

FP2030 STRATEGY

Emergency Preparedness & Response



Countries that invest in emergency preparedness and response strategies are better able to cope with crises and limit gaps in the provision of health and other essential services, including sexual and reproductive health and rights (SRHR) and contraceptive methods.





Context

More than 54 million women, girls, and young people are displaced and living in humanitarian settings because of conflict, climate-induced migration, or other crises.¹ Displacement in any form threatens the well-being of all individuals, but women and young people may suffer disproportionately from poor sexual and reproductive health (e.g., unintended pregnancies, pregnancy-related morbidity and mortality, HIV, and sexually transmitted infections) due to lack of access to health information and services as well as heightened vulnerabilities to violence, including gender-based violence, and harmful practices such as child marriage.^{2,3} The International Conference on Population and Development (ICPD) Programme of Action and multiple global frameworks and guidelines enshrine the right to sexual and reproductive health (SRH) information and services in humanitarian settings.⁴ The COVID-19 pandemic has once again starkly illustrated that these rights remain under threat, and FP2030 is committed to ensuring that family planning (FP) remains an essential aspect of countries' emergency response efforts.

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women, girls, and young people are displaced and living in humanitarian settings.

Over the past nine years, FP2030 has observed that every country is vulnerable to some form of shocks and stresses, sometimes simultaneously, that in almost every instance has negatively affected women's access to contraception and other SRH services. While the economic and social stability of a country will shape its ability to bounce back from crisis, another important factor is how well countries are prepared to respond to and recover from crises related to climate change, conflict, and infectious disease outbreaks, which can overwhelm health systems. Countries that invest in emergency preparedness and response strategies are better able to cope with crises and limit gaps in the provision of health and other essential services, including sexual and reproductive health and rights

(SRHR) and contraceptive methods. Accordingly, emergency preparedness actors are advocating for a more comprehensive framing of emergency preparedness that goes beyond being prepared to respond to crisis. The preferred term "resilience" suggests a continuum of government actions across sectors, including health, that include planning for, responding to, and recovering from crises.

FP2030 is the only global partnership focused specifically on increasing sexually active individuals' access to and use of high-quality, rights-based family planning. FP2030 is committed to highlighting the family planning needs of underserved and overlooked groups, such as people in humanitarian situations and people in vulnerable groups including adolescents and young people, as well as people with disabilities; and advocating for more effective and evidence-informed responses and resources. FP2030 is well positioned to engage governments, donors, development, and humanitarian actors, contributing to ongoing global efforts to achieve better emergency preparedness and response (EPR) in commitment-making countries.



PREPAREDNESS:

The knowledge and capacities developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent or current disasters. (United Nations Office for Disaster Risk Reduction)

RESILIENCE:

The ability of people, households, communities, countries and systems to mitigate, adapt to and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth. (United States Agency for International Development)



FP2030'S Role

Although FP2030 began addressing the need for family planning in humanitarian settings in 2018, advocates have been calling for stronger SRH programming in this sector since 1994, and the ICPD Programme of Action specifically mentions refugees' right to family planning.⁵ This advocacy led to the creation of the Inter-Agency Working Group for Reproductive Health in Crisis (IAWG), a voluntary group of stakeholders that advocate for SRH services in acute and protracted humanitarian settings. IAWG's advocacy was pivotal to the ability of the partnership to bring these concerns to FP2030 commitment-making countries and to make them aware of the wealth of tools and resources that are available to improve the quality of services provided to women in humanitarian settings.

FP2030 has made several major contributions to the global effort to increase access to family planning in crisis settings. Through a series of regional webinars, we made the EPR case to commitment-making countries. Until 2017, only Liberia had made an explicit EPR commitment. Between 2017 and 2020, the number of countries that included EPR in their commitments, action plans, and self-reports steadily increased. FP2030 has taken a lead role in advocating for governments and development actors to engage in emergency preparedness for SRH to strengthen health systems and improve the delivery of the lifesaving priority services of the Minimum Initial Service Package (MISP) for SRH. FP2030 co-founded and co-chairs the Emergency Preparedness and Resilience subworking group of the IAWG, which sets strategic priorities for advancing emergency preparedness and resilience initiatives within IAWG. FP2030 also serves on the IAWG Steering Committee and actively



participates in the MISP and contraception working groups. Lastly, we coordinated the development of key preparedness tools and guidance documents to support cross-sectoral preparedness efforts. Annex 1 lists tools and resources that have been developed with FP2020/FP2030 input since 2017.

FP2020 and now FP2030 have made several contributions to the global effort to increase access to family planning in crisis settings, including:



Regular webinar series



Advocating for engagement in emergency preparedness for SRH



Emergency Preparedness and Resilience subworking group of the IAWG



Key preparedness tools and guidance documents



LESSONS Learned

Under the FP2020 partnership, 47 countries made commitments to increase access to family planning. Even though 71% of these countries were ranked as high or very high risk by the INFORM Risk Index, only 23% of the 47 countries made explicit EPR commitments. Country commitments and costed implementation plan (CIP) situational analyses often recognize that health systems are challenged by outbreaks, conflict, natural disasters, and other hazards, but this awareness is not always reflected in commitment strategies or CIPs. We see this as a “know-do gap” in which countries recognize insecurity as a risk but fail to make explicit EPR objectives or strategies. A recent study by Avenir Health confirmed that a context of insecurity undermined implementation of ambitious commitments.⁶

To build momentum from risk awareness to robust EPR commitment strategies, FP2030 has advocated for EPR since 2018 with two rounds of FP2030 focal point regional workshops and the development and dissemination of guidance documents mentioned above. In addition, the Ouagadougou Partnership Coordination Unit has made FP in humanitarian contexts one of its strategic priorities, so we support each other’s advocacy efforts. As FP2030 regional hubs are established, they will work with countries to bridge this know-do gap, so countries can invest in preparedness and response efforts to maintain continuity of care during crises or quickly mobilize to deliver the MISP for SRH where it is not possible to maintain more comprehensive coverage.



Unfortunately, preparedness and response efforts are sometimes viewed as the role of humanitarian actors, but humanitarians are not always part of the technical working groups that develop national commitments, policies, plans, and budgets. Government and development actors need to lead, fund, and be accountable for preparedness with some involvement of humanitarians to make sure preparedness and response actions align with globally recognized response standards.

71% of FP2020 focus countries were ranked high or very high risk

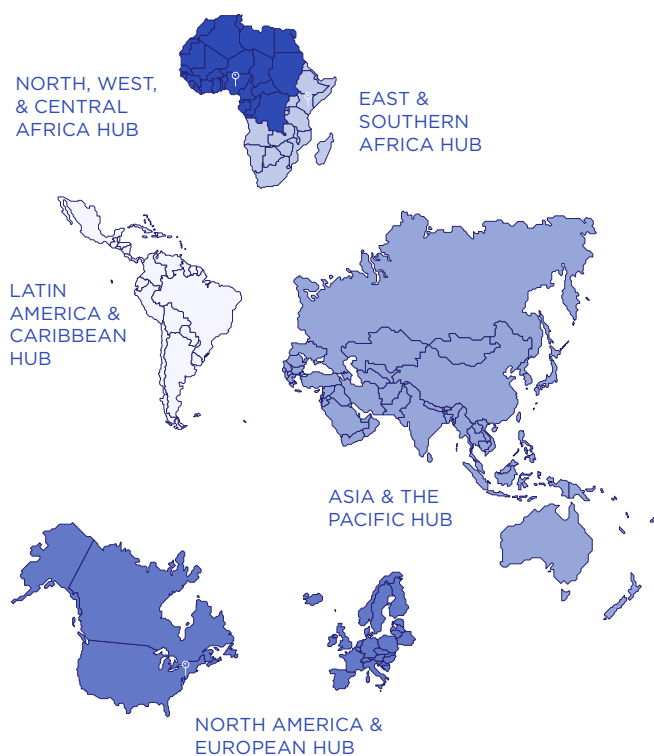
As we reflected on what was accomplished under FP2020 we realized that we missed opportunities to engage with other sectors in ways that are mutually beneficial. In the partnerships section below, we will describe our plans for broadening our partner base to include climate change, pandemic preparedness, disaster risk reductions, civil society organizations, and youth-led organizations.

Lastly, we have major gaps in our measurement approaches. Crisis-affected and displaced populations are not routinely sampled in national surveys, and too often the facilities that serve these populations do not feed data into national health information systems. Thus it is difficult to make the case for EPR for SRH, and it is hard to measure progress over time and relative to other populations that are not in the midst of a crisis. We need to become better able to measure progress against EPR commitments and costed implementation plans to hold each other accountable for progress on meeting the SRHR needs of populations affected by crisis. As Alex Todd, a senior technical adviser with USAID, said, “We cannot measure progress against EPR commitments and CIPs without including these populations in the data we are collecting, which is necessary for accountability.” These measures need to be integrated into the FP2030 measurement framework and into broader measurement efforts by governments and EPR actors.

THE ROAD AHEAD to 2030

FP2030 has engaged in an extensive series of consultations to develop a new architecture for the partnership that will result in a future where women and girls everywhere have the freedom and ability to lead healthy lives, make their own informed decisions about using contraception and having children, and participate as equals in society and its development. Five regional hubs (to be established in 2022) will coordinate and support country-specific activities, while remaining connected to the global family planning community. Four of the hubs will support commitment makers in specific geographies: North, West, and Central Africa; East and Southern Africa; Asia and the Pacific; and Latin America and the Caribbean. The fifth hub will support the entire network with communications, data, and advocacy, while also supporting commitment makers in North America and Europe.

As the regional hubs are staffed up, they will build their own EPR expertise, and the entire support network will continue to build capacity and generate and monitor EPR-related commitments.



FP2030 EPR Goals & Priorities

FP2030's EPR goal: Family planning access is maintained and improved for women and adolescents affected by acute and protracted crises, contributing to a future where women and girls everywhere have the freedom and ability to lead healthy lives, make their own informed decisions about using contraception and having children, and participate as equals in society and its development. FP2030 facilitates connections between diverse actors to overcome siloed efforts and to build bridges to development.

Based on past progress and stakeholders' input (including a 2020 consultation with IAWG members and FP2030 focal points), the following priorities are emerging for FP2030's EPR work:

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Support new EPR commitments from current and new government and nongovernmental actor commitment makers.
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Broker and provide EPR technical and financial assistance to commitment-making countries via regional hubs.
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Engage youth and other civil society partners to develop an EPR advocacy and accountability agenda.
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Influence global and national EPR agendas: policy, finance, programs, and standards.
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Broaden the FP2030 partner base and reduce silos by fostering partnerships with climate adaptation, resilience, pandemic preparedness, and disaster risk management actors.
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Develop and integrate EPR measurements and track progress to foster accountability on EPR commitments.



KEY Partners

Since 2017, FP2030 has cultivated a strong network of partners to advance EPR across the humanitarian-development nexus at both the global and national levels. In over 47 countries, we have nurtured relationships with Ministries of Health and other key actors that shape and implement government commitments. We work closely with the United Nations Population Fund (UNFPA), International Planned Parenthood Federation (IPPF), Women's Refugee Commission, Ouagadougou Partnership, JSI, International Rescue Committee (IRC), CARE, and Save the Children, and we are in conversations with these groups to prepare for regional coordination when the FP2030 hubs are established, most notably with the UNFPA regional humanitarian specialists and the IPPF Humanitarian Capacity Development Centers (CDC) in Uganda and Pakistan.

FP2030 has a network of civil society and youth focal points from every commitment-making country that actively engages in advocacy, commitment making, and accountability processes. At the 2020 consultation with IAWG members and focal points, it was recommended that FP2020 consider identifying a network of EPR-related focal points. We are in the process of canvassing current focal points and identifying new civil society and youth-led organizations for collaboration on EPR-related advocacy, knowledge sharing, and technical assistance. FP2030 is making conscious efforts to become better partners to civil society and youth-led organizations that are on the front lines of SRHR advocacy, first responders when a crisis hits their community, and able to hold duty bearers responsible for fulfilling their commitments. Engaging with these groups during the preparedness phase will enable our EPR efforts to be more contextually appropriate. In addition, these local actors will be better prepared and supported to respond during a humanitarian crisis.

In recognition of the extreme threat posed by climate change, especially to populations already made vulnerable by natural disasters, conflict, and infectious disease outbreaks, FP2030 is expanding our emergency preparedness and response strategy to include a new focus on resilience at the health system, community, and individual levels.



This initiative is being championed by the EPR portfolio because climate-caused disasters can result in acute emergencies and protracted displacement. We are broadening our partner base to include environmental, biodiversity, climate change, and climate justice actors from global to local levels. And we are advocating for EPR for SRH to be included in new FP2030 commitments and climate action commitments.

Along similar lines, we recognize potential synergies with pandemic preparedness and disaster risk management efforts. When advocating for vaccine equity we need to also recognize the SRH needs of populations whose access to essential services may be disrupted by the pandemic. In November 2021, the Global Financing Facility reported that across some of the poorest countries, twice as many women and children died from health systems disruption (including disruption of SRH services) as those who died directly from COVID-19 itself.⁷ We need to leverage the COVID-19 moment to make the case for preparedness, showing how frontloading health system strengthening ahead of crises like COVID-19 ensures that we can sustain critical essential health care even when crises, conflict, or the next pandemic hits.

Disaster Risk Reduction actors could also be powerful EPR for SRH advocates. The Sendai Framework was a landmark development for sexual and reproductive health, as it identified SRH as a critical aspect of health and individual and community resilience.⁸ As beautifully articulated by Kabita Aryal of Nepal, “Speaking from the experience of Nepal, we need to secure commitments from policy makers so that EPR strategies are not just prioritized in health policies and plans, but equally SRH service receives the priority in natural disaster plans and strategies, as well as the recovery plan prepared after the disaster.” Through strategic alignment and coordinated health system strengthening at all levels, additional political and financial resources could be leveraged.

EPR ROLES AND Responsibilities

The table to the right describes key EPR functions at the global, regional, and national levels. The extent to which FP2030 can fulfill its proposed roles at all three levels will depend on the level of EPR-related resource allocation for staffing and potentially focal points stipends. FP2030 and partner roles will be refined in consultation with EPR partners and FP2030 leadership. We envision complementary roles will be played by multiple government ministries, bilateral and foundation donors, multilateral organizations (e.g., UNFPA, UNDRR, and the World Health Organization), international nongovernmental organizations, public and private sector service providers, research and evaluation organizations (e.g., Track20, IAWG, and the Performance and Monitoring Evidence working group), civil society organizations (CSOs), and youth-led organizations, including those that advocate for and directly serve populations affected by crisis.

RESOURCE Mobilization Plan

As part of FP2030's overall resource mobilization efforts, we need to identify resources to support FP2030's EPR work at the global and regional levels. Specific EPR activities include MISP Readiness Assessment/Ready to Save Lives workshops in partnership with governments, UNFPA and IPPF medical associations, advocacy and accountability efforts, focal point stipends, and consultants to develop the EPR measurement framework. Governments and nongovernmental actors that make EPR commitments may require technical or financial assistance to implement their strategies. The FP2020 Rapid Response Mechanism was appreciated by its recipients and made strategic EPR investments.

	ADVOCACY & PARTNERSHIPS	ACCOMPANIMENT/ CAPACITY BUILDING	ACCOUNTABILITY	EVIDENCE GENERATION
GLOBAL (Support Services Hub, IAWG, donors, data partners)	<p>Convene global stake-holders across humanitarian and development nexus.</p> <p>Partner with multisectoral global EPR, SRHR, and climate change organizations.</p> <p>Influence global EPR agenda: policy, finance, programs, standards.</p> <p>Advocate globally for EPR funding for governments, CSOs, and youth-led organizations.</p> <p>Engage donors in glob-al coordination on EPR/SRH (e.g., SRHR in Emergencies Donor Group hosted by USAID and the Netherlands).</p>	<p>Support development of robust EPR-related FP commitments until hubs are set up.</p> <p>Develop and disseminate EPR/SRH tools.</p> <p>Broker technical assistance from global organizations and projects to regional and country actors.</p> <p>Allocate donor funds for EPR/ SRH in all humanitarian packages.</p>	<p>Develop EPR FP indicators and measurements for govts, donors, and other stakeholders.</p> <p>Track and globally disseminate data on progress against EPR commitments.</p>	<p>Develop process evaluation tools to generate evidence of practices that improve EPR FP outcomes.</p> <p>Disseminate EPR evaluation results and best practices in global forums and publications.</p>
REGIONAL (Regional FP2030 Hubs, OP, UNFPA ROs, IPPF CDCs, donors)	<p>Convene regional and national SRH/FP and EPR stakeholder workshops and coordination meetings.</p> <p>Develop regional EPR advocacy agendas.</p> <p>Influence national EPR agenda: policy, finance, programs.</p> <p>Organize an annual review of the activities of various national actors.</p>	<p>Support development of robust EPR-related FP commitments.</p> <p>Broker technical assistance from regional organizations and projects to national and subnational organizations.</p> <p>Disseminate financial and technical assistance info and tools.</p>	<p>Organize regional workshops where commitment makers report on progress and strategies for overcoming challenges.</p>	<p>Track changes in policies, funding, and approaches used to build preparedness and resilience in FP programs.</p>
NATIONAL ACTORS (Govts, CSOs, and youth-led orgs including FP2030 focal points, INGOs, donors)	<p>Convene national SRH/FP and EPR stakeholder planning and accountability workshops.</p> <p>Design and implement EPR advocacy activities based on country context.</p> <p>Establish a permanent multisectoral technical committee for EPR/SRH and EPR.</p> <p>Establish a thematic subcommittee EPR/SRH within the Standing Multisectoral Technical Committee for FP.</p> <p>Integrate CSOs and youths into the United Nations humanitarian platform.</p> <p>Support states that commit to EPR to develop contingency plans in family planning.</p>	<p>Encourage governments to make robust EPR-related FP commitments.</p> <p>Strengthen the availability and integration of Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAH-N) services during humanitarian and health emergencies.</p> <p>Use EPR tools to raise awareness, assess gaps, and implement EPR actions for FP.</p>	<p>Track, report, and reflect on progress against EPR FP commitments and strategies for overcoming challenges.</p>	<p>Field test new preparedness and resilience tools, then use, evaluate, and share results.</p>

Conclusion

FP2030 is honored to have worked with such a wide array of passionate, creative, and powerful partners to champion the EPR for SRHR cause. We deeply appreciate the hard work of colleagues working for governments, NGOs, funders, academia, and civil society to demand and ensure that “women and girls everywhere” includes women and adolescents whose lives are disrupted by crisis. In this next phase, we are excited to expand our partner network through the new hub structure to include a broader array of partners from additional sectors and communities.



ANNEX 1.

Key Events, Tools, and Resources Developed in 2017–2021

At the 2017 London Summit on Family Planning, IAWG advocated for the family planning needs of crisis-affected populations to be addressed by FP2020 and commitment makers. Key collective accomplishments since the Summit include:

1. (2017) Humanitarian commitments are made at the 2017 London Summit by Médecins du Monde (MDM) and the UK's Department for International Development (DfID); the Minimum Initial Service Package for SRH is positioned as a global good.
2. (2018) The “prevention of unintended pregnancies” is elevated as a minimum standard within crisis response (with a focus on broadening the method mix, community information, and counseling) during the 2018 **Inter-Agency Field Manual** revisions and in the **UNHCR Emergency Handbook SRH standards of care**.
3. (2018) Provision of short-acting and long-acting methods to meet demand, private and confidential counseling, informed choice, and efficacy-based counseling established as a humanitarian standard in the **Sphere standard**.
4. (2018) FP2020 and CARE establish a partnership to expand capacity to support humanitarian inclusion across the partnership; advisor on emergency preparedness and response joins the Secretariat; EPR introduced at FP2020 Focal Point Workshops in Asia.
5. (2018) IPPF establishes a humanitarian strategy.
6. (2019) IAWG EPR subworking group is founded and co-led by FP2020 and IPPF (it is now led by FP2030 and the Women's Refugee Commission).
7. (2019) **HIP Strategic Planning Guide for FP in Humanitarian Settings** is developed; EPR is introduced at FP2020 Focal Point Workshops in Anglophone Africa.
8. (2020) **Ready to Save Lives: A Preparedness Toolkit for SRH Care in Emergencies** and **MISP Readiness Assessment 2.0** is produced and launched at the global and regional levels.
9. (2020) FP in the time of COVID-19 consultation is co-hosted with IAWG and the Women's Refugee Commission (WRC); EPR is introduced at Focal Point Workshop in Francophone Africa.
10. (2021) FP2030 launches. **EPR Commitment Guidance** is developed in partnership with IAWG based on the HIP Strategic Planning Guide. EPR Commitment workshops are conducted in English and French in partnership with OPCU, UNFPA, IPPF, and WRC. Preparedness technical webinar series is organized and EPR presentations are made at two OPCU regional workshops.

Endnotes

1. UNFPA Humanitarian Action Overview 2021. https://www.unfpa.org/sites/default/files/pub-pdf/PAGES-UNFPA_HAO2021_Report_Updated_6_Dec.pdf
2. IAWG. Interagency Field Manual on Reproductive Health in Humanitarian Settings. <http://iawg.net/wp-content/uploads/2019/01/2018-inter-agencyfield-manual.pdf> (2018). Accessed October 3, 2019.
3. <https://www.womensrefugeecommission.org/wp-content/uploads/2021/01/Global-Snapshot-Contraceptive-Services-Crisis-Affected-Settings-Final-022021.pdf>
4. Examples of established guidelines are Sphere Project's Humanitarian Charter and Minimum Standards in Disaster Response and the IAWG Minimum Initial Service Package for Reproductive Health, both of which include contraception within the basic reproductive health package for humanitarian response.
5. Sandra K. Krause, Sarah K. Chynoweth & Mihoko Tanabe (2017). Sea-change in reproductive health in emergencies: How systemic improvements to address the MISP were achieved. *Reproductive Health Matters* 25:51, 7-17, DOI: 10.1080/09688080.2017.1401894
6. Gabrielle Appleford and Priya Emmart. National ownership of family planning: What do FP2020 commitments have to do with it? [version 1; peer review: 2 approved]. *Gates Open Res* 2021, 5:25. (<https://doi.org/10.12688/gatesopenres.13225.1>)
7. Global Financing Facility Annual Report 2020-2021. https://www.globalfinancingfacility.org/sites/gff_new/GFF-annual-report-2021/
8. United Nations Office for Disaster Risk Reduction, Sendai Framework for Disaster Risk Reduction 2015-2030 (Geneva, 2015). <http://www.unisdr.org/we/coordinate/sendai-framework>



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