Ensuring Universal Access to Family Planning In Crisis-affected Settings: *Key Messages and Policy Asks*

FP2020 has powerfully catalyzed a renewed global focus on family planning. Contraceptive use in many countries, particularly in urban settings, is on the rise. And great progress has been made: since 2012, the FP2020 global movement has enabled 30.2 million more women to access family planning. However, FP2020 is far from meeting its goal of ensuring that 120 million women and adolescents can exercise their rights to family planning information, services and supplies by 2020.

Of the 225 million women with unmet need for family planning, many live in some of the most hard-to-reach areas of the world: areas affected by conflict or natural disasters. Right now, there 65 million people displaced by conflict or crisis – more than at any time since World War II. Almost half of these displaced people are women and girls who have limited or no access to life-saving family planning services. Delivering family planning services in these settings critical to ensuring countries meet their FP2020 goals, as well as to fulfilling the sexual and reproductive rights of the more than 32 million women and girls in need of humanitarian aid.

Although family planning is one of the most lifesaving, empowering, and cost-effective interventions for women and girls, it remains one of the most neglected and underfunded components of humanitarian response. A 2014 global evaluation found many humanitarian funding requests did not include contraception, and where family planning was provided, women had very little access to the highly effective, long-acting methods they want and need. Emergency contraception was almost entirely unavailable outside post-rape care. Consequently, many women and girls are forced to contend with unplanned pregnancies, and experience entirely preventable suffering and death from complications of pregnancy and childbirth, in addition to the traumas of conflict, disaster, and displacement.

It is time for us to demand donors, governments and humanitarian actors commit to ensuring universal access to life-saving family planning for all women and adolescents affected by conflict and crisis.

- **Specifically, the *Minimal Initial Service Package* (MISP) - including family planning services - should be implemented at the onset of every crisis. Systems and funding must put in place to ensure delivery and continuity of comprehensive family planning services, including access to all contraceptive methods, through all phases of humanitarian response, including in protracted crises.**

Key Messages:

Ensuring access to family planning during humanitarian crisis saves lives, just like clean water, shelter and food. When women can decide when they have children – and how many children they have – both women and children alike are much more likely to survive and to thrive. Here is what we know:

- Maternal death is a leading cause of mortality for women of reproductive age globally.[i] Fulfilling unmet need for contraception could avert nearly one in three maternal deaths.[ii,iii]

- The need for family planning services and supplies becomes *more* acute in emergency settings. Women and girls affected by armed conflict and natural disasters are at increased risk of sexual violence, unintended pregnancy, maternal morbidity and mortality, including unsafe abortion.

- Healthy timing and spacing of births promotes children's health too. If all babies were born three years apart, the lives of 1.6 million children under the age of five would be saved each year.

- More than 32 million women and girls worldwide require humanitarian assistance- and this assistance must include family planning.[iv] Family planning is already a key component of widely accepted standards on minimum emergency health response.[v,vi]

We know that the demand for family planning in humanitarian settings is fierce.

- Many women and couples want to space or limit pregnancies following displacement. Across diverse contexts, 30% to 40% of women experiencing displacement did not want to become pregnant in the next two years, and 12% to 35% wanted to limit the number of pregnancies. [vii]

- The proportion of women who want to prevent pregnancy can be even higher in some populations. Nearly three quarters of pregnant Syrian refugee women surveyed in Lebanon wished to prevent future pregnancy, and more than one half did not desire their current pregnancy.[viii]

- Evidence and experience demonstrates that women want access to the full range of contraceptive options- including long-acting, reversible methods- in humanitarian settings, and that women will seek and use these methods if they are available and of acceptable quality.[ix, x]

- Despite the urgent need for contraceptive services and supplies, a 2014 global evaluation found funding proposals for reproductive health in emergencies consistently omitted requests for family planning. When family planning was provided, women had very little access to highly effective, long-acting methods. Emergency contraception was almost entirely unavailable outside post-rape care.[xi]

Evidence and experience show that providing family planning is feasible, even in the most challenging of settings.

- Humanitarian agencies have provided high-quality, rights-based family planning services contraception in some of the most challenging settings, including South Sudan, Chad, and the Democratic Republic of the Congo (DRC). Over the past four years, 3 key humanitarian agencies- including CARE- have provided contraception to more than 178,000 women across these three contexts.[xii]

- UN agencies bring strong experience providing family planning services and supplies in crises. UNFPA delivered emergency reproductive health kits containing essential supplies, including contraceptives, to 12 million people in 47 countries during 2016.[xiii]

- The global humanitarian community has developed and vetted standards and guidelines for the provision of contraceptive services, most notably the *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*. **A revised version of the manual will be published in Autumn 2017 and should be immediately operationalized.**

Providing family planning to women and girls in humanitarian settings, as part of a package of sexual and reproductive health services, is critical to countries' ability to meet their FP2020 commitments and to achieve the Sustainable Development Goals (SDGs).

- Millions of women and girls are living in crisis-affected settings. Without deliberate efforts to reach them, we will not be able to meet FP2020 goals or fulfill our commitments to leaving no one behind and ensuring all women and adolescents can exercise their sexual and reproductive rights.[xiv,xv]

- Countries like DRC, Nigeria, and Pakistan host millions of displaced people. Moreover, modern contraceptive prevalence is very low in several crisis-affected FP2020 focus countries: Afghanistan (14.6%), Central African Republic (14.6%), the DRC (10%), Sudan (12.9%), Yemen (19.9%), Somalia (2.5%), and South Sudan (3.3%).[xvi] Governments and their NGO partners in these areas must reach marginalized, remote or otherwise underserved populations with family planning services.

- Ensuring universal access to sexual and reproductive health services – including family planning – is critical to achieving SDGs 3 (health) and 5 (gender equality.) But family planning is also a cross-sectoral intervention that is critical to achieving all the other 15 SGDs, including poverty reduction, access to education and reduction of inequalities.[xvii]

- Family planning service delivery promotes a higher level of gender equality, which is associated with lower levels of risk for conflict.[xviii]

Investing in family planning during humanitarian crisis doesn't just save lives. It is an opportunity for countries to "build back better."

- Crisis-affected settings are often a strategic entry point for governments and their NGO partners to reach marginalized, remote, or otherwise under-served populations with family planning information, services, and supplies.

- Even in fragile states and chronically unstable contexts, we have seen governments and civil society partner to leverage the family planning investments that are made during a humanitarian response to mobilize domestic resources, improve policies and strengthen whole health systems – helping enable access to family planning at scale during both times of crisis and stability.

Policy Asks: We call on donors, governments and humanitarian actors to prioritize the following actions, to unlock universal access to rights-based family planning for all women and girls affected by crisis and conflict:

1. **FP2020 priority countries affected by crises must include concrete actions that ensure access to FP in humanitarian settings in their FP2020 commitments and Costed Implementation Plans (CIPs).** Many conflict-affected countries continue to have low contraceptive prevalence rates, along with high maternal and infant mortality rates. Delivering family planning services to the women and girls in these settings is critical to meeting these countries' FP2020 commitments as well as fulfilling the rights of the more than 32 million women and girls in need of humanitarian aid. Moreover, providing family planning services in crises strengthens capacity to reach these populations during times of stability.

2. **FP2020 priority countries must include the Minimum Initial Service Package (MISP) for sexual & reproductive health in disaster preparedness and response plans at national, district and regional levels.** The Minimal Initial Service Package, including family planning services, should be implemented at the onset of a crisis. Enabling timely and effective provision of the MISP is made possible by preparedness planning, like allocating funds to support effective emergency supply chains and to build capacity of health personnel in advance of any crisis, including provision of family planning services and supplies. Engaging the district and regional levels in planning is key to making national commitments a reality.

   Countries should also make commitments as sought at the 2016 World Humanitarian Summit such as working in accordance with the 1994 Programme of Action of the International Conference on Population and Development, the 1995 Beijing Platform for Action, and the outcomes document of their review conferences for all women and girls in crisis settings.

3. **Bilateral donors, common funding pools and emergency-specific funds must develop policies that ensure investments in family planning as a core element of all humanitarian responses.** Donor banks, governments and aid organizations must adapt key funding mechanisms, including the Global Financing Facility, World Bank IDA18, and the Global Fund for Disaster Risk Reduction, so they ensure efficient access to funding for family planning and other sexual and reproductive health care in

humanitarian settings**.** Key stakeholders who contribute to response plans and proposals must incorporate family planning in funding plans at the onset of an emergency and maintain these investments throughout all stages of a crisis. A financial tracking tool should be developed to measure investment in family planning in humanitarian settings to ensure greater transparency and accountability.

4. **Investments in preparedness and resilience-building efforts to strengthen health systems against crises must include the provision of family planning services**. Strong health systems are better able to withstand crises and are more capable of meeting health needs during crisis. Including family planning in preparedness and resilience-building efforts is critical to ensuring family planning services are not interrupted in times of crisis. Even in fragile states and chronically unstable contexts, governments have leveraged investments in humanitarian preparedness and response to "build back better", mobilizing new resources, improving policies, and strengthening the capacity of health systems, helping unlock access to family planning at scale in times of stability as well as crisis.

5. **Donors along the humanitarian-to-development continuum must coordinate their investments to ensure continuity of support for family planning services, from stable times to the acute onset of crises through protracted crises.** As climate change and political instability contribute to more prevalent and longer humanitarian crises, the lines between "humanitarian" and "development" settings have blurred. It is estimated refugees and internally displaced people now spend an average of 17 years in displacement. Therefore, funding and coordination mechanisms must be adapted to function effectively in long-term, protracted crises.

Appendix: Case Studies: "*Building Back Better: leveraging humanitarian investments to strengthen health systems and unlock FP access at scale*

DRC

In North Kivu Province, CARE convenes DRC's first provincial-level family planning (FP) advocacy committee. This committee brings together the Ministries of Health, Gender and Planning, as well as civil society and faith-based organizations, to drive progress and ensure accountability for achieving DRC's FP2020 commitments. In 2016, CARE led a process to quantify the provincial-level FP funding gap, providing data that Ministry officials used to advocate for and secure a new FP budget line-item from provincial law-makers.

CHAD

Chad is a very poor country with high unmet need for family planning, and is a country with "low physician density" – it is estimated there is only 1 physician for every 28,680 people (compared to 2.8 physicians per 1,000 people in the United Kingdom.) For most women - especially poor women and women living in rural areas - their first and often only healthcare provider is a midwife or nurse (not a doctor).

- There was a policy on the books that blocked these women from getting access to the full range of contraceptive methods, including certain highly effective and long-acting methods many women want. The policy said only physicians were authorized to provide these highly effective methods - in essence, creating a powerful barrier for most women accessing them.
- What did CARE do? In refugee camps in Chad, CARE partnered with the Ministry of Health to develop evidence that showed trained nurses and midwives could effectively and safely provide of contraceptive methods. And once all these methods were available to women, we saw a dramatic increase in demand for contraception - and specifically a great demand for these highly effective and long-acting methods. So, there had been a latent demand for these services, but before, no one was able to meet women's needs.
- We had created a policy solution - train and authorize the nurses and midwives on the frontlines of service delivery. We used this evidence to change a policy that previously prevented nurses and midwives from providing the full range of contraceptive methods.
- This policy will be a game changer for women: When it was adopted, the number of healthcare workers authorized to provide the full range of contraceptives increased by **8 fold, from 528 (physicians only) to 4,319 (physicians + nurses and midwives)**. This new policy has the potential to unlock access equitable access for thousands of women and adolescents. And the policy will help Chad in meeting its own national goal of increasing the number of women using contraception by 15% by 2015.

DJIBOUTI

With funding from FP2020's Rapid Response Mechanism, in 2016 CARE partnered with the Djibouti Ministry of Health to revise the national family planning policy and guidelines. Similar to Chad, this policy change expanded the cadres of health workers authorized to provide a full range of contraceptive methods. This policy change has the potential to unlock FP access for many unserved women, including internally-displaced people and refugees.

[i] WHO, “Maternal Mortality,” (2016). Available at: http://www.who.int/mediacentre/factsheets/fs348/en/
[ii] Ahmed et al., (2012), “Maternal deaths averted by contraceptive use: an analysis of 172 countries,” The Lancet 380: 111-125.
[iii] Cleland et al., (2006), “Family planning: the unfinished agenda.” The Lancet, The Lancet Sexual and Reproductive Health Series, available at: http://www.who.int/reproductivehealth/publications/general/lancet_3.pdf
[iv] United Nations Office for the Coordination of Humanitarian Affairs (OCHA), (2016), “Global Humanitarian Overview 2017,” *available at*: http://docs.unocha.org/sites/dms/Documents/GHO_2017.pdf ; it is estimated that 128 million people are currently in need of humanitarian assistance and 1 in 4 are women and girls of reproductive age according to UNFPA “State of the World Population 2015” report, available at http://www.unfpa.org/swop-2015
[v] The Sphere Project, (2011), “The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response,” *available at:* http://www.spherehandbook.org/
[vi] Minimum Initial Service Package (MISP) for reproductive health in crises
[vii] McGinn et al., (2011), “Family Planning in Conflict: Results of Cross-sectional Baseline Surveys in Three African countries,” *Conflict and Health* 5: 11*, available at*: http://www.conflictandhealth.com/content/5/1/11
[viii] Benage at al., (2015), “An assessment of antenatal care among Syrian refugees in Lebanon,” *Conflict and Health* 9(8).
[ix] Casey SE, McNab SE, Tanton C, Odong J, Testa AC, Lee-Jones L, (2013), “Availability of long-acting and permanent family-planning methods leads to increase in use in conflict-affected northern Uganda: evidence from cross-sectional baseline and endline cluster surveys,” *Glob Public Health* 8:284–97
[x] Casey, Sara and Martin Tshimpamba, (2017), “Contraceptive availability leads to increase in use in conflict-affected Democratic Republic of the Congo: evidence from cross-sectional cluster surveys, facility assessments and service statistics,” *Conflict and Health* 11(2).
[xi] Tanabe et al., (2015), “Tracking humanitarian funding for reproductive health: a systematic analysis of health and protection proposals from 2002-2013,” Conflict and Health 9 (Suppl 1): S2.
[xii] Monitoring data available from CARE, IRC and IMC between 2012 and 2016
[xiii] UNFPA, (2017), “Humanitarian Action: 2017 Overview,” *available at:* http://www.unfpa.org/publications/humanitarian-action-2017-overview
[xiv] OECD, (2016), “States of Fragility 2016: Understanding Violence,” OECD Publishing, Paris.
[xv] OECD, (2016), “States of Fragility 2016: Understanding Violence,” OECD Publishing, Paris.
[xvi] FP2020, (2016), “FP2020: Momentum at the Midpoint – 2015-2016 Progress Report,” *available at*: http://progress.familyplanning2020.org/
[xvii] Starbird et al., (2016), “Investing in Family Planning: Key to Achieving the Sustainable Development Goals,” *Global Health Science and Practice* 4(2): 191-210.
[xviii] OECD, (2016), “States of Fragility 2016: Understanding Violence,” OECD Publishing, Paris.

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