THE NEEDS OF CRISES-AFFECTED WOMEN AND GIRLS MUST BE MAINSTREAMED ACROSS FAMILY PLANNING SUMMIT COMMITMENTS

1. **Family planning services save the lives of women and girls in humanitarian crises.**

   - Maternal death is a leading cause of mortality for women of reproductive age globally.[1] Fulfilling unmet need for contraception could avert nearly one in three maternal deaths.[2,3]

   - The need for family planning services and supplies becomes *more* acute in emergency settings. Women and girls affected by armed conflict and natural disasters are at increased risk of unintended pregnancy, maternal morbidity and mortality, including unsafe abortion.

   - More than 32 million women and girls of reproductive age worldwide require humanitarian assistance.[4] Family planning is already part of widely accepted standards on minimum emergency health response.[5,6]

2. **Demand for family planning in humanitarian settings is fierce.**

   - Many women and couples want to space or limit pregnancies following displacement. Across diverse contexts, 30% to 40% of women experiencing displacement did not want to become pregnant in the next two years, and 12% to 35% wanted to limit the number of pregnancies. [7]

   - The proportion of women who want to prevent pregnancy can be even higher in some populations. Nearly three quarters of pregnant Syrian refugee women surveyed in Lebanon wished to prevent future pregnancy, and more than one half did not desire their current pregnancy.[8]

   - Demand for the full range of contraceptive options, including long-acting methods, is present in humanitarian settings, and evidence shows that women will use them if available and of reasonable quality.[9, 10]

   - Despite the urgent need for contraceptive services and supplies, a 2014 assessment found that funding proposals for reproductive health in emergencies consistently omitted requests for family planning.[11] Greater donor and government commitments and funding are critical to meeting the fierce demand from women and girls.

3. **Meeting the need for family planning in humanitarian settings is challenging, but feasible.**

   - Humanitarian agencies have effectively provided contraception in some of the most challenging settings, including South Sudan, Chad, and DRC. Over the past four-years, humanitarian responders have provided contraception to more than 178,000 women across these three contexts.[12]

   - UN agencies bring strong experience providing family planning services and supplies in crises. UNFPA delivered emergency reproductive health kits containing essential supplies, including contraceptives, to 12 million people in 47 countries during 2016.[13]

   - The global humanitarian community has developed and vetted standards and guidelines for the provision of contraceptive services, most notably the *Inter-Agency Field Manual on*

Reproductive Health in Humanitarian Settings. **A revised version of the manual will be published in Autumn 2017 and should be immediately operationalized.**

4. **Providing family planning to women and girls in humanitarian settings, as part of a package of sexual and reproductive health services, is critical to countries' ability to meet their FP2020 commitments and achieve the SDGs.**

    - With millions of women and girls living in crisis settings, FP2020 commitments and rights-based principles cannot be fulfilled without deliberate efforts to reach them.[14,15]

    - The potential for reaching additional, voluntary users across crisis contexts is great. Countries like DRC, Nigeria, and Pakistan host millions of displaced people. Moreover, modern contraceptive prevalence is very low in several crisis-affected FP2020 focus countries: Afghanistan (14.6%), CAR (14.6%), DRC (10%), Sudan (12.9%), Yemen (19.9%), Somalia (2.5%), and South Sudan (3.3%).[16]

    - Ensuring universal access to sexual and reproductive health services – including family planning – helps countries to achieve nearly half of the 17 SDGs, including lower rates of poverty (Goal 1) and food insecurity (Goal 2).[17]

    - Crises present an opportunity for governments and their NGO partners to reach marginalized, remote, or otherwise under-served populations with family planning services. Emergency preparedness, response, and recovery efforts also strengthen countries' ability to reach these populations during times of stability.

    - Family planning service delivery promotes a higher level of gender equality, which is associated with lower levels of risk for conflict.[18]

[1] WHO, "Maternal Mortality," (2016). Available at: http://www.who.int/mediacentre/factsheets/fs348/en/

[2] Ahmed et al., (2012), "Maternal deaths averted by contraceptive use: an analysis of 172 countries," The Lancet 380: 111-125.

[3] Cleland et al., (2006), "Family planning: the unfinished agenda." The Lancet, The Lancet Sexual and Reproductive Health Series, available at: http://www.who.int/reproductivehealth/publications/general/lancet_3.pdf

[4] United Nations Office for the Coordination of Humanitarian Affairs (OCHA), (2016), "Global Humanitarian Overview 2017," *available at*: http://docs.unocha.org/sites/dms/Documents/GHO_2017.pdf ; it is estimated that 128 million people are currently in need of humanitarian assistance and 1 in 4 are women and girls of reproductive age according to UNFPA "State of the World Population 2015" report, available at http://www.unfpa.org/swop-2015

[5] The Sphere Project, (2011), "The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response," *available at:* http://www.spherehandbook.org/

[6] Minimum Initial Service Package (MISP) for reproductive health in crises

[7] McGinn et al., (2011), "Family Planning in Conflict: Results of Cross-sectional Baseline Surveys in Three African countries," *Conflict and Health* 5: 11*, available at*: http://www.conflictandhealth.com/content/5/1/11

[8] Benage at al., (2015), "An assessment of antenatal care among Syrian refugees in Lebanon," *Conflict and Health* 9(8).

[9] Casey SE, McNab SE, Tanton C, Odong J, Testa AC, Lee-Jones L, (2013), "Availability of long-acting and permanent family-planning methods leads to increase in use in conflict-affected northern Uganda: evidence from cross-sectional baseline and endline cluster surveys," *Glob Public Health* 8:284–97

[10] Casey, Sara and Martin Tshimpamba, (2017), "Contraceptive availability leads to increase in use in conflict-affected Democratic Republic of the Congo: evidence from cross-sectional cluster surveys, facility assessments and service statistics," *Conflict and Health* 11(2).

[11] Tanabe et al., (2015), "Tracking humanitarian funding for reproductive health: a systematic analysis of health and protection proposals from 2002-2013," Conflict and Health 9 (Suppl 1): S2.

[12] Monitoring data available from CARE, IRC and IMC between 2012 and 2016

[13] UNFPA, (2017), "Humanitarian Action: 2017 Overview," *available at:* http://www.unfpa.org/publications/humanitarian-action-2017-overview

[14] OECD, (2016), "States of Fragility 2016: Understanding Violence," OECD Publishing, Paris.

[15] OECD, (2016), "States of Fragility 2016: Understanding Violence," OECD Publishing, Paris.

[16] FP2020, (2016), "FP2020: Momentum at the Midpoint – 2015-2016 Progress Report," *available at*: http://progress.familyplanning2020.org/

[17] Starbird et al., (2016), "Investing in Family Planning: Key to Achieving the Sustainable Development Goals," *Global Health Science and Practice* 4(2): 191-210.

[18] OECD, (2016), "States of Fragility 2016: Understanding Violence," OECD Publishing, Paris.