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PARLIAMENTARY DEBATES



THE SENATE

PROOF

ADJOURNMENT

**Sexual and Reproductive Health Program in
Crisis and Post-Crisis Situations (SPRINT)**

SPEECH

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Date Tuesday, 23 February 2010
Page 61
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Speaker McEwen, Sen Anne

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Senator McEWEN (South Australia) (7.07 pm)—Tonight I would like to inform the Senate about the implementation of an important and innovative foreign aid program that is funded by AusAID and which is directly and practically assisting women and children in countries afflicted by crises such as floods, earthquakes and landslides. The program to which I refer is the SPRINT program, an acronym of sorts for Sexual and Reproductive Health Program in Crisis and Post-Crisis Situations in East Asia, South-East Asia and the Pacific. The intention of SPRINT is to build regional capacity to respond to sexual and reproductive health services in crisis situations. While the international community responds generously and willingly to calls for assistance from less-developed nations afflicted by unexpected natural disasters, there is usually—and rightly—a focus on providing emergency food, shelter and health care. This is the right thing to do, but we also need to remember that women who are displaced from their homes and communities by disasters such as floods and earthquakes will still be giving birth and still be nursing their babies, and will still need access to relevant support and health services to ensure that they and their babies survive childbirth.

Women who are displaced by natural disasters and who are living in emergency camps and evacuation centres are more susceptible to rape and sexual assault. Women and men who use contraception still need access to that contraception while they are attempting to rebuild their lives in a crisis situation. Women and men living in crisis or in evacuation centres still have sex and need to be able to protect themselves from sexually transmitted infections and diseases.

As we know, natural disasters disproportionately affect the poor. It is those living in poverty who are most exposed to disasters because the poor, and poor nations, lack the capacity to prepare for disasters, and lack the resources to respond when disaster strikes. Women are disproportionately affected by poverty and by disasters. According to 2007 figures, 67 million people around the world are displaced by conflict or natural disaster, and 75 per cent of all displaced persons are women and children. And it is estimated that 20 per cent of women of reproductive age in a refugee population will be pregnant at any one time. It is sobering, for example, to note that in Haiti in January 2010 there were approximately 63,000

currently pregnant women in Port-au-Prince, 7,000 of whom would deliver babies in the subsequent month. Of course, these babies would be delivered in the most austere of circumstance—the risk to both mother and child greatly enhanced in a country where maternal mortality was already high. The SPRINT program is designed to help women and their newborns in situations like Haiti.

SPRINT was launched at Parliament House in February 2008 by the Hon. Bob McMullan, the Parliamentary Secretary for International Development Assistance. Mr McMullan is a long time and tireless advocate for those living in poverty in our region, and he will be sorely missed when he retires from the parliament. SPRINT is strongly supported by the Parliamentary Group for Population Development, of which I am, proudly, a member. It is a three-year initiative funded by AusAID and led by the International Planned Parenthood Foundation in partnership with the University of New South Wales, the United Nations Family Planning Association and the Australian Reproductive Health Alliance.

The program provides practical support to women and children, particularly in the provision of the minimal initial services package, or MISP, for women about to give birth or for lactating mothers. SPRINT also supports advocacy to governments and other organisations to integrate sexual and reproductive health services into their emergency response plans. So far, SPRINT has trained over 2,900 people in 30 countries and held 62 in-country training programs. Progress has been made to integrate sexual and reproductive health services into the national emergency response preparedness plans in China, Mongolia, Solomon Islands, Sri Lanka, Timor Leste and the Philippines. SPRINT has already been implemented in a number of crisis situations, including: in Bangladesh after Cyclone Alia; in Myanmar after Cyclone Nargis; in Sri Lanka after the 2009 conflict; and in Haiti after the earthquake earlier this year. And it has been rolled out in the Philippines.

I was very fortunate to be able to visit the Philippines late last year to see SPRINT in action. Areas of the Philippines were severely affected by Typhoon Ondoy, which devastated most of Luzon Island and caused massive floods in September last year. In some areas, flooding was up to six metres high.

That was followed by hurricanes and landslides in October 2009, during which nearly 300 people were killed and many thousands more had to flee their homes, and lost everything. When I was there in December, the massive clean-up was still underway. During the disasters, landslides swept villages down mountainsides and by December hundreds of people remained in camps. By then the camps were well organised and well supplied, but nevertheless we saw up to 20 families living in one school room while the school attempted to continue functioning around them.

Many weeks after the floods we visited areas near Manila that were still surrounded by water that had become putrid and dangerously unsanitary. It was not just homes that were lost. For the homeless there were appalling losses too. I met a family of seven living with other families in a drainpipe under a road bridge on the edge of one of Manila's slums. There were five children in this family. The father was unable to work because he was knifed in a slum fight and his wounds were incapacitating him. The mother needed to be with her young children full time. They have no income and little future. Because their home was a drainpipe, when the floods rose during the hurricane they became homeless. By the time I met them the water had receded enough and they had been able to claim their place back in the drainpipe and re-establish themselves. How do people cope with such events? It is hard enough in Australia where our magnificent emergency services provide assistance, but in one of our neighbours where the economy is contracting and the birth rate increasing there is not enough to go around even in the good times.

In the Philippines, according to the United Nations, the maternal mortality rate is increasing and the infant mortality rate is as high as ever. In a country where contraception is only available to the well-off and where more than half of all pregnancies are unintended, families are desperate for help. When disaster hits everything gets worse.

The SPRINT program provides one of the most important aspects of assistance that is often forgotten when disaster and conflicts strike. As I said earlier, women become pregnant and give birth regardless of hurricanes and regardless of circumstance. The SPRINT project provides basic kits to help women who are pregnant and giving birth. I was honoured to be able to distribute some of the kits to women in the countryside and in areas around Manilla. The kits are simple: a bucket with a clean cloth to wear while giving birth, a plastic sheet to lie on while giving birth, a sharp razor blade and some soap. You cannot stop a baby coming just because your home has been washed down the mountain or because your drainpipe is flooded. SPRINT saves lives, the lives of babies and of their mothers. SPRINT also trains

humanitarian workers who may already know all about water supplies, how to fix broken bones and diseases, but may know nothing about reproductive health or how to deal with pregnancy, childbirth, and with the aftermath of rape and violence. It is a great program. It is practical, it is saving lives and it works. I urge our government not just to continue funding but to increase its support to the initial \$3 million that was given to this program.

My visit to the Philippines was supported by AusAID, the Family Planning Organisation of the Philippines and many local government authorities. I visited many women in evacuation centres or emergency accommodation. I met with many local healthcare workers and FPOP staff and volunteers who are striving to provide sexual and reproductive health services for women and their families. I had the opportunity to meet mayors and councillors who were attempting to provide services to people displaced by floods and landslides. They were extremely appreciative of Australia's support but entirely cognizant of the need for the Philippines to address its population growth as an essential step to addressing poverty. I had an invaluable opportunity to see a great Australian aid program implemented in the Philippines.