

Women's Refugee Commission Commitment



Narrative

Problem Statement:

- Family planning (FP) is lifesaving and the standard of care in crisis-affected settings, as documented in the Minimum Initial Service Package (MISP) for sexual and reproductive health (SRH). However, availability of and access to FP in crisis-affected settings remains limited and uneven. A recent landscaping assessment by the Women's Refugee Commission (WRC) found that several gaps hinder access to high-quality FP services in humanitarian settings, including lack of method mix, particularly long-acting reversible contraception (LARCs) and emergency contraception (EC). 1 Access to FP is especially limited for adolescents and other marginalized groups.2

Global advocacy:

- WRC will build global commitment and catalyze investment in contraceptive services for crisis-affected populations by leveraging the findings and recommendations from a two-year landscaping assessment of contraception. The findings from this assessment are relevant to both humanitarian settings and across the humanitarian-development nexus, and also offer lessons learned in the context of a global pandemic. We will conduct advocacy and dissemination targeting three key audiences across the sexual and reproductive health (SRH), humanitarian, and development communities: donors, governments, and implementing partners, including stakeholders in the Ougadougou Partnership (OP) region. Our efforts will also target the media and general public to raise awareness of this issue, which in turn contributes to building support for changes in policy and practice. The advocacy and dissemination will contribute toward improved access to and availability of contraceptive services in humanitarian settings and across the humanitarian-development nexus, through targeted advocacy toward key decision-makers – including donors, governments, and implementing partners – whose investments and actions can determine the availability of contraceptive services in these settings.
 - **Commitment:** WRC will develop a suite of publications to catalyze commitment to improving contraceptive availability and access in crisis-affected settings, including four briefs targeting key stakeholders (donors, governments, humanitarian actors, and development actors); a targeted brief with recommendations focused on the OP region; a learning brief developed highlighting best practices to integrate FP into preparedness, response, and recovery; and at least one peer-reviewed journal publication. WRC will also partner with one country in the OP region to conduct a MISP Readiness Assessment with participation from multi-sector stakeholders. All documents, findings, and recommendations will be shared with humanitarian and development stakeholders through the Inter- Agency Working Group on Reproductive Health in Crises (IAWG) and other key coordination platforms, and key materials will be translated into French to ensure uptake in the OP region.

1 Women's Refugee Commission, *Contraceptive Services in Humanitarian Settings and in the Humanitarian-Development Nexus: Summary of Gaps and Recommendations from a State-of-the-Field Landscaping Assessment*, March 2021.

2 Ibid.

Sub-national programming:

- To meet FP needs among refugees who have fled two of the world's most complex and devastating crises, in Afghanistan and Tigray, Ethiopia, WRC will partner with the Sudan Family Planning Association (SFPA) and Rahnuma Family Planning Association of Pakistan (FPAP) to implement community-based and provider programming to expand method choice and address barriers to accessing FP, including among youth, people with disabilities, and people who have experienced sexual or gender-based violence (SGBV).
- Goal: Improve access to and uptake of voluntary, rights-based family planning (FP) services, including the full range of methods, in Pakistan and Sudan among diverse refugee populations from Afghanistan and Tigray, Ethiopia and host communities.
- Objective 1: Improve community members' knowledge, attitudes, and practices around FP use, including the full range of methods, among refugees and host communities, inclusive of marginalized groups.
 - **Commitment:** In Sudan, SFPA will train 27 community mobilizers (9 per site) to conduct 38,880 household visits delivering messages about the benefits of FP, informed choice, and the full range of methods, including EC and IUDs. Community mobilizers will be recruited from both the refugee and host populations, and will include some young people from each community. They will speak the same language and have awareness of the cultural norms of the specific populations they are serving. They will also deliver similar messages through 144 community awareness sessions; distribution of information, education, and communication (IEC) materials; and quarterly FP campaigns, including community street and radio dramas. Additionally, they will convene six orientation sessions for community leaders (two in each site, one for refugees and one for host communities) to advance support for FP among community leaders. They will also provide targeted messaging to community leaders and diverse sub-populations through 144 focus group discussions (FGDs). SFPA aims to reach approximately 40,000 people through these activities. In Pakistan, FPAP will support a Lady Health Visitor and a male outreach worker in each site to: convene 320 community awareness sessions on FP, drawing on social and behavior change communications (SBCC) materials such as recorded dramas; form community FP support groups (a male group and a female group of five at each location); and conduct 4,800 household visits to provide information about FP and distribute methods approved for community-based delivery, including oral contraceptive pills, EC, and condoms. FPAP aims to reach 24,320 people through these activities.
- Objective 2: Improve health providers' knowledge, attitudes, and practices around FP provision, including the full range of methods, to refugees and host communities, inclusive of marginalized groups.
 - **Commitment:** SFPA and FPAP, with WRC's support, will: conduct training and values clarification and attitude transformation (VCAT) workshops with 52 health providers, including 27 in Sudan and 25 in Pakistan. The VCAT workshops will address misconceptions about EC and LARCs, promote voluntarism and informed choice, and improve provider attitudes toward FP use among marginalized groups. The provider training will increase knowledge of the full range of methods, address knowledge gaps identified during VCAT workshops, and strengthen rights-based FP counselling.

- Objective 3: Provide high-quality voluntary FP services, including a wide range of methods, to refugees and host communities, inclusive of marginalized groups.
 - **Commitment:** SFPA and FPAP will provide FP services to refugees and host community members, including marginalized groups. SFPA will rehabilitate its on-site clinics in each site to enable provision of IUDs and will provide FP services, inclusive of EC and IUDs, to approximately 11,929 clients. FPAP will organize weekly medical camps (mobile clinics) in Afghan refugee settlements to provide FP services, serving approximately 12,800 clients via 320 medical camps.

Outcomes & Values

- At least seven new publications produced on FP in crises.
- Number of beneficiaries (target: 40,075 in Sudan and 24,320 in Pakistan) who receive targeted messages on FP services available to them, disaggregated by age and sex.
- Number of first-time users of modern contraception, by age, sex and disability (target: 4,898 in Sudan and 717 in Pakistan)
- Percentage of beneficiary patients receiving FP services who express satisfaction with services received, by sex, age, and disability (target: 95%)
- Percentage of eligible rape survivors given emergency contraception within 120 hours, by age and disability status (target: 100% of clients who report sexual violence to SFPA or FPAP within 120 hours of an incident)
- Percentage of beneficiaries who report an improved sense of safety and well-being at the end of the program disaggregated by age and gender (target: 90%)
- Couple years of protection achieved (target: Sudan 3,014 and Pakistan 3,443)