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Le Partenariat de Ouagadougou



# No Matter What Comes: Key Recommendations to Ensure Continuous Access to Family Planning Across Shocks and Stressors in Ouagadougou Partnership Countries

March 2024



**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 mobile clinical outreach team from Marie Stopes International, a specialized sexual reproductive health and family planning organization, on a site visit to Laniar health center in Senegal, a rural area, where they offer many sexual reproductive health services and counseling, including the full range of family planning options, emergency contraception, pre- and post-natal care, and cervical cancer screening and treatment. ©Jonathan Torgovnik/Getty Images/Images of Empowerment. License: Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0).

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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.<sup>1</sup>

Over the course of 10 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.<sup>2</sup> 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.<sup>3</sup> Across Benin, Burkina Faso, Cote 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.<sup>4</sup>

To support the 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 partnered with the Ouagadougou Partnership Coordination Unit (OPCU) to engage OP stakeholders in developing recommendations to ensure continuity of FP services across shocks and stressors. This brief highlights key research findings and recommendations for diverse stakeholders that are invested in family planning in the OP region.

**OP stakeholders—including governments, national and international development partners, and donors—must take action to ensure that women and girls have continuous access to contraception during times of stability and crisis alike.** Disruptions to contraceptive service delivery triggered by crises can derail the hard-won progress in availability, accessibility, and quality of contraceptive services made during stable times. Governments and development actors—who have longstanding presence and relationships at country level—are well-positioned to engage in pre-crisis emergency preparedness and post-acute crisis recovery to reinforce resilient health systems—even if they do not have a specific humanitarian mandate. These efforts should be undertaken in conjunction with humanitarian stakeholders, civil society organizations, and communities. Donors and implementers must address humanitarian and development siloes in funding and programming, which do not reflect the dynamic reality facing OP countries, and must fund and implement programming that supports continuity of access to contraceptive services as crises occur, subside, and recur.

## Family planning is a lifesaving part of the minimum standards of care in humanitarian crises

Gaps in FP have catastrophic consequences for girls and women: **contraception is lifesaving, and part of the minimum standards of care in crisis-affected settings.**<sup>5</sup> The [Minimum Initial Service 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.<sup>6</sup> 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](#).<sup>7</sup>



## The impacts of humanitarian crises on family planning

Humanitarian crises and displacement disrupt contraceptive service delivery, while simultaneously introducing additional, acute health and protection risks. People affected by crises want and need access to contraception, but contraceptive availability and access in crises remain limited and uneven.<sup>8</sup> There is documented demand for contraceptive services across diverse crisis-affected contexts<sup>9</sup> and people affected by crises use these services when they are available and of adequate quality.<sup>10</sup> Yet people affected by crises do not consistently have access to contraceptive services they need and want.

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>11</sup> Even when contraceptive services are available during crises, specific gaps often persist, including 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.<sup>12</sup>

Disruptions and gaps in contraceptive service delivery undermine the health and human rights of crisis-affected individuals. They also undercut the efficacy and impact of existing FP programming and prior investments.

## Humanitarian risks and needs in the Ouagadougou Partnership region

All OP countries are at medium or very high risk of crisis.<sup>13</sup> The INFORM Risk Index is a global index that assesses countries' risks for humanitarian crises and disasters by analyzing hazards and exposure, vulnerabilities, and lack of coping capacity.<sup>14</sup>

**Table 1. INFORM Risk Index by country<sup>15</sup>**

Country	INFORM Risk Index *	Country ranking (of 191)**
<b>Burkina Faso</b>	<b>Very high (7)</b>	<b>12</b>
<b>Mali</b>	<b>Very high (6.8)</b>	<b>15</b>
<b>Niger</b>	<b>High (6.6)</b>	<b>19</b>
<b>Côte d'Ivoire</b>	<b>Medium (4.6)</b>	<b>47</b>
<b>Guinea</b>	<b>Medium (4.5)</b>	<b>50</b>
<b>Mauritania</b>	<b>Medium (4.3)</b>	<b>58</b>
<b>Benin</b>	<b>Medium (4.3)</b>	<b>58</b>
<b>Senegal</b>	<b>Medium (4.1)</b>	<b>65</b>
<b>Togo</b>	<b>Medium (4.1)</b>	<b>71</b>

\*Index value out of 10.  
 \*\*Lower numbers indicate higher risk ranking.

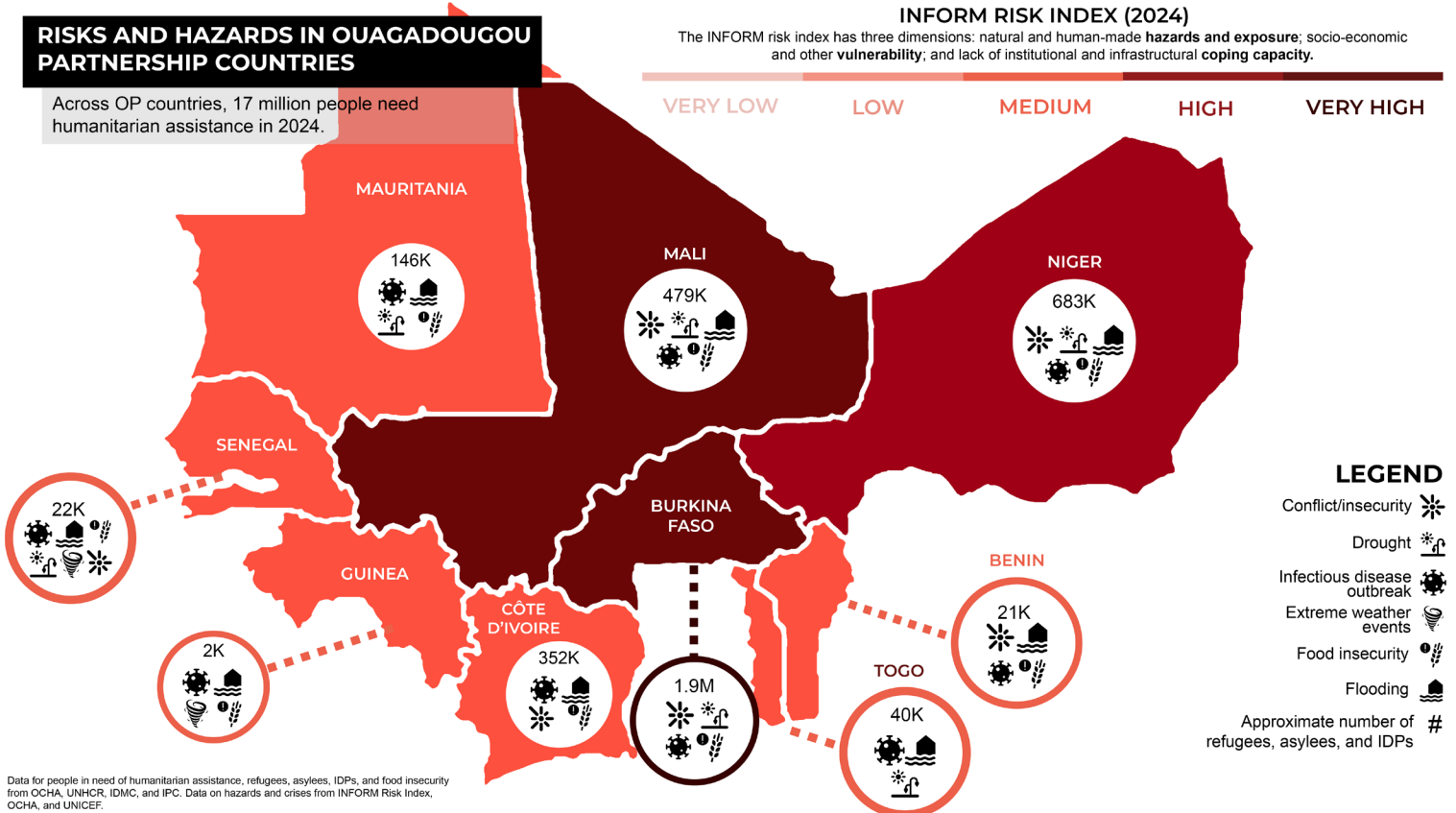
Crises in OP countries include drought, extreme weather events, flooding, and food insecurity, which intersect with spiraling insecurity, violent extremism and armed conflict, and displacement in the Central Sahel, and are collectively driven by the growing climate crises affecting West Africa. Across



OP countries, nearly 8 million people are affected by food insecurity classified as Integrated Food Security Phase Classification/Cadre Harmonisé (IPC/CH) Phase 3+ —meaning crisis level, or worse.<sup>16</sup>

The Central Sahel crisis is one of the fastest growing, but most neglected, displacement crises globally.<sup>17</sup> Centered in Burkina Faso, Mali, and Niger, the crisis has forced millions from their homes to seek safety, security, food, and opportunity: as of January 31, 2024, the Sahel Crisis had forcibly displaced over 5 million people, including approximately 1 million refugees and people seeking asylum, and 2.9 million internally displaced persons in Burkina Faso, Mali, Niger, Chad, and Mauritania.<sup>18</sup> In 2023, the UN Office for the Coordination of Humanitarian Affairs reported that the Sahel crisis had placed 34.5 million people in need of humanitarian assistance in Burkina Faso, northern Cameroon, Chad, Mali, Niger, and northeast Nigeria.<sup>19</sup> The crisis has damaged health systems and key infrastructure, including for water, sanitation, and hygiene; negatively impacted communities' livelihoods and access to education; and resulted in widespread violations of human rights. The increasing scale of the Central Sahel crisis is also reflected in the increasing size of the UN Population Fund's (UNFPA's) humanitarian appeals for Burkina Faso and Niger, which increased by 64% and 50%, respectively, between 2022 and 2023.<sup>20</sup>

More broadly, the Central Sahel crisis has caused refugee flows into neighboring countries, and negatively impacted security across the region.<sup>21</sup> In addition to the conflict-related displacement and insecurity, other OP countries face climate-related disasters, including flooding and drought, and infectious disease outbreaks. The COVID-19 pandemic, and its attendant impact on countries' health systems, infrastructure, and economics, exacerbated the impact of the Central Sahel crisis, and the impacts of instability, disaster, poverty, and food insecurity more broadly across OP countries.<sup>22</sup>



## Access to family planning in humanitarian settings and for crisis-affected populations in Ouagadougou Partnership countries

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.<sup>23</sup>

**Table 2. 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.

Contraceptive service delivery and uptake have been impacted by the crises in OP countries, as displacement, political instability, insecurity, and 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 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 Cote d'Ivoire, Senegal, Guinea, and Niger. The literature search did not return any data specific to Benin, Mauritania, or Togo.

**The Central Sahel crisis** has clearly impacted contraceptive service delivery across Burkina Faso, Mali, and Niger. The literature review found data indicating decreases in contraceptive use due to conflict in Mali and Burkina Faso,<sup>24</sup> and both supply side<sup>25</sup> and demand side<sup>26</sup> barriers to contraceptive service delivery and uptake in all three countries. In **Burkina Faso**, the conflict has caused a number of health facilities to close, prevented some people from seeking health services, and led some humanitarian actors to cease their delivery of health services, including contraceptive services.<sup>27</sup> Between 2019 and 2020, the Burkinabe Association for Family Well-Being reported that the conflict had contributed to an approximate 15% decline in family planning service use between 2019 and 2020.<sup>28</sup> In **Mali**, data revealed gaps in use of SRH services, including contraception,





between conflict-affected and stable regions, and health providers reported that the conflict had negatively impacted the availability of contraceptive services, as providers were fearful of being targeted by armed groups for providing contraception.<sup>29</sup> In **Niger**, an assessment conducted by UNHCR in refugee camps found that none of the health facilities included in the assessment had the full range of methods available, and the majority of providers had not been trained on family planning; only 14% of the health facilities assessed had clinical guidelines for family planning available.<sup>30</sup> The assessment also identified demand-side barriers to contraceptive use in Niger: both men and women—particularly men—expressed opposition to contraceptive use, and women expressed concerns about side effects and myths or misperceptions about contraceptive use. Young people expressed a need for access to contraception, but that their access was limited by stigma and a lack of youth-friendly services.<sup>31</sup>

**Epidemics and pandemics**, including Ebola virus disease outbreaks and the COVID-19 pandemic, exacerbated existing challenges and introduced new barriers. Contraceptive service utilization decreased at the outset of the COVID-19 pandemic, followed by a recovery, across multiple countries.<sup>32</sup> After 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 of 8.5% in **Côte d'Ivoire** and 24.1% in **Niger**— followed by a recovery.<sup>33</sup> Analysis of DHIS2<sup>34</sup> data on new contraceptive users (March 2019 to December 2020) from **Senegal** similarly found an initial decline followed by a recovery; notably, it also found a significant shift to longer-acting methods among new users.<sup>35</sup> A survey conducted among women in **Niger** between December 2020 and May 2021 found that among participants who reported that they were pregnant and that their pregnancy was unintended, almost three-fourths (74%) revealed that their unintended pregnancy was related to the impacts of COVID-19, including that their preferred contraceptive method was unavailable (74%), family planning services were closed in their community (26%), and/or that their family member(s) would not allow them to go and get a method due to COVID-19-related concerns (15%).<sup>36</sup> Evidence from the 2014 Ebola outbreak in **Guinea** similarly demonstrated the ways in which an infectious disease outbreak could adversely impact delivery, accessibility, and use of 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 – which was then followed by a recovery during the post-Ebola period, to 98% of the pre-Ebola level.<sup>37</sup>

The literature review also documented a range of **preparedness measures and adaptations** to FP service delivery across humanitarian settings in OP countries to maintain contraceptive services amidst conflict, including task-shifting and community-based delivery of SRHR information and services;<sup>38</sup> delivering life skills programming, including SRHR programming, to adolescents training providers to deliver adolescent-friendly services;<sup>39</sup> and multi-pronged programming, including provider training and supervision, supply chain-strengthening activities, and community mobilization to strengthen demand and availability of quality contraceptive programming.<sup>40</sup>

For example, in **Burkina Faso**, Marie Stopes International has established facilities closer to displaced populations, and the Burkina Faso Ministry of Health developed a task-shifting strategy to enable improved access to family planning services for those who had been internally displaced by the conflict.<sup>41</sup> In **Mali**, humanitarian actors have adopted innovative strategies to deliver contraceptive services 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.<sup>42</sup> In **Côte d'Ivoire**, humanitarian actors pre-positioned contraceptive products in areas at risk for post-election conflict prior to the 2020 election.<sup>43</sup>

Stakeholders across OP countries also identified key actions that protected access to contraceptive services during the COVID-19 pandemic, including contingency planning for continuity of service delivery, implementation of the MISP for SRH, and cross-sectoral coordination across the humanitarian-development nexus; emergency supply plans and innovations in last-mile delivery to ensure the availability of contraceptive supplies; task-shifting and sharing, self-care, and community-based distribution for contraceptive service delivery; and mobilizing domestic resources through increased government funding and community-level fundraising.<sup>44</sup>

More detailed literature review findings by country can be found in Ouagadougou Partnership Country profiles: Humanitarian risks, access to family planning in crises, and relevant FP2030 commitments at <https://www.womensrefugeecommission.org/research-resources/no-matter-what-comes-key-recommendations-to-ensure-continuous-access-to-family-planning-across-shocks-and-stressors-in-ouagadougou-partnership-countries#country-profiles>.

## FP2030 commitments related to emergency preparedness, response, and resilience in the Ouagadougou Partnership region

The increasing risks, hazards, and humanitarian needs facing OP countries are reflected in FP2030 country commitments, the majority of which address emergency preparedness and response and the FP needs of crisis-affected populations.

**Table 3. Ouagadougou Partnership FP2030 country commitments that include emergency preparedness and response**

Country	Summary
<b>Benin</b>	Benin’s FP2030 country commitment did not include commitments addressing emergency preparedness and response. <sup>45</sup>
<b>Burkina Faso</b>	In its FP2030 country commitment, Burkina Faso committed to: “Make quality SRH information and services, including FP, available and accessible to populations affected by humanitarian crises, including specific groups, by establishing and effective mechanism for preparedness, response, and resilience [from 2021 to 2025].” Strategies to achieve this commitment include establishing emergency preparedness, response, and resilience plans to ensure continuity of services in crisis-affected settings; implementing strategies to improve availability of services for affected communities, including internally displaced people, host communities, adolescents and young people, and people with disabilities, including provider training, task shifting, mobile service delivery, and social and behavior change communication; and resource mobilization. <sup>46</sup>
<b>Côte d’Ivoire</b>	<i>Côte d’Ivoire’s FP2030 country commitment did not include commitments addressing emergency preparedness and response.</i> <sup>47</sup>



Country	Summary
<b>Guinea</b>	In its FP2030 country commitment, Guinea committed to ensure continued access to FP services for populations, including adolescents and young people, living in humanitarian settings. Strategies to achieve this commitment include establishing coordination mechanisms; strengthening capacity to implement the MISP for SRH, including through provider training and pre-positioning of supplies; developing contingency plans to ensure continuity of services, and addressing SRH and FP national disaster risk management and emergency management plans; supply chain strengthening activities; monitoring and evaluation; social and behavior change communication; and strengthening protection for health workers, clients, and community members, and restoring FP services in crisis-affected areas. <sup>48</sup>
<b>Mali</b>	In its FP2030 country commitment, Mali committed to “ensure access to contraceptives for all, including in crisis situations, by 2030” and to “ensure continuity of reproductive health and family planning, and adolescent reproductive health, services in emergency situations.” Strategies to achieve these commitments include supply chain-strengthening activities focused on ensuring availability of contraceptive supplies and commodities in crisis-affected settings; advocacy to ensure prioritization of SRH services, including FP, during crises; promotion of high-impact practices in crisis-affected settings; contingency planning; and strengthening capacity to implement the MISP for SRH, including provider training. <sup>49</sup>
<b>Mauritania</b>	In its FP2030 country commitment, Mauritania committed to create a favorable environment for the promotion of FP, and emphasized the importance of emergency preparedness in its justification, noting that sexual and reproductive health needs, including for FP, can increase during humanitarian emergencies due to disruptions to health systems, protection services, and social structures, and it is important to integrate access to SRH services, including FP, in humanitarian response. Mauritania included strengthening capacity to implement the MISP for SRH among its strategies to achieve this commitment. <sup>50</sup>

Country	Summary
<b>Niger</b>	<p>In its FP2030 commitments, Niger made several references to emergency preparedness and response, including “Strengthening (personnel, training and equipment in FP materials and consumables) of integrated care units...in humanitarian and fragile situations; Integration of FP into emergency preparedness and response plans, policies, and budgets; Capacity building of agents on the MISP; and availability and security of emergency FP supplies” as strategies to achieve its goal to the goal to “Increase the Modern Contraceptive Prevalence Rate from 21.8% in 2020 to 29.3% in 2025, and to 36.8% in 2030.” Niger also committed to “mobilize youth-serving and youth-led associations and organizations, including youth in humanitarian emergencies or with disabilities (legal, physical, mental, sensory, etc.), and strengthen their participation in the implementation of youth-targeted actions through a strategic adult-youth partnership beginning in 2021.” Niger also included “Increase FP funding in humanitarian contexts” as one strategy to achieve its commitment to increase the mobilization of domestic resources for the purchase of contraceptive products.<sup>51</sup></p>
<b>Senegal</b>	<p>In its FP2030 county commitment, Senegal committed to the goal of “having a resilient health system” to “ensure continuity of family planning services in emergency situations.” Strategies to achieve this commitment include strengthening capacity to implement the MISP for SRH; including emergency preparedness and response plans in national action plans; strengthening communication strategies, including digital communication strategies and communication around self-care; supply chain strengthening; engaging the private sector; and strengthening the availability of services at the community level. To achieve its commitment to increase its budget allocation for contraceptive commodities, Senegal included the strategy to identify funding to support disaster preparedness emergency preparedness, response, and recovery.<sup>52</sup></p>
<b>Togo</b>	<p>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.”<sup>53</sup></p>



# Recommendations to improve the availability and accessibility of family planning services in humanitarian settings and for crisis-affected populations in Ouagadougou Partnership countries

Emergency preparedness and post-acute crisis recovery are entry points to leverage governments' and local and international development actors' respective comparative advantages toward collective outcomes that build resilient health systems that are equipped to deliver contraceptive services in stable times and humanitarian crises alike. Diverse stakeholders, including governments, donors, advocates, and national and international development and humanitarian partners have a role to play in ensuring that health systems and SRH programming are prepared for shocks and stressors, and that contraceptive services are available from the outset of a crisis.

The 10<sup>th</sup> annual meeting of the Ouagadougou Partnership, held in December 2021, centered on the theme "Family planning in the context of humanitarian crisis: Preparedness, Response, and Resilience." At the meeting's conclusion, stakeholders issued nine recommendations:

1. Make FP in crisis a priority with a focus on preparedness, response, and resilience.
2. Map risks and existing interventions in OP countries.
3. Strengthen the coordination of actions between local state-humanitarian-CSO actors.
4. Secure the budget line dedicated to FP funding to prevent it being reallocated to other sectors during crises.
5. Continue efforts to allocate domestic resources for the purchase of contraceptives and RH products.
6. Set up youth-focused learning programs on the solutions and challenges of the humanitarian crisis.
7. Involve research institutions more in evidence-based decision-making.
8. Promote FP commitments specific to humanitarian crises.
9. Systematically take into account people with disabilities in crisis preparedness, response and resilience.<sup>54</sup>

**In September 2023, the Women's Refugee Commission and the Ouagadougou Partnership Coordination Unit convened diverse stakeholders for an interactive consultation to develop more detailed recommendations to ensure continuity of FP services across shocks and stressors in OP countries.** More than 60 people attended, representing a range of stakeholders, including governments, donors, advocates, youth representatives, and implementing partners. The recommendations in this report are organized by target audience and are focused on targeted actions for SRHR emergency preparedness and response. However, addressing the holistic health systems environment for SRHR, from policies to service delivery and other health system components, is essential to building resilient health systems that promote SRHR during stable times and preserve access to SRHR services in the event of crises.



## *Ouagadougou Partnership governments*

To strengthen the policies, funding, and coordination for SRH emergency preparedness, OP governments should:

- **Ensure that national policies, action plans, and guidelines for SRH and FP address emergency preparedness and response.** These policies, plans, and guidelines should integrate the MISP for SRH, including planning to transition back to comprehensive SRH service delivery as situations stabilize and move into the recovery phase, and should be inclusive of adolescents and youth, people with disabilities, and other diverse community groups.
- **Integrate SRH, including the MISP for SRH, in emergency preparedness and disaster-risk management policies and plans** at the national, sub-national, and local levels.
- **Ensure that when crises occur, the specific needs and priorities of adolescents and young people are addressed by:**
  - » integrating preparedness into policies pertaining to SRH access for adolescent and young people;
  - » ensuring that emergency preparedness and disaster risk management for SRH policies and plans address of adolescents and young people; and
  - » engaging adolescents, young people, and members of diverse community groups in preparedness policy formation and planning at the local, sub-national, and national levels.
- **Integrate training and capacity building for SRH preparedness, including the MISP for SRH, in national provider training standards and curricula** for doctors, nurses, midwives, community health workers, and other health professionals.
- **Strengthen coordination between SRH stakeholders and emergency and disaster risk management stakeholders** by:
  - » integrating SRH, including FP, in standing emergency preparedness and disaster risk management technical working group activities at the national and sub-national levels;
  - » ensuring that SRH technical working groups include emergency preparedness activities;
  - » strengthening linkages between early warning systems and health systems during stable times.
- **Allocate dedicated funding for SRH preparedness and response activities at the local, sub-national, and national levels, including FP,** under SRH and emergency preparedness and disaster risk management policies, plans, and budgets.
- **Allocate funding to advance progress and achieve commitments for SRH preparedness and response,** including FP2030 commitments.

To strengthen SRH humanitarian response from the outset of a crisis and support sustainable transitions to recovery, OP governments should:

**Prioritize the continuity of SRH service delivery, including FP, in the event of crises,** and as part of humanitarian response, including responses to infectious disease outbreaks.

- **Partner with humanitarian stakeholders to ensure that every humanitarian health response provides SRH services in alignment with the MISP for SRH,** including the provision of FP to prevent unintended pregnancy, in partnership with SRH service delivery stakeholders.
- **Work with humanitarian stakeholders to ensure there is an active, well-resourced SRH technical working group,** with a dedicated coordinator, to support a coordinated SRH response, integrated within and with strong linkages to the health cluster.



- **Ensure that SRH response, including FP service delivery, engages government stakeholders at the local, sub-national, and national levels** to ensure sustainable service delivery, support transitions to recovery, and reinforce health systems strengthening.
- **Ensure that SRH supply chain activities, from supply planning to data collection, in crisis-affected regions are integrated in national and sub-national logistics systems** to support smooth transitions to recovery as situations stabilize and more normal service delivery resumes.
- **In the event of crises, allocate adequate funding to continue delivery of FP services and meet the FP needs of affected individuals**, as outlined in the MISP for SRH.

## *Donors*

**To strengthen the funding environment for SRH preparedness, response, recovery, and resilience-building in OP countries, development and humanitarian donors should:**

- **Provide dedicated funding for emergency preparedness activities for SRH, including FP**, and support stakeholders in development and humanitarian settings to systematically integrate crisis preparedness and risk management into FP policies and programming to maintain continuity of services when crises occur.
- **Provide long-term, flexible funding for FP service delivery, and directly fund national, sub-national, and local service delivery stakeholders**, including governments and community-based and civil society organizations. Providing longer-term, flexible funding in fragile and crisis-affected settings supports continuity of FP services as crises occur and as settings stabilize and transition to recovery, preventing gaps in services.
- **Ensure that funds for SRH humanitarian response can be rapidly disbursed** in the event of crises to support timely response.
- **Coordinate across humanitarian and development donors to address gaps in SRH funding**, including for FP, as settings experience crises and then stabilize.
- **Provide dedicated funding to support coordination mechanisms and activities for SRH before, during, and after emergencies**, including coordination between humanitarian and development stakeholders.
- **Fund local partners, including community-based and civil society organizations, to conduct advocacy to government stakeholders** at the local, sub-national, and national levels to prioritize SRH preparedness and response, including FP, and to hold these stakeholders accountable to meeting the SRH needs of people affected by crises.
- **Provide funding to reinforce resilient SRH supply chains as part of health systems strengthening**, and in the aftermath of crises, support service delivery stakeholders to transition from emergency kits toward more stable supply chains that meet demand for contraceptive methods.
- **Hold grantees accountable** for delivering on SRHR emergency preparedness and response commitments, and ensuring that SRHR services, including FP, are included in preparedness and response programming.

## Advocates

To advance inclusive, equitable SRHR preparedness, response, recovery, and resilience-building in OP countries, advocates should:

- **Advocate to OP governments from national to sub-national to local levels to adopt policies, funding, and service delivery mechanisms** to strengthen emergency preparedness, response, recovery, and resilience building for SRHR, including FP. See recommendations above for these stakeholders.
- **Use and adapt existing advocacy messages reinforcing that FP is lifesaving, including during crises, and must be prioritized across preparedness, response, and recovery**—including by leveraging lessons learned from demand for and use of FP services during the COVID-19 pandemic and outbreaks of Ebola virus disease.
- **Engage media partners in advocacy and communications** about the importance of FP in crises to raise public knowledge and awareness of these issues.
- **Engage and support communities and community-based and civil society organizations to lead and participate in advocacy to governments at the sub-national, national, and regional levels.** Partner with adolescents and youth-led organizations, organizations of people with disabilities, and other community-based organizations to ensure that advocacy messages and strategies are inclusive of the needs and priorities of adolescents and young people, people with disabilities, and other diverse community groups.
- **Advocate to private sector stakeholders to mobilize resources for FP service delivery,** including emergency preparedness and response.
- **Monitor, track progress, and hold governments and other stakeholders accountable for fulfilling SRH and FP preparedness and response commitments.**
- **Advocate to development and humanitarian implementing partners to integrate emergency preparedness activities** in FP programming.
- **Establish networks for learning and information sharing for best practices for FP preparedness and resilience-building between stakeholders in OP countries.** Document and share lessons learned from stakeholders in OP countries that face cyclical and chronic crises, and from recent crises. Partner with researchers at the regional and national levels to assess and document the impact of crises on SRH, including FP.

## Service delivery stakeholders

To ensure good quality FP services, including the full range of contraceptive methods, are available through preparedness, response, and recovery, stakeholders engaged in contraceptive service delivery should:

### Coordination

- **Strengthen coordination during stable times among service delivery stakeholders working across humanitarian and development health sectors, including local, community-based, and civil society organizations.** Leverage SRH technical working groups at the local, sub-national, and national levels and build linkages with non-health actors (e.g., livelihoods, protection, and nutrition partners) during stable times to ensure multi-sectoral crisis responses.



### Provider training and supportive supervision

- **Train health staff and providers on the MISP for SRH.** Consider using available MISP for SRH training resources for different audiences, including the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises [MISP for SRH Distance Learning Module](#) (available in French) and the International Planned Parenthood Federation (IPPF) and IAWG [Training Modules on Sexual and Reproductive Health in Emergencies: An Introduction to the MISP for SRH](#), which include tailored modules for policymakers, program managers, and health providers.
- **Provide competency-based clinical training and refresher training for providers to ensure good quality service delivery of the full range of contraceptive methods,** including long-acting, reversible contraceptive methods (LARCs) and emergency contraception (EC). When training is provided during crises, consider using tailored trainings such as the [SRH Clinical Outreach Refresher Trainings for Humanitarian Settings \(S-CORTS\)](#) (available in French). Ensure that training is ongoing, and incorporates lessons learned, over the course of an emergency response.

### Service delivery modalities

- **Strengthen coordination among service delivery stakeholders and service delivery points (including static facilities, community health workers, pharmacies, drug shops etc.) at the community and district level** to mitigate disruptions in access to contraceptive services and supplies in the event of facility closures, stockouts, etc., during crises.
- **Leverage high-impact, flexible, and innovative program models and service delivery modalities to ensure that FP services delivered as part of SRHR emergency response are available and as accessible as possible for affected populations, including adolescents and young people, people with disabilities, and other diverse community groups.** Program models may include task shifting and task sharing, establishing adolescent-friendly spaces, community-based and mobile service delivery, telemedicine, cash and voucher models, and integrated service delivery models that link FP programming with delivery of primary health services, nutrition programming, distribution of non-food items, etc.

### Community sensitization and demand generation

- **In accordance with the MISP for SRH, incorporate community sensitization activities in FP programming to ensure that affected communities, including adolescents and young people, people with disabilities, and other diverse community groups, are aware of the availability of FP services.** The *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* states that as the transition to comprehensive SRH services occurs, more intensive community sensitization programming should be scaled up as part the provision of quality services.

### Data collection and use

- **Conduct [MISP process evaluations](#) and after-action reviews to document SRH response,** including FP service delivery, and key successes, challenges, and lessons learned. As situations stabilize and transition to recovery, analyze data from assessments, research, and routine service delivery to document lessons learned and strengthen interventions.

### Supply chain management stakeholders

**To support resilient SRH supply chains and improve the availability of contraceptive commodities in crisis-affected settings, supply chain stakeholders, including governments, development, and humanitarian partners should:**

- Strengthen coordination between humanitarian and development stakeholders focused on

supply chain management to support commodity availability from stable times and throughout shocks and stressors.

- **Implement preparedness measures for SRH supply chains**, including developing contingency plans for disruptions in the supply chain; maintaining emergency stocks and/or pre-positioning supplies; and establishing mechanisms to track real-time stock and supply updates and facilitate local stock redistribution between districts, health facilities and service delivery points, and relevant health cadres (community health workers, pharmacists, etc.). Train staff and providers on how to order and manage Inter-agency Reproductive Health kits.
- **During post-acute crisis, strengthen capacity for supply chain management** by engaging staff skilled in pharmaceutical supply chain management, including FP commodities; training staff and health providers on how to forecast, order, manage, and monitor contraceptive commodities; and strengthening data collection and use to inform SRH supply planning and quantification.
- **Transition away from IARH kits to more stable supply chains as acute crises subside**, including bulk procurement of each contraceptive method to meet local demand for contraceptive method mix.

### *Cross-cutting recommendations for health systems strengthening to build resilient family planning programming in stable times and crises alike*

The strength of a country's health system, its resources, and its existing national capacity significantly impact a country's ability to adapt to and recover from crises, including ensuring continuity of contraceptive availability, access, and quality. The following recommendations are grounded in health systems strengthening for contraceptive service delivery, and are focused on service delivery modalities, provider capacity, demand generation, and data—key tenets of quality contraceptive programming that apply during stable times and crises alike. Improving the availability, accessibility, and quality of contraceptive services during stable times and as part of recovery supports continuity of contraceptive services during shocks and stressors.

**To improve the availability, accessibility, and quality of contraceptive programming, OP governments and service delivery stakeholders should:**

#### ***Service delivery modalities:***

- **Implement and scale task-shifting and task-sharing among providers and community health workers.**
- **Authorize, train, and support providers to offer self-care options**, including self-administered injectable contraceptives, oral contraceptive pills, and emergency contraceptive pills.
- **Address accessibility and availability of FP services for adolescents** by implementing flexible service delivery models and establishing adolescent-friendly spaces in service delivery points.
- **Engage adolescents, people with disabilities, and diverse community groups** in program design and service delivery.
- **Pilot and implement technology-based systems and tools**, such as technology-based tools for provider training and support and mHealth systems.





### Provider training and supervision

- **Conduct values clarification and attitude transformation activities** for policymakers, health program managers, and health providers.
- **Provide training on rights-based approaches to family planning service delivery**, including adolescent friendly service delivery and inclusion of diverse populations.
- **Provide ongoing supportive supervision and mental health and psychosocial support to health workers.**

### Community sensitization and demand generation

- **Deliver demand generation and community sensitization activities that target community leaders, religious leaders, and men and boys** and are grounded in rights-based approaches to FP, including gender-transformative approaches and social and religious norms.
- **Use mass media approaches, including radio and digital campaigns**, to disseminate information about contraception and how to access services.
- **Engage adolescents, people with disabilities, and diverse community groups to design community sensitization programming** to be responsive to their needs and priorities.

### Data collection and use

- **Digitalize systems for data collection, reporting, and use.** Train and support providers to use digital platforms for data-informed decision-making.

## Conclusion

Across the board, OP countries are increasingly impacted by and at risk of climate-related shocks and stressors and humanitarian crises. Access to contraception is essential for girls, women, and communities impacted by crises, yet a literature review of current evidence demonstrates that crises in OP countries have negatively impacted contraceptive service delivery and uptake. Although the recent evidence is relatively limited—revealing a critical need for further research—it also demonstrated that stakeholders are taking action to protect and promote access to contraception in the face of shocks and stressors in OP countries. Similarly, the majority of OP countries' FP2030 country commitments address contraception in crises. It is essential that stakeholders sustain and continue to scale up commitments and actions to strengthen SRH emergency preparedness and response. Taking action to ensure continuity of services and to meet the FP needs of crisis-affected populations is essential to realizing the OP goal of reaching an additional 6.5 million users of modern contraceptives by 2030, as well as FP2030 commitments and the SDGs more broadly.



## Acronyms and Abbreviations

CHW	Community health worker
EC	Emergency contraception
FP	Family planning
IAFM	Inter-Agency Field Manual (on Reproductive Health in Humanitarian Settings)
IAWG	Inter-Agency Working Group (on Reproductive Health in Crises)
IPPF	International Planned Parenthood Federation
LARCs	Long-acting, reversible contraceptive methods
MISP	Minimum Initial Service Package for sexual and reproductive health (SRH)
OP	Ouagadougou Partnership
S-CORTS	SRH Clinical Outreach Refresher Trainings for Humanitarian Settings
SDGs	Sustainable Development Goals
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
UNFPA	UN Population Fund



## Endnotes

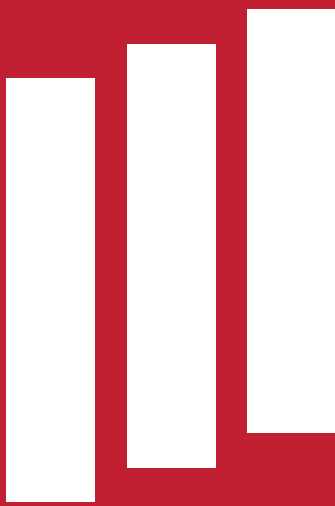
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