



FAMILY PLANNING

“The aim of family planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so . . . The success of population education and family-planning programmes in a variety of settings demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities.” -International Conference on Population and Development (ICPD) Programme of Action¹

Family planning is essential to the ability of women and families to achieve good health and well being. Refugees and internally displaced persons (IDPs) must have access to these services, yet they are among the most underserved populations in the world.

Family planning is widely recognized and endorsed as a basic human right by multiple United Nations (UN) agencies and many other leading health and human rights organizations.

In recent years, inter-governmental consensus documents² of the UN Population Fund (UNFPA) and the World Health Organization (WHO) have highlighted the importance of providing access to family planning for underserved populations such as refugees and IDPs.

Accessible, voluntary family planning services are crucial in emergencies.

For example:

- ❖ Lack of contraceptive services leads to unplanned and unintended pregnancies, which in turn may lead to unsafe abortions³
- ❖ Young women in particular may wish to delay childbearing until they have a chance to meet education and training goals
- ❖ Limited resources may result in women and couples wanting to prevent new pregnancies in order to better provide for their children

- ❖ In the developing world, where the majority of humanitarian emergencies takes place, women often die or suffer permanent disability from entirely treatable complications of pregnancy and labor
- ❖ Women may wish to postpone or cease childbearing in emergencies to avoid the additional drain of pregnancy and labor and to avoid exposing newborns to the risks of displacement

Displaced women and couples who want to exercise control over the number and spacing of their children must have access to family planning services so that they can do so. It is essential that family planning in emergencies be prioritized accordingly.

Priorities for Action

Comprehensive family planning in emergencies must involve a range of sensitive, client-focused services.

Necessary interventions include:

- ❖ Temporary methods of contraception: male and female condoms, diaphragms, cervical caps, vaginal rings, oral contraceptives, and contraceptive injections
- ❖ Long-term methods of contraception: intrauterine devices (IUDs) and contraceptive implants

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- ❖ Permanent methods of contraception: male and female sterilization
- ❖ Emergency contraception
- ❖ Staff with appropriate training and support
- ❖ Uninterrupted supplies to ensure continuous access to all contraceptive methods
- ❖ Education programs to inform women and families about their right to access and use contraceptive methods and about the options available

Recommendations

- ❖ Donors should encourage humanitarian agencies to develop the human resources necessary to set up and run effective family planning services in emergency settings
- ❖ Donors must afford greater priority to family planning services through Flash Appeals⁴ and the Consolidated Appeals Process (CAP)⁵

- ❖ Humanitarian agencies should explore options for developing expertise in family planning service delivery
- ❖ Displaced groups with high maternal mortality ratios must be made top priorities for the introduction of quality family planning services
- ❖ Donors of family planning supplies should consider how to incorporate humanitarian emergencies into donations

Facts and Figures

- ❖ Family planning can prevent 25–30% of all maternal deaths⁶
- ❖ Research in multiple countries has shown the number of abortions declines rapidly—dropping by as much as 78%—with the establishment of family

planning services and an increase in the availability of contraception⁷

- ❖ The leading cause of death among teenage girls in developing countries is pregnancy and childbirth; each year, one million babies born to young mothers and 70,000 girls under age 20 die as a result of childbirth-related complications⁸
- ❖ A total of 33 out of 50 countries currently ranking lowest in global indicators of mothers' and children's well-being—including infant mortality and contraceptive use—have recently been sites of armed conflict or are home to substantial refugee populations⁹

CASE STUDY: Family Planning in Colombia

The Colombian government, the UN and multiple non-governmental organizations report that the number of Colombian IDPs is between one and three million, making Colombia home to either the largest or second largest population of IDPs in the world.

In Colombia, registration with the General System of Health and Social Security (SGSSS: Sistema General de Seguridad Social en Salud) is required to receive health care at any public institution. However, only half of IDPs are registered with the SGSSS; the remainder lack access to crucial health care, including family planning resources.

A large number of IDPs reside in the Pacific region, a geographically isolated area where highways and remote river routes used for shipping and transport are controlled primarily by drug traffickers. This makes travel within the area difficult and dangerous.

The RAISE Initiative helps Profamilia, the leading non-governmental organization provider of family planning services in Colombia, to deliver services to marginalized communities in the Pacific region. Mobile Profamilia brigades travel by road and on foot, carrying supplies on their backs. Once in the Pacific region, they work from improvised clinic sites, offering clients family planning services as well as pap smears, antenatal care, and general medical consultations.

¹UNFPA (1994). "International Conference on Population and Development Programme of Action." <http://www.unfpa.org/publications/detail.cfm?ID=275>

²UNFPA (2007). "Protecting the Reproductive Health of Communities in Crisis." <http://www.unfpa.org/emergencies/overview.htm>

³WHO (2007). "Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003. Fifth edition." (Geneva) http://www.who.int/reproductive-health/publications/unsafeabortion_2003/ua_estimates03.pdf

⁴The Flash Appeal is a tool for structuring a coordinated humanitarian response and coordinating fundraising among participating Inter-Agency Standing Committee organizations for the first three to six months of an emergency.

⁵The Consolidated Appeals Process (CAP) is a tool used by aid organizations, including the United Nations and other stakeholders, to plan, coordinate, fund, implement, and monitor their activities in response to an acute humanitarian need caused by a conflict or a natural disaster.

⁶IAWG (2004). "Inter-agency Global Evaluation of Reproductive Health Services for Refugees and Internally Displaced Persons." (Geneva: UNHCR) <http://www.womenscommission.org/pdf/IAWGtoc.pdf>

⁷WHO (2007). "Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003. Fifth edition." (Geneva) http://www.who.int/reproductive-health/publications/unsafeabortion_2003/ua_estimates03.pdf

⁸Save the Children (2004). "State of the World's Mothers 2004: Children Having Children." (Washington, DC: Save the Children) http://www.savethechildren.org/publications/mothers/2004/SOWM_2004_final.pdf

⁹Save the Children (2002). "State of the World's Mothers 2002: Mothers & Children in War & Conflict." (Washington, DC: Save the Children) <http://www.savethechildren.org/publications/mothers/2002/sowm2002.pdf>