Addressing the challenges and barriers to accessing FP services in emergency situations

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People affected by humanitarian emergencies experience extraordinary obstacles in accessing family planning services.
Barriers

- Structure and history of the humanitarian field
- Limited availability and quality of services
- Variable demand
- Policy and funding constraints
‘RH in conflict’ is a young field

- Prior to mid-1990s: very little
- ICPD recognized RH needs & rights of refugees
  - Inter-agency Working Group
  - Manuals, guidelines, policies
  - RH services delivered
- 2004 global evaluation
  - FP more available
  - Limited range, distribution, quality
Organizational barriers

- Delivery of FP is new to humanitarian agencies
- FP is political, in humanitarian settings politics plays out in unpredictable ways
- Humanitarian settings are new to development agencies, the usual family planning programmers
Limited availability and quality of services

- Poor infrastructure
- Inadequate number of trained staff
- Weak logistics systems
- Insecurity
Barriers to demand for FP in humanitarian emergencies

- Low pre-existing awareness and use of FP
- Societal interest in replacing those who were lost in the crisis
- Low autonomy for women
Policy barriers to FP in humanitarian emergencies

- Health policies may restrict care, e.g.,
  - only doctors may insert IUDs
  - all clients required to undergo pelvic exam
- husband’s or parent’s consent required
- age, marital status or parity criteria
- fees
Funding structures

- Relief donors may not view FP as core to the humanitarian response
- Development donors and country planners may not include displaced persons among targeted beneficiary population
- Humanitarian relief funding is often short-term (12 months) and effective FP programming requires a multi-year funding commitment
Important progress had been made in the 15 years since Cairo.