

Trends in SRH emergency preparedness and disaster risk reduction initiatives in Asia

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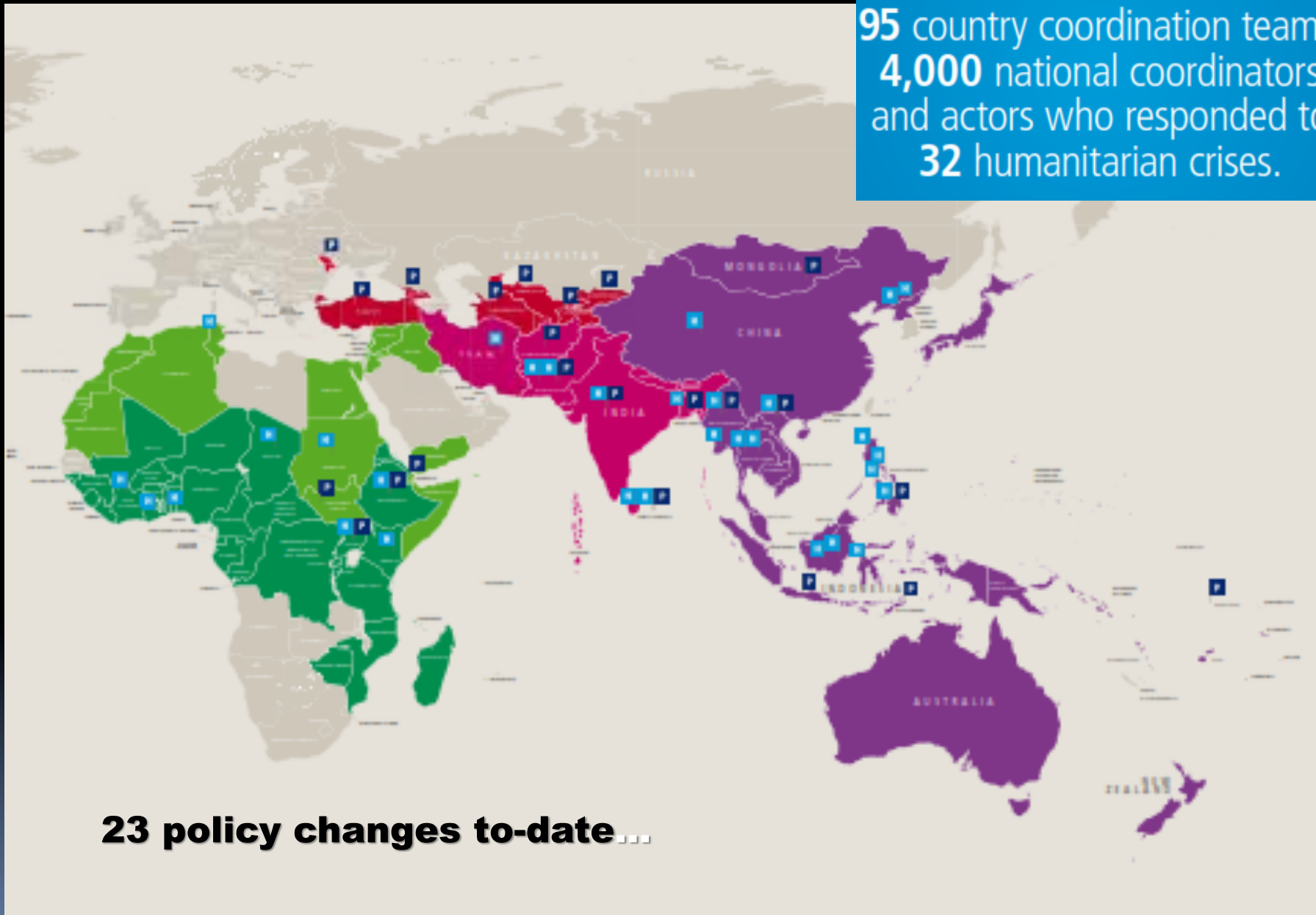
Istanbul, Turkey



The Emergency Management Cycle



Since 2007 we've trained **95** country coordination teams, **4,000** national coordinators and actors who responded to **32** humanitarian crises.



23 policy changes to-date...

Common barriers to MISP Implementation in the region

BARRIERS:

TRAINING

“Health Cluster representatives asked us not to mention SRH in Health Cluster meetings- it was not a priority.”

COORDINATION

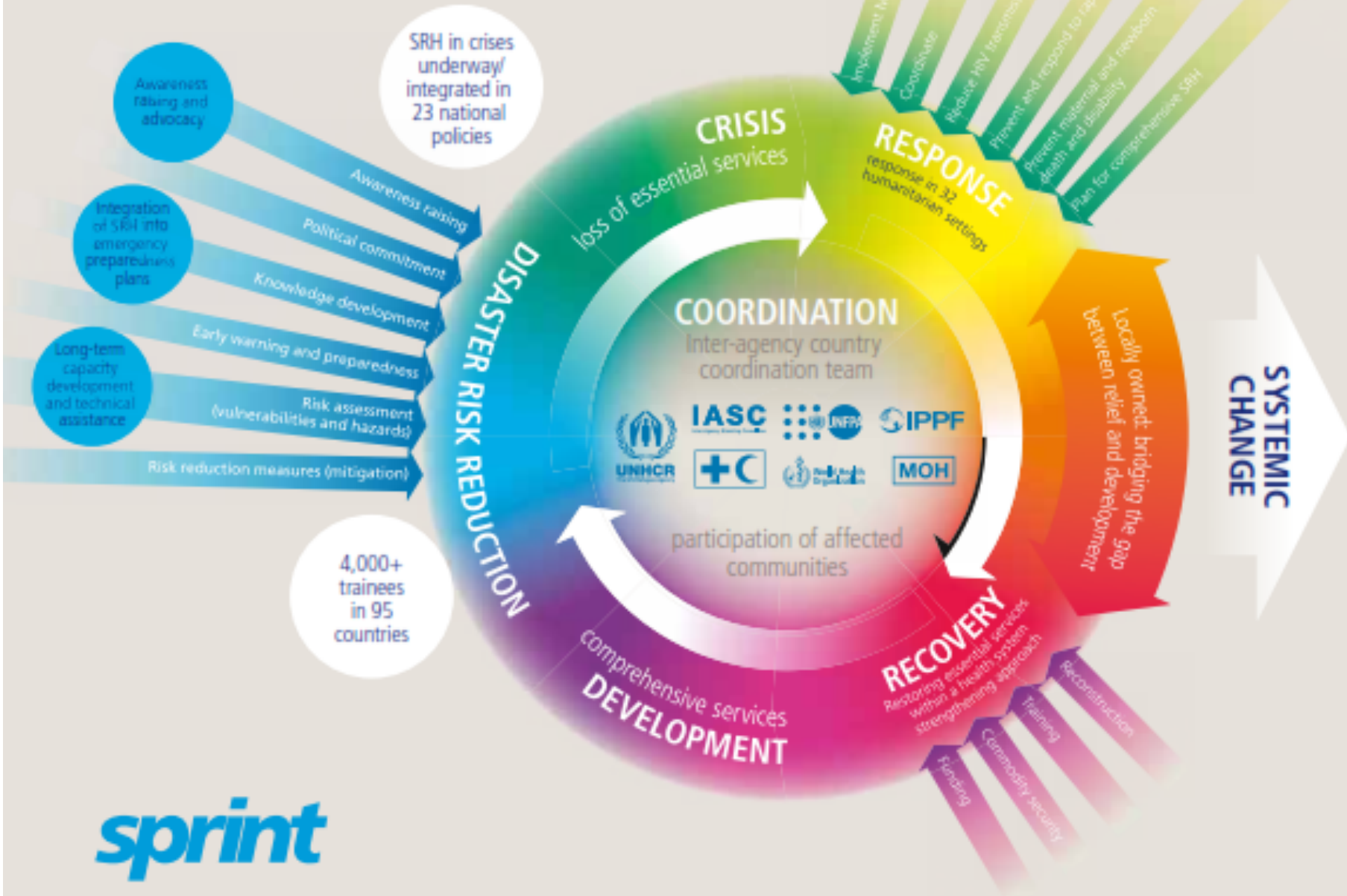
“We experienced major delays in receiving RH kits. Logistical considerations were challenging.”

POLICY/ ADVOCACY

“Response was hindered greatly in remote, hard-to-access areas.”

SUPPLIES

“Sexual violence is an extremely sensitive issue. We did not provide sufficient services for survivors of SGBV.”



Turning Point: Addressing barriers to MISIP implementation during non-crisis periods

PIONEERS

- SPRINT Champions in Indonesia and Myanmar took action.
- Country coordination teams formed during disaster response continued working together to create an enabling environment for MISIP response.

SOUTHEAST ASIA



COORDINATION: Addressing barriers to MISP implementation during non-crisis periods

Country coordination teams continue to meet after crisis to :

- 1) Monitor developments in crisis-prone areas/seasons
- 2) Coordinate training/identify training needs
- 3) Share resources

CCT Indonesia: MOH, WHO, UNFPA, IPPA, other relevant NGO/ INGO partners

CCT Myanmar: UNFPA, Myanmar Red Cross, UNHCR, MOH, MSI, Myanmar Medical Association and other relevant NGO partners- up to 32 during emergency response period.



TRAINING: Addressing barriers to MISP implementation during non-crisis periods

Indonesia:

- 450 trained w/ SPRINT curriculum- national, sub national and community level
- MISP integrated into MOH Crisis Center training- 11 centers total - reaching all 33 provinces
- Training on Clinical Care for Survivors of Sexual Assault will be provided as companion to SPRINT training

Myanmar:

- Over 3,000 trained w/SPRINT curriculum at the national, sub national and community level
- Partnership with Myanmar Medical Association to train first responders
- MISP, GBV and TOT trainings



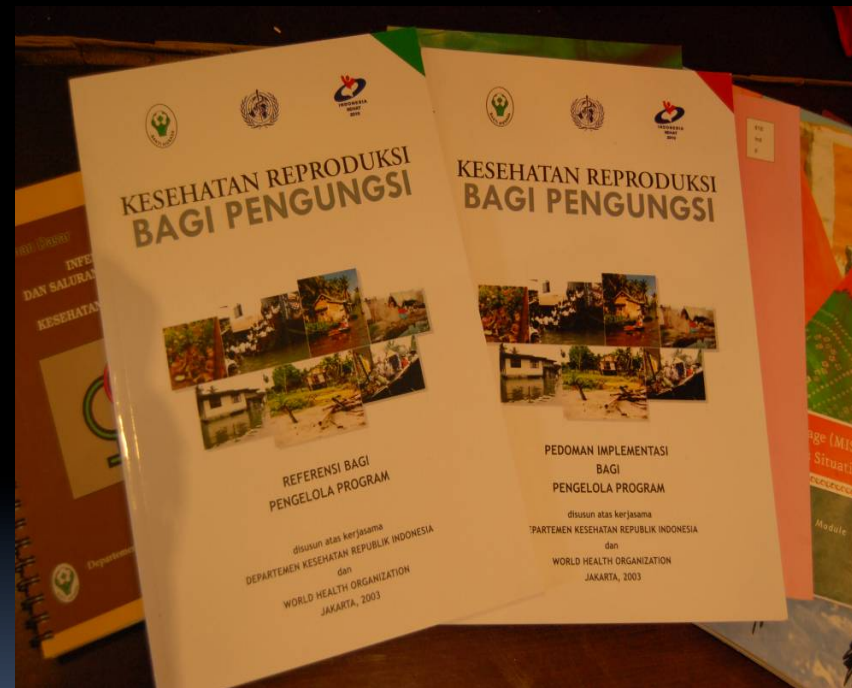
POLICY/ADVOCACY: Addressing barriers to MISP implementation during non-crisis periods

INDONESIA

- **MISP integrated into national guideline on health disaster management**
- Translation and adaptation of the revised Inter Agency Field Manual
- Development of practical guideline on RH in emergency situation
- Translation of MISP module and other relevant guidelines into Bahasa Indonesia
- Ongoing advocacy with MOH and relevant government agencies regarding SRH in emergencies

MYANMAR

- UNFPA developed contingency plan for emergency response
- National RH Strategic Plan (2009-2013) included SRH services in emergency
- **Translation of MISP and other relevant guidelines into Burmese**
- Ongoing advocacy with MOH and government regarding SRH in emergencies
- Advocate to MOH to include MISP in MOH training curriculum



SUPPLIES: Addressing barriers to MISP implementation during non-crisis periods

MYANMAR

- Maintain a stockpile of RH supplies in Yangon (MOH & MRCS central warehouses)
- On standby- two sub depots of MOH and MRCS warehouses in two additional regions can serve for stockpiling and distribution of emergency RH items in crisis

INDONESIA

- In process of developing a local procurement system for RH kits (based in Indonesia)
- Procurement of basic RH supplies for stockpiling at national and regional levels
- Plan to preposition RH kits and hygiene kits at regional crisis centers



Successes/Opportunities: Addressing barriers to MISP implementation before crisis

Increased the speed and quality of national responses to SRH needs in crisis.

- Foster an enabling policy environment.
- Increase pool of trained responders.
- Raising awareness: SRH now seen as an essential component in health response.
- Strategizing culturally sensitive services/ messages
- Stockpile supplies, strategize distribution mechanisms
- Develop fundraising strategies



Challenges: Addressing barriers to MISP implementation before crisis

- Knowing “what” to do “when”: e.g. focusing on kits versus system strengthening
- Ongoing struggles to successfully incorporate GBV into response and preparedness messaging/activities
- Protracted crises present complications- how to do preparedness in an setting that does not have the basic MISP services in place?
- Advocacy/policy work can take a great deal of time.
- Linking to global efforts
- Funding for preparedness activities is limited

Innovations: Addressing barriers to MISP implementation before crisis

Role of Red Cross volunteers (Myanmar)

Partnerships with national professional medical associations

Preparing to respond at the community level





Next steps for SPRINT and SRH DRR/EP

- Advocate for other countries to follow similar emergency preparedness/DRR models.
- Provide support to CCTs in priority countries to implement emergency preparedness activities.
- Link national efforts to global and regional initiatives and resources.
- Support documentation and research on preparedness and its impact on response.