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Ouagadougou Partnership Country Profiles: Humanitarian Risks, Access to Family Planning in Crises, and Relevant FP2030 Commitments

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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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Since its creation in 2011, **the Ouagadougou Partnership** (OP) has supported the governments of the nine member countries to accelerate progress in the use of family planning services by catalyzing collaboration between countries, implementing partners, and civil society, including youth and religious groups, to increase the number of women using modern contraceptive methods and reach a total of 13 million users by 2030. In its Beyond 2020 strategy, the OP has defined the strengthening and establishment of partnerships with humanitarian organizations to meet family planning needs in unfavorable political contexts and crisis situations as a priority.

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Cover photo: A midwife providing a woman with family planning counseling, and options at a health center.

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To achieve the Ouagadougou Partnership (OP) goal of reaching an additional 6.5 million users of modern contraceptives by 2030, advance progress toward FP2030 commitments, and meet Sustainable Development Goals (SDGs), stakeholders must meet the family planning (FP) needs of crisis-affected populations. OP governments, national and international development partners, donors, and other stakeholders must strengthen capacity to prepare and respond to crises and include crisis-affected communities in FP programming, policies, and research to ensure FP service availability, access, and quality are maintained when crises occur.

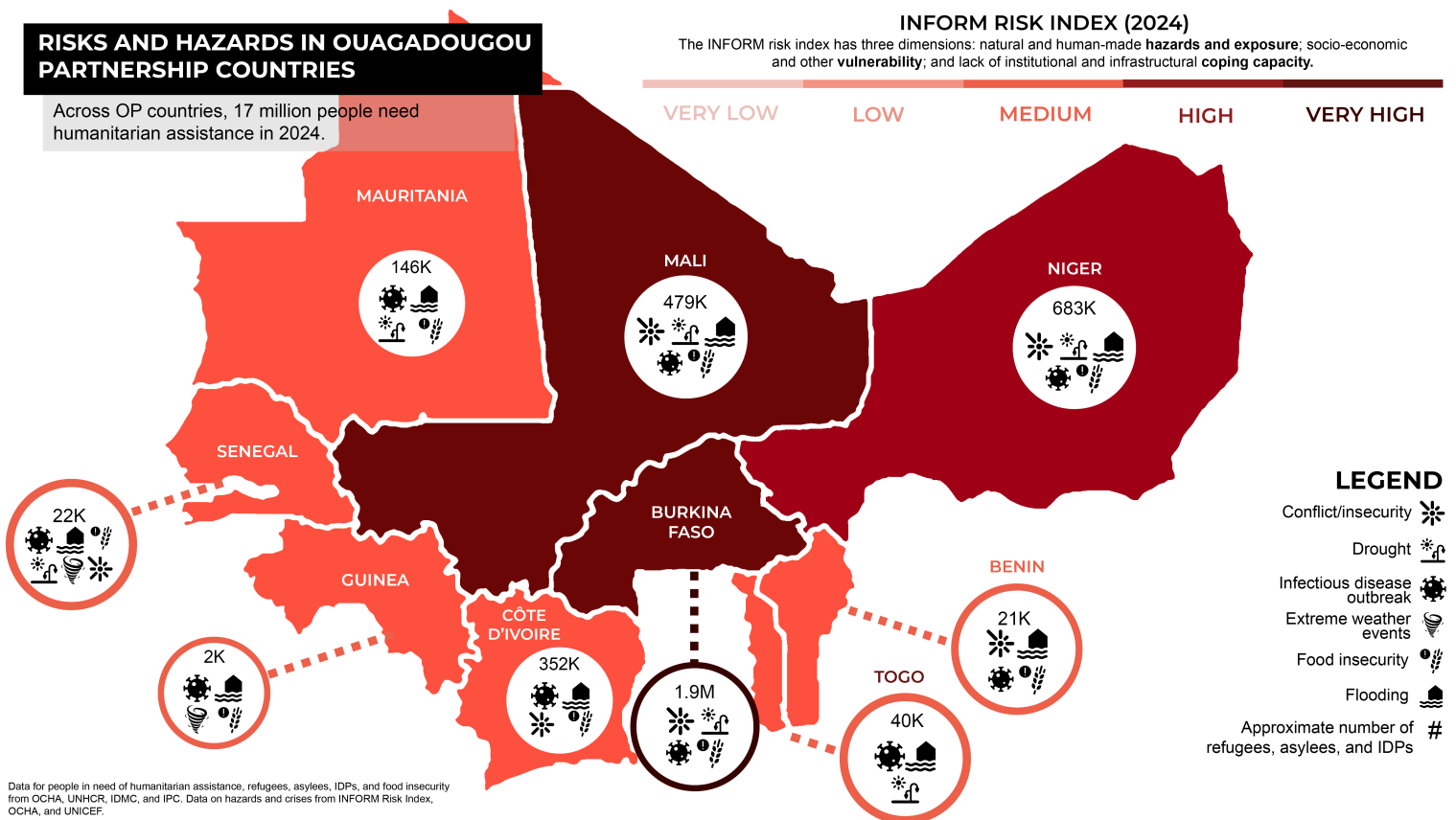


Introduction

The Ouagadougou Partnership (OP) is a partnership of nine countries in Francophone West Africa, alongside donors and technical partners, dedicated to accelerating access to and investments in family planning (FP). The OP was founded in 2011, in response to high rates of maternal and child mortality and low contraceptive prevalence rates across Francophone West Africa.

To support OP efforts to address FP in humanitarian settings, the Women's Refugee Commission (WRC) conducted a literature review on FP services in crises in OP countries and engaged stakeholders in developing recommendations to ensure continuity of FP services across shocks and stressors. This report includes a summary of key findings from the literature review, presented by country, and an overview of [FP2020 and FP2030](#) country commitments addressing emergency preparedness and response.¹ For a summary of regional findings and key recommendations to maintain continuity of FP services across shocks and stressors and improve access to FP for crisis-affected populations in OP countries, see [No Matter What Comes: Key Recommendations to Ensure Continuous Access to Family Planning Across Shocks and Stressors in Ouagadougou Partnership Countries](#).

Over the course of ten years (2011-2021), the OP reached 4,077,000 additional contraceptive users and averted 18,848,000 unwanted pregnancies, 6,697,500 unsafe abortions, and 63,740 maternal deaths.² However, the OP region is facing multiple, intersecting, and increasing humanitarian crises, including conflict, insecurity, flooding, and drought, all of which are fueled or amplified by the climate crisis.³



Across Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo, 17 million people will need humanitarian assistance in 2024, of whom 4.25 million are girls and women of reproductive age.⁴ To achieve the OP goal of reaching an additional 6.5 million users of modern contraceptives by 2030, advance progress toward FP2030 commitments, and meet Sustainable Development Goals (SDGs), stakeholders must meet the FP needs of crisis-affected populations.

In 2023, WRC conducted a literature review to document current evidence (2017 – March 2023) on access to, demand for, and need for contraceptives, and contraceptive service delivery in humanitarian settings in OP countries. Researchers identified eight peer-reviewed articles and 15 gray publications.

For the full literature review methodology, see Annex A on page 14.

Table 1. Literature review sources by country

Country	Number of peer-reviewed articles	Number of gray publications	Total number of publications
Benin	0	0	0
Burkina Faso	0	8	8
Côte d'Ivoire	0	2	2
Guinea	4	0	4
Mali	3	6	9
Mauritania	0	0	0
Niger	1	8	9
Senegal	1	0	1
Togo	0	0	0

Note: Several publications provided data on access to, demand for, and need for contraceptives, and contraceptive service delivery in two or more countries of the Ouagadougou Partnership.

The literature review demonstrated that contraceptive service delivery and uptake have been impacted by the crises in OP countries, as displacement, political instability, insecurity, armed conflict, and infectious disease outbreaks have strained health systems and impeded access to services. However, the recent evidence is relatively limited and uneven across countries, pointing to a need for more research on the impact of shocks and hazards, including natural disasters, on demand for and availability of contraceptive services, and publication of programmatic data on contraceptive service delivery in humanitarian settings across OP countries. The majority of data available is from the countries primarily impacted by the Central Sahel Crisis—Burkina Faso, Mali, and Niger. Data examining the impacts of infectious disease outbreaks also emerged from some countries, including Côte d'Ivoire, Senegal, Guinea, and Niger. The literature search did not return any data specific to Benin, Mauritania, or Togo.

Benin

Benin is impacted by conflict and insecurity, climate-related weather events and disasters, and infectious disease outbreaks. Heavy rains, recurring flooding, and overflowing rivers negatively impact agriculture and contribute to growing food insecurity. In late 2022, flooding affected almost 400,000 people across 39 communes.⁵ Border areas of Benin, particularly those in the north, also face deteriorating security,



violence, and conflict from the crisis in the Central Sahel. More than 2.3 million people—largely women and children—were estimated to be at risk in northern Benin's border area in 2023.⁶

The literature review did not identify current data on access to, demand for, and need for contraceptives, and the ways to which service delivery organizations worked to deliver contraceptive services in emergency settings in Benin; however, the intersecting shocks and hazards people face in Benin may negatively impact the availability and accessibility of contraceptive services.

Benin's FP2020 and FP2030 country commitments

Benin's FP2020 country commitment did not include commitments pertaining to emergency preparedness or humanitarian response, nor does its FP2030 country commitment.⁷

Burkina Faso

As of 2024, Burkina Faso is experiencing an acute humanitarian crisis, with 6.3 million people in need of humanitarian assistance.⁸ Armed conflict, terrorism, violence, and criminal activity, including by unidentified armed groups, has caused widespread displacement and severely restricted civilians' access to basic services and supplies.⁹ In 2023, the Internal Displacement Monitoring Centre and UNHCR estimated there were 1.9 million internally displaced persons (IDPs) and over 35,000 refugees in the country.¹⁰

The conflict has substantially impacted Burkina Faso's health infrastructure: armed actors have targeted the health system, resulting in the closure of 197 health facilities; 408 additional health facilities have been forced to only provide minimum services. As of December 2022, this impacted more than 2 million people's access to health services.¹¹

The conflict has also prevented people from seeking health services, including sexual and reproductive health (SRH) services, and led some FP service providers to cease their delivery of health services, including contraceptive services.¹² The Burkinabe Association for Family Well-Being reported that the conflict contributed to an approximate 15 percent decline in FP service use between 2019 and 2020.¹³

Some stakeholders are working to address the SRH needs of conflict-affected communities in Burkina Faso. The United Nations Population Fund (UNFPA) has provided Inter-agency Emergency Reproductive Health kits, which include contraceptive commodities.¹⁴ The Burkina Faso Ministry of Health developed a task-shifting strategy to enable improved access to contraceptive services for people on the move and internally displaced people, and trained community health workers to deliver contraceptives; community health workers then trained clients to self-administer injectable contraceptives.¹⁵

NGO stakeholders are also working to meet the SRH needs of conflict-affected communities in Burkina Faso. Marie Stopes International has established facilities closer to displaced populations.¹⁶ Save the Children, in partnership with local government and civil society, implemented the multi-country Adolescent Transition in West Africa program, which aimed to address negative SRHR outcomes for adolescents through life skills programming, including SRHR education, in and out of schools; menstruation management programming; and training and supportive supervision for health facility staff on delivering adolescent-friendly services. In Burkina Faso, the program trained health workers on adolescent-responsive services, including contraceptive services, and reached over 81,000 adolescents, 230 facilities, and 690 health workers.¹⁷

In its 2022 humanitarian appeal for Burkina Faso, UNFPA appealed for \$3,658,848, and received \$4,751,679; in 2023, UNFPA appealed for \$6,000,000—an almost 64 percent increase from 2022, reflecting the increasing humanitarian needs in country—but received just \$2,784,839, or 46 percent.¹⁸ In 2024, UNFPA again appealed for \$6,000,000.¹⁹

Burkina Faso's FP2020 and FP2030 Country commitments

Burkina Faso's FP2020 country commitment did not include commitments pertaining to emergency preparedness or humanitarian response.²⁰

Burkina Faso's FP2030 commitment addresses emergency preparedness and response.²¹ It includes people affected by humanitarian crises in its overall vision statement and establishes a specific commitment, with ensuing strategies, to achieve this vision. It also mentions insecurity in another commitment focused on improving the availability of contraceptive products.

2030 country commitment content addressing emergency preparedness and response includes:

Vision: *A Burkina Faso where people, especially women, adolescents and young people, and disadvantaged groups, including those affected by the humanitarian crisis, have free and equitable access to quality reproductive health/family planning information and services, within a resilient health system, by 2030.*

Objective 3: *Increase the availability of contraceptive products in the last three months preceding the day of the survey from 51.6% in 2020 to 90% at service delivery points by the end of 2030.*

Strategies:

- *Restocking of health facilities to take account of the effects of insecurity and COVID-19.*

Objective 4: *Make quality reproductive health/family planning information and services available and accessible to populations in humanitarian crisis situations, including specific groups, by implementing an effective preparedness, response, and resilience mechanism from 2021 to 2025.*

Strategies:

- *Delegation of tasks at SF and community level to reach vulnerable people (adolescents, young people, and people with disabilities);*
- *Implementation of the emergency plan (preparedness, response: emergency plan for continuity of care in insecure areas);*
- *Implementing the resilience plan;*
- *Mobile and advanced strategies: in terms of creating and offering RH/FP services to IDPs [internally displaced people] and host populations, with an emphasis on vulnerable people (adolescents, young people, and people with disabilities);*
- *Strengthening the skills of service providers by training them to offer services adapted to the needs of adolescents and young people, people with disabilities, and IDPs;*
- *Communication for social and behavioral change to improve access to SRPF services for vulnerable populations within IDP and host populations;*
- *Capacity building in PFPP/PFPA counseling and awareness at all levels and all types of providers, including the community level;*
- *Mobilizing resources.*



Côte d'Ivoire

In recent years, Côte d'Ivoire has been impacted by conflict, including spillover from the Central Sahel Crisis, deteriorating security within the country, and growing food insecurity.²² The Central Sahel Crisis has led thousands of refugees to cross the border into Côte d'Ivoire, with UNHCR estimating that in 2023 the country hosted nearly 9,000 refugees, over 6,000 of whom were from Burkina Faso.²³

The literature review revealed limited data from Côte d'Ivoire on contraceptive services for people affected by crises, outside of some basic data about the impact of COVID-19. The COVID-19 pandemic impacted contraceptive service utilization and delivery in Côte d'Ivoire: following the onset of the pandemic in March 2020, the West Africa Regional Office of the African Population and Health Research Center reported initial declines in contraceptive service utilization by 8.5 percent—followed by a recovery.²⁴

In recent years, some stakeholders have worked to anticipate potential barriers and advance emergency preparedness for contraceptive service delivery: for example, UNFPA pre-positioned contraceptive products in areas at risk for post-election conflict prior to the 2020 election.²⁵

Côte d'Ivoire's FP2020 and FP2030 country commitments

Côte d'Ivoire's FP2020 country commitment did not include commitments pertaining to emergency preparedness or humanitarian response, nor does its FP2030 country commitment.²⁶

Guinea

Guinea has recently been impacted by recurring flooding, infectious disease outbreaks, and political insecurity. Recurring floods, particularly in Upper Guinea, have affected thousands of people, and pose significant threats to agricultural production. In 2021, flooding affected approximately 70,000 people, and displaced more than 2,000.²⁷

Evidence from the 2014 Ebola outbreak demonstrated the ways in which an infectious disease outbreak could adversely impact delivery, accessibility, and use of lifesaving SRH services, including contraceptive services. In the months leading up to the peak of the crisis, data from one Ebola-affected district reflected a 51 percent decline in facility-based contraceptive visits. This was followed by a recovery during the post-Ebola period, to 98 percent of the pre-Ebola level.²⁸

Beyond the 2014 Ebola outbreak, the literature did not provide data about contraceptive services in recent emergencies in Guinea.

Guinea's FP2020 and FP2030 country commitments

Guinea's FP2020 county commitment, updated in 2017, acknowledged the impact of Ebola, noting "The Republic of Guinea is committed to improving its overall health system after the Ebola virus disease and family planning in particular," but did not include additional commitments or strategies focused on emergency preparedness and response.²⁹ In its 2019 progress report, Guinea reported that trainings on the [Minimum Initial Service Package](#) (MISP) for SRH were held at the community, regional, and district levels in the Nzérékoré, Labé, Kankan, Kindia and Mamou regions.³⁰

Guinea's FP2030 commitment addresses emergency preparedness and response, including an objective focused on continuous access to FP for people in humanitarian settings, with associated strategies to achieve this objective.³¹

2030 country commitment content addressing emergency preparedness and response includes:

Objective 4: *Ensure continued access to FP services for populations including adolescents and young people living in humanitarian crisis situations from 2021–2025.*

Strategies:

- *Set up a coordination committee involving humanitarian sector players, such as those working on contraceptive product safety or reproductive health in periods of stability;*
- *Development of a contingency plan to ensure continuity of FP services;*
- *Training of staff at all levels of the health system in the MISRP for SRH and in the management of contraceptive products in emergency situations;*
- *Pre-positioning of MISRP kits in health facilities;*
- *Protecting healthcare staff, clients, and the community;*
- *Monitoring, follow-up, and evaluation;*
- *Communication for social and behavior change;*
- *Integrating reproductive health/FP into national disaster risk management and emergency plans;*
- *Identification of needs, difficulties and unforeseen events throughout the supply chain;*
- *Integration of emergency supplies (including contraceptives) into the logistics management information system;*
- *Improving coordination mechanisms between partners to optimize supply chain operations in emergency situations;*
- *Decentralization of stocks and pre-positioning of essential supplies;*
- *Support for the government in re-establishing normal family planning services in areas affected by crises.*

Mali

Approximately 9 million people will need humanitarian assistance in Mali in 2024, and as of 2023 there were more than 400,000 IDPs and 64,000 refugees in the country.³² Conflict and deteriorating security, including by non-state armed groups, has resulted in widespread displacement and acute risks to civilians' lives and safety. Insecurity has impacted people's access to livelihoods and essential services. The crisis has been compounded by political instability and international sanctions.³³

Mali is also affected by heavy rains and recurring flooding: over 79,000 people were impacted by floods across four regions in 2022, resulting in substantial damage to crops and homes.³⁴

Mali's prolonged conflict has had substantial impacts on the country's health infrastructure, with some health facilities partially or completely destroyed, and others overwhelmed with patients, and/or experiencing stockouts and insufficient staffing with adequate numbers of providers.³⁵ As a result



of facilities being destroyed, people have been forced to travel increasingly long distances to reach facilities and access services—particularly in rural areas.³⁶

The conflict has impacted use of contraception: one study reported a decrease in use of modern contraceptives at the onset of the crisis in 2012, and the percentage of women aged 15 to 49, either married or in union, who were using a modern contraceptive method remained lower in conflict areas than in non-conflict areas, through 2018.³⁷ For those who were able to adopt a method, some providers noted that women and girls were using short- rather than longer-acting reversible methods, despite any preferences that they may have had, as short-acting contraceptives were more readily available (beyond health facilities) and did not require particular equipment and specialized training, as was the case with longer-acting reversible methods.³⁸

The direct threat of insecurity and conflict, whether to health providers and staff or clients, has also posed barriers to accessing and delivering contraceptive services.³⁹ In one study, health providers reported that they feared providing FP services, as they could be targeted by armed groups for doing so. One respondent reported that community members began presenting for FP services at night, and that organizations began providing services accordingly.⁴⁰

In recent years, some implementers have adopted other innovative strategies to reach out and deliver contraceptive information and services to women and girls in areas under the control of armed groups, including deploying trained midwives to rural communities and facilitating outreach in places where armed groups permit movement, such as hair salons, and through social media and other virtual platforms.⁴¹

A 2018 review of SRH interventions in humanitarian and crisis settings included an impact evaluation of an FP program in humanitarian settings in Mali. The program included staff training, supervision in health facilities, contraceptive delivery, community mobilization, and awareness raising. The study revealed an increase in users of new modern contraceptive method following program participation, with 51 percent of these new users opting for long-acting reversible contraception.⁴² The Adolescent Transition in West Africa program, led by Save the Children in partnership with local government and civil society, enrolled in- and out-of-school adolescents in a health literacy program and trained health workers on adolescent responsive services in conflict-afflicted areas. In Mali, the program reached almost 60,000 adolescents, 244 facilities, and 554 health workers.⁴³

In 2022, UNFPA's \$3,500,000 appeal for Mali was 83 percent funded; in its 2023 appeal, UNFPA also sought \$3,500,000.⁴⁴ In 2023, UNFPA appeal for Mali ultimately reached \$11,500,000 and was 49 percent funded; notably, UNFPA's 2024 humanitarian appeal for Mali reached \$21,000,000.⁴⁵

Mali's FP2020 and FP2030 country commitments

Mali's FP2020 commitment addressed emergency response: Mali committed to implement SRH programs for youth and adolescents, and included "[improving] access to contraceptives for displaced populations, including youth, and the provision of family planning services in difficult contexts" as a strategy to achieve this commitment.⁴⁶ Mali also committed to "Strengthen the supply chain to reduce stock-outs and ensure access to contraceptives for all (including adolescents/youth, vulnerable and displaced populations)."⁴⁷

Mali's commitment to FP2030 addresses emergency preparedness and response, including one objective that is specifically dedicated to continuity of SRH services in emergency situations, and mentions of crisis-affected populations and security across three other objectives.⁴⁸

2030 country commitment content addressing emergency preparedness and response includes:

Objective 2: *Raise the [[modern contraceptive prevalence rate] from 17% (source Track 20, 2020) to 40% by 2030.*

Strategy:

- *Use of new supply strategies through traders and NGOs given the security crisis.*

Objective 4: *Ensure universal access to contraceptives, including in crisis situations, by 2030.*

Strategies:

- *Revision of the Master Plan for the Supply and Distribution of Essential Medicines to ensure that contraceptives are available to the last mile.*
- *Development and implementation of the new plan, taking into account the humanitarian crisis situation.*

Objective 5: *Ensure continuity of RH/FP and [sexual and reproductive health services] for adolescents and youth in emergency situations*

Strategies:

- *Advocacy with decision-makers to make access to health services, including RH/FP, a priority in times of crisis.*
- *Strengthening the contraceptive supply chain in emergency areas.*
- *Promoting high-impact practices such as task-shifting and self-injection of DMPA-SC.*
- *Capacity-building for the implementation of the Minimum Emergency Contraceptive Device (MECD).*
- *Development and implementation of a contingency plan.*
- *Capacity-building for healthcare staff on service provision in emergency situations.*

Objective 6: *Fund at least 20% of contraceptive procurement needs annually from the state budget until 2025.*

Strategy:

- *Advocacy for the systematic inclusion of FP/reproductive health funding in humanitarian health appeals (e.g., in the Central Emergency Response Fund and country-specific pooled funds).*

Mauritania

Mauritania has one of the highest levels of food insecurity in the Sahel, with an estimated 20 percent of the population facing crisis conditions during the lean season, which is often marked by drought.⁴⁹ Food insecurity is often compounded by conflict and physical insecurity, which also reverberates from neighboring Mali. In 2022, the resurgence of tensions in Mali resulted in thousands of Malian refugees, and thousands of Mauritians who had previously left the country, crossing the border into eastern Mauritania.⁵⁰ As of July 31, 2023, there were just over 105,000 Malian refugees registered in Mauritania.⁵¹



The literature review did not identify published data on access to, demand for, and need for contraceptives and contraceptive service delivery in humanitarian settings in Mauritania.

Mauritania FP2020 and FP2030 country commitments

Mauritania's FP2020 country commitment did not address emergency preparedness and response.⁵² However, in its 2019 progress report, Mauritania reported that a training of trainers on the MISP for SRH was conducted in June 2019, financed by UNFPA, and reported in 2020 that the COVID-19 pandemic negatively impacted its ability to fulfill its financial commitments and some planned community awareness-raising activities, but that the government's national response plan, technology-based provider trainings, and the availability of self-injectable contraceptives supported continuity of and access to FP services.⁵³

Mauritania's commitment to FP2030, made in 2021, includes a specific activity to address emergency preparedness and response.⁵⁴

2030 country commitment content addressing emergency preparedness and response includes:

Objective 3: Create a favorable environment for the promotion of family planning.

Strategy:

- *Train providers on the Minimum Initial Service Package (MISP) in order to integrate family planning into the humanitarian emergency response plan.*

Niger

Armed conflict, climate-related events and natural disasters, and food insecurity continue to threaten the health and lives of civilians across Niger, forcing many to flee their homes and communities. In 2024, 4.5 million people will need humanitarian assistance; in 2023, there were 377,000 IDPs and over 302,000 refugees in the country.⁵⁵ In addition, more than 327,000 people were affected by recurring floods across eight regions of Niger in 2022.⁵⁶ Climate-related events and natural disasters, including cyclical drought, continue to substantially impact food security.

The literature review identified programmatic evidence on contraception and contraceptive service delivery in humanitarian settings in Niger. One program, implemented by Save the Children in partnership with the Ministry of Health, in seven health facilities in conflict-afflicted areas of the Diffa Region, aimed to improve access to quality contraceptive and post-abortion care services through health facility infrastructure improvements, provider training (including values clarification and attitude transformation (VCAT) and supportive supervision), supply chain strengthening activities, community mobilization, and task shifting. Between January 2017 and June 2019, the program nearly doubled the monthly number of new FP clients and reached almost 34,000 new FP clients at the participating facilities.⁵⁷

Another program, Adolescent Transition in West Africa, also implemented by Save the Children in partnership with local government and civil society, provided life skills programming, including SRHR education, in and out of schools; menstruation management programming; and training and supportive supervision for health facility staff on delivering adolescent-friendly services. The program, implemented in the Tillabery region of Niger, reached more than 25,000 adolescents with

small group activities and more than 36,000 adolescents in schools, and trained nearly 600 health workers in more than 40 facilities.⁵⁸

A 2020 baseline assessment for a multi-country project aiming to improve the quality of maternal and newborn care and FP services found that in Malian refugee camps in Niger, only 14 percent of health facilities had FP-related clinical guidelines available, and most staff of these facilities had not received training on FP.⁵⁹ Focus group discussions in this same assessment revealed generally negative beliefs and attitudes among community members, particularly among men, toward FP use and users, and fear of side effects. Many young refugees also reported that they had limited access to contraceptives due to shame and embarrassment and lack of youth-friendly facilities and services. FP project activities included community sensitization, improving availability of supplies and counseling materials, and training providers and community health workers. The endline evaluation found an increase in the number of modern methods offered by health facilities, and that the program met its goal to increase new users of contraception by at least 20 percent. The evaluation reported that engaging community health workers was instrumental in the project's success, and also cited UNFPA programming to engage men and community leaders as a complementary effort that improved community members' attitudes toward FP. However, the evaluation also reported frequent stockouts in contraceptive supplies, insufficient coordination among FP actors, negative attitudes toward FP among community members, and low uptake of some methods, including IUDs and emergency contraception.⁶⁰

The literature review also revealed data on the impacts of the COVID-19 pandemic on the delivery of, access to, and use of contraceptive services. With the onset of the pandemic, for example, the African Health Research Center reported that contraceptive service use in Niger decreased by almost 25 percent.⁶¹ Notably, a survey conducted in Niger as part of a multi-country study about one year into the pandemic found that any drop in contraceptive service use and subsequent contraceptive use had rebounded, with 46.5 percent of participants in Niger reporting use of a modern or traditional contraceptive method pre-pandemic, compared to 49.6 percent reporting current (or mid-pandemic) use of modern or traditional contraceptive methods.⁶² In comparing method use before and during the pandemic, 62 percent of respondents in Niger who were consistent contraceptive users pre-pandemic were still using the same method or had switched to a method that was as effective. However, of the survey participants in Niger who reported that they were pregnant and that their pregnancy was unintended, almost three-fourths (74%) said that their unintended pregnancy was related to the impacts of COVID-19, including that their preferred contraceptive method was unavailable (74%), FP services were closed in their community (26%), and/or that their family member(s) would not allow them to go get a method due to COVID-19-related concerns (15%).⁶³

In 2022, UNFPA received \$2,766,289, or 71 percent, of its appeal of \$3,900,000; UNFPA's annual appeal for 2023 ultimately totaled \$7,375,000.⁶⁴ In 2024, UNFPA's humanitarian appeal for Niger is \$9,250,000.⁶⁵

Niger's FP2020 and FP2030 country commitments

Niger addressed emergency preparedness and response in its FP2020 commitment, committing to *"mobilizing 5% of the annual cost of the [Budgeted National Action Plan (PANB) for Family Planning] from the private sector and local governments to support funding for RH/FP and humanitarian emergencies,"* beginning in 2018.⁶⁶

Niger's commitment to FP2030, made in 2021, addresses emergency preparedness and response, including an objective that refers to youth in humanitarian crises, and activities under two other objectives.⁶⁷



2030 country commitment content addressing emergency preparedness and response includes:

Objective 1: Raise the Modern Contraceptive Prevalence Rate from 21.8% in 2020 to 29.3% in 2025, and to 36.8% in 2030.

Strategies:

- Strengthening (personnel, training and equipment in FP materials and consumables) integrated care units in places of human concentration, including humanitarian and fragile situations;
- Integrate FP into emergency preparedness and response plans, policies and budgets;
- Availability and security of emergency FP supplies.

Objective 3: Mobilize youth-serving and youth-led associations and organizations, including young people in humanitarian emergencies or with disabilities (legal, physical, mental, sensory), and strengthen their participation in the implementation of actions targeting young people through a strategic adult-youth partnership starting in 2021.

- No specific strategies related to crisis-affected populations or humanitarian crises.

Financial objective: Increase the mobilization of domestic resources for the purchase of contraceptive products and medical consumables to a high of 500,000,000 CFA the budget for the purchase of contraceptive products in Niger by 2025, with an increase in the state budget line of 10% each year.

Strategy:

- Increasing FP funding in humanitarian contexts.

Senegal

Senegal is affected by recurring flooding and drought, which negatively affects food security, as the country is heavily reliant on seasonal crops.⁶⁸ In August 2022, flooding in the Dakar, Diourbel, Saint Louis, and Matam regions destroyed almost 170 homes and displaced nearly 1,400 families.⁶⁹ Senegal is also affected by conflict: between March and April 2022, conflict between Senegalese security forces and separatist groups led to substantial population displacement.⁷⁰

Data on contraception and contraceptive service delivery in crisis in Senegal was limited to the COVID-19 pandemic and response.

One study used district-level health monitoring information systems data to examine the extent to which the pandemic and related lockdowns affected contraceptive uptake for first-time users, and found an immediate, statistically significant decrease in contraceptive uptake among first time users (-2690.9 new acceptors, $p = 0.01$) following the first public announcement of a case of COVID-19.⁷¹ This decrease, however, reversed in the subsequent months of the pandemic, with the overall number of first-time contraceptive users significantly increasing through December 2020 to approximately pre-pandemic levels.⁷² There was a significant shift in the contraceptive method mix following the start of the COVID-19 pandemic, with proportionally more new users opting for long-acting reversible contraceptives, over short-acting contraceptives, namely injectables and oral contraceptive pills, as compared to pre-pandemic. The authors hypothesized that the necessity for short-acting contraceptive users to more frequently visit health facilities, alongside fears and restrictions related to health facilities and movement during the pandemic, contributed to the changed preferences.⁷³

Senegal's FP2020 and FP2030 country commitments

Senegal's FP2020 country commitment did not address emergency preparedness and response.⁷⁴

In its 2019 progress report, in response to a prompt about emergency preparedness and response measures, Senegal reported that the budget allocation for contraceptive products was not increased, as originally planned, due to emergencies, but did not include additional information.⁷⁵

Senegal's commitment to FP2030, made in 2021, addresses emergency preparedness and response, including a commitment focused on continuity of FP services in emergency situations and mention of preparedness and disaster risk management in one of the strategies under another objective.⁷⁶

2030 country commitment content addressing emergency preparedness and response includes:

Objective 5: *A resilient healthcare system. Ensure continuity of family planning services in emergency situations.*

Strategies:

- *Implement the MISP for SRH;*
- *Reinforce communication around self-care;*
- *Include emergency preparedness and response plans in the development of national action plans;*
- *Strengthen digital communication strategies around FP;*
- *Ensure product availability at all times;*
- *Enhance the service offerings in the private sector;*
- *Orient private sector actors to FP guidelines, policies, and standards;*
- *Capitalize on private sector data;*
- *Strengthen service offerings at the community level;*
- *Implement the "carrier package" strategy which is very efficient for the health workforce.*

Objective 6: *Increase the budget allocation for the purchase of contraceptive products.*

Statement of purpose: *Ensure annual budgetary sovereignty by 2030 through a 20% increase in the state's contribution, estimated at EUR 500 million, for the accessibility and availability of contraceptive products.*

Strategy:

- *Find sufficient, appropriate and flexible funding through national and through national and sub-national disaster risk management and health emergency budgets, emergency funds, and external donors for funds and external donors to support disaster preparedness, emergency preparedness, response and recovery.*



Togo

In recent years, Togo has faced spillover effects from the Central Sahel crisis, as well as recurring flooding and growing food insecurity.⁷⁷ In October 2022, heavy rains and floods hit the northern- and southern-most regions of Togo, causing substantial damage to crops and homes, and affecting almost 19,000 people.⁷⁸ The crisis in the Central Sahel, particularly that in Burkina Faso, has led thousands to cross the border into northern Togo.⁷⁹ Between July and September 2022 alone, about 4,000 people entered Togo from Burkina Faso.⁸⁰

The literature review did not return data on access to, demand for, and need for contraceptives or contraceptive service delivery in crisis-affected settings in Togo.

Togo's FP2020 and FP2030 country commitments

Togo's FP2020 commitment did not specifically include emergency preparedness and response.⁸¹

In its 2030 country commitment, Togo explicitly included crisis-affected populations in its vision statement: "A Togo where every individual in general and in particular women, adolescents and youth, even in emergency situations, have equitable access to quality, rights-based sexual and reproductive health and family planning information and services by 2030."⁸²

However, the individual commitments and strategies did not address emergency preparedness and humanitarian response.

Annex A. Literature Review Methodology

In March 2023, researchers searched peer-reviewed journals and gray literature for quantitative and qualitative data on contraceptive services and service delivery in humanitarian settings within the countries of the OP from 2017 to present. For the purpose of this literature review, “humanitarian settings” are defined as settings that are affected by conflict, natural disaster, displacement, or pandemics or infectious disease outbreaks, including protracted crisis settings.

Gray literature was identified using Google and ReliefWeb searches, and by visiting relevant organizational and partnership websites and online resource hubs, including those of Save the Children, CARE, International Rescue Committee, the Johns Hopkins Center for Humanitarian Health, Knowledge SUCCESS, and the OP. Peer-reviewed literature was identified via the PubMed search engine.

Search terms (in French and English) included:

- Contracept* (inclusive of contraceptive, contraceptives, contraception, contraceptive use, contraceptive services)
- Family planning
- Birth spacing
- Birth limiting
- LARCs (long-acting reversible contraceptives)
- Removal
- DMPA-SC
- Sayana Press

In combination with the following:

- Humanitarian (inclusive of humanitarian settings, humanitarian emergencies, etc.)
- Displacement
- Crisis
- Conflict
- Disaster
- Pandemic
- Infectious disease outbreak

In combination with an Ouagadougou Partnership country:

- Benin
- Burkina Faso
- Côte d’Ivoire
- Guinea
- Mali
- Mauritania
- Niger
- Senegal
- Togo

Or in combination with the region or the Ouagadougou Partnership:

- West and Central Africa
- Francophone West Africa
- Ouagadougou Partnership



Parameters

To qualify for inclusion, publications must provide data on some aspect of contraceptive services and service delivery, including (but not limited to): the provision and availability of contraceptive services; barriers to contraceptive service delivery; availability of removal services for long-acting reversible contraceptives (LARCs); contraceptive prevalence or use among crisis-affected populations; and/or specific information on contraceptive service delivery programs and/or interventions, in humanitarian settings within one or more countries of the OP.

Publications that generally acknowledge the importance of contraceptive services in humanitarian settings within one or more countries of the OP but lack information on service delivery and/or contraceptive use (e.g., editorials) were excluded.

Peer-reviewed and gray literature that was published from 2017 to present was eligible for review and inclusion in this literature review.

Limitations

Researchers did not systematically assess the quality of the research and/or data; no items were excluded on the basis of quality. Search terms did not include specific hazards or crises—for example, COVID-19, Ebola, or the Sahel crisis. There may be evidence that was not returned within the parameters of the search.



Acronyms and Abbreviations

FP	Family planning
IDPs	Internally displaced people
MISP for SRH	Minimum Initial Services Package for SRH
OP	Ouagadougou Partnership
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SDGs	Sustainable Development Goals
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
VCAT	Values clarification and attitude transformation
WRC	Women's Refugee Commission



Endnotes

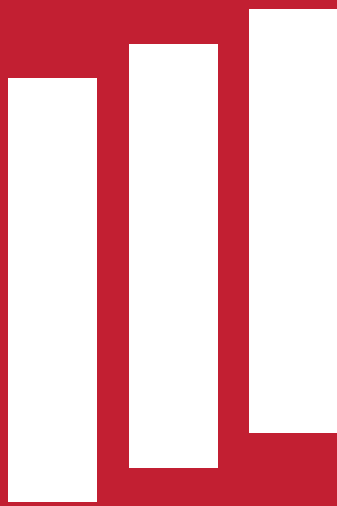
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