

Statement from International Planned Parenthood Federation High Commissioner's Dialogue on Protection Challenges: "Towards a global compact on refugees" December 2017

The International Planned Parenthood Federation would like to thank for this opportunity to contribute to the High Commissioner's Dialogue on Protection Challenges: "Towards a global compact on refugees"

IPPF is a locally-owned, globally connected civil society movement present in 171 countries worldwide, where we are able to deliver SRHR care and information -. We respond to crises across the world to meet the need, wherever it is, whoever requires it, for as long as it is needed. Our localized approach ensures we work across the entire disaster management cycle (mitigation, preparedness, response, and recovery). In stable and crisis settings, we protect all people's reproductive dignity and safety and fight for them to be free from reproductive coercion.

IPPF hereby presents key considerations towards a global compact for refugees, as well as some on specific needs, health, the role of women and girls, preventing and responding to sexual and gender based violence.

GENERAL CONSIDERATIONS

- Ensure that women, adolescents and girls rights and needs are adequately addressed, preferably mainstreamed throughout the programme of action and a specific chapter which highlights their specific needs and challenges, ensure their participation in the design of refuge programs and policies, response and monitoring, etc.
- Ensure that SRH is included in all refugee and humanitarian responses right from the start of the response, as agreed in the NY Declaration. Access to sexual and reproductive health not only saves lives, it is also a basic human right. Sexual and reproductive health and rights (SRHR) in emergencies are too often overlooked and under-funded. Women and girls who are forced to flee crises and conflicts often have limited access to SRHR and are particularly vulnerable to sexual violence, human trafficking, and forced marriage.
- Actively engage women and girls, in all their diversity, from the refugee community and the health workforce, including those who belong to marginalized groups, equally and at all levels in the design and management of health service delivery, including the distribution of supplies. This includes ensuring inclusion of persons with disabilities, sexual and gender minorities and intersex people, ethnic groups.
- Ensure that healthcare provided to refugees is done in ways that, where possible, strengthens service provision to poor and marginalized groups also within the host community;
- Identify how power dynamics, social and cultural values at home and in the refugee community, might deprive certain groups of equal access to health services and address these;
- Ensure ongoing and coordinated health service delivery strategies that also address the health needs of women, girls, boys and men, in all their diversity, by providing the SRH Minimum Initial Service Package, distribute emergency health kits for safe and clean deliveries and emergency obstetric care;
- Ensure coverage of HIV/Aids control and prevention methods, with attention to responding to gender based violence and associated health risks such as sexually transmitted infections;
- Ensure privacy and confidentiality for health consultations, examinations and care;
- Assess and report on the impact of the health sector response on women, girls, boys and men, in all their diversity, and on outstanding needs;
- Prioritize safety and dignity and avoid causing harm; identify and work on the risks of physical and psychosocial harm and loss of dignity most likely to occur to women, girls, boys and men in different age groups to prevent or minimize any effects. Identify medical or psychologically trained people (many will not have certificates, but skill and knowledge tests can be administered) and integrate them for the service provision.

SEXUAL AND REPRODUCTIVE HEALTH CONSIDERATIONS

The key SRH objectives of the Minimum Initial Services Package (MISP) in crisis settings should be provided. The MISP is an internationally agreed standard and is included in the Sphere standards for emergency response. It aims to reduce maternal and newborn mortality and morbidity in crisis settings:

- Provide services to prevent sexual violence and respond to the needs and well-being of survivors;
- Ensure access to Maternal and Newborn Care services including basic and comprehensive obstetric emergency services to prevent maternal and newborn morbidity and mortality;
- Ensure access to a full range of contraceptives including long acting reversible contraceptives, such as Emergency Contraception;
- Reduce HIV transmission (provide knowledge and means for intravenous fluid if applicable), ensuring safe blood transfusions; ensure standard precautions and making free condoms available. Continuing Ante Retro Virals (ARV's) for those already on treatment; offer HIV testing and treatment in pregnancy to prevent Prevention of Mother to Child Transmission (PMTCT);
- Ensure Sexual Transmitted Infection (STI) syndromic management is available;
- Provide access to safe abortion care when not against the law, and post abortion care to prevent and manage complications of unsafe abortion. These services must be linked to Family Planning to make it effective.

MORE SPECIFIC CONSIDERATIONS

Specific needs: *how could more support be provided for the identification and referral of those with specific needs arriving as part of large-scale movements? Which actors could be involved? What concrete measures could be put in place for particular groups (including children, victims of trafficking, persons with disabilities, older people, women at risk)?*

IPPF:

- ensure measures are put in place also for sexual and gender minorities and intersex people, so that no one is left behind;
- ensure measures are developed based on input from affected groups/people, especially youth, victims of trafficking, persons with disabilities, older people, sexual and gender minorities and intersex people.

Health: *what concrete support is needed to strengthen and expand national health systems? Which actors could be involved? How could programming build on sustainable development goal 3 (ensure healthy lives and promote well-being for all at all ages)?*

IPPF:

- ensure that sexual and reproductive health service providers are involved as early as possible in the response to support refugees; The original language was not clear, not sure if I capture what you were trying to say correctly.
- ensure all health stakeholders are engaged, connected and collaborate to identify and address gaps in programming, localization and population group; e.g. MoH, universities and training facilities, UN Agencies, NGO and private health care provider; across stable and humanitarian setting; with refugees participating and informing this process;
- Capacity building through on-the job mentoring and training: collaboration with MoH, NOGs and training institutions; also considering skills and capacity amongst the refugees;
- Establishment of effective referral systems across different agencies and players if needed depending on skills and capacities (this includes making transportation available)

The role of women and girls: *how can the programme of action institutionalize leadership and participation by women? Are there specific areas where concrete language and commitments could be included (e.g. livelihoods, registration, peace processes and voluntary repatriation)?*

IPPF:

- Ensure women-led groups and networks, including those that represent persons with disabilities and sexual and gender minority groups and intersex people, are included in leadership mechanisms in order to ensure their sustainable participation;
- Ensure youth groups, especially those that focus on empowerment of young women, in all their diversity, are included in decision-making mechanisms;
- Ensuring that refugees, especially women, are included in development and implementation of the programs.

Preventing and responding to sexual and gender-based violence: *how can appropriate measures be mainstreamed throughout the programme of action (e.g. support for reception arrangements, energy and environmental issues, asylum capacity support group, registration)?*

IPPF:

- Ensure multi-sectoral referral pathways are established as components in the program of action;
- Ensure global protection guidelines for preventing and responding to sexual and gender-based violence are mainstreamed throughout the programme of action.