitarian response. It contains five objectives, with designated "kits" for each objective. CARE's emergency response for SRH should align with the MISP. All participants simulated implementing the following MISP objectives:
- **MISP Objective #1, Coordination:** CARE is equipped to be the lead for SRHR response during an emergency, and can do so under the direction of UNFPA. Coordination is essential to ensure there are no overlaps or gaps during a response.
- **MISP Objective #2, Prevention of STIs, including HIV:** Infection prevention remains essential during an emergency response. Other key activities include condom distribution, community awareness, safe blood transfusion, and waste management.

Thursday, December 1, 2016

- **MISP Objective #3, Prevention of Maternal and Neonatal Mortality and Morbidity:** An effective response must estimate the number pregnant women and women of reproductive age, procure required supplies, inform communities about services, set up referral systems, distribute kits to the appropriate locations and individuals, and work in conjunction with pre-existing health structures if applicable.
- **MISP Objective #4, Prevention and Treatment of Sexual Violence:** Sexual violence can increase in crisis settings. Community awareness, referral systems for clinical management of rape, counseling/psychosocial support, advocacy for legal considerations, advocacy for social reintegration, and collaboration with health, community, and judicial authorities are essential.
- **MISP Objective #5, Prevention of Unintended/Unwanted Pregnancies:** Access to contraception is critical in emergency settings. An effective response works and coordinates with health professionals and authorities, equips health centers with supplies and equipment, ensures that services are free, builds community awareness of access to services, and fosters community dialogue around social norms.

Friday, December 2, 2016

- **Procurement of SRHR Kits:** UNFPA has 12 types of SRHR kits pre-prepared and ready to ship from different warehouses around the world. In order to estimate the number of kits needed, population data *must be collected* during the IRA. Kits must be ordered, a distribution plan must be developed, and stock/inventory must be monitored. Procurement of kits follows a standardized system, which was detailed by our partners at UNFPA and simulated by the participants using their respective emergency scenarios.
- **Disaster Risk Reduction (DRR):** We understand the emergency cycle to be comprised of preparation, response, and development programming. This introduction to DRR emphasized that CARE, along with the international humanitarian sector at large, must push for more preventative versus reactive measures. *Addressing SRHR specifically will become a CARE global emergency response standard.*
- **Transitioning out of an Emergency Context:** At the end of an acute emergency, SRHR needs remain. This is the moment that CARE should conduct a more in-depth situational needs assessment, identify key partners, and work to create a long-term SRHR plan.

Saturday, December 3, 2016

- **Development of Next Steps:** Each country office created an action plan for next steps (please see next page).

Key Lessons Learned and Takeaways

- SRHR in emergencies is no longer just “nice to have”; it is an essential, lifesaving, and core part of CARE’s work in crisis and humanitarian settings. CARE will soon require SRHR to be a part of all its emergency responses.
- Many CARE country offices and staff in West Africa have extensive experience working in emergency settings, such as the Lake Chad Basin, Northern Mali, and the countries impacted by the recent EVD (Ebola) epidemic. These offices and staff represent a pool of expertise in the region, and should be both recognized and utilized.
- There are standardized protocols and procedures for the implementation of MISP and the procurement of kits. We must work with UNFPA and our other partners to ensure that these essential services and commodities reach those who need them, and to ensure that we are coordinating with other humanitarian response actors to avoid overlaps and gaps.

Next Steps

CARE Country Offices (CO):

- Share their workshop experience with relevant parties in their respective offices
- Appoint a SRHR focal point in the CO emergency response team
- Revise EPPs to include SRHR in context, risk analysis, scenarios, and response
- Estimate populations in each EPP scenario (to be able to estimate kit requirements)
- Add a budget line for SRHR kits in the EPP
- Check in-country customs clearance modalities (for importing kits)
- Identify potential in-country vendors for dignity kits and add them to the approved vendor list

CARE Regional and Global Teams:

- Create a CARE West Africa SRHR “Pool of Expertise”, identifying all staff who are able to support SRHR during an emergency response
- Explore opportunities for a virtual or physical warehouse to pre-position SRHR kits
- Develop a concept note to raise funds for SRHR kits
- Coordinate with key global and regional actors, including UNFPA, USAID (Regional Health Office) WHO, WAHO, and MRU
- Follow up with country offices on the implementation of their respective action plans

Thank you to UNFPA, CARE Ghana, CARE West Africa Regional Management Unit, CARE Regional Emergency Coordination Team, CARE EHAT Team, CARE SRHR Global Team, and all CARE West Africa Country Offices.