



HUMANITARIAN PROGRAMME

Our endeavour to deliver essential SRH services in disaster situations

Background:

India, because of its unique geo-climatic conditions is prone to diverse natural disasters. About 60% of the landmass is prone to earthquakes of various intensities; over 40 million hectares is prone to floods; about 8% of the total area is prone to cyclones and 68% of the area is susceptible to drought. During disaster situations, poor and socially weaker segments of the population become most vulnerable. Within the vulnerable groups, women, children – especially women rendered destitute, adolescent girls, children orphaned because of disasters, elderly persons and differently-abled persons are exposed to higher risks. India's exposure to severe natural calamities in recent times e.g., Super cyclone in Odisha, Cyclone Fani, Super cyclone Amphan, and Floods in Tamil Nadu and Kerala underscore the need to adopt a multi-dimensional, integrated endeavour to manage the disaster situations. Poor and socially weaker segments of the population are worst hit by disasters.



Within the vulnerable groups, women- especially women rendered destitute, children, adolescent girls, elderly persons, differently-abled persons and transgender are exposed to higher risks.

**India has been exposed to severe natural calamities in recent times - Super cyclone in Odisha, Cyclone Fani, Super cyclone Amphan, Floods in Tamil Nadu and Kerala
A multi-dimensional, integrated endeavour to manage disaster situations in India is the need of the hour!**

Minimum Initial Service Package for Sexual and Reproductive Health (MISP for SRH): The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in crisis situations is a series of crucial, lifesaving activities required to respond to the SRH needs of affected populations at the onset of a humanitarian crisis. We implement a strategy to provide the following services during response.

Preparation steps:

- Need assessment to identify the needs of the community
- Identify an organization to lead the implementation of the MISP
- Nominates an SRH Coordinator to provide technical and operational support to all agencies providing health services
- Host regular meetings with all relevant stakeholders to facilitate coordinated action to ensure implementation of the MISP
- Ensures the community is aware of the availability and location of reproductive health services
- Establish a referral network for other supportive services
- Conduct orientation on MISP and other topics for service providers
- Conduct information sessions on SGBV
- Sexual Gender-based counseling

Sexual Reproductive Health Services:

• **Family Planning Services:**

- Provide contraceptives such as condoms, pills, injectables and IUDS and referrals wherever required
- Counselling
- Providing emergency contraception
- Counsel for and provide a range of short-acting and long-acting reversible contraceptives

• **GBV Services:**

- Specialized counseling
- Post-exposure prophylaxis for HIV
- Safe referral for survivors to access SGBV services, including ECP
- Provide first-line support through Listen, Inquire, Validate, Enhance Safety and Support (LIVES) for SGBV survivors

• **HIV/STI Services:**

- Treatment and referrals for Sexually Transmitted Infections- counseling, consultation, Lab investigation
- People Living with HIV (PLHIV) receiving antiretroviral therapy (ART)- referral
- Treatment and referrals for PLHIV for opportunistic infections

• **ANC/PNC services:**

- Information sessions on maternal and newborn health
- Pregnant people referred for delivery services
- Identify danger signs of pregnancy and appropriate referral will be provided to district hospital for BEmONC and CEmONC services.

• **Abortion care services:**

- Abortion care services referral in Govt./Private institution
- Referral for comprehensive abortion care services

Awareness

- Awareness and distribution of local IEC materials on danger signs in pregnancy, childbirth and newborns
- Raise community awareness on the availability of contraceptive services
- Educate the community on the consequences of unsafe abortion and refer clients to Safe medical and surgical abortion care services
- Orientation of the village leaders/ chiefs, village health workers/ midwives/ volunteers/ partners on the MISP to sustain the awareness sessions and referral system
- Discuss and implement the exit plan with the relevant stakeholders
- Link the project site to Government facility for continued services
- Sharing of the data/ project completion information with the local authorities for hand-over
- Handover the unused medicines and supplies to the health facilities for ensuring sufficient SRH buffer stock availability

Our Humanitarian Response Timeline

2004:

- First ever humanitarian when a Tsunami in the India Ocean hit the South-East Coast of India, taking 8,000 human lives

2012:

- Present- Institutional capacity building on delivering the Minimal Initial Service Package (MISP) in humanitarian settings

2018:

- MISP integration project implemented in two villages of Puri district in Odisha, the most disaster-prone state in India
- Trained Branch teams in Kerala and Karnataka on MISP response in the aftermath of massive floods and incessant rains

2019:

- Delivered Humanitarian response in Puri district impacted by Cyclone Fani

2020:

- Delivered COVID-19 response to 1,90,751 affected persons
- Provided Dignity kits and health services to 6,304 persons, supported by SPRINT

2021

- Responded to the deadly second wave of COVID-19 with response programs in most affected areas of 13 Branches
- MISP delivered to 2,732 beneficiaries in Kerala and 3,621 beneficiaries in Chennai in response to heavy rains and massive floods

Ongoing Humanitarian Programme under IPPF SPRINT IV Project in 12 Branches in 11 States (Odisha, West Bengal, Tamil Nadu, Karnataka, J & K, Kerala, Jharkhand, Gujarat, Maharashtra, Haryana & Nagaland)

- Improving health outcomes of crisis-affected populations by providing Sexual SRH services
- Build the capacity of various Govt. frontline workers and other organization staff to deliver essential life-saving sexual and reproductive health services in crisis and post-crisis.



Preparedness Phase

Preparedness is a continuous cycle of planning, organizing, training, equipping, exercising, evaluating and taking corrective action. Training and exercising plans is the cornerstone of preparedness, which focuses on readiness to respond to all hazards, incidents and emergencies. Training and emergency preparedness plans increase a community's ability to respond when a disaster occurs. Typical preparedness measures include developing mutual aid agreements and memorandums of understanding, training for both response personnel and concerned citizens, conducting disaster exercises to reinforce training and test capabilities, and presenting all-hazards education campaigns.

Leverage the capacity of FPAI staff, government officials, partner organizations and other stakeholders to understand the concept of MISP, Sexual Gender base violence, Safety security, and Adolescents, etc. Sexual Health in Emergencies crisis and post-crisis to improve health outcomes of crisis-affected populations by reducing preventable sexual and reproductive health morbidity and mortality.

Generate evidence to advocate for integrating SRH into disaster response programs and policies



Puri MISP SRH integration project

- 78 women and 80 men in two villages trained in MISP
- 126 community members underwent drill exercise



Jharkhand Police MISP training project

- 95 female police were trained in MISP
- 19 adolescent girls and 25 SHG women were trained in MISP in community-based intervention



SPRINT IV Humanitarian project (2022-23 Ongoing)

- 1692 participants including FPA India staff, partner organizations, PRI members, volunteers including transgenders, Govt, frontline workers were trained in MISP
- 191 participants including FPA India staff, partner organizations were trained in SGBV
- 36 FPA India staff were trained on First Responder Training with the support of Red cross and St. John Ambulance

FPAI's response to humanitarian crisis – (MISP & General health services delivered)

Kerala Kodugu Flood Response (2018)	Odisha Cyclone Fani Response (2019)	Kolkata Cyclone Amphan Response (2020)	COVID Pandemic Response (2021)	Kerala Flood Response (2021-22)	Chennai Flood Response (2021-22)	Manipur Response 2023
5,610 persons supported	3,602 persons supported	6,304 persons supported	3,15,603 persons supported by 13 branches	2,732 persons supported	3,621 persons supported	3,014 persons supported
F-3,966 (70%), M-1,644 (30%)	F-1,995 (55%), M-1,067 (44%)	F-5,278 (84%), M-899(14%) 127 (2%) Others	F-18,3413 (59%), M-1,16,745 (35%)	F-1,961 (72%), M-659 (24%)	F-2,667 (74%), M-902 (25%)	F-1,987 (66%), M-1,027 (34%)
	248 persons with disability (7%)	1,159 (18%) persons with disability	15,445 (6%) others	112 (4%) Others	52 (1%) Others	



FAMILY PLANNING ASSOCIATION OF INDIA (FPA INDIA)

Family Planning Association of India (FPA India) founded in 1949, is a national voluntary organization which pioneered the family planning movement in India. The Association works on a wide range of SRH (Sexual and Reproductive Health) issues encompassing family planning, comprehensive sexuality education, maternal health, child survival, adolescent care, HIV/AIDS, safe abortion, reproductive tract cancer screening and prevention and mitigation of gender-based violence (GBV) for all, including the poor, vulnerable and young people.

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