

## ENSURING CARE IN HUMANITARIAN SETTINGS

### Prioritizing sexual and reproductive health and rights for those seeking safety

From the civil war in Yemen to massive flooding in South Sudan to the political and economic turmoil in Venezuela, nearly 170 million people worldwide are in need of humanitarian assistance, and almost 80 million have been forced to flee their homes.

These forced migration journeys take a physical and emotional toll on people seeking safety. Once they reach a camp or settlement, health problems are exacerbated due to insufficient food and shelter, poor sanitation and hygiene and limited health services.

Women and girls experience unique vulnerabilities, and their needs are often overlooked during crises. Access to contraception and safe abortion care is extremely limited in emergency settings, resulting in higher unintended pregnancies and maternal death rates. Making matters worse, they are at greater risk of gender-based violence, including sexual violence, domestic and intimate partner violence, human trafficking and child, early and forced marriage.

“The need for sexual and reproductive health care doesn’t stop during a crisis and, in fact, is often greater,” says Jonathan Rucks, senior director of policy and advocacy at PAI. “Governments and civil society must work together to ensure that health systems can withstand, adapt to and recover from crises so that everyone, including women and girls, can access the care they need.”

The COVID-19 pandemic is making this even more challenging by further burdening already weak health systems. In camps and other settlements, lockdowns and curfews are disrupting displaced people’s ability to access essential services, including sexual and reproductive health care. In addition, overcrowding and inadequate access to clean water and hygiene facilities

make individuals in humanitarian settings particularly vulnerable to the spread of infectious diseases, including COVID-19.

Through our research and advocacy, PAI works to elevate the voices of the world’s most vulnerable populations and promote policies and funding that uphold sexual and reproductive health and rights in humanitarian settings and health emergencies. Thank you for supporting this work.



*Turn the page to learn about PAI’s research on the barriers young people in Ethiopia face managing their sexual and reproductive health needs during displacement.*

## CEO CORNER

### The work ahead

Unexpected and unparalleled are two of the words that come to mind when I think about 2020.

Yet, throughout the uncertainty of the past year, PAI and the local advocates we support have remained steadfast in our commitment to upholding the rights of women, girls and marginalized communities around the world.



Ensuring sexual and reproductive health and rights has never been easy, and has been made more challenging by the Trump-Pence administration's abdication of leadership, relentless attacks on women and disastrous handling of the COVID-19 pandemic. However, these are some of the very reasons that our work is essential.

These reasons underscore why we partner with organizations working to build resilient national health systems that can respond to threats like COVID-19 while meeting the reproductive health needs of women and girls. Why we support grantees who are advocating for increased country ownership and investment in health, including contraceptives, so their governments are less vulnerable to harmful U.S. foreign aid policies like the Global Gag Rule. And why we advocate for the United States to live up to its decades-long legacy of global health leadership by contributing its fair share to international family planning and reproductive health programs.

The countdown to the end of the Trump-Pence administration may have begun, but we are still preparing for another challenging year. In 2021, COVID-19 will still be threatening lives, millions of people will still lack access to comprehensive health care and the sexual and reproductive health of women, girls and other marginalized populations will still be under assault by those who oppose human rights.

We are ready to get to work, but we can't do it alone. Thank you for being a part of this fight and standing up for the rights of women and girls. I hope that we can count on your continued support for the work ahead.

In partnership,

A handwritten signature in black ink that reads "Elisha Dunn-Georgiou". The signature is fluid and cursive.

Elisha Dunn-Georgiou  
Interim CEO

## Young people in Ethiopia highlight the challenges they face accessing health care

Young people encounter significant social and cultural barriers when it comes to their sexual and reproductive health, but their needs and perspectives are often ignored. For adolescents and youth displaced by conflict and natural disasters, the obstacles to accessing information and care are even greater.

This is certainly the case in Ethiopia, where nearly 60% of the 3.2 million internally displaced persons (IDPs) are under the age of 18. While the government's current humanitarian response, at least on paper, addresses young people's sexual and reproductive health, the information, education and services they need — including contraception — are not prioritized in emergencies and are consistently underfunded.

To better understand the unique needs of young IDPs, PAI partnered with Ethiopia's Jimma University to conduct a series of focus groups with young people between the ages of 14 and 24 living in the country's Oromia region. They are part of a community that has been displaced multiple times since the early 2000s and currently lives in a converted warehouse that holds an estimated 2,500 people.

The participants shared that cultural, social and religious norms play an enormous role in how young people in their community view and manage their sexual and reproductive health. They are expected by their peers, families and religious leaders to marry early and bear children, and premarital sex and modern contraception are prohibited. As one young man described, "In our area, even if a young couple, after getting married, wants to go to a health facility for birth control, their families won't allow them."

While such norms are common throughout Ethiopia and other parts of the world, long-term displacement and multiple relocations have strengthened the

# ELEVATING THE VOICES OF DISPLACED YOUTH

*“Due to the existing problems, there are young people who would get up to three or four children, despite being too young for marriage, let alone having a child. And, subsequently, they are facing several challenges. But the reason is simple. They weren’t educated about family planning.”*

— YOUNG IDP INTERVIEWED FOR “IN THEIR OWN WORDS” (TRANSLATED FROM AFAN OROMO)

community’s traditional beliefs about sex and gender roles and caused young people to adhere to them more strictly.

“This IDP population has had virtually no external support and doesn’t trust anyone outside the community. For young people, that means it is unthinkable to defy norms and expectations,” explains Jamie Vernaelde, PAI senior research and policy analyst. “Girls as young as 14 shared that, despite wanting to go to school and learn, they felt they had to get married and start having kids for the sake of their families and community.”

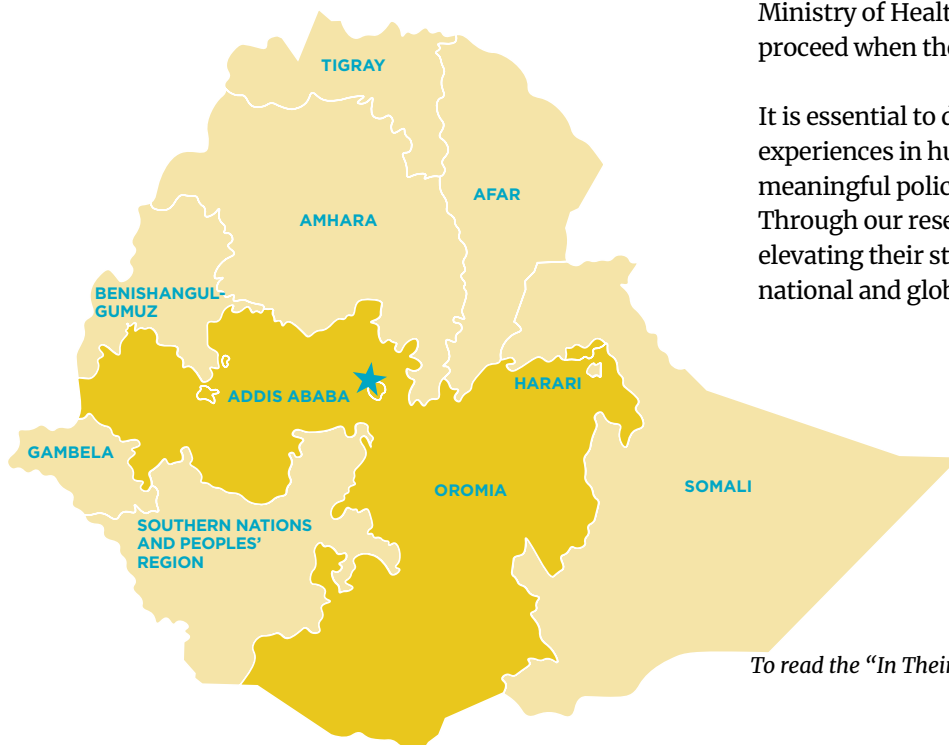
Even among those who would want to use modern contraception despite community pressures, there were misperceptions about accessibility of services. For instance, some young people believed that only married couples could seek family planning advice at the local hospital and that a woman or girl going on her own would be turned away. Participants also reported facing bias due to their

age and IDP status when trying to access services at the hospital, making them reluctant to seek care.

Based on priorities identified by the youth participants, PAI and Jimma University developed recommendations for addressing the needs of young people living in displaced settings. Key to this is delivering on-site sexual and reproductive health care and information that are appropriate based on the culture and age of individuals. Additionally, engaging religious and female leaders in the community is essential in order to provide education on the benefits of contraception, particularly for delaying early pregnancy and spacing children for the health and well-being of adolescents.

PAI and Jimma University compiled these recommendations, as well as data and stories from the focus group, in a report titled “In Their Own Words,” and shared it with local health and government administration officials. Plans to present the findings to the national Ministry of Health have been delayed by COVID-19 but will proceed when the pandemic is better controlled.

It is essential to draw upon young people’s lived experiences in humanitarian settings in developing meaningful policy that impacts their health and lives. Through our research, advocacy and partnerships, PAI is elevating their stories to help drive change at the local, national and global levels.



To read the “In Their Own Words” report, visit [www.pai.org/resources/in-their-own-words](http://www.pai.org/resources/in-their-own-words).

# ONE STEP FORWARD, TWO STEPS BACK

## Board member Nancy Deck reflects on the ongoing battle for reproductive rights



### How did you become interested in sexual and reproductive health and rights advocacy?

I grew up in an era that saw huge gains for women's rights. By the time I graduated from college in 1975, Roe v. Wade had established a woman's right to an abortion, and the passage of the Equal Rights Amendment seemed like a sure thing. Many feminists, including myself, felt as if the battle was won.

But today, 45 years later, women's rights are under attack like never before. We have taken giant steps backward in terms of sexual and reproductive rights in ways I could never have predicted. Women face new restrictions every day — even access to contraception is being challenged again. Until we can guarantee these rights for women and girls, we will never achieve gender equality.

### How did you first learn about PAI?

In 2016, I was getting ready to retire and wanted to use my new free time to support a cause I believed in. My friend Suellen Lazarus serves on PAI's board and suggested I look into the organization. After attending a couple of salon events and learning more about PAI's

vision and long record of measurable success, I was thoroughly impressed. I was particularly inspired by PAI's work with local advocates that are fighting their own battles for women's rights in their countries.

I have been supporting PAI ever since, first as a donor and later by joining the board. I even hosted a salon event at my home last year.

### What do you feel is unique about PAI's approach?

What makes PAI really stand out from other organizations in the international development space is how it collaborates with grantees. These local advocates establish the goals and lead the work, and PAI supports their efforts by offering advocacy guidance and other resources. This model ensures that local expertise — and not an outside agenda — is driving positive change for women and girls in these communities.

### What message do you have for PAI donors?

We all want to make a difference in the world, and sometimes it's hard to know the best way to accomplish this. With PAI's transparency and sterling reputation, you can be certain that whatever amount you donate will have a tangible impact on the lives of women and girls around the world.

Thank you for your support, and I look forward to seeing what we will accomplish in 2021!

## SUPPORT THE WORK AHEAD

Stand up for the sexual and reproductive rights of women and girls by making a year-end gift to PAI at [www.pai.org/donate](http://www.pai.org/donate). For more information on ways to support PAI's work, please contact Kate Duis at [kduis@pai.org](mailto:kduis@pai.org) or +1 (202) 557-3454.

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