

Report Summary

Background

Access to contraception is an essential, lifesaving service in emergency settings. The 2018 Minimum Initial Services Package (MISP) for sexual and reproductive health (SRH)—the global standard for SRH response in acute emergencies—includes the prevention of unintended pregnancies as one of six objectives. Contraception should be made available along with other essential SRH services at the outset of every emergency response, including epidemics and pandemics, and should be scaled up after the acute stage of an emergency.

However, despite some progress toward making contraceptives available in humanitarian 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 and does a significant disservice to crisis-affected individuals.

The Women's Refugee Commission (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 women and girls affected by crises. The assessment included a literature review, a global contraceptive programming survey, case studies in three humanitarian settings (Cox's Bazar, Bangladesh; Borno State, Nigeria; Cyclone Idai-affected areas of Mozambique), and two sets of key informant interviews (KIs). The second set of KIs was conducted after the COVID-19 pandemic began and aimed specifically to understand the effects of COVID-19 on contraceptive services. All other assessment components were completed before the start of the pandemic.

Our Key Findings and Recommendations from the Global Landscaping Assessment

Our findings revealed several primary gaps that hinder access to contraceptive programming in humanitarian settings. Based on the findings, recommendations were developed collaboratively during two consultations with stakeholders from the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) and Family Planning 2030 (formerly FP2020) to improve access to contraception in humanitarian settings and across the humanitarian-development nexus.

Key findings include:

- **Contraception remains under-prioritized** in humanitarian preparedness, response, and recovery.
- **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 persons with disabilities, face heightened barriers to SRH** 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.
- **There is a persistent gap in preparedness** for efficient and effective SRH humanitarian response.
- **It is important to invest in local actors to lead humanitarian SRH preparedness, response, and recovery**, as local communities, governments, and organizations are first responders.

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.

The Effects of COVID-19 on Contraceptive Services

The COVID-19 pandemic affected the availability and accessibility of contraceptive services across humanitarian and development settings. Facilities in some settings were forced to close and movement restrictions impeded both providers' and clients' ability to reach facilities, while supply chains for contraceptive commodities were interrupted. Restrictions also disrupted provider training and supervision, community-based service delivery and sensitization activities, and data collection and reporting. Barriers were particularly onerous for adolescents, rural or isolated communities, and for members of marginalized populations, including persons with disabilities.

Organizations implemented numerous innovations and adaptations to improve continuity of contraceptive services, including distributing short-acting methods in multi-month supplies; using telemedicine or other technology to provide counseling, direct clients to obtain methods, and conduct follow-up; task-shifting and sharing, including community-based service delivery; promoting self-administration of DMPA-SC (an easy-to-use injectable contraceptive) and other self-care methods; and integrating contraceptive service delivery with the provision of other essential health services. Many respondents noted that they used technology to adapt or maintain data collection and reporting, and provide training, supervision, and psychosocial support to providers. However, some respondents reported not having the necessary resources, time, or electric and connectivity infrastructure to implement some technology-based adaptations or to reach all populations.

Respondents reported that contraception and other SRH services were particularly impacted during the pandemic because key decision-makers did not perceive them to be essential or lifesaving, underlining the need to continue building awareness that contraception is part of the essential package of health services that must be made available in crises, including disease outbreaks. Respondents from organizations working in both humanitarian and development settings also cited the need to strengthen coordination across the nexus, including through emergency preparedness, as an important lesson learned from their experiences providing contraceptive services during the pandemic. They reflected that as the number of countries at risk of or experiencing crisis mounts steadily, the distinctions between humanitarian and development settings are fading—rendering humanitarian and development silos outdated and inefficient.

To improve contraceptive access and availability during and after COVID-19:

- **Continue advocating that contraception is lifesaving and essential** during the pandemic.
- **Extend and institutionalize adaptations instituted during COVID-19 that improve contraceptive availability and access.**
- **Address gaps in provision of or access to telemedicine and technology-based information and service delivery.**
- **Empower implementing partners to adapt contraceptive programming and service delivery** to respond to emergent needs over the course and in the aftermath of the pandemic.
- **Leverage heightened awareness of the risk of crisis to engage governments and development and humanitarian actors in emergency preparedness.**
- **Integrate epidemic and pandemic preparedness into disaster risk reduction efforts** to address barriers to contraceptive service delivery.

The summary report of the assessment; the report with findings from the literature review, global contraceptive programming survey, and first set of key informant interviews; the case studies; and a report on the effects of COVID-19 on contraceptive services across the humanitarian-development nexus are available at [womensrefugeecommission.org/research-resources/contraceptive-services-humanitarian-settings-and-the-humanitarian-development-nexus/](https://www.womensrefugeecommission.org/research-resources/contraceptive-services-humanitarian-settings-and-the-humanitarian-development-nexus/).

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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.

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