



Women's Health in Crisis Settings

Focus on EC and Local Partnerships

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Pakistan

Burundi

Yemen

Sudan

5 Million Refugees

Nigeria

Iraq

Syria

Libya

Afghanistan

Liberia

170 MILLION AFFECTED PEOPLE

DRC

Kenya

South Sudan

Cote d'Ivoire

**144 Million
Experiencing
Insecurity**

Congo-Brazzaville

CAR

**23 Million
Displaced Persons**

Ethiopia

Eritrea

Mali

Zimbabwe

Somalia



Humanitarian context related to EC



EC Context

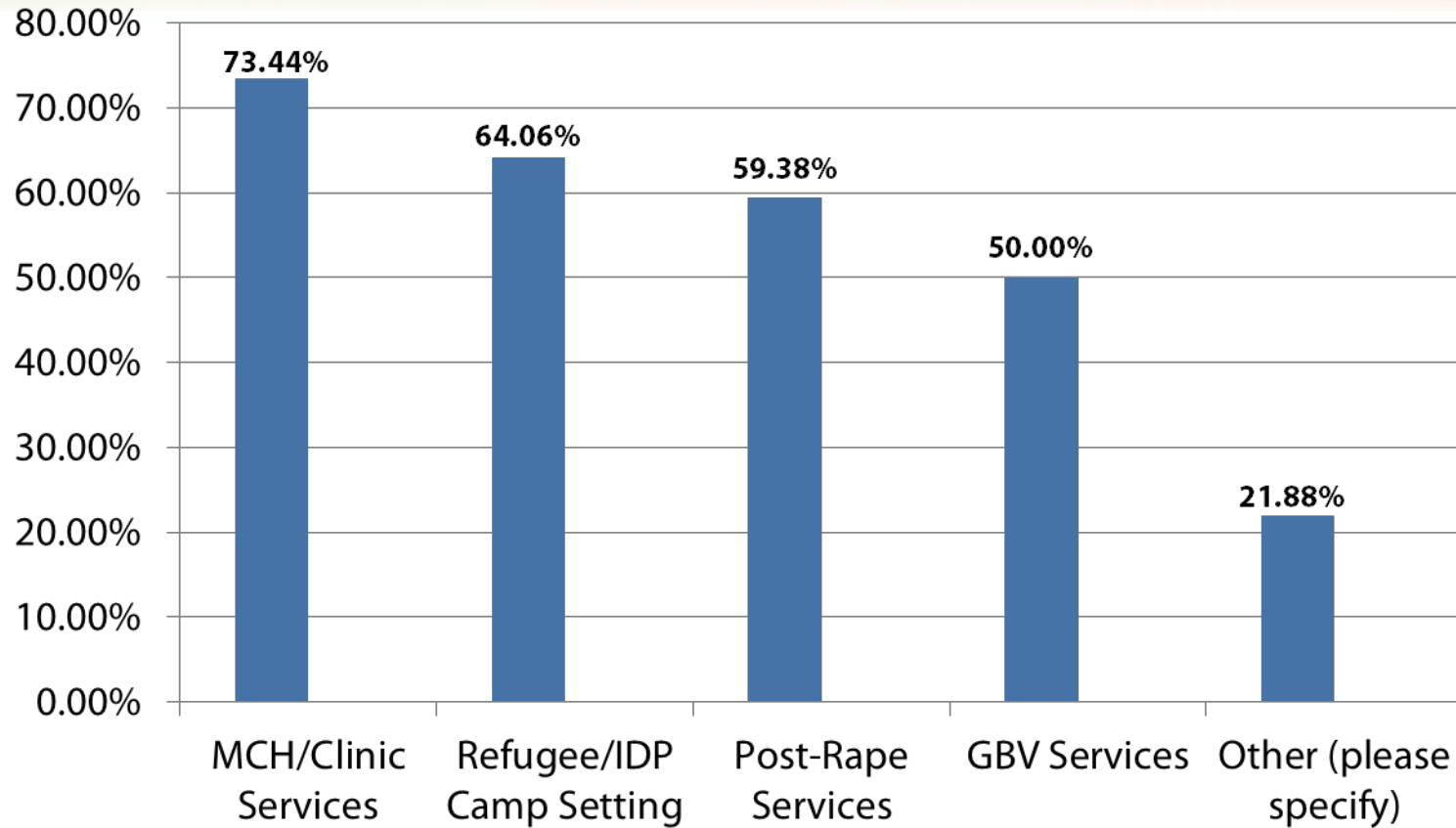
- the least known,
- least available, and
- least used modern family planning method in developing countries



Where to go when you don't know?

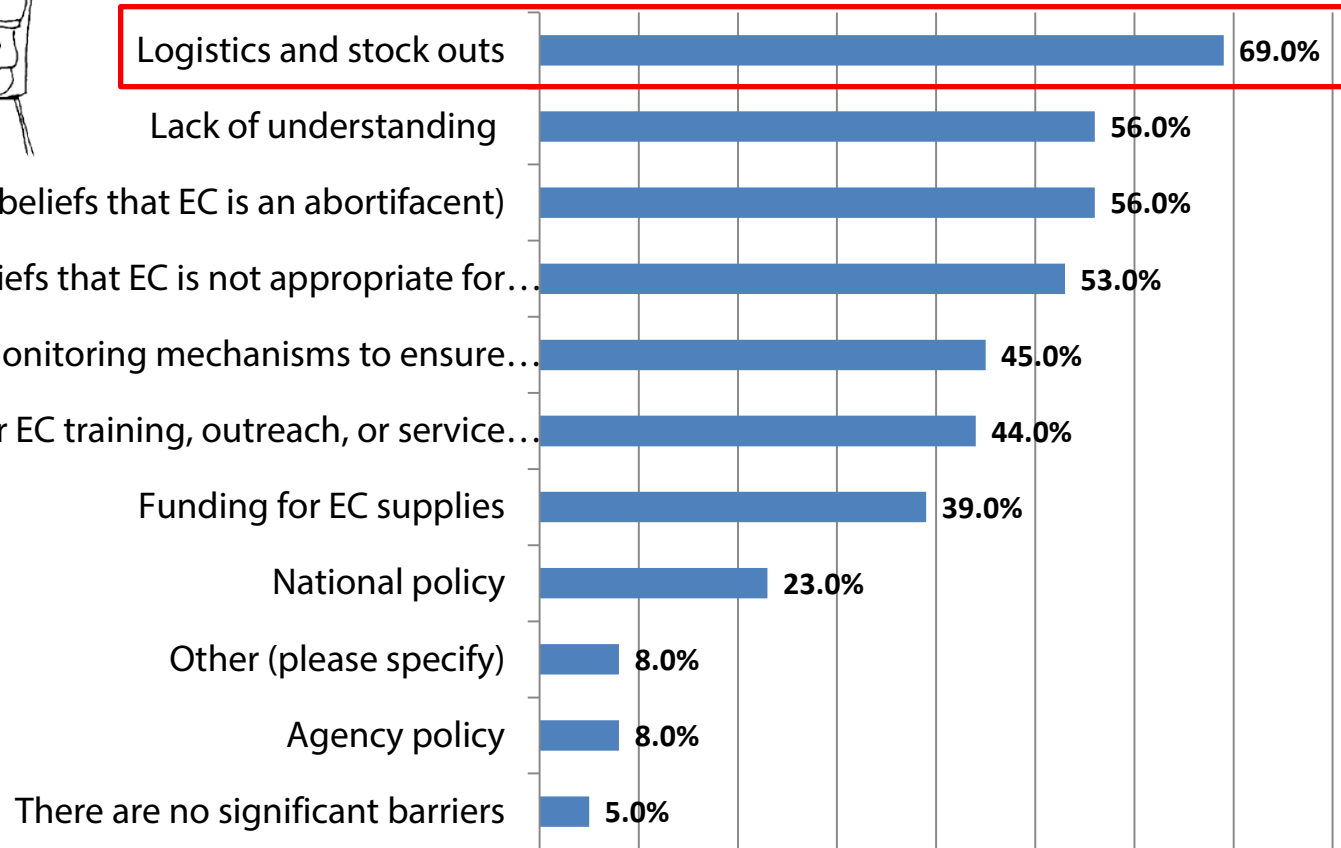


.... In a variety of settings



N=70

Barriers to accessing EC



Logistics Challenges

- Forecasting is difficult
- Unreliable logistics data
- Unpredictable demand (as not intended for regular use as a family planning method)
- Use is heavily contingent on client & provider awareness
- Not mainstreamed into logistics reporting forms

How does EC get to these crisis settings?



46 % via UN agencies or other donors



33 % via an NGO or social marketing outlet



42 % via contraception kits



33 % via a private manufacturer/ distributor



44 % via the public sector/government distribution (i.e. as essential medicine in country)



9 % Other (used own money & CBDAs and HAS)

Where??

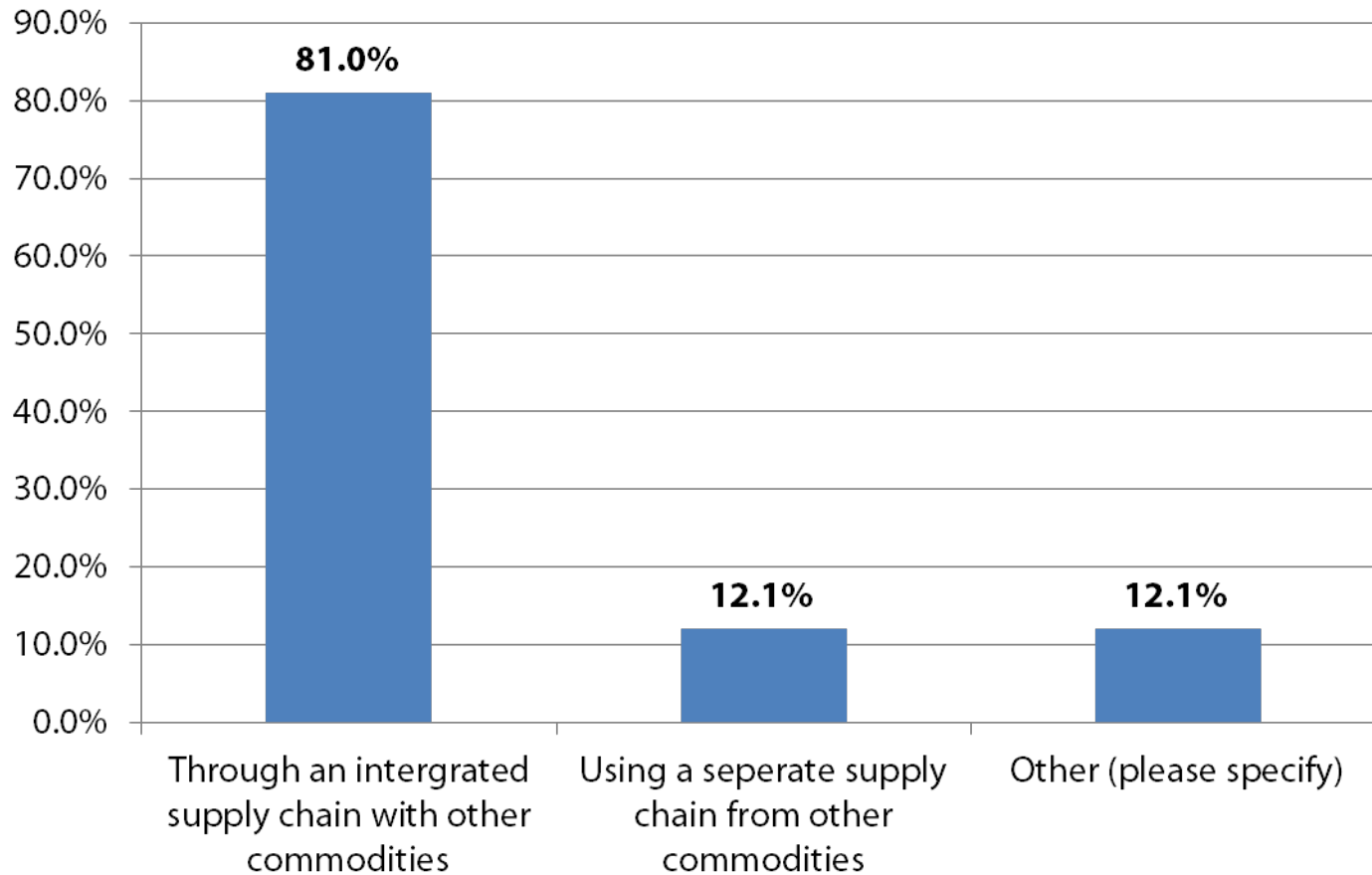
Commercial Sector

- Most used- 81%
- Flex hours & geographic convenience
- Client anonymity & confidentiality
- GAPS
 - Serve more urban & wealthier clients
 - Lack of private sector in crisis settings
 - Lack of data

Public/NGO Sector

- Ensure affordability & acceptability
- 58% via NGO
- 54% public
- Opportunities
 - Lack of private sector in crisis setting
 - NGO prioritizes provision in crisis setting

Can you give a specifics on the supply chain through which EC products are delivered?



N=62

Supply Chain

- National Essential Medicines List (NEML)
 - 2011 survey of 40 countries
 - Only 65% (26 countries) had EC on list
 - Opportunities
 - positive-updating list add EC (Rwanda & Senegal)
 - on WHO list (default for many countries)

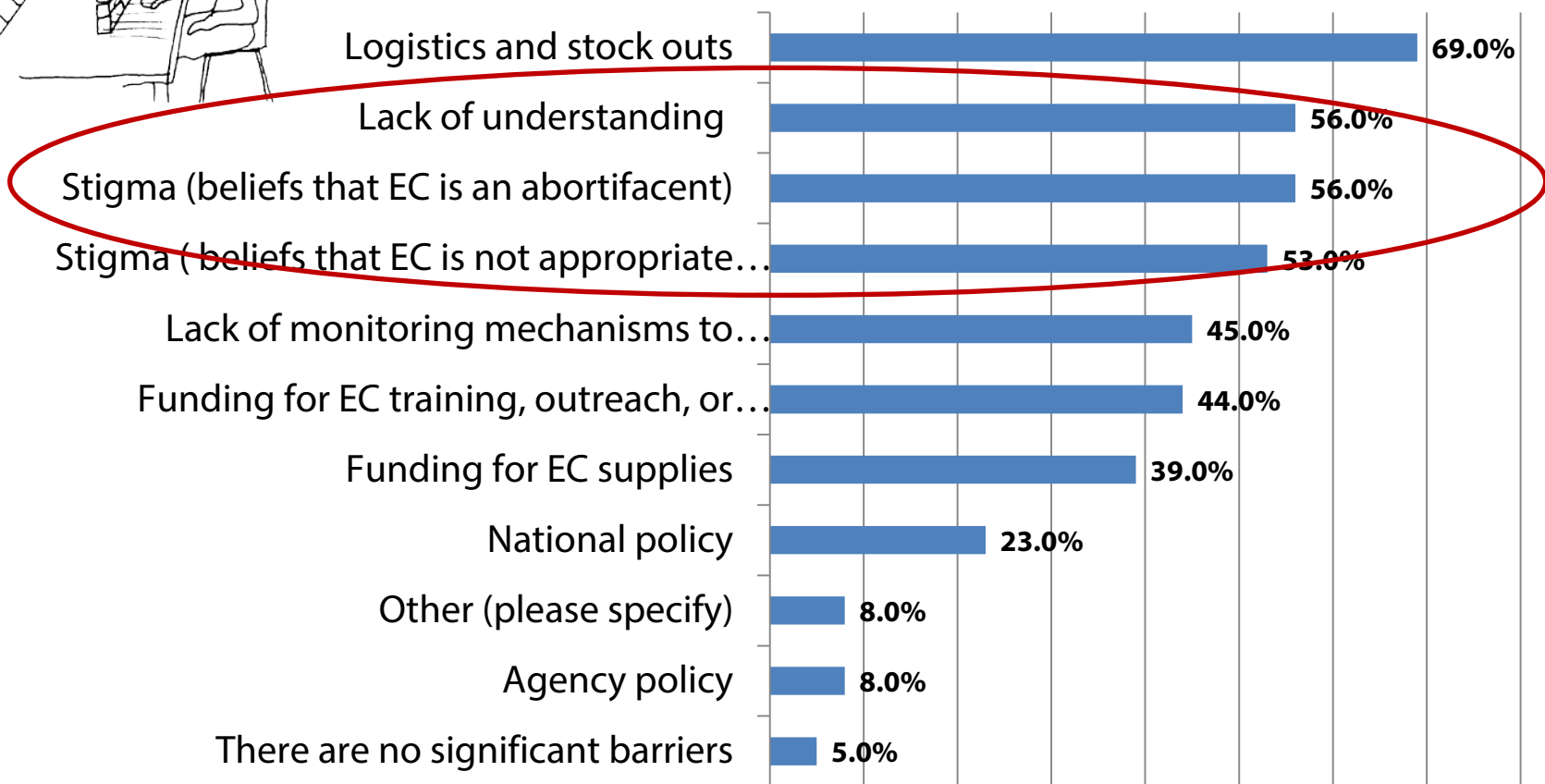
Supply Chain (cont.)

- Registration & Licensing
 - Affects which brands are available
 - Opportunities
 - WHO has pre-approved Levonorgestral 2 pill ECP
 - 152 have registered at least one EC product
 - www.not-2-late.com or ec.princeton.edu

Supply Chain: What to consider?

- Procurement Price
- Forecasting & Quantification
- Distribution and routine data collection
- Service Delivery
 - Provider training
 - EC counseling to improve RH
 - Prioritize access for young women/adolescents

Barriers to accessing EC



Current Refugee Situation in Syria

SYRIAN REFUGEE CRISIS

Families Fleeing Violence

There are more than 3 million Syrian refugees in five host countries. More than **13 million people are in need** of assistance inside and outside Syria.



LEBANON

1,176,971

1 in 5 people is a Syrian refugee



JORDAN

613,252

1 in 13 people is a Syrian refugee

EGYPT
139,090

TURKEY 832,508

SYRIA
6.5 million people internally displaced

IRAQ
215,369



Overview

- Current Status of EC in Jordan: Unregistered
- There have been many conversations in the MoH around EC & it's possible to see the process moving forward
- UNFPA submitted an order to get EC registered- as well as the additional documents regarding the manufacturer/ the brand name/the contraceptive drugs. Now it's a waiting game...

Attitudes and Beliefs

“Even if we promoted EC, are **we promoting**
sex & would this be **an easy escape?**”

–MOH representative

Accessibility

“One challenge is the very strong pharmaceutical industry in Jordan and often the drugs that get registered are those that are going to be able to remain locally. It takes several years to get drugs registered and I think a lot of the push has to come from the manufacturer and from outside the country. We’ve been looking at other products as well and if it’s not something that’s going to be able to be made locally or if they don’t think it’s going to have a big market, then they aren’t going to push for it. And if companies here in Jordan aren’t seeing that they have a big market- and they’re being told to push for something like EC which is controversial, credit for UNFPA to try. But it’s going to be a struggle.”

-UNHCR rep in Syria

Affordability

*“There are certain segments in the MoH staff that look down on refugees- and some refugees would say that they aren’t necessarily received well in MoH facilities- it’s not across the board- but there are certainly negative perceptions towards refugees, which is one reason we see a **relatively high uptake of private services, even if they can’t afford it.** Many refugees are in debt. So this is a barrier...”*

-UNFPA rep

Key Considerations

Logistics

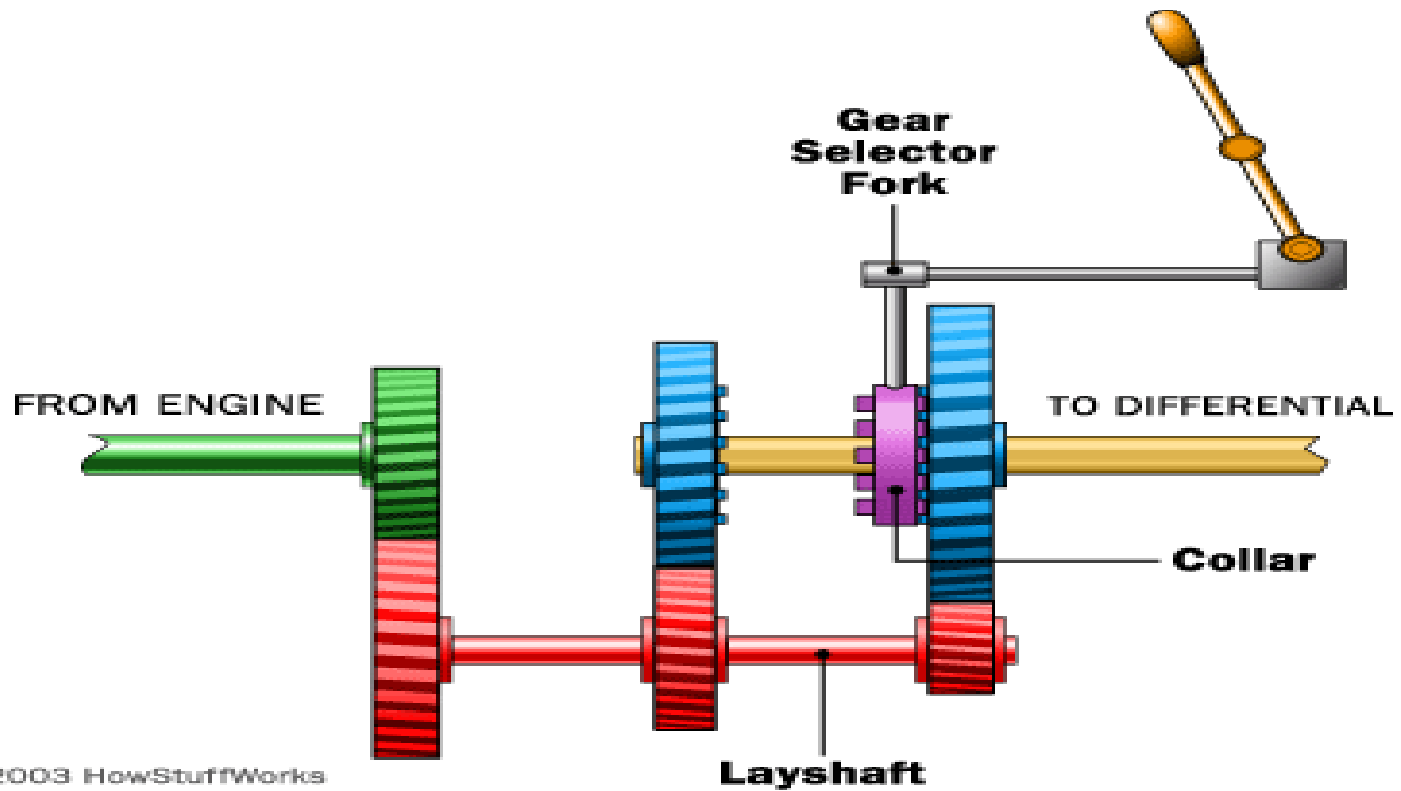
- Public & Private
- Integrate RH program
- Get data (NEML)

Attitudes and Accessibility

- Train providers
- No prescription

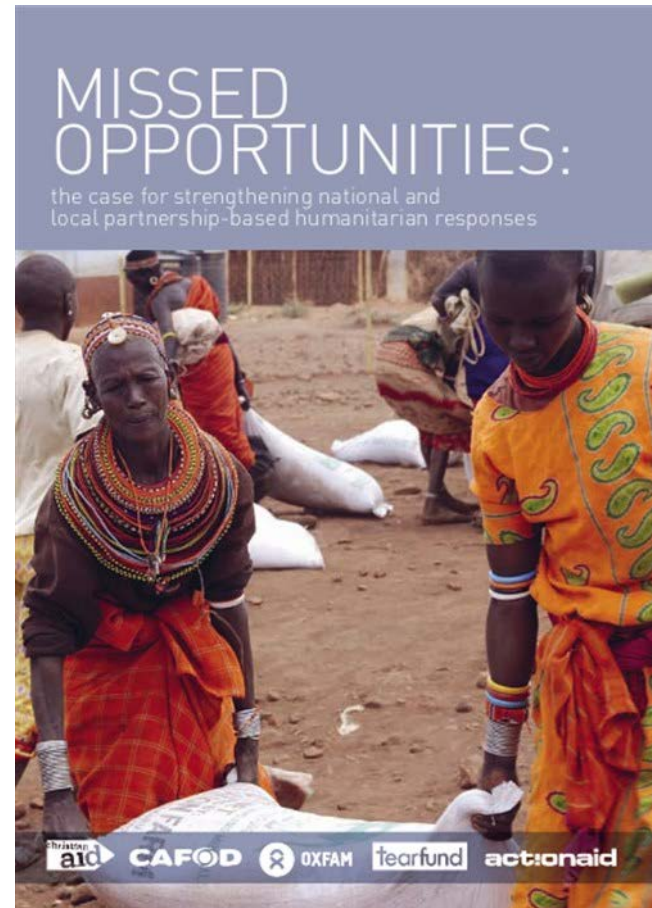


Shifting Gears to Approach



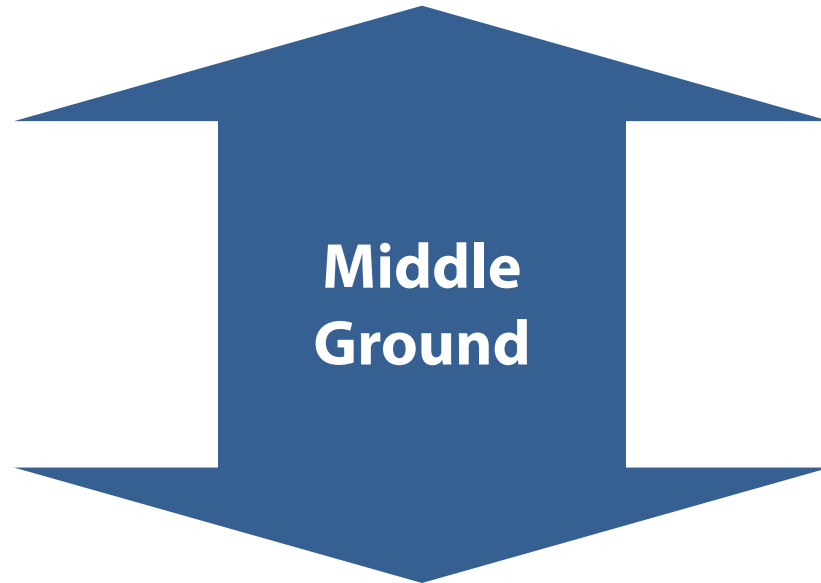
Partnership and capacity building

- Vertical Humanitarian Projects
- Hybrid INGO/State Model
- Hybrid INGO/Civil Society Model



Reality is.....

- Southern NGO emphasize transfer of funds



- Northern NGO emphasize transfer of skills.

JSI-Pakistan Chronic *emergency*

- FPHC is the local partner, as is the operating model in Pakistan
– **100%** local partner drives the activities.
- Strengthening of community based health care for Afghan refugees and building a bridge to better quality facility services through capacity building
- Our partner FPHC is doing trainings for government health staff on basic emOC and counseling.

JSI Pakistan cont.

- The project has focused on strengthening grassroots efforts to provide RH services in crises.

- 3 pronged approach in strengthening local initiatives:
 - Provide technical RH information and assistance.
 - Offer organizational strengthening
 - Link and form regional networks of local NGOs that provide RH services.





Thank you!

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