

SAVING LIVES | SPRINT in South Asia







SAVING LIVES | SPRINT IN SOUTH ASIA

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| CONTENTS |

Introduction	4
Background	6
How IPPF-SPRINT works	8
The MISP	10
Our Member Associations	12
IPPF-SPRINT in South Asia	16
Emergency response in Afghanistan	20
Emergency response in Bangladesh	21
Emergency response in Nepal	22
Emergency response in Pakistan	23
How our lives changed...	24
Stories from the field	25
Our Heroes!!!	27
IPPF-SPRINT at work & Key Indicators	29
Lesson Learned	32
Partnerships	34
Acronyms	36
Acknowledgements	37



INTRODUCTION

The SPRINT Initiative (Sexual Reproductive Health Programme in crisis and post-crisis situations) was designed to address gaps in the implementation of the Minimum Initial Service Package (MISP) for Reproductive Health which is a set of priority activities to be implemented at the onset of an emergency.

The goal of the MISP is to reduce mortality, ill-health and disability through the application of a set of clinical interventions provided using an agreed approach and set of guidelines to meet Sexual and Reproductive Health (SRH) needs in emergencies.

The gaps were identified in a global evaluation undertaken in 2004 by the Inter Agency Working Group (IAWG) on Reproductive Health in Crises] formed in 1995 to develop guidance on addressing SRH for refugees, internally displaced people and other affected by emergencies.

The SPRINT Initiative provides one of the most important aspects of humanitarian assistance that is often forgotten when disaster and conflicts strike. IPPF-SPRINT ensures access to essential life-saving SRH services for women, men and children in times of crises, a time when services are most needed yet are not prioritised or recognised by key humanitarian responders, IPPF-SPRINT delivers practical solutions for girls and women, trains humanitarian workers to deal with pregnancy, childbirth, reproductive health and the aftermath of rape and violence.

Besides working to ensure that emergency humanitarian programmes in the field respond to such needs, IPPF-SPRINT engages in political processes, and work towards raising awareness, strengthening coordination, and building capacities to provide SRH services in crises.

Saving lives is the core of the SPRINT Initiative.

SPRINT Initiative is funded by the Department of Foreign Affairs and Trade (DFAT) under Australian Government and managed by International Planned Parenthood Federation (IPPF).



Saving lives is the core of the SPRINT Initiative (Sexual and reproductive health Programme IN crisis and post-crisis siTuations)



BACKGROUND

When Stage I of IPPF-SPRINT Initiative began in 2007 it only covered East & South East Asia and Oceania Region and later extended to the Africa region.

Stage II of IPPF-SPRINT began in 2012 and extended to include prioritised countries highly prone to natural and man made disasters in the South Asia Region (SAR) such as Afghanistan, Pakistan, Bangladesh and Sri Lanka.

The overall goal of the SPRINT Initiative is to improve the health outcomes of crisis affected populations by reducing preventable SRH morbidity and mortality. The programme's purpose is to increase timely access for crisis affected populations to life-saving sexual and reproductive health services as outlined in the Minimum Initial Services Package (MISP). SPRINT core programming components address all stages of the emergency management cycle, where emergency responses in acute phases of a crisis are preceded by preparedness activities and followed by recovery/redevelopment interventions.







HOW IPPF-SPRINT WORKS

SPRINT Initiative operates in partnership with IPPF Member Associations, Ministries of Health and Family Welfare, international and local relief organisations as well as UN agencies. The Initiative is coordinated in partnership with a secretariat at IPPF's South Asia Regional Office, the other IPPF regional offices and the humanitarian response branch of UNFPA.

When successfully implemented, the sexual and reproductive health services set out in the MISP can mean the difference between life and death or disability for those affected by the disaster.

Implementing the MISP is not optional: it is an international standard of care that should be implemented at the onset of every emergency.





The Minimum Initial Service Package

The MISP for Reproductive Health is a set of priority life-saving interventions that must be put into place at the onset of every emergency. It is an international standard recognized by the SPHERE humanitarian charter, the IASC Health Cluster Guide and CERF life-saving criteria.

Key Objectives of MISP:

1. Ensure the health sector/cluster identifies an organization to lead implementation of the MISP
2. Prevent and manage the consequences of sexual violence
3. Reduce HIV transmission
4. Prevent excess maternal and newborn morbidity & mortality
5. Plan for comprehensive RH services, integrated into primary health care as the situation permits

The MISP also stresses on treating sexually transmitted infections, providing contraceptives to meet demand, and ensures that antiretrovirals for HIV treatment are available for continuing users.

MINIMUM INITIAL SERVICE PACKAGE (MISP) FOR REPRODUCTIVE HEALTH



SUBJECT AREA	CRISIS	POST-CRISIS
	Crude mortality rate >1death/10,000/day	Mortality returns to level of surrounding populations
	MINIMUM (MISP) RH SERVICES	COMPREHENSIVE RH SERVICES
FAMILY PLANNING	<ul style="list-style-type: none"> Provide contraceptives, such as condoms, pills, injectables and IUDs, to meet demand 	<ul style="list-style-type: none"> Source and procure contraceptive supplies Provide staff training Establish comprehensive family planning programs Provide community education
GENDER-BASED VIOLENCE	<ul style="list-style-type: none"> Coordinate mechanisms to prevent sexual violence with the health and other sectors/clusters Provide clinical care for survivors of rape Inform community about services 	<ul style="list-style-type: none"> Expand medical, psychological, social and legal care for survivors Prevent and address other forms of GBV, including domestic violence, forced/early marriage, female genital cutting, Provide community education Engage men and boys in GBV programming
MATERNAL AND NEWBORN CARE	<ul style="list-style-type: none"> Ensure availability of emergency obstetric and newborn careservices Establish 24/7 referral system for obstetric and newborn emergencies Provide clean delivery packages to visibly pregnant women and birth attendants Inform community about services 	<ul style="list-style-type: none"> Provide antenatal care Provide postnatal care Train skilled attendants (midwives, nurses, doctors) in performing emergency obstetric and newborn care Increase access to basic and comprehensive emergency obstetric and newborn care
STIs, INCLUDING HIV, PREVENTION & TREATMENT	<ul style="list-style-type: none"> Ensure safe and rational blood transfusion practice Ensure adherence to standard precautions Guarantee the availability of free condoms Provide syndromic treatment as part of routine clinical services for patients presenting for care Provide ARV treatment for patients already taking ARV including for PMTCT, as soon as possible 	<ul style="list-style-type: none"> Establish comprehensive STI prevention and treatment services,including STI surveillance systems Collaborate in establishing comprehensive HIV services as appropriate Provide care, support and treatment for people living with HIV/AIDS Raise awareness of prevention, care, treatment services of STIs

<p>How to order RH Kits for Crisis Situations booklet:</p> <p>UNFPA – Contact local country offices or 220 East 42nd Street New York, NY 10017 USA Tel: + 1 212 297 5245 Fax: + 1 212 297 4915 Email: hru@unfpa.org www.rhrc.org/resources/rhkit.pdf</p>	<p>How to order RH Kits:</p> <p>UNFPA Procurement Services Section Emergency Procurement Team Midtermolen 3 2100 Copenhagen Denmark Tel: +45 3546 7368 / 7000 Fax: + 45 3546 7018 procurement@unfpa.dk</p>
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<p><i>The RH Kit is designed for use for a 3-month period for a varying population number and is divided into three "blocks" as follows:</i></p> <p>Block 1: Six kits to be used at the community and primary health care level for 10,000 persons/3 months</p> <table> <tr> <th>KIT NUMBERS</th><th>KIT NAME</th><th>COLOR CODE</th></tr> <tr> <td>Kit 0</td><td>Administration</td><td>Orange</td></tr> <tr> <td>Kit 1</td><td>Condom (Part A is male condoms + Part B is female condoms)</td><td>Red</td></tr> <tr> <td>Kit 2</td><td>Clean Delivery (Individual) (Part A+B)</td><td>Dark blue</td></tr> <tr> <td>Kit 3</td><td>Rape Treatment</td><td>Pink</td></tr> <tr> <td>Kit 4</td><td>Oral and Injectable Contraception</td><td>White</td></tr> <tr> <td>Kit 5</td><td>STI</td><td>Turquoise</td></tr> </table> <p><i>Block 1 contains six kits. The items in these kits are intended for use by service providers delivering RH care at the community and primary care level. The kits contain mainly medicines and disposable items. Kits 1, 2 and 3 are subdivided into parts A and B, which can be ordered</i></p> <p>Block 2: Five kits to be used at the community and primary health care level for 30,000 persons/3 months</p> <table> <tr> <th>KIT NUMBERS</th><th>KIT NAME</th><th>COLOR CODE</th></tr> <tr> <td>Kit 6</td><td>Clinical Delivery Assistance (Part A + B)</td><td>Brown</td></tr> <tr> <td>Kit 7</td><td>IUD</td><td>Black</td></tr> <tr> <td>Kit 8</td><td>Management of Complications of Abortion</td><td>Yellow</td></tr> <tr> <td>Kit 9</td><td>Suture of Tears (Cervical and vaginal) and Vaginal Examination</td><td>Purple</td></tr> <tr> <td>Kit 10</td><td>Vacuum Extraction for Delivery (Manual)</td><td>Grey</td></tr> </table> <p><i>Block 2 is composed of five kits containing disposable and reusable material. The items in these kits are intended for use by trained health care staff with additional midwifery and selected obstetric and neonatal skills at the health centre or hospital level</i></p> <p>Block 3: Two kits to be used at referral hospital level for 150,000 persons / 3 months</p> <table> <tr> <th>KIT NUMBERS</th><th>KIT NAME</th><th>COLOR CODE</th></tr> <tr> <td>Kit 11</td><td>Referral level for Reproductive Health (Part A + B)</td><td>Fluorescent Green</td></tr> <tr> <td>Kit 12</td><td>Blood Transfusion</td><td>Dark Green</td></tr> </table> <p><i>Block 3 is composed of two kits containing disposable and reusable supplies to provide comprehensive emergency obstetric and newborn care at the referral (surgical obstetrics) level. It is estimated that a hospital at this level covers a population of approximately 150,000 persons. Kit 11 has two parts, A and B, which are usually used together but which can be ordered separately.</i></p> <p>NOTE: Agencies should not depend solely on the Inter-agency RH Kits and should plan to integrate the procurement of MISP/RH supplies in their routine health procurement systems.</p>			KIT NUMBERS	KIT NAME	COLOR CODE	Kit 0	Administration	Orange	Kit 1	Condom (Part A is male condoms + Part B is female condoms)	Red	Kit 2	Clean Delivery (Individual) (Part A+B)	Dark blue	Kit 3	Rape Treatment	Pink	Kit 4	Oral and Injectable Contraception	White	Kit 5	STI	Turquoise	KIT NUMBERS	KIT NAME	COLOR CODE	Kit 6	Clinical Delivery Assistance (Part A + B)	Brown	Kit 7	IUD	Black	Kit 8	Management of Complications of Abortion	Yellow	Kit 9	Suture of Tears (Cervical and vaginal) and Vaginal Examination	Purple	Kit 10	Vacuum Extraction for Delivery (Manual)	Grey	KIT NUMBERS	KIT NAME	COLOR CODE	Kit 11	Referral level for Reproductive Health (Part A + B)	Fluorescent Green	Kit 12	Blood Transfusion	Dark Green
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<p>RESOURCES:</p> <ul style="list-style-type: none"> Reproductive Health in Humanitarian Settings: An Inter-agency Field Manual: http://www.iawg.net/resources/field_manual.html MISP Distance Learning Module: http://misp.rhrc.org SPRINT Facilitator's Manual for SRH Coordination: www.ippfeseaor.org/en/Resources/Publications/SPRINTFacilitatorsManual.htm UNFPA/Save the Children Adolescent Sexual and Reproductive Health Toolkit in Humanitarian Settings: A companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings: www.unfpa.org/public/publications/pid/4169 RHRC Monitoring and Evaluation Toolkit: www.rhrc.org/resources/general_fieldtools/toolkit/ CDC RH Assessment Toolkit for Conflict-Affected Women: http://www.cdc.gov/reproductivehealth/Refugee/RefugeesProjects.htm Inter-agency Working Group on Reproductive Health in Crises: www.iawg.net Reproductive Health Response in Crises (RHRC) Consortium: www.rhrc.org 																																																		



AFGHAN FAMILY GUIDANCE ASSOCIATION
(AFGA)
Your Partner to Healthy Family

OUR MEMBER ASSOCIATIONS

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AFGHAN FAMILY GUIDANCE ASSOCIATION

Afghan Family Guidance Association (AFGA) provides access to family and reproductive health for all. Established in 1968, AFGA works to provide quality information and reproductive healthcare services.

These include counseling and services related to family planning, adolescents' health, ante and post-natal care, as well as prevention of HIV and other sexually transmitted infections. Through their family welfare centres, mobile clinics, youth-friendly centres and community volunteer network, they have expanded their outreach to those who need them the most: the poor and the underserved. The organisation also works closely with key stakeholders, such as religious leaders, policy makers and parliamentarians, to influence policy changes.





FPAB FAMILY PLANNING
ASSOCIATION
OF BANGLADESH



FAMILY PLANNING ASSOCIATION OF BANGLADESH

Established in 1953, Family Planning Association of Bangladesh (FPAB) has promoted access to family planning, comprehensive sexual and reproductive health services including maternal and child care and youth-friendly services. FPAB fulfills its mission through a strong network of permanent and mobile clinics. Its reach extends to under served areas such as city slums and remote rural & hilly areas. FBAB offers door to door services through its wide network of community based health workers. Apart from working in emergency settings and implementing projects related to climate change, FPAB's work is diverse. It works with religious leaders and elected representatives to build a favorable environment for spreading awareness on sexual and reproductive health and rights. FBAB also works with young people to help them make informed choices about their sexuality and sexual health.



RAHNUMA-FAMILY PLANNING ASSOCIATION OF PAKISTAN

Since 1953, the Rahnuma- Family Planning Association of Pakistan (FPAP) has helped women, men and young people access critical SRH services, inclusive of family planning. FPAP were instrumental in establishing a separate Ministry of Population Welfare, as well as for introducing the first ever policy on population control in South Asia. FPAP is now known as Rahnuma (one who shows the path and provides direction) to reflect its holistic approach towards development in Pakistan.





FAMILY PLANNING ASSOCIATION OF SRI LANKA

Founded in 1953, Family Planning Association of Sri Lanka (FPASL) is one of the country's premiere and most trusted NGOs. FPASL introduced family planning services to the island nation. They set up health clinics, which were handed over to the government with the launch of the National Family Planning Programme in 1965. During the years of conflict, FPASL was the only non-governmental organisation trusted by the government to provide services to affected people residing within the conflict zone. FPASL complements Sri Lanka's government health services. It promotes family planning as a basic human right, providing sexual and reproductive healthcare through their static and mobile clinics.

IPPF-SPRINT IN SOUTH ASIA



AFGHANISTAN

IPPF-SPRINT II saw the establishment of a Country Coordination Team (CCT) with various representatives from organizations and institutions working in the field of health and disaster management. This was done in close partnership with the IPPF MA, Afghan Family Guidance Association (AFGA). AFGA also worked with the Ministry of Public Health (MoPH) to advocate for inclusion of the MISP in national disaster policies. It also aided in the coordination of disaster response and attempted different approaches and collaborations with other country coordination mechanisms. In 2014 and 2015 at least 6 Representatives from Afghanistan, from Ministry of Health, AFGA, Afghan Red Crescent Society and UNFPA were trained as Master Trainers on MISP by SPRINT II. A rapid assessment on the situation of SRH in Afghanistan was also conducted in the country. Between May to August 2014, IPPF-SPRINT responded to the landslide in the Badakhshan province that affected a community of 9000 people. 4500 of these were females and 1800 were children.



BANGLADESH

IPPF-SPRINT I saw two in-country MISP trainings that trained 78 participants and the development of one master trainer. In IPPF-SPRINT II, a CCT has been formed with the IPPF MA, Family Planning Association of Bangladesh (FPAB) as the focal point. The CCT is comprised of representatives from organizations working in the field of disaster management, health and primarily sexual and reproductive health. It is chaired by Ministry of Disaster Management and Relief.

FPAB conducted a Rapid Assessment in order to provide a brief overview of the SRH/ MISP service provision in the country and to understand roles and coordination mechanism between the key stakeholders in the SRH service delivery mechanism during humanitarian crises. Under IPPF-SPRINT II, FPAB has trained more than 120 RH coordinators and service providers.

Through resource mobilization efforts under IPPF-SPRINT II, IPPF SAR and FPAB will now be implementing an Innovations Project with research partners such as University of Leicester and International Centre for Diarrhoeal Disease Research, Bangladesh on provision of RH kit 8 during crises.



PAKISTAN

IPPF-SPRINT I had trained 30 participants during 2 in-country MISP trainings which marked the beginning of emergency SRH policy integration. The MISP has been integrated into National, provincial and District Disaster Management Authority (NDMA, PDMA, DDMA) policies. A Reproductive Health Working Group (RHWG) has also been formed which is chaired by the National Health Emergency Preparedness and Response Network (NHEPRN) and co-chaired by UNFPA. RHWG meetings have now also been initiated at the provincial levels in Pakistan. In the last quarter of 2013, the IPPF MA, Rahnuma- Family Planning Association of Pakistan (FPAP) has positively engaged with the NHEPRN to deliberate incorporation of IPPF-SPRINT objectives into its work plan and advocate for the inclusion of the MISP into its national disaster response/preparedness policies. The coordination with the in-country partners such as UNFPA, WHO, UNHCR and PDMA has strengthened their partnerships for timely collaboration/ coordination to effectively respond to disasters and dissemination of the MISP. A total of 7 Master trainers have been trained under IPPF-SPRINT and further trainings on MISP and its components are constantly being held in the country. FPAP has trained more than 350 RH coordinators in the country on MISP and its various components.

SRI LANKA

Under the SPRINT Initiative, the Family Planning Association of Sri Lanka (FPASL) works very closely with various partners including the Disaster Management Centre (DMC) of Government of Sri Lanka. During IPPF-SPRINT I, 115 participants were trained on integrating SRH services in crises, in partnership with the Ministry of Health (MoH) and Health Emergency and Disaster Management Training Centre at the University of Peradeniya to integrate SRH into National Health Emergency Management Systems.

FPASL has formed a National Technical Committee comprised of representatives from the MoH, Ministry of Disaster Management, UNDP, WHO and others to ensure timely, effective and coordinated responses based on participatory, human rights and community based approaches. In Sri Lanka, the MISP cheat sheet has been translated into both Tamil and Sinhalese. FPASL has recently completed a rapid assessment on the current SRH situation and MISP implementation in the country.







IPPF-SPRINT SAVES LIVES AND DELIVERS: EMERGENCY RESPONSE IN AFGHANISTAN



In May 2014, SPRINT mobilised a response to assist the relief efforts for survivors of the massive landslide that struck Berek-Ab, an area in Argo District of Badakhshan province in Afghanistan. SPRINT delivered SRH services to pregnant and lactating women, women of reproductive age, young people and men as its main target beneficiaries through its grant of USD 38,000. Working with its country partner, AFGA, SPRINT South Asia partnered with the Ministry of Public Health at the provincial level and succeeded in expanding its reach to the most unreachable.

IPPF-SPRINT SAVES LIVES AND DELIVERS: EMERGENCY RESPONSE IN BANGLADESH



In October 2014, the SPRINT Initiative supported flood-affected people in 4 districts of northern Bangladesh (Bogora, Gaibandha, Jamalpur, Kurigram) by delivering life-saving SRH services with a grant of USD 32,700 through the IPPF Member Association, Family Planning Association of Bangladesh (FPAB).



In June 2015, FPAB initiated another emergency response to the devastating floods in the Cox's Bazar and Chittagong districts of South East Bangladesh. The response mainly aims at provision of life saving SRH services and the distribution of RH kits.

IPPF-SPRINT SAVES LIVES AND DELIVERS: EMERGENCY RESPONSE IN NEPAL

In the aftermath of the earthquake that occurred in Nepal on 25 April 2015, The SPRINT Initiative along with its Member Association in Nepal- the Family Planning - the Family Planning Association of Nepal (FPAN), reached out to the most vulnerable communities in 8 of the most affected districts of Nepal to deliver life saving SRH services. Services such as dignity and other RH kits were delivered through mobile reproductive health camps, Female Friendly Spaces (FFS) and Maternity Transit Homes/Maternity Care Centres (MTH/ MCC).

The entire response was coordinated and implemented through FPAN in coordination with the Ministry of Health and Population, UNFPA, Ministry of Women, Children and Social Welfare and the Reproductive Health Sub Cluster.

Under the project, a 3 day long MISP Training was also conducted for front line workers and health service providers to improve service delivery and build capacity.



No. of beneficiaries reached:

Reproductive Health Camps: 42 camps conducted, providing services to 19,207 clients

Female Friendly Space: 3 camps conducted, delivering services to 5671 clients

Maternity Transit Home: 4 homes conducted, providing SRH services to 70 ANC and PNC clients

Funding Support:

This was a multi-donor response. Along with IPPF-SPRINT support, funding was mobilised from UNFPA, USAID and JPF (Japan Platform Fund). The JPF fund was recently secured with assistance from the Japanese Organisation for International Cooperation in Family Planning (JOICFP) for the continuous provision of these life saving services for an additional 3 months.



IPPF-SPRINT SAVES LIVES AND DELIVERS: EMERGENCY RESPONSE IN PAKISTAN



In October 2013, IPPF-SPRINT responded to the Baluchistan earthquake with life saving SRH services with its grant of USD 150,000. More than 51,000 people were provided with these services in Awaran and Kech districts.



In April 2014, IPPF-SPRINT delivered SRH services to drought-affected communities in the Sindh Arid Zone of Pakistan. The Thar Desert of the Province of Sindh, Pakistan has been suffering severe drought conditions since November 2013 that has had drastic effects on the lives of the people as well as the infrastructure in the area. The drought triggered a severe shortage of food, fodder and water which has taken a huge toll on the population's health, particularly that of children and infants. According to the Sindh Provincial Authorities, an estimated 250,000 families have been affected by the drought.



IPPF-SPRINT provided a grant of USD 13,800 to IPPF's Member Association, Rahnuma-Family Planning Association of Pakistan (FPAP), for reaching the communities located in camps within the Thar Desert region with life saving SRH services to more than 35,000 women and children.

50 mobile camps were set up by Rahnuma-FPAP in the Sindh Zone to improve community nutrition especially for mothers and children, to deliver critical antenatal services, to provide preventive treatment such as prescribing Vitamin A and iron foliate to prevent micronutrient deficiencies, providing immunizations, preventing communicable diseases as well as fulfilling family planning needs. The services also included medical and psychosocial support for survivors of sexual and gender based violence.



HOW OUR LIVES CHANGED...

IPPF-SPRINT helped me regain my life....I had a painful delivery at the hospital, but here at the camp when I delivered my son...I was so well-taken care of...

– Afsha , Afghanistan



I married some years ago and I have two little daughters and my mother-in-law wanted my husband to remarry for a son!! Here at the camp; Rahnuma-FPAP workers explained how the gender of child is decided by the father, not the mother. The story helped me regain confidence and confront my mother in law. One day I will share the stories with my daughter and inspire them to lead fearless lives

– Jamna, Pakistan



STORIES FROM THE FIELD



“I was pregnant 2 years back with my first baby and didn’t get any quality service and care during the period, as the district hospital was far away from my village, and it was not possible for us to go everytime.

However, this time during my pregnancy, I went to the SPRINT-AFGA mobile clinic and the doctor gave me adequate medical support and information. I delivered my baby at the medical camp and the delivery was very smooth. Both of us are fine now

– Suraya (Name Changed), Badakhshan, Afghanistan



Nasmin, 18, is from one of the worst flood affected areas of Chittagong District in Bangladesh. She is the oldest of her 6 siblings. She dropped out of school after Class III and post her mother’s delivery, takes care of most of the household tasks. She came to our RH Camp with severe abdominal pain which our doctors were able to immediately treat. Through the support at the IPPF- SPRINT camp, she has been referred for further health check-ups.

- Nasmin, 18, Chittagong, Bangladesh



Sharmin’s family and home was severely affected by the floods and she had to escape to nearby shelters. She has two young children and is expecting her third. Sharmin says “I came to the Upazila Thana Union to seek shelter and stayed here for 2-3 days or even sometimes up to a week. Here many organisations including IPPF-SPRINT gave access to food and essential medicines. Through IPPF- SPRINT’s services I was able to get an ANC checkup.”

-Sharmin, 19, Cox’s Bazar, Bangladesh

“In these difficult times, any bit of help is welcome. I’m very happy that at the camp, people have actually thought about a woman’s needs, especially a new mother’s needs. You know in our society we feel shy to say what we want and we adjust. I’m really grateful that for once, my requirements have been considered,”

- Parvati, Nepal



“Even before the disaster we had no healthcare facilities. Women like me faced problems with no solutions. I shared my problem with the lady doctor at the mobile camp. She prescribed me medicines and suggested me to have a gap in next pregnancy. Believe me now after a period of a month I feel better and the bleeding has stopped. I shared my case with my husband. He told me “I fully support your doctor’s prescription”

– Fareeda (Name Changed), Pakistan



“We came to the Poonagala School after the landslide. We were not sure who was alive and who was dead. From the very early times, men and women were put into different buildings. As a woman, I felt secure being separated from the men and being among the women. The children who have lost their parents were also taken care of.”

- Lechchami, Sri Lanka



OUR HEROES



“I manned the help desk from morning 10 am to 6.00 pm. I helped people with information and things such as water and bandages. I came to know about the medical camps being organised by FPAN. I volunteered for the camp. We went to Changunarayan in Bhaktapur. I found people in situation similar to mine. I was able to comfort them. It is my way of helping my community recover from this tragedy,”

- Deepa, FPAN youth volunteer



“We had around 126,000 pregnant women affected by the quake and the relief teams were only focusing on providing food and shelter. Thanks to the IPPF-SPRINT team in identifying the need of these women and not only providing services but also safe spaces. I volunteered at different camps and saw how vulnerable the women and girls were to violence. With all that field experience, I saw how SRH services were saving lives and how important it is to integrate SRH in our emergency responses.”

-Shambhavi Poudel, FPAN youth volunteer



“I have been working with FPAB for sexual and reproductive health service delivery to some of the most marginalized and vulnerable populations including women and adolescent girls. We can see that every year these people are affected by floods and women and girls are the worst sufferers. Hence I have been providing medical assistance to young women and couples mainly in regards to their family planning needs and the importance of contraceptive use even during crisis situations.”

- Dr. Tanzina from Cox's Bazar



“Providing services to the affected communities not only gives me a strong sense of satisfaction but also gives me motivation to work better for those whose lives have been completely destroyed by the disaster, especially women and children. In Argo district of Badakhshan, Afghanistan, I have been working for this camp by IPPF/AFGA (SPRINT Initiative), which really has been challenging but certainly has made me a strong individual with respect to my courage and need to do something meaningful”

– Zia Gul, the midwife at Argo mobile clinic



“I have served the disaster affected communities before, however this flood response was tremendously challenging for us as it was constantly raining. The training provided by FPAB really helped a lot in understanding the MISP components and service delivery. I can just say that I have seen our people suffering and our maternal and child health services are the most needed during this time”

– Ripon Barman, Paramedic, Bogora District, Bangladesh



“In District Awaran, Baluchistan, I worked for this camp, where mostly women and children, came for treatment, seeing them in such poor condition completely changed my perception of disaster and made me feel how badly they need a doctor and emergency medical help. I am happy that my little help has made such positive impact in their lives.”

– Dr Muhammad Aslam, Doctor IPPF-SPRINT Project,
Awaran Mobile Clinic

IPPF-SPRINT AT WORK IN SOUTH ASIA: KEY INDICATORS

AFGHANISTAN



Landslide, Argo District, Badakshan Province, Afghanistan
(May – Aug 2014)

	Grant Amount	USD 37,498
	People provided with assistance SRH	2,289
	PLW provided with assistance SRH	418
	WRA provided with assistance SRH	1,875
	Family Planning services	1,972
	Maternal & Neonatal services	1,156
	Men and adolescents provided with SRH	964

BANGLADESH











Floods, Bogra, Jamlpur, Gaibandha and Kurigram Districts,
Bangladesh (Sep – Dec 2014)

	Grant Amount	USD 32,700
	Birth assisted by skilled birth attendants	237
	PLW provided with assistance SRH	2,299
	People provided with SRH assistance	48,794
	Number of people sensitised	10,483
	WRA provided with assistance SRH	10,233
	Clean Delivery Kits	98
	Family Planning services	27,216
	Maternal & Neonatal services	3,766
	Men provided with assistance SRH	6,821
	Adolescents provided with assistance SRH	5,153

NEPAL









Earthquake, Nepal (Apr – Sep 2015)

 Grant Amount	USD 100,000
 People provided with assistance SRH	19,207
 PLW provided with assistance SRH	100
 WRA provided with assistance SRH	5,671
 Men and boys provided with SRH	13,466
 HIV Tests conducted	532
 STI/RHI syndromic management	2,458
 Other general health management	7,878












Drought, Thar Desert, Sindh Province, Pakistan (Apr – Jun 2014)

 Grant Amount	USD 13,800
 People provided with assistance SRH	35,383
 PLW provided with assistance SRH	638
 WRA provided with assistance SRH	6,611
 Clean Delivery Kits	59
 Family Planning services	200
 Maternal & Neonatal services	2,300
 Men and adolescents provided with SRH	127



Earthquake, Awaran, Kech, Gwadar and Lasbela Districts, Baluchistan Province, Pakistan (Oct 2013 – Jun 2014)

 Grant Amount	USD 146,000	 Men provided with assistance SRH	36,851
 People provided with assistance SRH	51, 216	 Adolescents provided with assistance SRH	5,634
 WRA provided with assistance SRH	20,396	 Clean Delivery Kits	2,000
		 Hygiene & Dignity Kits	200

LESSONS LEARNED



Timely response can play an important role in saving lives during emergency responses. It was strongly felt that timely coordination between various partners had all the ingredients to make a response successful for the organisation. Furthermore, synergy and strong coordination really worked well for IPPF-SPRINT Initiative (a donor funded project). With adequate amount of integration, delegation of roles and responsibilities and flexibility, the desired outcomes can be met effectively.



Coordination with the Government at all the stages and levels of the project is extremely important to ensure the government's buy in and ownership. Coordination and communication with various other partners such as Ministry of Health, Ministry of Disaster Management, UNFPA, USAID, ECHO, Army etc. have also provided tremendous support to various responses.



Engagement of youth volunteers and other voluntary workers is very important. However quality assurance is essential, while channelizing the activities and provision of services is beneficial.



Preparedness of the implementing partner is essential. Therefore, training of service providers on the Minimum Initial Service Package (MISP) for Reproductive Health in Crises and Simulation Exercises is a must.



Collection of Humanitarian Stories can play a very important role in creating awareness and advocating for the organizational cause. However, ethical issues need to be considered and adequate confidentiality norms must be maintained.



Capacity Building of government service providers on MISP and Sexual and Reproductive Health Service Provision is also very important. This is from the purview of preparedness and making the Government aware of SRH needs during crises.



PARTNERSHIPS

In South Asia region, IPPF-SPRINT has been partners with its key stakeholders that includes UNFPA, WRC, IAWG, UNOCHA and other humanitarian agencies both at the regional and at country level. IPPF-SPRINT is also a part of the Disaster Risk Reduction clusters and participates in various cluster and country level coordination meetings to advocate for the integration of MISP and SRH into National Disaster Risk policies.

Besides conducting various MISP trainings, situational assessments with regards to the status of SRH services have also been conducted in IPPF-SPRINT's priority countries. In 2014, IPPF-SPRINT conducted major activities including a Monitoring and Evaluation Workshop, a IPPF-SPRINT South Asia regional MISP training of Trainers and a Post Emergency review of the Baluchistan and Sindh Drought Responses in Pakistan.

IPPF also had a joint session with UNFPA and IAWG on "Saving Lives- Building Resilience: SRHR in Humanitarian Settings" at the 6th Annual Conference of the International Society for Integrated Disaster Risk Management (IDRIM 2015).

Recognizing the importance of partnerships, SPRINT has been constantly advocating with various partners such as UNFPA, IPPF MAS, IAWG, MoPH, NHEPRN, Ministry of Disaster Management and Relief and various civil society organisations to advocate for MISP and inclusion of SRH into National Disaster Management Policies and programmes. IPPF South Asia through the technical assistance from IPPF-SPRINT is now a full member with the SPHERE India Network.



ACRONYMS

AFGA	:	Afghan Family Guidance Association
CCT	:	Country Coordination Team
CERF	:	Central Emergency Response Fund
DFAT	:	Department of Foreign Affairs and Trade
FFS	:	Female Friendly Spaces
FPAN	:	Family Planning Association of Nepal
FPAB	:	Family Planning Association of Bangladesh
FPAP	:	Family Planning Association of Pakistan
FPASL	:	Family Planning Association of Sri Lanka
IASC	:	Inter-Agency Standing Committee
IAWG	:	Inter Agency Working Group
IPPF	:	International Planned Parenthood Federation
MA	:	Member Association
MISP	:	Minimum Initial Service Package for Reproductive Health in Crisis Situations
MoH	:	Ministry of Health
MoPH	:	Ministry of Public Health
MTH	:	Maternity Transit Homes
NDMA/PDMA/DDMA	:	National, Provincial and District Disaster Management Authority
NHEPRN	:	National Health Emergency Preparedness and Response Network
PIMS	:	Pakistan Institute of Medical Sciences
PLW	:	Pregnant and Lactating Women
RFPAP	:	Rahnuma -Family Planning Association of Pakistan
RHWG	:	Reproductive Health Working Group
SAR	:	South Asia Region
SPHERE India	:	National Coalition of Humanitarian Agencies in India
SPRINT	:	Sexual and Reproductive health Programme in Crisis and Post Crisis Settings
SRH	:	Sexual and Reproductive Health
UNFPA	:	United Nations Population Fund
UNHCR	:	United Nations High Commissioner for Refugees
UNOCHA	:	The United Nations Office for the Coordination of Humanitarian Affairs
WHO	:	World Health Organization
WRA	:	Women of Reproductive Age

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