

# Family Planning in Humanitarian Settings in the context of Covid-19: A Strategic Planning Guide

June 4<sup>th</sup>, 2020



## Beth Schlachter, FP 2020, Moderator

As Executive Director of FP2020, Beth Schlachter works to monitor and report on global and country progress in meeting FP2020 goals. Beth joined FP2020 in 2014 with more than 15 years of experience as a career foreign affairs officer working for the U.S. government in multilateral and bilateral contexts. Beth served most recently as the Senior Population Policy Advisor in the Bureau of Population, Refugees, and Migration (PRM) at the U.S. Department of State. As a Foreign Service Officer, Beth also served as PRM's Public Affairs Officer focusing largely on refugee issues, as a consular officer based in Johannesburg, South Africa, and a regional human resources officer in Kampala, Uganda. She began her career as a Peace Corps volunteer in Guinea. Beth has a Master of Arts degree from Boston University and a Bachelor of Arts degree from the University of California at Irvine.





## Today's Agenda

- Welcome and Introduction
- Presentations
- Questions & Answers
- Closing

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## Before we Begin



Webinar will be  
recorded



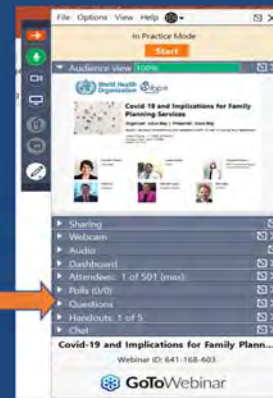
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Submit your questions anytime!  
We'll do Q&A after the presentations



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## High Impact Practices

### What are High Impact Practices (HIPs)?

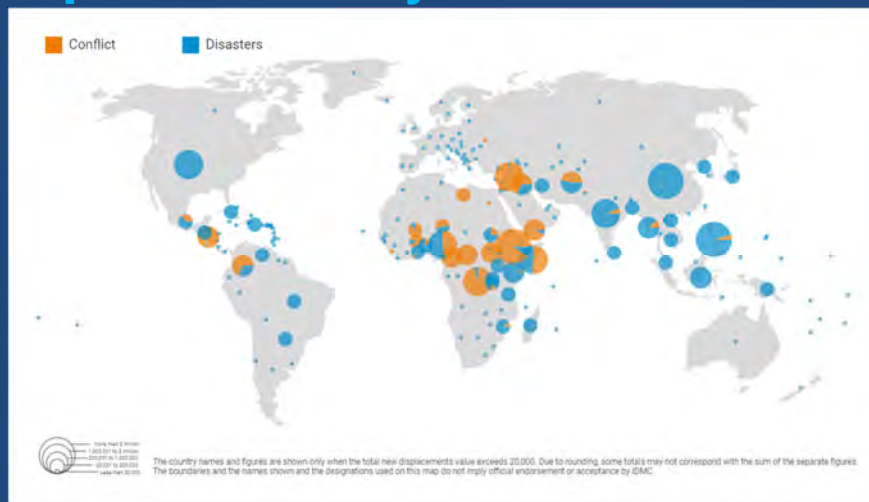
- Evidence-based family planning practices vetted by experts and documented in an easy-to-use format.
- Used for advocacy, program design, to inform policies and guidelines, and to support implementation.



## Family Planning in Humanitarian Settings



## New Displacement by Conflict and Disasters



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## Family Planning in Humanitarian Settings: A Strategic Planning Guide

Leads decision-makers through a strategic process to identify actions that improve FP access in places at risk of, experiencing, and recovering from crisis events.

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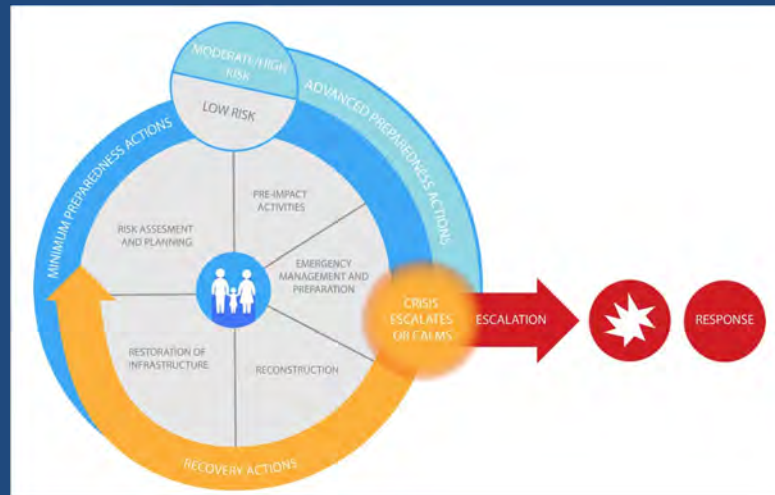
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## Family Planning in Humanitarian Settings

Preparedness actions

Crisis Response

Coordinated  
transition to back to  
routine services



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## Preparedness Actions

1. Review/update policies and laws to facilitate access and minimize disruption to voluntary FP services during a crisis event
2. Position current work force & engage non-traditional actors capable of facilitating access to voluntary FP services during a crisis prior to an emergency
3. Prepare FP/RH supply chains for emergencies
4. Prepare staff and health facilities to mobilize during a crisis event

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## Crisis Response

1. Ensure provision and tracking of voluntary family planning services within a broader health response
2. Leverage routine systems to ensure efficient use of resources



## Coordinated Transition

1. Re-establish routine FP services in crisis-affected areas
2. Restore routine FP supply chains
3. Prepare the health workforce
4. Re-establish national information systems for monitoring and tracking FP services and supplies
5. Mobilize resources to strengthen the delivery of routine FP





# Ready to Save Lives: a Preparedness Toolkit for SRH in Emergencies

**Purpose:** share steps, tools, recommendations and learnings with country-level actors

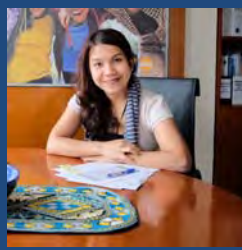
**Aim:** help countries to be able to maintain a continuity of comprehensive SRH services in an emergency and, in a more widespread event, prepare to provide the minimum SRH services needed until the situation is stabilized.



## Today's Panelists



Lily Jacobi  
Women's Refugee  
Commission



Ibeth Sidabutar  
UNFPA Indonesia



Riznawaty Aryanti  
UNFPA Indonesia



Jameel Zamir  
IPPF ESEAOR



### Lily Jacobi, Women's Refugee Commission

Lily Jacobi is a program manager with the Women's Refugee Commission's Sexual and Reproductive Health program, and a member of WRC's research unit. Prior to joining WRC, Lily worked with programs in St. Louis and Chicago providing services to survivors of domestic and intimate partner violence. Lily received her master's degree in human rights studies from Columbia University and her bachelor's degree in anthropology and women, gender, and sexuality studies from Washington University in St. Louis.



## Global snapshot of contraceptive services across crisis-affected settings

Lily Jacobi, Sara Casey, and Sarah Rich





## GLOBAL LANDSCAPING OBJECTIVES

- Improve knowledge on the state of contraceptive services in humanitarian settings
- Assess progress and challenges to the successful implementation of contraceptive service delivery in humanitarian settings
- Identify key recommendations to accelerate access to contraception for crisis-affected populations across the humanitarian-development nexus

### Methods

- Literature review
- Global coverage survey
- Key informant interviews
- Case studies in three humanitarian settings

## LITERATURE REVIEW

Identified 75 peer-reviewed articles and 22 grey publications (2010-2019)

### Key findings

- High demand for contraception
- Gaps in availability
- Consistent barriers, including supplies challenges
- Clear need for more evidence on effective program models

### Programmatic evidence supports:

- Multi-prong programs
- Community-based service delivery, including mobile units and community health workers
- Contraception as part of PAC
- Two studies supporting alternative financing – subsidies and vouchers, respectively

## GLOBAL COVERAGE SURVEY

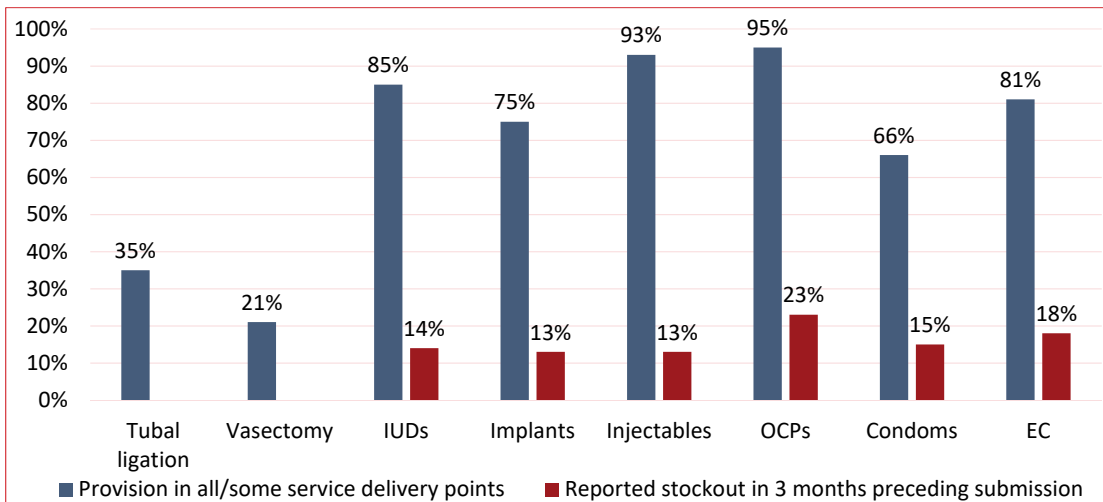


### Methods

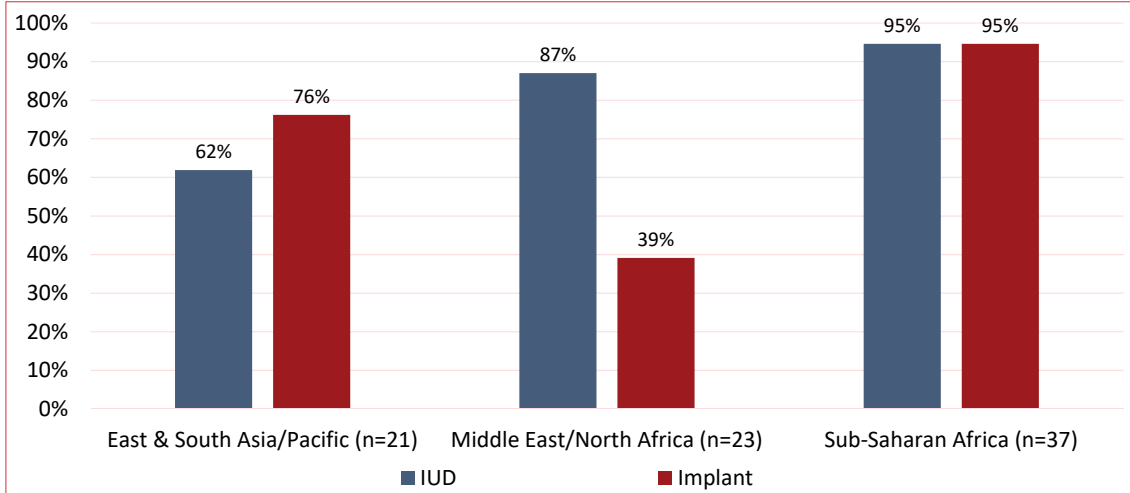
- Completed spring 2019
- Purposive sampling
- 20 organizations participated:
  - 7 INGOs
  - 12 national/regional NGOs
  - 1 UN agency
- Data represents 84 programs across 42 countries/territories

Data should not be treated as a complete picture of the current state of contraceptive coverage in humanitarian settings, or representative of programs - there are likely many organizations, especially local and community-based organizations, providing contraceptive services that are not captured.

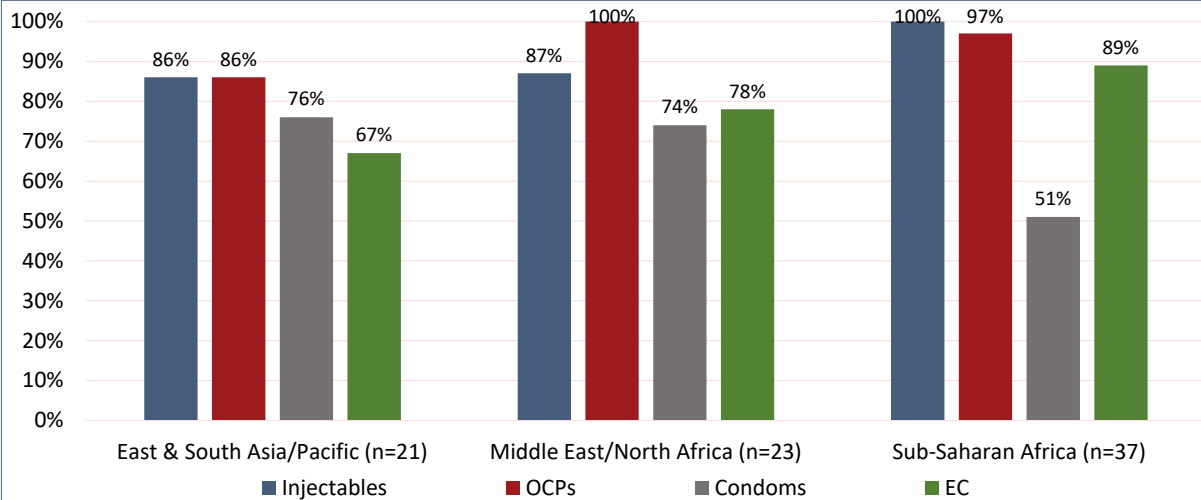
## % OF COUNTRY PROGRAMS PROVIDING CONTRACEPTIVE METHODS IN ALL/SOME SERVICE DELIVERY POINTS, AND % REPORTING A STOCKOUT IN PRIOR 3 MONTHS (N=84)



## PERCENTAGE OF COUNTRY PROGRAMS PROVIDING LARCS BY REGION (N=84)



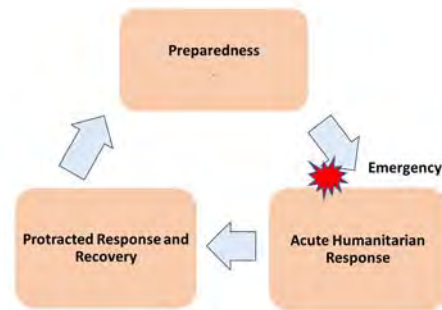
## PERCENTAGE OF COUNTRY PROGRAMS PROVIDING SHORT ACTING METHODS BY REGION (N=84)



## KEY INFORMANT INTERVIEWS (N=17)

### Breakdown of informants

- 14 interviews with 17 informants
  - 1 UN agency; 6 INGOs; 1 national NGO
  - 10 humanitarian; 7 development
  - 8 field-based; 9 HQ
- Focused on transition periods
- Explored collaboration across the nexus



Graphic credit: Sarah Rich (WRC)

## KEY FACTORS AFFECTING TRANSITIONS & COORDINATION ACROSS THE NEXUS

- Existing national systems and capacity
- Coordination mechanisms
- Funding



Image credit: Cassandra Puls (WRC)

## STRATEGIES AND RECOMMENDATIONS TO IMPROVE TRANSITIONS AND COORDINATION ACROSS THE NEXUS

- Health systems strengthening activities and building local ownership
- Establish multilateral coordination mechanisms including humanitarian and development partners
- Generate and share information on effective programs and strategies



Image credit: Cassandra Puls (WRC)

## CASE STUDIES

### Settings

- Cox's Bazar, Bangladesh
- Maiduguri, Borno State, Nigeria
- Cyclone Idai-affected Mozambique

### Data collection

- KIIs with key stakeholders
- Facility assessments
- FGDs with affected communities



Image credit: Cassandra Puls (WRC)

## KEY FINDINGS ACROSS CASE STUDIES

- Short-acting methods are more widely available than LARCs and EC
- Adolescents face the greatest barriers to accessing contraceptive services
- Community-level barriers across settings include misconceptions about methods, stigma and negative attitudes, religious barriers, and opposition from male partners
- Stock outs posed challenges in Borno State, Nigeria and Mozambique
- Data collection was uneven across settings
- Funding, leadership, and coordination contributed to the availability and accessibility of contraceptive supplies and services

## MOVING FORWARD

Based on key findings from across the landscaping assessment, we have identified the need to:

- Meet the clear demand for contraception in humanitarian settings
- Improve data collection and build the evidence base on effective contraceptive service delivery programs in humanitarian settings
- Strengthen supply chains and improve commodity security
- Improve availability of and access to LARCs and EC
- Address barriers for adolescents and other marginalized populations
- Strengthen coordination across the humanitarian-development nexus, particularly in preparedness and recovery phases





**WOMEN'S  
REFUGEE  
COMMISSION**  
RESEARCH. RETHINK. RESOLVE.

*For any questions, please email [lilyj@wrcommission.org](mailto:lilyj@wrcommission.org)*

**Riznawaty Imma Aryanti, UNFPA Indonesia**

Riznawaty Imma Aryanti is the reproductive health programme specialist of UNFPA Indonesia. She has more than 20 years of professional working experience in researches, programme development, and monitoring and evaluation in the area of maternal health, reproductive health, and community development. She has a bachelor and a master of science degree on public health and community nutrition from the University of Indonesia. She completed a PhD degree from the Australian National University in 2013 with a thesis titled "Hospitalized Abortion in Yogyakarta: Characteristics and Implications". Riznawaty has participated in various collaborative researches between Faculty of Public Health University of Indonesia and the Guttmacher Institute, as well as development of technocratic papers for the National Planning Agency of Indonesia. Her previous working experience includes World Health Organization Indonesia, Swisscontact and IPAS Indonesia



### Elisabeth Adelina Sidabutar, UNFPA Indonesia

Ms Elisabeth is the Humanitarian Programme Analyst in UNFPA Indonesia Country Office. She had been working with UNFPA for 17 years, and I had 7 years' experiences worked in disaster and conflict situations as Emergency Officer in INGOs, currently She has responsibility to lead humanitarian preparedness, response and recovery programme in UNFPA Indonesia. Some opportunities on a detail assignment supported the Papua Nuigini earthquake response as Humanitarian Coordinator; supported the Asia Pacific Regional Office as Humanitarian Project Coordinator for the Regional Prepositioned Initiatives in September - December 2019. Extensive experience in programme and result based management, with more than 5 years as focal point for Programme Management Unit in UNFPA Indonesia Country Office. She has master degree on Management Development Studies, graduated from University of Torino, Italy. Her previous working experience includes World Vision International Indonesia and Catholic Relief Services Indonesia.



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## Family Planning Services in Crisis Situation in Indonesia

Lessons learned  
UNFPA Humanitarian  
Preparedness and  
Response

## INDONESIA

### Disaster-prone country

- Population 270 million
- 97% out of total population are living in disaster-prone area
- Tsunami Aceh, December 2004
- Liquefaction Central Sulawesi 2018
- 9.391 natural disasters in 2019; 5.3 million people affected and displaced
- 1,607 natural disaster in 2020 (up to 31 May); 534K people affected and displaced

### Family Planning Indicators

- **TFR: 2.4**
- **CPR : 63.6%**
- **MCPR : 57.2%**
- **Unmet Need : 10.6%**

## Preparedness

- Adaptation of International Minimum Initial Service Package (MISP) since 2003
- Development and endorsement of National MISP Guideline & Operational Guidelines
- Development and endorsement of Logistics MISP Guidelines
- Capacity development for RH Sub Cluster
- Integration of MISP into midwifery local curricula
- RH coordination role from the Ministry of Health
- GBV coordination role from the Ministry of Women Empowerment and Child Protection
- Deployment mechanism

**Advocacy  
Government led  
Supporting Policies**



## Response

1. Activation coordination role
2. Prevention and Management of GBV
3. Prevention of STI's including HIV transmission
4. Adolescent inclusion and youth engagement
5. Prevention of maternal and neonatal morbidity and mortality
6. Prevention of unintended pregnancy through FP service
7. Integration of comprehensive SRH
8. Essential logistics

## Activation of the RH Sub Cluster



- RH Coordinator assigned
- Focal points assigned
- Deployment of RH team response
- Direct assistance and response for 1 initial month
- Shifting coordination role to Province or District level
- TA for continuation of Sub Cluster coordination
- Data and information Management
- Advocacy for sustainability



## Prevention and Management of GBV

- Activation of GBV Sub Cluster
- Established and functioned Women Friendly Spaces
- SRH – GBV linkages services
- RH and FP Education
- Psychosocial support
- Community based referral mechanism
- Care for care provider
- Capacity development



## Prevention of STI's including HIV transmission

- Partners identified
- Data on target population
- ARV provision
- Outreach services
- Community engagement
- Universal Precaution
- Clinical Trainings



## Adolescent inclusion and youth engagement



- Space for Adolescent and youth
- Engagement and meaningful participation
- Youth Forum
- Linkages with Government
- SRH/GBV education
- Peer counselor
- ASRH services

## Prevention of maternal and neonatal morbidity and mortality

- RH tents 24/7 services available
- Midwives deployed: 3-6 months intervention
- Capacity strengthened for the affected midwives
- Care for care providers
- SRH and FP Services
- Partnership - referral mechanism





## Prevention of unintended pregnancy



- FP services in RH tents
- Outreach services
- Community engagement through Women Friendly Space
- Partnership



**"MYSELF AND TWO OTHER MIDWIVES HAVE SAFELY ASSISTED 20 CHILDBIRTHS IN THIS MATERNITY TENT SO FAR. WE LOVE DOING OUR JOBS BECAUSE WE LIVE AMONG THIS COMMUNITY. MY OWN HOUSE WAS DAMAGED BY THE EARTHQUAKE."**

MUSFINA, MIDWIFE, PALU CITY.  
TRAINED BY UNFPA WITH SUPPORT FROM CERF.



CREDIT: OCHA/ANTHONY BURKE

## Integrated comprehensive reproductive health services

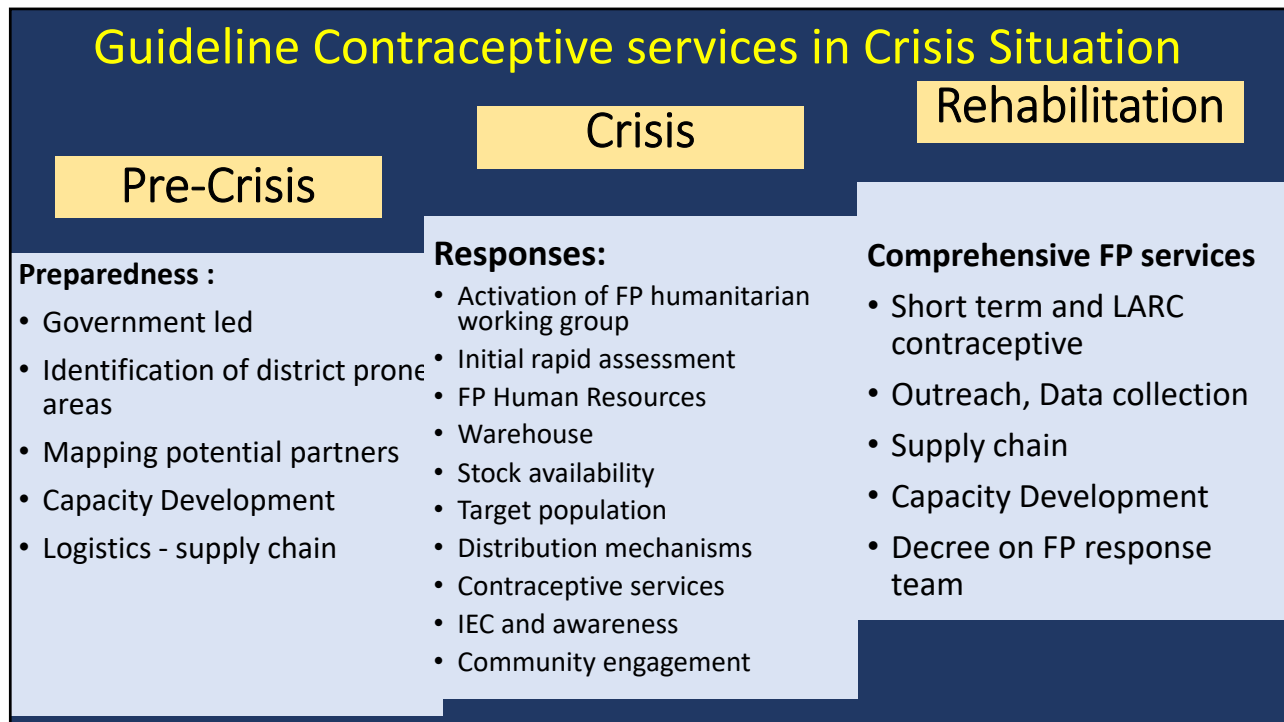
- Government led and mechanism
- Localization
- Sustainability
- Integration to the essential reproductive health services
- Community resilient

**Opportunity to improve the system**

## How to ensure continuity of contraceptive services in Humanitarian Setting?

- Establish FP coordination mechanism led by government
- Establish functioning FP working group
- Initial rapid assessment on contraceptive availability
- Costing of the contraceptive need and SCM
- To strengthen distribution mechanism in special condition
- Partnership with local stakeholders & private sectors
- Data, Information and Management
- Creating awareness and community engagement on FP
- Inform Consent and Feedback Mechanism

**Lessons learned and recommendations from humanitarian response 2018 - 2019**



### How is the impact of Covid-19 in Indonesia?

- Several rapid assessments are underway. Anecdotal reports on impact of Covid19:
  - ❖ 900 private practicing midwives closed their practices
  - ❖ Decrease in maternal health services coverage
  - ❖ Decrease in new family planning users in March compared to February of 30-40% for all contraceptive methods

## Ongoing activities led by National FP Agency in Covid19 pandemic

- Maintain high quality and predetermined standard of FP services
- Reduce physical visits to facilities, unless for emergency cases
- Use of tele-health through online/phone consultation
- Ensure adequate supply of contraceptive availability
- Alternative options during pandemic : pills and condom
- Personal Protection Equipment for health provider
- Integrated contraceptive services under reproductive health services

## UNFPA supported SRH Response during Covid19

- Impact of Covid19 on RH services in Indonesia (Nat. Planning Agency, MOH, Nat. FP Agency)
- Development of contraceptive guideline in crisis situation (includes natural and non natural disaster/pandemic) (Nat. FP Agency)
- Support SRH and FP continuation services through Indonesian Midwives Association
  - Personal Protection Equipment for 6 months
  - Dignity Kits for GBV survivors, pregnant woman, post delivery, newborn

*“Women’s reproductive health and rights must be safeguarded at all costs. The services must continue; the supplies must be delivered; and the vulnerable must be protected and supported.”*

- Natalia Kanem



## THANK YOU



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**Ms. Elisabeth Sidabutar**  
*Humanitarian Programme Analyst,*  
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**Jameel Zamir, IPPF ESEAOR**

Dr. Jameel Zamir is the Director of Programmes for the International Planned Parenthood Federation, East South East Asia and Oceania Region (ESEAOR), Malaysia. He has over two decades of experience in Family Planning and Sexual Reproductive Health & Rights in development and humanitarian settings in Asian countries. Dr Zamir is a member of IPPF Taskforce for COVID-19. He represents IPPF in the MenEngage Alliance Global Board. Dr. Zamir has a Ph.D. and a masters' degree in Population Studies from the International Institute for Population Sciences (IIPS), Mumbai.



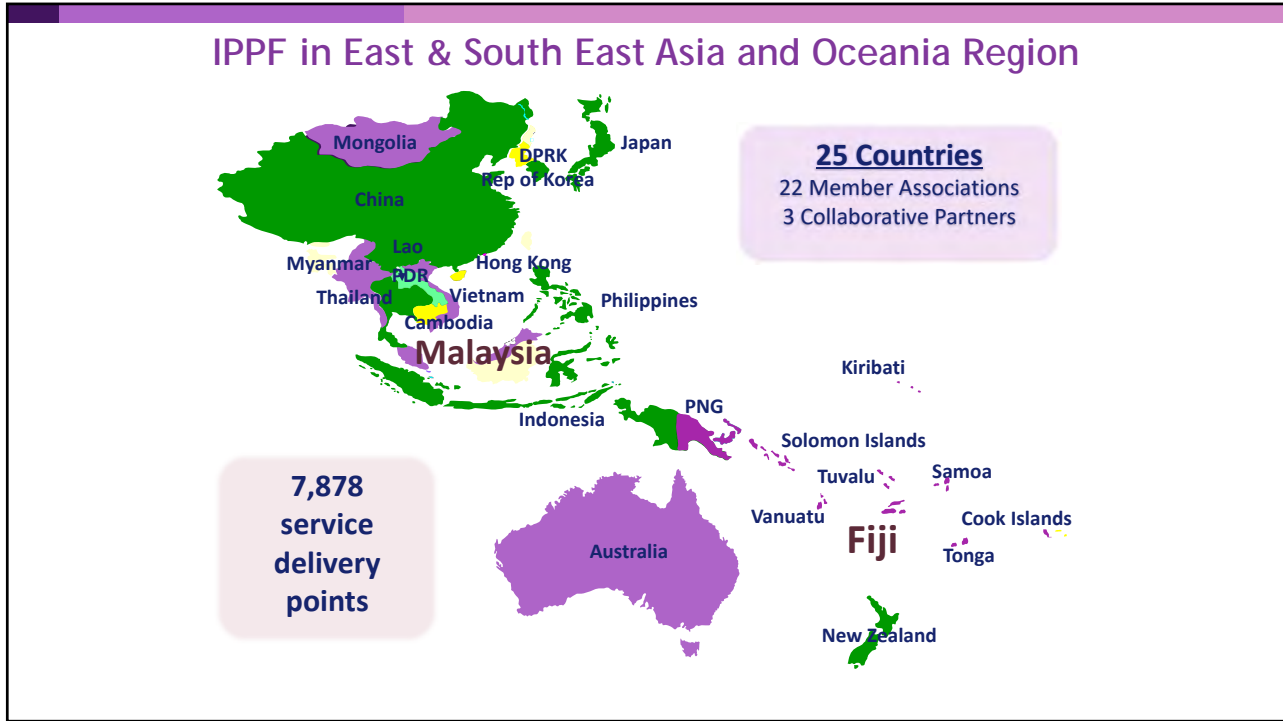
From choice, a world of possibilities

**Family Planning in Humanitarian Settings in the context of Covid-19: IPPF ESEAOR Experience**

Jameel Zamir  
Director of Programmes  
IPPF ESEAOR  
Kuala Lumpur  
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### IPPF Humanitarian Integration



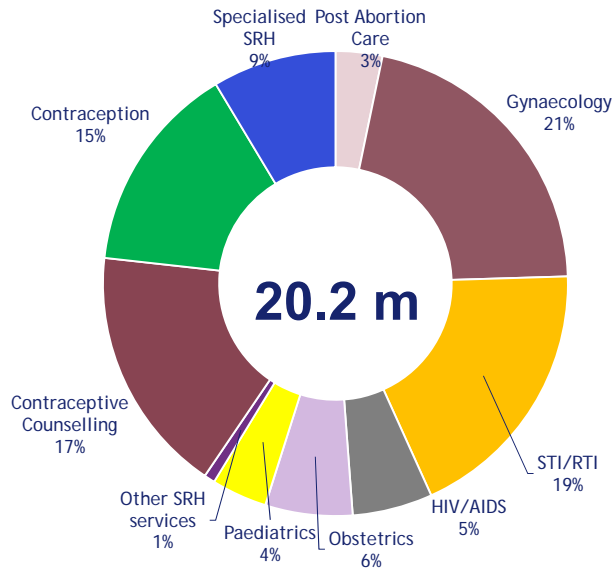
“ It is time for IPPF to commit wholeheartedly to humanitarian integration. ”

*Dr. Alvaro Bermejo,  
Director General of IPPF*



Policy	Technical & Clinical	Operational
Humanitarian Strategy IMAP Statements Advocacy Partnerships Communications Resource Mobilization	Preparedness & Capacity building - MISP HSS - Data Management, Financial & Security Tools and initiatives e.g. QOC, Gender & Inclusion, SGBV, Young People, Disability	IPPF Emergency Response Activation System Surge capacity roster Service delivery & Response Monitoring, Evaluation & Learning (MEL)

## Total of SRHR services provided 2019



Service Delivery Network	
Static Clinic	344
Associated Health Facility	316
Mobile / Outreach Clinic	239
CBD/CBS	6720
Non clinical SDPs	259
<b>Total</b>	<b>7,878</b>

## COVID 19 and FP-SRH Services

### IMPACT

IPPF MA Survey	% SDP Operational (March)	% SDP Operational (May)
Static clinics (344)	78%	97%
Mobile Clinics (239)	81%	77%
Associated Health Facility (316)	94%	100%
CBDs (6720)	98%	99%

- Scale down the availability of FP services (32% in March and 29% in May)
- FP commodities shortages (24% in March and 14% in May)

### RESPONSE

- C-19 measures in workplace and service delivery outlets (social distancing, respiratory etiquette, hand hygiene, triage and PPE)
- Digital Health Interventions using telemedicine & online platforms (counselling, clinical consultation, referral, doorsteps delivery of supplies)
- Mobilization of resources to ensure commodity security and continuity of services

## FP in Humanitarian Settings: IPPF Experience

- o Localization
- o Collaborating Partners: MOH, UNFPA, UNICEF, UNHCR and other CSOs
- o Organizing and delivering the family planning as part of MISP
- o Contraceptive distribution
- o First line Support / Psychosocial support
- o Ensuring quality of care
- o Managing Supplies

IPPF MAs are part of national FP 2020 teams and are advocating for FP in humanitarian settings



### Central Sulawesi, Indonesia: SPRINT Response

With support from the Australian Government, IPPF's SPRINT Initiative responded after the earthquake and tsunami in Indonesia in September 2018.

**Overview**  
On the 28 September 2018, strong earthquakes rocked the Indonesian island of Sulawesi, leading to severe damage to infrastructure and two thousand confirmed casualties. The earthquakes also triggered a tsunami that struck Palu City and destroyed its coastline.

In the aftermath of the earthquake, IPPF led to assess their own clinic in Palu which sustained minor damage. After this, they were able to provide first-line services to affected communities. With technical support from their counterparts, IPPF then provided an emergency response focusing on the provision of emergency sexual and reproductive healthcare. These services were provided through temporary health structures (pop-up) and mobile health vans, and mobile outreach services to internally displaced persons (IDP camps). This response ran for over one year, from October 2018 – October 2019.

<p><b>Collaborating Partners</b></p> <ul style="list-style-type: none"> <li>Indonesian National Board for Disaster Management (BNPB)</li> <li>Ministry of Health</li> <li>Indonesian Health Association</li> <li>United Nations Population Fund (UNFPA)</li> <li>UN Women</li> <li>UNICEF</li> <li>Indonesian AIDS Control (IAC)</li> <li>Indonesian Medical Social Association (IMSA)</li> <li>Ortam</li> </ul>	<p><b>Successes</b></p> <ul style="list-style-type: none"> <li>The SPRINT response had a specific focus on youth engagement. IPPF was an essential youth provider of services in Central Sulawesi who were required to support the emergency response and outreach.</li> <li>IPPF and IPPF-response teams were able to increase the first contraceptive use by many women and girls who had not previously had access.</li> <li>IPPF were able to secure funding through several other donor sources to their overall humanitarian efforts, amounting to US\$20,322,400 (US\$1,154,000).</li> </ul>	<p><b>KEY SPRINT INDICATORS</b></p> <ul style="list-style-type: none"> <li>15,067 FEMALE CLIENTS REGISTERED</li> <li>9,221 FEMALE CLIENTS REACHED</li> <li>20,370 CLIENTS REACHED THROUGH OUTREACH</li> <li>9,469 CLIENTS REACHED THROUGH PARTNERSHIPS</li> </ul>
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Australian Aid

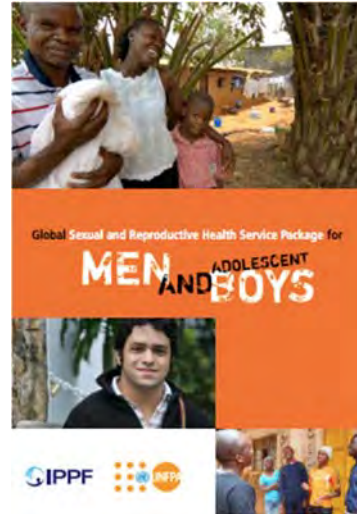
## Tropical Cyclone Harold Category 5: Tonga, Vanuatu, Fiji in Pacific Island countries, April, 2020



## Men's contraceptive use

### *Significantly untapped potential*

- Globally prevalence of male methods (versus female methods) reaches 10.9% (vasectomy and male condoms)
- Positive approach to men's engagement
- Targets service providers in healthcare settings who deliver SRH care to men, from adolescents to adulthood
- Provides an overview of the SRH services adolescents and men need
- Includes standards for quality provision of SRH services to men and boys, including gender transformation



## Key Messages

- FP is a **life-saving** humanitarian intervention that can help prevent mortality and morbidity related to unintended pregnancy
- **Demand is strong** amongst communities in humanitarian settings
- FP services should be **integrated** into each stage of humanitarian interventions, from preparedness, to response and recovery
- Not just short-acting contraceptive methods- the availability of **LARCS** is equally important. (MISP: Objective 5)
- Countries should invest in **readiness** to provide FP in humanitarian- so ensuring supplies and qualified staff exist and it is recognised within health and emergency management plans (under SRH)
- **Flexible funding** for FP in humanitarian (as all MISP services) is needed and should be integrated into health responses during crisis.



Thank you

IPPF COVID 19 Resources : <https://ippf-covid19.org/ippf-task-force/>



## Questions and Answers

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## Before we close:



Presentation and Recording available here:

<https://www.fphighimpactpractices.org/family-planning-in-humanitarian-settings-a-strategic-planning-guide-webinar/>



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[www.familyplanning2020.org](http://www.familyplanning2020.org)

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