

Recommendations for humanitarian and development donors to strengthen the provision of contraceptive services for people affected by crises

Globally, 274 million people are affected by crises, including 68.5 million women and girls of reproductive age—many of whom face unmet needs for basic health care, including sexual and reproductive (SRH) health services.¹ To meet their SRH needs, **we call upon both humanitarian and development donors to partner with us in strengthening investment in contraceptive services, along with other critical SRH services, in crises.*†**

As climate change, conflict, natural disasters, and infectious disease outbreaks impact more people every year, disruptions in contraceptive services undercut the efficacy of international aid and undermine the health and rights of those affected by crises. More than half the world's countries are at medium, high, or very high risk of crisis.² 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. Investing in meeting contraceptive needs in crises, from pre-crisis preparedness in stable settings to emergency response and recovery, saves lives, fosters self-determination, and promotes resilience.

What you need to know: Access to contraceptive services for people affected by crises

People affected by crises want and need access to contraception, but decision-makers at all levels continue to underprioritize contraceptive services in crises. The Women's Refugee Commission (WRC) conducted a landscaping assessment in 2018–20, which found that contraceptive availability and access in crises remain limited and uneven.³ Learning from the COVID-19 pandemic further demonstrated 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.⁴

Contraception is lifesaving⁵ and part of the minimum standards of care in crisis-affected settings. The Minimum Initial Service Package (MISP) for SRH⁶—the global standard for SRH response in acute emergencies—includes the prevention of unintended pregnancies as one of six objectives. Contraceptive services must be available along with other SRH services at the outset of every crisis, in alignment with the MISP for SRH, and expanded as the acute stage subsides, in alignment with the Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings.⁷



Reproductive health and family planning clinic within a rural hospital in Buzi, Mozambique. © WRC/Katherine Gambir

* This brief is the first in 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 assessment included a literature review, a global contraceptive programming survey, case studies in three humanitarian settings, and key informant interviews. The other briefs will provide recommendations to governments, development agencies, and humanitarian agencies.

† 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.

What you can do: Big picture recommendations for donors

Contraceptive services must be integrated into funding and programming, whether the donor typically funds humanitarian programs, development programs, or both. This is critical to ensuring preparedness for contraceptive access, continued services during an acute emergency, and longer-term sustainability.⁸

Here's what you can do to make this happen:

- **Earmark funding for contraceptive services across humanitarian and development funding streams** to ensure that every person of reproductive age, everywhere, can access and use contraception.
- **Provide dedicated funding to development partners to systematically integrate crisis preparedness and risk management into contraceptive programming** to maintain continuity of services when crises occur.⁹
- **Fund SRH service provision, including contraception, as part of humanitarian health grants in all acute emergencies**, in alignment with the MISP.
- **Invest in expanding contraceptive services and strengthening national health systems to meet comprehensive SRH needs in protracted crisis and recovery settings**, in alignment with the IAFM.
- **Leverage donor-to-donor partnerships and spheres of influence to strengthen commitment to funding SRH**, inclusive of contraceptive services, during crises and recovery, and to integrating contraceptive preparedness into health grants in stable and fragile settings.

How to do it: Practical tips for effective grant-making to support contraception in crisis settings

Funding processes and structures can make or break effective contraceptive service delivery in crisis-affected settings. Here's how your grant-making can facilitate sustainable contraceptive access and availability:

- **Provide direct funding to local actors who are present before, during, and after crises for contraceptive service delivery**, in alignment with the Grand Bargain,¹⁰ and partner with humanitarian coordination mechanisms, multi-lateral agencies, implementing agencies, and other stakeholders to address barriers in the international aid architecture that impede participation of local SRH actors.
- **Provide flexible, multi-year grants for SRH service delivery, inclusive of contraception, in crisis-affected, recovering, and fragile settings** and empower implementing partners to adapt programming to respond to emergent needs over the course and in the aftermath of crises.
- **Coordinate with other donors during all acute humanitarian emergencies** to ensure that funding is dedicated to delivering contraceptive services to meet demand, in alignment with the MISP for SRH.
- **Support funding opportunities that bring together humanitarian and development actors** to leverage their respective expertise to strengthen preparedness during stable times, improve responses during emergencies, and build more resilient systems that ensure contraceptive access at all stages of development, fragility, crisis, and recovery.
- **Provide funding for advocacy and mobilization** targeting governments and other stakeholders to integrate preparedness in ongoing health programming during stable times and prioritize SRH, including contraception, in emergency response and recovery.
- **Invest in rigorous evaluation to continue strengthening the evidence base** on effective strategies to deliver contraceptive services across the emergency programming cycle.

The details: Technical recommendations for donors

Within existing contraceptive programming in humanitarian settings, specific gaps hinder access to high-quality services. These gaps include lack of method mix (particularly long-acting reversible contraception [LARCs] 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. Here's how to address these gaps:

To improve provision of the full range of contraceptive methods, including LARCs and EC:

- **Invest in social and behavior change communications for contraception, particularly awareness raising of EC and LARCs**, among populations affected by crises through partnerships with community-based organizations and leveraging media outlets.
- **Support partnerships with social marketing agencies and the private sector to make EC available** in a wide range of outlets in crisis-affected settings.
- **Invest in strengthening provider knowledge, attitudes, and practices on contraception, with a focus on EC and LARCs (both insertions and removals)**, and on rights-based contraceptive counseling that emphasizes client choice and informed decision-making.
- **Provide advocacy grants to support task-sharing policies and removal of policy restrictions on contraception, including for EC and LARCs**, in crisis-affected settings.
- **Integrate self-care methods, including EC and sub-cutaneous injectable contraceptives, and other community-based distribution of methods into contraceptive programming** from preparedness to response to recovery.

To increase access to contraceptive services for adolescents and other marginalized populations:

- **Invest in programming that directly engages** adolescents; people with disabilities; people with diverse sexual orientation, gender identity, gender expression, and sex characteristics; and members of other diverse populations, including local organizations led by these groups.
- **Support partners to address stigma** through community sensitization and values clarification activities.
- **Invest in expanding alternative, proven service delivery modalities**, many of which were used successfully during the COVID-19 pandemic—such as telehealth, service delivery points outside of traditional facilities, inclusion of contraception in primary and community health activities, and multi-month provision of short-acting methods.
- **Fund pilots of new service delivery modalities**, such as the use of cash or vouchers to support access to contraceptive services.

To improve contraceptive commodity availability:

- **Integrate emergency preparedness and risk management financing and activities in all SRH supply investments during stable times** to build more resilient supply chains for SRH and ensure availability of SRH supplies, including contraception, when crises occur.¹¹
- **Finance engagement with pharmaceutical supply chain experts** during emergency preparedness, response, and recovery.
- **Support training on management of contraceptive commodities** in emergencies, including on supply chain data collection, analysis, and use in decision-making.
- **Invest in strengthening SRH supply chains as acute emergencies subside and transitioning to more stable supply chains** across protracted crisis and recovery settings.

To strengthen data collection and use for contraceptive service delivery:

- **Provide funding to systematically include data collection activities in contraceptive programming grants**, including training health facility staff on contraceptive data collection, storage, analysis, and use.
- **Partner with governments and implementing agencies to ensure use of standardized indicators¹² and streamline data collection tools used in humanitarian settings**, in alignment with the World Health Organization's Global Roadmap for Improving Data, Monitoring, and Accountability for FP and SRH in Crises.¹³

Additional Information

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/>.

For more information about this brief, please contact Sarah Rich, associate director, Sexual and Reproductive Health and Rights Program, at SarahR@wrcommission.org. To engage in global discussions about SRH needs in crisis settings, contact Sarah Knaster, IAWG Coordinator, at SarahK@wrcommission.org.

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.

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/>

Endnotes

- 1 United Nations Office for the Coordination of Humanitarian Affairs. 2022. <https://gho.unocha.org/>.
- 2 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. 2022. <https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk/Risk-Facts-Figures>.
- 3 "Contraceptive Services in Humanitarian Settings and in the Humanitarian-Development Nexus." 2021. <https://www.womensrefugeecommission.org/research-resources/contraceptive-services-humanitarian-settings-and-the-humanitarian-development-nexus/>.
- 4 "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>.
- 5 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, available at: <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, http://www.who.int/reproductivehealth/publications/general/lancet_3.pdf.
- 6 Minimum Initial Service Package for Sexual and Reproductive Health. <https://iawgfieldmanual.com/manual/misp>.
- 7 *Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings*. <https://iawgfieldmanual.com/>.
- 8 See also the High-Impact Practices in Family Planning (HIPs) "Family Planning in Humanitarian Settings: A Strategic Planning Guide," 2020.
- 9 See also *Ready to Save Lives: A Preparedness Toolkit for Sexual and Reproductive Health Care in Emergencies*, FP2030. <https://fp2030.org/srh-toolkit>.
- 10 IFRC. 2018. "Grand Bargain Localisation Workstream - Home." Grand Bargain Localisation Workstream (blog). 2018. <http://gblocalisation.ifrc.org/grand-bargain-localisation-workstream-2/>.
- 11 See more here: https://fp2030.org/sites/default/files/ready_to_save_lives/SRH_preparedness_toolkit_brief-supply-chain.pdf, https://fp2030.org/sites/default/files/ready_to_save_lives/tip_sheet_SRH_COOP.pdf.
- 12 See indicators in the *Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings*. 2018. <https://iawgfieldmanual.com/>.
- 13 <http://summit2017.familyplanning2020.org/humanitarian-accountability-roadmap/>.