

# Recommendations for local and international development partners to take action in the humanitarian-development nexus to safeguard contraceptive programming and strengthen services for people affected by crises

**More than half the world's countries are at medium, high, or very high risk of crisis.**<sup>1</sup> When crises occur, contraceptive services are often disrupted—undercutting the efficacy of global programming, derailing progress made, and undermining the health and rights of affected individuals.

**Local and international development partners play a critical role in protecting access to contraceptive services when crises occur, even if they do not have a mandate to participate in humanitarian response. To ensure continuity of contraceptive services at all stages of development, crisis, fragility, and recovery, we call upon development partners to *integrate crisis preparedness into their ongoing contraceptive programming and strengthen health systems for contraceptive service provision before and in the aftermath of crises.* Taking action in these humanitarian-development nexus points is critical *across stable and fragile settings*<sup>2</sup> to save lives, promote resilience, and safeguard gains made in contraceptive availability, access, and quality during stable times.\*<sup>+</sup>**

The **humanitarian-development nexus** recognizes that settings do not transition linearly between humanitarian and development status, but rather they can exist simultaneously in the same space and fluctuate back and forth. Emergency preparedness and recovery are two entry points for humanitarian and development actors to explicitly collaborate with communities, civil society organizations, and governments to build resilience to mitigate the impacts of crises and improve response and recovery.

## What you need to know: Contraceptive services for people affected by crises are lifesaving

**Climate change, conflict, natural disasters, and infectious disease outbreaks impact more people every year.** In 2023, an estimated 339 million people will be affected by crises, including 85 million women and girls of reproductive age.<sup>3</sup> The COVID-19 pandemic underscored that all settings—even those not currently facing a crisis—are vulnerable to shocks and therefore must be prepared to respond to crises.

**People affected by crises want and need access to contraception, but contraceptive availability and access in crises remain limited and uneven.** Demand for contraceptive services has consistently been documented across diverse crisis-affected contexts<sup>4</sup> and people affected by crises use these services when they are available and of adequate quality.<sup>5</sup> Yet people affected by crises do not consistently have access to contraceptive services. Learning from the COVID-19 pandemic further underlined that when decision-makers do not recognize that contraceptive services are lifesaving or prioritize their availability during crises, women and girls lose access to this critical component of health care.<sup>6</sup> Even when contraceptive services are available during crises, specific gaps often persist, including lack of method mix (particularly long-acting reversible contraception [LARCs])

\* This brief is part of a series that adapts recommendations developed by the Women's Refugee Commission (WRC), the Inter-Agency Working Group on Reproductive Health in Crises (IAWG), and Family Planning 2030 based on a [landscaping assessment](#) conducted by WRC in 2018-20. The other briefs provide recommendations to donors, governments, and humanitarian agencies.

<sup>+</sup> In this brief, "contraceptive services" refers to the full package of voluntary family planning services, including counseling, informed consent, provision of a method, and all other components of family planning service delivery.

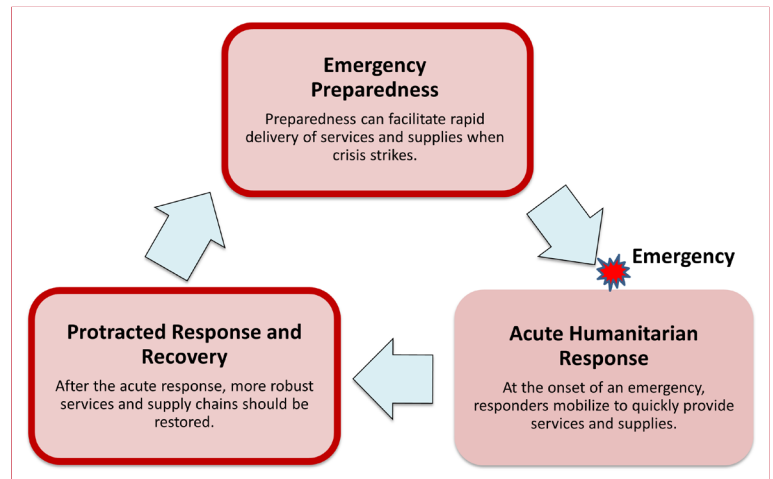
and emergency contraception [EC]); barriers to access for adolescents and members of other marginalized populations; gaps in availability of contraceptive commodities; and poor data collection and use.<sup>7</sup>

**Contraception is lifesaving<sup>8</sup> and part of the minimum standards of care in crisis-affected settings.**

The [Minimum Initial Service Package](#) (MISP) for SRH—the global standard for SRH response in acute emergencies—includes the prevention of unintended pregnancies as one of six objectives.<sup>9</sup> Contraceptive services must be available along with other SRH services from the onset of every crisis, in alignment with the MISP for SRH, and expanded as the acute crisis stabilizes, in alignment with the [Inter-Agency Field Manual](#) (IAFM) on Reproductive Health in Humanitarian Settings.<sup>10</sup>

**Why development actors must engage: Siloed programming impedes access to contraceptive services**

**Humanitarian and development siloes in funding and programming do not reflect the dynamic reality that many countries face,** including recurring disasters and/or conflict, new threats related to climate change, and protracted regional crises. These siloes impede continuity of access to contraceptive services as crises occur, subside, and recur. Even organizations that have dual humanitarian and development mandates often have isolated programming across these spheres.



**Development actors—who have longstanding presence and relationships at country level—are well-positioned to strengthen pre-crisis emergency preparedness and post-acute crisis recovery** in conjunction with humanitarian stakeholders, governments, donors, civil society organizations, and communities.<sup>11</sup> Development actors’ long-term presence and funding cycles facilitate engagement with local partners on health systems strengthening, for example through participation in standing working groups and collaborations on multi-year capacity-strengthening projects. Crisis preparedness must be integrated as a fundamental component of health systems strengthening. The resilience of a country’s health system and its existing national capacity significantly impact a country’s ability to adapt to and recover from crises. Humanitarian-development nexus points—emergency preparedness and recovery—provide entry points to leverage stakeholders’ respective comparative advantages toward collective outcomes<sup>12</sup> that build resilient health systems that are equipped to deliver contraceptive services to all who want and need them—no matter who they are, or where they live.

**What you can do: Recommendations for development stakeholders**

**To ensure continuity of contraceptive services when crises occur, actions must be taken in stable and fragile settings before, during, and after crises—not just at the height of a new crisis. This is crucial to ensuring preparedness for contraceptive access, continued services during an acute emergency, and longer-term sustainability.**

*Here’s how you can make this happen:*

- **Before crises: Systematically integrate crisis preparedness and risk management into all contraceptive programs** to maintain continuity of services when crises occur, and **support governments and other local partners to integrate SRH preparedness, including contraception, in ongoing health programming, health and disaster risk reduction policies, and financing** during stable times.

- **During crises: Adapt programming and coordinate with humanitarian agencies and other partners to ensure delivery of SRH services in alignment with the MISIP**, including contraceptive services to meet demand.
- **After crises: Strengthen national health systems to meet comprehensive SRH needs**, in alignment with the IAFM, and ensure long-term sustainability of services that can withstand, adapt to, and recover from crises.
- **Before, during, and after crises: Partner with government and other local actors and humanitarian agencies** to leverage respective expertise to strengthen preparedness during stable times, improve responses during emergencies, and build more resilient health systems that ensure contraceptive access across stable, fragile, crisis, and recovery contexts.

## How to do it: Practical resources to guide your programming

Several existing resources can guide your efforts to integrate preparedness into ongoing programming and strengthen health systems before, during, and after crises and in fragile settings. Some key resources include:

- **The High-Impact Practices in Family Planning (HIPs) “Family Planning in Humanitarian Settings: A Strategic Planning Guide”**: The strategic planning guide identifies actions that improve contraceptive access in places at risk of, experiencing, and recovering from crises. Actions represent learning across countries and agencies that have engaged in emergency preparedness, response, and recovery.
- **Ready to Save Lives: A Preparedness Toolkit for Sexual and Reproductive Health Care in Emergencies**: The Ready to Save Lives toolkit brings together existing learning and guidance for stakeholders to begin SRH preparedness work. It includes detailed guidance and learning briefs on initiating, assessing, and implementing preparedness.
- **The Humanitarian-Development Nexus: A Framework for Maternal, Newborn, and Child Health, Voluntary Family Planning, and Reproductive Health**: MOMENTUM Integrated Health Resilience developed this conceptual framework to visualize health programming in the humanitarian-development nexus. The framework recommends key actions and strategies that health actors working in humanitarian-development nexus contexts should consider.

### Additional Information:

The summary report of WRC’s two-year landscape assessment of contraceptive services in crises and other reports are available [here](#). For more information about this brief, please contact Sarah Rich, associate director, Sexual and Reproductive Health and Rights Program, WRC, at [SarahR@wrccommission.org](mailto:SarahR@wrccommission.org). To engage in global discussions about SRH needs in crisis settings, contact Sarah Knaster, IAWG coordinator, at [SarahK@wrccommission.org](mailto:SarahK@wrccommission.org).

### Women’s Refugee Commission

The Women’s Refugee Commission 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. [www.womensrefugeecommission.org](http://www.womensrefugeecommission.org)

### FP2030

FP2030 is the only global partnership centered solely on family planning. This singular focus allows us to bring together the widest possible range of partners across disciplines and sectors, while situating family planning at the crossroads of the global health, development, and gender equality agendas. <https://fp2030.org/>

### Inter-Agency Working Group on Reproductive Health in Crises

IAWG is an international coalition of organizations and individuals working collectively to advance sexual and reproductive health and rights in humanitarian settings. <https://iawg.net/>

### MOMENTUM Integrated Health Resilience

MOMENTUM Integrated Health Resilience works to strengthen health resilience and continue providing high-quality, respectful, maternal, newborn, and child health, voluntary family planning, and reproductive health care in fragile settings.

<https://usaidmomentum.org/about/projects/integrated-health-resilience/>

## Endnotes

- 1 The INFORM risk index has three dimensions: natural and human-made hazards and exposure; socio-economic and other vulnerability; and lack of institutional and infrastructural coping capacity. See: INFORM Risk Facts and Figures, 2023, <https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk/Risk-Facts-Figures>.
- 2 According to USAID, "Fragility is a condition of vulnerability to a range of bad outcomes, and it emerges from the relationship between the state and society. Its severity is determined by the extent to which countries generate the capacities to productively manage internal and external stresses. Fragility increases when stresses threaten to overwhelm capacity, escalating vulnerability to an array of crises, such as violent conflict, political instability, pandemic, disasters or economic collapse." Quoted from MOMENTUM Integrated Health Resilience, "The Humanitarian-Development Nexus: A Framework for Maternal, Newborn, and Child Health, Voluntary Family Planning, and Reproductive Health" (2022), based on USAID Fragility Analytics Guidance (2019).
- 3 United Nations Office for the Coordination of Humanitarian Affairs Global Humanitarian Overview 2023, <https://humanitarianaction.info/gho2023>.
- 4 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. 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. See: McGinn et al., (2011), "Family Planning in Conflict: Results of Cross-sectional Baseline Surveys in Three African countries," *Conflict and Health* 5: 11, [www.conflictandhealth.com/content/5/1/11](http://www.conflictandhealth.com/content/5/1/11), and Benage et al., (2015), "An assessment of antenatal care among Syrian refugees in Lebanon," *Conflict and Health* 9(8).
- 5 See: S.E. Casey et al., (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, and Sara Casey 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).
- 6 Lily Jacobi and Sarah Rich, "Covid-19's Effects on Contraceptive Services Across the Humanitarian-Development Nexus," (2022) *IDS Bulletin*, <https://bulletin.ids.ac.uk/index.php/idsbo/article/view/3162>.
- 7 "Contraceptive Services in Humanitarian Settings and in the Humanitarian-Development Nexus," 2021, [www.womensrefugeecommission.org/research-resources/contraceptive-services-humanitarian-settings-and-the-humanitarian-development-nexus](http://www.womensrefugeecommission.org/research-resources/contraceptive-services-humanitarian-settings-and-the-humanitarian-development-nexus).
- 8 Fulfilling unmet need for contraception could avert nearly one in three maternal deaths. See, for example, Ahmed et al., (2012), "Maternal deaths averted by contraceptive use: an analysis of 172 countries," *The Lancet* 380: 111-125, <https://pubmed.ncbi.nlm.nih.gov/22784531/>, and Cleland et al., (2006), "Family planning: the unfinished agenda." *The Lancet*, The Lancet Sexual and Reproductive Health Series, [www.who.int/reproductivehealth/publications/general/lancet\\_3.pdf](http://www.who.int/reproductivehealth/publications/general/lancet_3.pdf).
- 9 Minimum Initial Service Package for Sexual and Reproductive Health. <https://iawgfieldmanual.com/manual/misp>.
- 10 *Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings*, <https://iawgfieldmanual.com/>.
- 11 WRC, *Humanitarian and Development Nexus for Health and Sexual and Reproductive Health Briefing Paper* (May 2019). [www.womensrefugeecommission.org/research-resources/nexus-for-sexual-and-reproductive-health-briefing-paper/](http://www.womensrefugeecommission.org/research-resources/nexus-for-sexual-and-reproductive-health-briefing-paper/).
- 12 OCHA Policy Development and Studies Branch, *The New Way of Working* (Geneva, 2017). [www.unocha.org/es/themes/humanitarian-development-nexus](http://www.unocha.org/es/themes/humanitarian-development-nexus).

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