

# Contraceptive services in crises: lifesaving and a human right—but under prioritized

Access to contraception is an essential, lifesaving service in emergency settings. The 2018 Minimum Initial Services Package (MISP) for sexual and reproductive health (SRH)<sup>1</sup>—the global standard for SRH response in acute emergencies—includes the prevention of unintended pregnancies as one of six objectives. Contraceptive services, including a range of long-acting and short-acting methods (inclusive of emergency contraception), must be made available along with other essential SRH services at the outset of every humanitarian response, including epidemics and pandemics, and expanded as the acute stage subsides.

The Women's Refugee Commission (WRC) monitors global trends, identifies gaps, and advocates for improved access to contraception in crises. Despite some progress toward making contraceptives available in conflict and crisis settings, contraceptive service provision continues to be a gap in humanitarian health funding and programming, even as humanitarian needs are climbing at an unprecedented pace. This lack of support undercuts the efficacy of humanitarian assistance overall and does a significant disservice to crisis-affected individuals.

WRC completed a landscaping assessment from 2018–2020 to evaluate and build the evidence base on barriers, opportunities, and effective strategies to provide contraceptive services to people affected by crises.<sup>2</sup> From 2020–2022, we have built on the results of the assessment to co-develop programming with local partners and advocate to donors, governments, and humanitarian and development implementing agencies to improve access to contraception in crisis settings.

## Assessment findings and recommendations

*Findings from our landscaping assessment revealed key gaps in contraceptive programming in humanitarian settings, including:*

- Contraception is under-prioritized in humanitarian preparedness, response, and recovery. Learning from the COVID-19 pandemic underscored that when decision-makers do not recognize that contraceptive services are lifesaving or prioritize their availability during crises, women and girls will lose access to this critical component of health care.<sup>3</sup>
- There are persistent gaps in provision of the full range of contraceptive methods in humanitarian settings, particularly long-acting reversible contraceptives (LARCs) and emergency contraception (EC).
- Adolescents and other marginalized populations, including people with disabilities, face heightened barriers to SRH services in humanitarian settings.
- Stockouts of contraceptive supplies and challenges with supply chain management persist across humanitarian settings.
- There are gaps in data collection and use—which are essential to ensure successful contraceptive service delivery.
- Emergency preparedness for efficient and effective SRH humanitarian response is neglected and under-resourced across governments and development and humanitarian donors and implementers. During the COVID-19 pandemic, this manifested in lack of knowledge about the Minimum Initial Service Package for SRH and contraception not being included in essential health services.
- It is important to invest in local communities, governments, and organizations to lead humanitarian SRH preparedness, response, and recovery, as they are first responders in an emergency. The COVID-19 pandemic underscored the importance of ensuring that local actors engage in—and lead— all stages of emergency preparedness, response, and recovery.

1 <https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>.

2 The assessment included a literature review, a global contraceptive programming survey, case studies in three humanitarian settings, and key informant interviews. The summary report of the assessment and other reports are available at <https://www.womensrefugeecommission.org/research-resources/contraceptive-services-humanitarian-settings-and-the-humanitarian-development-nexus/>.

3 "Covid-19's Effects on Contraceptive Services Across the Humanitarian–Development Nexus." IDS Bulletin. <https://bulletin.ids.ac.uk/index.php/idsbo/article/view/3162>.

Based on our findings, recommendations were developed collaboratively with the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) and Family Planning 2030 to improve access to contraception in humanitarian settings and across the humanitarian-development nexus.

**Key recommendations for governments, donors, and implementing agencies include:**

- Continue building awareness among governments, donors, and other partners that contraception is part of the package of essential health services in humanitarian settings.
- Improve provision of the full range of contraceptive methods, including LARCs and EC.
- Increase access to contraceptive services for adolescents and members of other marginalized populations.
- Address stockouts and strengthen supply chains to ensure consistent availability of contraceptive commodities.
- Strengthen data collection and use for contraceptive service delivery, including building the evidence on effective programming.
- Invest in preparedness for contraceptive service delivery and improve collaboration across humanitarian and development partners.
- Localize contraceptive service delivery in crisis-affected settings.

## Ongoing advocacy and programming

WRC elevates the importance of contraceptive availability and access among people affected by crises through: targeted advocacy with donors and other key stakeholders; leadership of the IAWG Voluntary Contraception sub-working group; partnerships with FP2030, the Ougadougou Partnership, the Reproductive Health Supplies Coalition, and other key platforms and organizations; provision of technical assistance to global and local partners; dissemination of resources in multiple languages, including a French language resource hub<sup>4</sup>; and media engagement.<sup>5</sup> Several briefs are forthcoming with tailored recommendations for how donors, governments, development agencies, and humanitarian agencies can contribute to improving access to contraceptive services in crises.

Additionally, WRC is partnering with the Rahnuma Family Planning Association of Pakistan and the Sudan Family Planning Association to increase access to contraceptive services among Afghan refugees in Pakistan and Tigrayan refugees in Sudan. The project will focus on ensuring that the full range of methods are available, including EC and LARCs, and that services are accessible to adolescents, people with disabilities, and sexual and gender-based violence survivors.

For more information, contact Sarah Rich, associate director, sexual and reproductive health and rights program, [SarahR@wrcommission.org](mailto:SarahR@wrcommission.org).



Read *Contraceptive Services in Humanitarian Settings and in the Humanitarian-Development Nexus*.



## Women's Refugee Commission

The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth who have been displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them.

© 2022, Women's Refugee Commission, Inc.

October 2022

4 <https://www.womensrefugeecommission.org/research-resources/services-de-contraception-dans-les-contextes-humanitaires-et-dans-le-cadre-de-la-filiere-humanitaire-developpement/>.

5 See, for example, "How to close the contraception gap for women in crisis settings," Devex, <https://www.devex.com/news/opinion-how-to-close-the-contraception-gap-for-women-in-crisis-settings-100117>.