



## Sexual and Reproductive Health for Crisis-Affected Populations

Good sexual health is defined by the WHO as a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality, as well as the possibility of having safe experiences, free of coercion, discrimination and violence<sup>1</sup>. Reproductive health includes the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate healthcare services that will enable women to go through pregnancy and childbirth safely and provide couples with the best chance of having a healthy infant<sup>2</sup>. To achieve and maintain sexual and reproductive health (SRH), the rights to appropriate prevention and care services of vulnerable migrants and displaced populations must be respected, protected and fulfilled.

Natural disasters, conflict and other humanitarian crises expose the world's most vulnerable populations to various SRH risks. Internally displaced persons (IDPs), refugees, returnees, migrants and other vulnerable persons caught in crisis situations may be left with destroyed, partially functional or inaccessible healthcare and referral services. Affected populations are therefore unable to access essential prevention and continued care for pregnancy, childbirth emergencies, or psychosocial support and mental health needs. Those living in camps or temporary settlements face higher risks of SRH threats including exposure to HIV and other sexually transmitted infections (STIs), severe maternal and child health complications and gender-based violence (GBV). These issues can be exacerbated by the breakdown of governing structures that protect the rights of men, women and children. IOM provides healthcare, psychosocial assistance and facilitates referral pathways and health education services to crisis-affected populations in order to combat the negative consequences that crises and displacement have on SRH.

IOM works in crisis situations to help guarantee the highest attainable standards of SRH services among vulnerable populations. As Camp Coordination and Camp Management (CCCCM) Cluster lead in natural disasters and an active partner of global and national Health Cluster and Protection Cluster mechanisms, IOM strives to facilitate access to SRH by supporting governments and working with partners and affected communities to provide life-saving primary healthcare including maternal and child health services, mental health and psychosocial support activities and strengthens capacities of partners. These activities ensure that systems are in place to provide adequate health services and psychosocial support, supply clean delivery kits for pregnant women and birth attendants and establish referral pathways to manage obstetric emergencies and SGVB cases. These critical interventions during crises reduce mortality, morbidity and have substantial long-term benefits for the SRH of displaced and crisis-affected populations.

### Scope of Activities

1. Provide psychosocial support, direct assistance and referral pathways for survivors of GBV and their families and communities.
2. Ensure equitable access to healthcare, counselling and testing for SRH.
3. Facilitate training for skilled birth attendants and establish primary care services and education for mothers and children.



## Gender Based Violence

Gender-based violence (GBV) is prevalent in all the complex settings where IOM operates. It is one of the most widespread but least-recognized human rights abuses in the world, affecting individuals and communities everywhere. GBV is a serious, life-threatening public health and human rights issue. In the context of armed conflict and natural disasters, especially women and girls, but also men and boys, are often targeted and are at risk of exploitation, violence, and abuse. GBV can be fatal; it can also result in unwanted pregnancies, HIV or other STIs, physical trauma, and mental and emotional problems. Crisis and post-crisis settings, as well as the migration process can expose populations to GBV. The collapse of family and community structures, displacement and precarious housing, and lack of access to basic services, increases exposure to numerous types of GBV. At a later stage, other forms of gender-based violence also manifest, including human trafficking, intimate partner violence and harmful practices such as forced and early marriage, honour killing, female genital mutilation and sexual torture.

IOM works closely with health and protection cluster partners to facilitate coordination and referral pathways through specific assessment and response tools to meet the health and psychosocial needs of GBV survivors. Tailored interventions ensure that women, adolescent girls and boys, and men can access immediate and confidential healthcare, including priority GBV support, further referral, psychosocial support and provision of safe spaces according to the IASC GBV guidelines and in line with the survivor-centred approach.



Somalia

## HIV/AIDS and STIs



Somalia

Forced displacement as a result of natural disasters, conflict or migration crisis often result in the breakdown of social networks and disruption of public healthcare systems. IDPs, refugees, stranded migrants, mobile workers and trafficked persons are exposed to higher risks of STIs, including HIV/AIDS, and face barriers to accessing culturally appropriate prevention information, care and treatment. IOM works with governments, partners, academia and the private sector to ensure that affected populations have access to universal HIV/AIDS services at points of origin, transit, travel, at destination and upon return home through the operational pillars of the

2008 World Health Assembly Resolution on Health of Migrants (WHA61.17) namely, research and information dissemination, advocacy for policy development, inclusive health programmes, capacity building and multi-sectoral partnerships.

## Maternal and Child Health

Life-saving maternal and child healthcare services in forced displacement settings are critical to reduce morbidity, mortality and disability among crisis-affected populations. Complications of pregnancy and child birth emergencies are main causes of death and illness among displaced persons, refugees, stranded and/or trafficked men, boys, girls and women of reproductive age. Measles, malnutrition and respiratory and gastrointestinal diseases are reportedly leading causes of death among children in camps or temporary settlements.

Maternal and child healthcare services are integrated into IOM's primary healthcare services through fixed and mobile clinic teams that provide pre- & post-natal care, safe birth deliveries and referral to hospitals, immunization for children and pregnant women, training of community-based midwives, family planning services, health promotion/education, prevention of STIs and provision of essential medicines and laboratory equipment, as needed.



Myanmar



# Guidelines for Action

## Minimum Initial Service Package (MISP)

The **MISP** is a set of priority activities for reproductive health care to be implemented during the onset of an emergency, conflict or natural disaster. These activities are designed to **prevent and manage the consequences of sexual violence, prevent excess neonatal and maternal morbidity and mortality, reduce HIV transmission**, and lay the groundwork for **comprehensive reproductive health services**, once conditions allow. IOM ensures that its staff are trained on MISP, to extent possible, and collaborates with the UNFPA and other partners to build centres to support survivors and offer services such as life-skills training, risk mitigation techniques and community-based referral outreach teams<sup>3</sup>.

<http://www.unfpa.org/resources/what-minimum-initial-service-package>



## GUIDELINES for Addressing HIV in Humanitarian Settings



## HIV Prevention, Care and Support

Forcibly displaced men, women, girls and boys and trafficked persons may find themselves living in fragile environments that could lead to heightened health risks, disruption of basic primary healthcare services, including lack of HIV prevention, treatment, care and community and family support. IOM is guided by the **IASC Guidelines for Addressing HIV in Humanitarian Settings (2010)**. Recognizing that HIV is a cross-cutting concern, IOM supports governments and humanitarian partners to implement multi-sectoral programmes to ensure enabling environments and provide access to gender-appropriate and culturally-aware HIV prevention, care and psychosocial support for crisis-affected populations, trafficked persons and stranded migrants.

[http://www.unaids.org/en/resources/documents/2010/20100409\\_jc1767\\_iasc\\_doc\\_en.pdf](http://www.unaids.org/en/resources/documents/2010/20100409_jc1767_iasc_doc_en.pdf)

## Capacity Support for Community-based Midwives

The vulnerability of forcibly displaced persons, particularly women and children, is exacerbated by a lack of access to adequate maternal and child health services such as pre- and post-natal care, immunization and well-baby clinics. IOM partners with governments and humanitarian agencies to strengthen **community-based systems** for delivery of quality maternal, neonatal and child healthcare. This includes facilitating **training of midwives** and health workers, revitalizing local primary healthcare infrastructures, repair and/or construction of health clinics and birth centers, establishing effective **referral mechanisms** with transport assistance and procurement of supplies and equipment.



## Psychosocial Support

IOM provides **psychosocial support** activities and capacity building within the Shelter, Camp Coordination and Camp Management and Protection Clusters activities in the aftermath of crisis events, as well as community activities aiming to reduce stigma, while fostering acceptance and supportive environments. IOM also conducts **psychosocial needs assessments**, provides direct mental health and psychosocial **support services** and organizes capacity building of psychosocial assistance to GBV survivors and vulnerable migrants. These efforts provide protection and empower survivors of GBV, as well as trafficked persons.

# Country Experiences

## South Sudan, 2014

IOM is the primary healthcare actor in Malakal and Bentiu, providing health care and referral assistance to IDPs, returnees and host communities. IOM operates mobile health services to the border area of Wonthou, where clinics provide curative consultations, health education sessions, routine immunization for children under five and maternal health care. Health activities have been hampered by flooding, however, clinics have remained open in both sites. The training of health promoters is ongoing in Bentiu, as well as health campaigns aimed to encourage families to vaccinate their children against measles in Malakal. Pregnant women were also given syphilis tests. Those who tested positive immediately received counselling and treatment.

## Haiti, 2014

Since 2011, IOM has responded to GBV in IDP camps in Haiti in coordination with the Government, humanitarian partners and donors through the implementation of the following activities: 1) Direct assistance, including medical and psychosocial assistance, emergency accommodation and economic strengthening through livelihoods activities; 2) Capacity building of key local authorities and humanitarian actors responding to GBV through the establishment of operational referral mechanisms; 3) Weekly monitoring of actors responding to GBV; and 4) Financial and technical support to an emergency accommodation centre for GBV survivors requesting safe shelter.

## Syria, 2014-2015

In January 2014, IOM launched an awareness-raising training of trainers (TOT) program for displaced Syrian women and men. The program trained 55 women and 11 men on how to facilitate awareness-raising sessions about human and children rights with a focus on violence, specifically GBV, and early marriage. This idea was developed in focus groups with the displaced Syrian women and youth at the Dari Social and Recreational Center in Baalback, Lebanon. In November 2014 an action to focus on awareness-raising of early marriage took place in the outreach sessions. This was after an increase of registered early marriages at Baalback Ministry of Social Affairs. IOM was able to reach more than 4000 youth, women and men in the Baalback region through this program. This IOM program also produced a film explaining the effect of early marriage on women, children, family and society.

## Myanmar, 2012– 2015

Since 2012, close to 100,000 people have been displaced in Myanmar's Kachin State. Amidst GBV concerns in affected areas, IOM Myanmar, UNFPA and the Danish Refugee Council are jointly collaborating to build the capacity of humanitarian organizations including NGO's, women's networks, faith-based organizations, local foundations and displaced communities on GBV-related prevention, care and referral pathways as well as on prevention of and awareness on human trafficking and its consequences, particularly to IDPs in the most remote areas.

## Somalia, 2014

IOM has donated and distributed 4,500 solar lanterns to reach 20,000 IDPs in Somalia. This simple intervention has substantial benefits in Somalia, which has one of the world's highest prevalence rates of GBV, including rape. The lamps allow women to feel safer walking around IDP settlements at night, including feeling safer from the threat of GBV. The distribution of solar lanterns in IDP settlements throughout Somalia has promoted community social mobilization to empower women against GBV.

## Philippines, 2014

Since 2012, due to super typhoons, earthquakes and complex emergencies, about 7.5 million people have been displaced in Luzon, Visayas and Mindanao regions. IOM has provided psychosocial support for individuals and communities during the emergency and early recovery phases. GBV has been reported among displaced and host communities, and IOM has partnered with UNICEF, UNFPA and UNHCR in holding joint field workshops on GBV in emergencies and counter-trafficking awareness focusing on survivor-centred assistance. The revised PSEA (prevention of sexual exploitation and abuse) module tackled the sexual and reproductive health impacts of SEA including trafficking and prostitution, on the victim, the perpetrator and the community. The SPRINT training was for the community health workers and leaders and was a joint activity with the Health team while IOM's Protection staff focused on the prevention of and response to gender-based violence. Protection issues and reproductive health and rights are linked in the referral pathways used in the bunkhouses and other transitional sites.

1. 'Defining Sexual Health', World Health Organization, [http://www.who.int/topics/sexual\\_health/en/](http://www.who.int/topics/sexual_health/en/), 2006, (accessed 30 March 2015).

2. 'Reproductive Health', World Health Organization, [http://www.who.int/topics/reproductive\\_health/en/](http://www.who.int/topics/reproductive_health/en/), (accessed 30 March 2015).

3. *Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations*. The Women's Commission for Refugee Women and Children. New York, September 2006. p 2-5.

