**Health Emergencies in Large Populations (H.E.L.P.) Course**

**Sexual and Reproductive Health**

**Time: 90 minutes**

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| **Educational objectives: What should participants be able to do at the end of the course** | **Enabling objectives: The interim steps that build on each other and lead to the final educational objectives** | **Core issues / reference topics** |
| 1. *Participants are able to* explain why Sexual and Reproductive Health (SRH) is important in acute and protracted crises and what may happen when SRH needs are not adequately covered | * 1. *Participants are able to* list the main elements of SRH and explain what comprehensive SRH entails | * Defining sexual and reproductive health * Continuum of SRH * Components of comprehensive SRH care services in stable situations * Magnitude of RH needs   + % of women in reproductive age expected to be pregnant   + % of pregnant women with life threatening complications |
| *1.2. Participants are able to* identify in which ways crisis situations negatively impact SRH | * Characteristics of crisis situations * Socio-economic systems disrupted, population movement / displacement, poor security * Reduced availability of services * Reduced access to comprehensive RH services * Effects of crisis situations (incl Epidemics) on SRH   + Unplanned pregnancy   + Unsafe abortions   + Complications during pregnancy and delivery   + Unsafe childbirth   + Maternal death   + Cases of STI and HIV   + Sexual violence   + Increased mortality (maternal, newborn) |
| 1. *Participants are able to explain* what the Minimum Initial Service Package (MISP) is, its components and how to effectively implement the MISP | * 1. *Participants are able to* explain the five objectives of the MISP, analyse contextual challenges and opportunities to foster the MISP implementation | * Five objectives of the MISP  1. Identify lead agency to implement the MISP 2. Prevent sexual violence and assist survivors 3. Reduce transmission of HIV 4. Prevent excess Maternal and New-born morbidity and mortality 5. Plan for comprehensive RH services implemented into PHC  * Set of priority SRH activities to be implemented at the onset of a humanitarian crisis, ideally within 48 hours * Priority to transition to comprehensive SRH services as soon as possible |
| * 1. *Participants are able to* discuss requirements to implement the MISP | * The MISP can be implemented without an in-depth SRH needs assessment   + ‘Standard’ population to formulate and plan the MISP * Building blocks needed to prepare for and implement the MISP * Leadership and coordination * Multi-sectoral collaboration * Infra-structure * Expertise * Supplies and commodities   + Interagency reproductive health kits   + Pre-positioning * Financing * Community engagement * Monitoring and evaluation |