Background

We know that disparities in health and survival exist, and that the poor bear an unjust burden of illness and premature death. Sexual and reproductive health is no exception. Developing countries are home to 99% of the 287,000 women who die annually during pregnancy and delivery. One half of these occur in Sub-Saharan Africa with another one-third in South Asia. Crisis exacerbates this situation: Among 50 countries currently ranking lowest on global indicators of mothers’ and children’s well-being, such as infant mortality and contraceptive use, 30 have recently experienced armed conflict or host substantial refugee populations.

The reality is that sex, conception and pregnancy continue to happen in emergencies. In displaced populations, approximately four percent of the total population may be pregnant, which means in a population of 100,000 people, 4,000 women will be pregnant in one year. Approximately 15% of those pregnancies will end in a serious, potentially life-threatening complication requiring medical intervention. Furthermore, women and their partners may wish to prevent unwanted pregnancy during this time of conflict and upheaval. Evidence shows that without family planning, women who need safe abortion must often rely upon unskilled providers who conduct their work in ill-equipped and unhygienic conditions. Women face an acute increase in violence against them during crisis when social systems are destroyed and sexual violence is often used as a weapon of war. UNFPA estimates that 25 to 50 percent of maternal deaths in refugee settings are due to complications of unsafe abortion.

Through SAFPAC, CARE is tackling these issues and related sexual and reproductive health problems, aiming ultimately to reduce both unintended pregnancies and deaths from unsafe abortion in acute emergencies and chronically crisis-affected countries.

In line with CARE’s commitment to the needs and rights of women and girls, SAFPAC integrates essential sexual and reproductive health services into new and ongoing humanitarian emergencies, emphasizing access to family planning and post-abortion care. We focus on three countries with critical needs: the Democratic Republic of the Congo (DRC), Chad and Pakistan. In these countries, women have critical, unmet sexual and reproductive health needs, as reflected in the following data from the Demographic and Health Survey, World Bank, UNICEF, UNFPA, and WHO.

### Project Summary

**Sexual and Reproductive Health in Emergencies:**
Supporting Access to Family Planning and Post-Abortion Care in Emergencies (SAFPAC)

<table>
<thead>
<tr>
<th>Country</th>
<th>Average number of children per woman</th>
<th>Percentage of married women with unmet need for family planning</th>
<th>National contraceptive prevalence rate (modern methods)</th>
<th>Maternal mortality ratio (per 100,000 live births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRC</td>
<td>6.3</td>
<td>24.4%</td>
<td>6.7%</td>
<td>540</td>
</tr>
<tr>
<td>PAKISTAN</td>
<td>4.1</td>
<td>24.9%</td>
<td>21.7%</td>
<td>260</td>
</tr>
<tr>
<td>CHAD</td>
<td>6.3</td>
<td>20.7%</td>
<td>1.6%</td>
<td>1100</td>
</tr>
</tbody>
</table>

1. WHO (November 2010). Maternal Mortality Fact Sheet, No. 348
3. Women’s Commission for Refugee Women and Children, Minimal Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Module, 2011
Strategy
CARE’s SAFPAC project directly benefits women in DRC, Pakistan and Chad, and other countries in crisis. It will also set new standards for emergency response, as we develop good practices and work with others to advocate for high quality family planning, post-abortion care, and other important sexual and reproductive health services in all emergency humanitarian responses.

There are three basic components to CARE’s SAFPAC implementation approach:

1) Build organizational structures and processes that integrate sexual and reproductive health strategies and best practices in all our humanitarian responses.

2) Strengthen clinical and counseling services and the health systems that support them in crisis-affected countries.

3) Mobilize and support communities, women and their families to decrease barriers and improve access to sexual and reproductive health services.

The first component of the SAFPAC approach builds organizational capacity to support sexual and reproductive health services across CARE’s emergency response. This requires intense engagement with internal stakeholders, training and technical assistance, and activities that build knowledge and amplify learning about what works in emergency programs. The second component focuses on improving clinical training, supportive supervision and ensuring availability of medicines and commodities that are the foundation of good services. The third component emphasizes mobilizing community stakeholders at all levels in order to ensure women’s access to these life-saving services.

CARE’s experience in delivering proven and cost-effective emergency and development programs has shown that success depends on a combination of efforts at the family, community and health systems level. Health providers must have the required clinical skills. Health facilities must be adequately equipped and supplied with essential medicines and commodities. And, just as crucially, couples and their communities must be engaged in changing social norms and behaviors that limit access to and use of sexual and reproductive health services. Implemented together, the three components of SAFPAC’s approach have resulted in a highly effective and sustainable program that ensures access to high quality sexual and reproductive health services for women in some of the most challenging environments in the world.

Conclusion
A successful society is gauged by the status of its women and their ability to realize their rights, including the right to the highest attainable standard of health. Ensuring the welfare of women, men, girls and boys, particularly in emergency situations, is one of CARE’s priorities. CARE is fulfilling these commitments by responding to the sexual and reproductive health needs of women and girls in Chad, DRC, and Pakistan as well as in other emergency settings.

For more information: http://familyplanning.care2share.wikispaces.net/ SAF-PAC