



Incorporating Emergency Preparedness, Response, and Resilience in Commitments

As the COVID-19 pandemic demonstrates, every country is vulnerable to some form of crisis and, often, many simultaneous crises. The impact of natural disasters, climate change, conflict, and infectious disease outbreaks on health and societal well-being depends on how countries and communities prepare for and respond to emergencies. We encourage governments to consider incorporating the following best practices in commitments to improve access to voluntary family planning during crises:

PREPAREDNESS ACTION

To prepare for a potential crisis, plan to be ready and able to provide family planning as part of sexual and reproductive health (SRH) care by ensuring the continuity of established family planning services. When a crisis disrupts routine care, be prepared to at least deliver the Minimum Initial Service Package (MISP) for SRH. Family planning is an essential component of the MISP, as described in the *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*. The MISP priority lifesaving activities are included in the *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* and the *Health Cluster Guide: A Practical Handbook*. Consider including the following SRH preparedness strategies in your commitment.

- Convene government, humanitarian, and development actors, donors, and civil society stakeholders to prioritize preparedness actions using *Ready to Save Lives: A Preparedness Toolkit for SRH Care in Emergencies*.
- Adopt a rights-based, people-centered, inclusive approach in preparedness and response efforts, recognizing the importance of leadership and representation from diverse groups and the necessity of

KEY RESOURCES

[Family Planning in Humanitarian Settings: A Strategic Planning Guide](#)

[Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings](#)

[Ready to Save Lives: A Preparedness Toolkit for SRH Care in Emergencies](#)

[MISP Readiness Assessment](#)

[Contraceptive Services in Humanitarian Settings and in the Humanitarian-Development Nexus: Summary of Gaps and Recommendations from a State-of-the-Field Landscaping Assessment](#)

ensuring that SRH services are accessible for all who are affected. Advanced engagement of local groups enables more appropriate preparedness planning and quicker local response.

- Review and update policies, strategies, and laws to facilitate access to services and supplies, and minimize disruption using the [MISP Readiness Assessment](#).
- Engage current workforce and non-traditional actors, capable of supporting service continuity and facilitating access to voluntary family planning during a crisis, in preparedness planning.
- Fortify [SRH supply chains](#) for emergencies. Develop risk management capacity, contingency plans, and emergency commodity procurement, distribution, and tracking plans. Decentralize stock regionally or pre-position key supplies when strategic.
- Prepare staff and health facilities to mobilize during a crisis event using curricula such as the MISP Distance Learning Module.

CRISIS RESPONSE

At the onset of a crisis, coordinate partners and initiate planned response activities to ensure timely MISP implementation as detailed in the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings.

- Ensure provision of a full range of contraceptive methods and tracking of voluntary family planning services within broader health response.
- Ensure rights-based contraceptive counseling and community awareness of services using a variety of communication channels.
- Leverage routine systems to ensure efficient use of resources and to avoid establishing parallel systems.

TRANSITION TO ROUTINE FAMILY PLANNING SYSTEMS

As soon as the situation stabilizes, scale up to comprehensive family planning services and strive to “build back better.”

- Re-establish routine family planning services in crisis-affected areas.
- Restore routine family planning supply chains and reduce reliance on humanitarian kits.
- Prepare the health workforce to meet the long-term family planning needs of crisis-affected populations. Train and support providers to respond to the impact of the crisis on clients (e.g., psychosocial and physical trauma, increase in adolescent pregnancy, increases in all forms of gender-based violence including rape and related pregnancy).
- Train the workforce in new or adapted procedures that reduce barriers to access or are required to offer new methods introduced during the crisis.
- Re-establish national information systems for monitoring and tracking family planning services and supplies in crisis-affected areas.
- Mobilize resources, including budget allocations, to strengthen the delivery of routine family planning services in crisis-affected areas and beyond.



QUESTIONS?

If you have questions about this guidance, or any other element of the commitment process, contact FP2030 staff at commitments@fp2030.org.

Photo Credit: IPPF/Hannah Maule-ffinch/Lebanon



RAPID SELF-ASSESSMENT CHECKLIST: LEVEL OF SRH PREPAREDNESS

FP2030 has developed a rapid SRH preparedness self-assessment checklist to help governments and other stakeholders identify the appropriate starting point for commitments and preparedness actions. While FP2030 commitments are focused on family planning access, the self-assessment frames family planning access within the context of MISP for SRH as recommended in the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings.

What is the objective of the checklist?

The availability of SRH services in emergencies is an essential component of any humanitarian response as it saves lives, reduces suffering, and maintains human dignity. For SRH (including family planning) to be provided in emergencies, there is a need for:

- An enabling environment where SRH is incorporated into disaster management plans and policies.
- Trained and identified personnel.
- Available equipment and supplies.
- Communication channels and materials to inform the affected population on available care.

To maintain continuity of care for people most at risk during a crisis, it is important to invest in preparedness actions. In 2020, [key resources](#) were developed to help countries, ministries, and key stakeholders make ambitious and realistic commitments regarding their SRH preparedness efforts. This self-assessment checklist provides guidance on which stage of preparedness (initiate, assess or implement) to focus on to provide SRH care when any crisis strikes.

Who is the checklist for?

This checklist is for government representatives, particularly for those involved in health and disaster risk management and technical health and/or SRH working groups/clusters engaged in formulating national commitments to strengthen preparedness strategies as part of health-system strengthening.

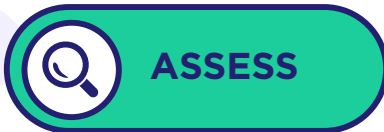
Rapid Self-Assessment Checklist

This set of questions are to be answered with 'yes,' 'no,' or 'don't know' (DK). In these questions "you" refers to your government.



INITIATE

STAGE ONE: Sets the scene for SRH preparedness work and will lead to having a good understanding of the MISP for SRH and SRH preparedness, understanding how it fits within other sectors and frameworks, and building inclusive SRH preparedness strategies



ASSESS

STAGE TWO: Focuses on identifying and analyzing SRH preparedness strengths and weaknesses through the implementation of an assessment in collaboration with relevant stakeholders.



IMPLEMENT

STAGE THREE: Puts into practice SRH preparedness strategies and action plans by implementing SRH preparedness activities.

INITIATE PHASE SELF ASSESSMENT QUESTIONS	YES	NO	DON'T KNOW
1. Do you have policies, strategies, and laws that facilitate access to life-saving SRH services and supplies during a crisis?			
2. Does your government consider SRH a priority to be implemented during public-health emergencies such as natural disasters, conflicts, or infectious disease outbreaks (e.g., Ebola or COVID-19)?			
3. Do you have national commitments to advance emergency SRH preparedness (e.g., FP2030 or ICPD+25 commitments)?			
4. Have you included specific SRH preparedness activities as part of your commitment to better prepare for SRH responses?			
5. Do you have a costed implementation plan (CIP) that includes SRH preparedness and MISP for SRH response?			

6. Do you know the MISP for SRH and its objectives?			
7. Have you conducted a MISP training at national and/or sub-national level?			
8. Have you conducted awareness-raising sessions on SRH in emergencies?			
9. Do you know disaster risk management frameworks for health?			
10. Do you conduct and/or are you familiar with any disaster risk assessments (all hazards) that include SRH conducted at your level (national or sub-national)?			
11. Do you have a Disaster Risk Reduction (DRR) framework for health that integrates SRH?			
12. Do you have an SRH and DRR stakeholder mapping for SRH preparedness (humanitarian and development) that includes government actors, UN organizations, community representatives, CSOs, NGOs, etc.?			
13. Are national organizations or community groups (e.g., women, youth, and other marginalized groups) meaningfully engaged in preparedness for SRH efforts?			

ASSESS PHASE SELF ASSESSMENT QUESTIONS	YES	NO	DON'T KNOW
14. Are you familiar with SRH preparedness assessment tools (e.g., MISP Readiness Assessment or other preparedness assessment tools)?			
15. Did you conduct a MISP readiness assessment in the last 12 months?			
16. Do you know which SRH preparedness activities to prioritize?			
17. Do you have a national action plan to strengthen SRH preparedness?			

IMPLEMENT PHASE SELF ASSESSMENT QUESTIONS	YES	NO	DON'T KNOW
18. Do you implement specific activities to strengthen SRH preparedness?			
19. Do you have a functioning SRH coordination group and/or health cluster where SRH is routinely raised?			
20. Do you monitor SRH preparedness on a regular basis?			
21. Are the needs of diverse community members considered and taken into account in humanitarian preparedness and response strategies at national and sub-national levels?			

ANALYZE YOUR RESULTS	
INITIATE STAGE	If you answered mostly 'no' or 'don't know' to Q1-13, it is recommended you make the necessary commitments to initiate work on SRH Preparedness. The Ready to Save Lives toolkit provides valuable background information, tools, and tips on how to get this work started.
ASSESS STAGE	If you answered mostly 'yes' to the questions related to Stage 1 and 'no' or 'don't know' to the questions related to Stage 2, it is recommended that you engage in assessing your current level of preparedness by conducting a readiness assessment (such as the MISP Readiness Assessment) to help you get an understanding of current strengths and areas to work on. This will help you formulate a well grounded action plan to better prepare for SRH provision in emergencies.
IMPLEMENT STAGE	If you answered 'yes' to the questions under Stage 1 and 2, you should focus on Stage 3 which is about putting your preparedness plan into action and implementing structured activities according to the 10 components recommended by the WHO Health Emergency Disaster Risk Management Framework which are described in Ready to Save Lives.

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