WOMEN'S REFUGEE COMMISSION

Expanding the availability and accessibility of family planning in refugee settings: Lessons learned from programs in Afghan and Tigrayan refugee and host communities in Pakistan and Sudan

August 2024

The Sudan Family Planning Association (SFPA) was established in 1965 by pioneers in obstetrics and gynecology in response to increases in maternal, neonatal, and infant mortality and morbidity. SFPA is one of the leading organizations in Sudan providing a wide range of sexual and reproductive health services. A rights-based organization, SFPA is part of the global movement of strong voices safeguarding SRHR issues. SFPA is highly active as a technical adviser to the government on population policy, and advocates strenuously for financial and political support for sexual and reproductive health and rights. https://www.sudanfpa.org/

Rahnuma Family Planning Association of Pakistan (FPAP) stands as one of the largest and oldest rights-based civil society organizations at the national level, dedicated to reproductive health and family planning, renowned both nationally and internationally as a leading advocate and service provider in the reproductive health sector. Rahnuma FPAP is committed to alleviating the sufferings of marginalized and vulnerable sections of society through integrated efforts in reproductive health and family planning. https://www.fpapak.org/

The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, youth, and other people who are often overlooked, undervalued, and underserved in humanitarian responses to displacement and crises. We work in partnership with displaced communities to research their needs, identify solutions, and advocate for gender-transformative and sustained improvement in humanitarian, development, and displacement policy and practice. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them. www.womensrefugeecommission.org.

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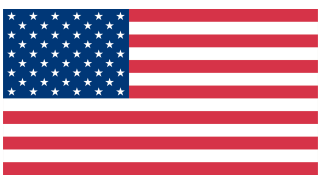

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Introduction

Family planning (FP) is lifesaving, and is the standard of care in crisis-affected settings, as established 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 landscaping assessment by the Women's Refugee Commission (WRC) found that several gaps hinder access to high-quality FP services in humanitarian settings, including limited access to a range of methods, particularly long-acting reversible contraception (LARCs) and emergency contraception (EC).[1] Access to FP is often especially limited for adolescents and young people, as well as for diverse and often marginalized groups, including people with disabilities.[2]

WRC partnered with Rahnuma Family Planning Association of Pakistan (FPAP) and the Sudan Family Planning Association (SFPA) to improve the availability and accessibility of critical FP services, and meet the FP needs of refugees who have fled two of the world's most complex and devasting crises, in Afghanistan and Tigray, Ethiopia. **In this project, partners worked together to expand the availability of the full range of methods and address barriers to accessing FP, including among adolescents and youth and people with disabilities, in refugee and host communities.**

In line with WRC's global FP assessment findings, both FPAP and SFPA reported particular barriers to providing EC and intrauterine devices (IUDs) within FP programs targeting these refugees, including limited knowledge and misperceptions among community members and providers, and lack of provider capacity. EC is the only method that can be used to prevent pregnancy after unprotected sex, but many women and girls are not aware that they can use it and providers do not consistently share accurate, timely information and services for EC. IUDs are highly effective and last for up to 10 years, but SFPA and FPAP reported that the provision of IUDs lagged behind that of other methods.

The project aimed to address gaps in the availability and accessibility of FP information and services, including the full range of FP methods, for refugee and host communities by:

- improving health workers' knowledge, attitudes, and practices (KAP) around FP provision, including the full range of methods, through training and values clarification and attitude transformation (VCAT) activities;
- improving community members' KAP around FP use, including the full range of methods, through community mobilization and demand generation activities; and
- providing high-quality FP services, including a wide range of methods, to refugees and host communities.

The project was grounded in rights-based principles for FP programming, including volunteerism and informed choice, and included a focus on reaching members of diverse and often marginalized community groups that face heightened barriers to accessing FP information and services, particularly adolescents and young people, and people with disabilities.

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.

Project Sites

Pakistan

As of August 30, 2021, Pakistan was hosting 1,435,026 registered Afghan refugees.[3] Seventy five percent of the 117,547 registered Afghans who arrived in Pakistan from January 2021 to January 2022 were women and children.[4] Moreover, 80 percent of these individuals arrived after the Taliban resumed control of Afghanistan in mid-August 2021,[5] an influx that further strained the availability of quality SRH services in refugee settlements. In Afghanistan, the modern contraceptive prevalence rate (mCPR) in 2022 was 18.3 percent, and the percentage of women with unmet need for modern contraception was 19.3 percent.[6] The project was implemented in Loralai, Balochistan and Nowshera, Khyber Pakhtunkhwa. Loralai and Nowshera districts are relatively remote, with few organizations offering SRH services. At the time of the project's conception, in April 2022, FPAP reported that approximately 250,000 Afghan refugees were residing in Loralai and almost 37,000 in Nowshera.[7] In 2022, the mCPR in Pakistan was 20 percent, and the percentage of women with unmet need for modern contraception was 17.8 percent.[8]

Prior to their arrival in Pakistan, women and girls in Afghanistan faced child and forced marriage, high levels of intimate partner violence, and restricted freedom of movement. Taliban edicts on women's mobility and ability to work also restricted women's and girls' access to health care. Women and girls experienced significant barriers when attempting to flee Afghanistan via regular channels, which further increased their risk of sexual and gender-based violence.[9] Within Pakistan, 42 percent of Afghan arrivals in 2021 raised access to medical services as a key concern.[10]

Sudan

As of April 2022, Sudan was hosting 71,654 refugees and asylum-seekers from Ethiopia.[11] The 2020–2022 conflict in Tigray devastated the health system and rendered essential SRH services inaccessible. Displaced women and girls arrived in Sudan with urgent SRH needs, which persist in camps and settlements. Sexual and gender-based violence was also widespread, and refugees in Sudan reported that survivors faced significant barriers to accessing timely health services, including EC.[12] In 2022, the mCPR in Ethiopia in 2022 was 26.6 percent, and unmet need for modern contraception was 15.8 percent.[13] In Sudan in 2022, mCPR was 10 percent, and unmet need for modern contraception was 18.3 percent.[14]

The project was implemented in Um Rakuba Refugee Camp and Tunaydbah Settlement. SFPA was

3 As of 31 August 2021 - UNHCR, Operational Data Portal, Pakistan, accessed 14 April 2022.
4 UNHCR, *Afghanistan Situation Regional RRP 2021 Final Report*, 31 March 2022; UNHCR Pakistan, *New Arrivals from Afghanistan Update (7 February 2022)*, 11 February 2022.
5 Ibid.
6 FP2030 and Track20, *Afghanistan – FP2030 Indicator Summary Sheet: 2022 Measurement Report,* 2022.
7 Data provided by FPAP, from data from Pakistan's Commissionerate of Afghan Refugees, in April 2022.
8 FP2030 and Track20, *Afghanistan – FP2030 Indicator Summary Sheet: 2022 Measurement Report,* 2022.
9 UNHCR, UN Women, and Women Count, *Afghanistan Crisis Update: Women and Girls in Displacement*, 01 March 2022.
10 UNHCR Pakistan, *New Arrivals from Afghanistan Update (7 February 2022)*, 11 February 2022.
11 UNHCR, Operational Data Portal, Sudan, accessed 14 April 2022.
12 UNFPA, *Maternal and reproductive health-care crisis in Ethiopia*, 02 March 2022; UNFPA, *Tigray: Women and girls bear significant costs of Ethiopian conflict,* 03 September 2021; UNHCR, *Sudan – Country Refugee Response Plan January – December 2022*, 21 February 2022.
13 FP2030 and Track20, *Ethiopia – FP2030 Indicator Summary Sheet: 2022 Measurement Report,* 2022.
14 FP2030 and Track20, *Sudan – FP2030 Indicator Summary Sheet: 2022 Measurement Report*, 2022.

already providing FP services at facilities in both sites at the time the project was launched. Project activities strengthened FP service delivery, while adding community mobilization and demand generation programming.

As of April 2022, there were 23,072 Ethiopian refugees in Tunaydbah, of whom 94 percent were Tigrayan and 27 percent (6,323) were girls and women of reproductive age (12–49 years), including 1,127 girls aged 12–17.[15] In Um Rakuba, there were approximately 17,799 Ethiopian refugees, of whom 97 percent were Tigrayan and 26 percent (4,604) were girls and women of reproductive age, including 803 girls aged 12–17, also in April 2022.[16] At the time of project implementation, an estimated 4,000 and 15,110 host community members resided in the catchment areas of Tunaydbah and Um Rakuba, respectively.[17]

Project Activities

FPAP and SFPA provided targeted training and values clarification and attitude transformation (VCAT) workshops with health workers, including clinicians and community mobilizers, in each site to improve health workers' KAP around FP provision, including the full range of methods.

At the outset of the project, WRC provided training to the FPAP and SFPA project teams on EC, which they then cascaded to providers in the project sites. The training content on EC was developed by adapting evidence-based emergency contraceptive pill (ECP) training materials from the Training Resource Package for FP, and covered ECP safety, effectiveness, mechanism of action, side effects, regimens (including timing for taking ECPs), indications for use, repeat use of ECPs, and other topics.

In Pakistan, Rahnuma-FPAP trained 25 health workers, including two physicians, three medical officers, two medical attendants, 12 lady health visitors (LHVs), two outreach workers, one counsellor, one social organizer, and two project management staff. In Sudan, SFPA trained 22 health workers, including four clinicians and 18 community mobilizers.

Training content for clinical providers focused on good quality FP service delivery, including counselling skills and provision of a range of short- and long-acting methods, and rights-based approaches to FP service delivery, including volunteerism, informed choice, privacy and confidentiality, and equality and non-discrimination. In both Pakistan and Sudan, the training included additional hands-on training on IUD insertions and removals, as FPAP and SFPA reported that clinical providers had less confidence providing these methods. Training for clinical providers also included VCAT activities to support clinicians to reflect on their attitudes and beliefs about FP and identify and affirm values that inform their work to provide FP services, inclusive of diverse members of their community.

Community mobilizers in both Pakistan and Sudan were trained to implement community-based programming to sensitize community members about FP, its benefits, and available services, and to generate demand for FP services. Training for community mobilizers addressed what FP is, its benefits, and information about the range of FP methods available, and rights-based approaches to delivering FP information and services, including volunteerism, informed choice, privacy and confidentiality, and equality and non-discrimination. Community mobilizers were also trained to

15 UNHCR Sudan, *East Sudan - Population Profile for Tunaydbah Camp - as of April 2022*, 11 April 2022.
16 Ibid.
17 Host community population shared by SFPA.

deliver project activities, including household visits and community awareness-raising sessions, and on collecting and managing monitoring data.

Participants in both countries showed substantial improvement in knowledge and attitudes toward FP, as measured by pre- and post-tests, with a 64 percent and 52 percent average increase in scores in Pakistan and Sudan, respectively.

Throughout the project, FPAP conducted routine supportive supervision visits with providers in project sites to reinforce clinical skills and KAP for inclusive, rights-based FP service delivery. SFPA had planned to conduct routine supportive supervision visits, but was not able to do so as a result of the conflict.

FPAP and SFPA implemented extensive community mobilization and demand generation activities to improve diverse community members' KAP around FP use, including the full range of methods, among refugees and host communities.

To inform the design and delivery of community mobilization and demand generation activities, both FPAP and SFPA conducted community mapping exercises in project sites to identity key stakeholders and partners, including diverse community-based organizations and community leaders, to engage when planning program activities to secure strong support for the project, ensure good participation from community members, and promote inclusion of different community groups.

Throughout the project, FPAP and SFPA provided FP services, including a range of methods, to refugees and host communities.

Data and Limitations

Data

This report includes program data from FPAP and SFPA, including monitoring data from community mobilization and demand generation activities, and routine FP service delivery data. The project was designed to collect data on the following FP service delivery indicators: total number of FP clients served; first-time users of modern contraceptive methods; method mix; couple years of protection; Method Information Index; and client satisfaction.

Total number of FP clients served

This number is the total number of clients that received FP services during the project period. Partners collected data on clients served by month (FPAP) or by quarter (SFPA); the data as reported does not account for possible repeat clients.

First-time users of modern contraceptive methods

Collecting data on the number of first-time users of modern contraceptive methods allows implementers to "[measure] the ability of [a] program to attract new clients from an untapped segment of the population to its services."[18]

Method mix

Method mix reflects the distribution of FP clients by method during the project period.[19]

18 USAID and Data4Impact, Number of first-time users of modern contraception, Family Planning and Reproductive Health Indicators Database.

19 USAID and Data4Impact, Method mix, Family Planning and Reproductive Health Indicators Database.

Couple years of protection
Couple years of protection, or CYP, measures the "estimated protection provided by [FP] methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period."[20] There is a standard conversion factor associated with each FP method that estimates the years of protection provided.

Method Information Index
The Method Information Index is an indicator that assesses the extent to which providers supplied adequate information to FP clients to enable them to make informed decisions, and measures the percentage of clients who respond yes to all three of the following questions: were you informed about other methods; were you informed about side effects; and were you told what to do if you experienced side effects?[21]

Client satisfaction
FPAP and SFPA used randomized client exit interviews to collect data on Method Information Index and clients' reported satisfaction with FP services.

In Pakistan, client satisfaction was measured by the question: "Are you satisfied with the services?" Response options included: "Yes, fully satisfied/good;" "Just satisfied/fair;" or "Not at all/poor." In the analysis, client satisfaction was calculated as the proportion of clients who responded "Yes, fully satisfied/good" or "Just satisfied/fair" over the total number of clients interviewed. In Sudan, client satisfaction was measured by one question, to which they could indicate yes or no: "Overall, were you satisfied with the family planning services you received today?"

Clients were randomly selected after their appointments and invited to participate in a client exit interview administered by a trained staff person. Only data from clients who reported having received FP services are included in the analysis.

Limitations

The project did not include an evaluation component. It is therefore not possible to measure or attribute the impact of program activities on community members' KAP about FP, beyond observing changes in service delivery data.

Notably, there were limitations in collecting and reporting disaggregated data on age and disability status in both sites. Partners' existing organizational systems for collecting and reporting service delivery data disaggregated age by "under 25" and "25 or over" and did not collect data on disability status. To simplify data collection, reporting, and analysis across project activities, partners applied these categories for age disaggregation to data collection for client exit interviews and community mobilization and demand generation activities. Disability status could not be captured in the routine service delivery data, but was included in the client exit interview forms and monitoring forms for community mobilization and demand generation activities. Partners collected data on participants' self-identified disability status using the Washington Group Short Set on Functioning.[22]

These gaps in disaggregation impede our ability to measure the extent to which project activities successfully reached adolescents (ages 10–19) and people with disabilities, or impacted uptake of FP services among adolescents and people with disabilities.

20 USAID and Data4Impact, Couple-years of protection (CYP), Family Planning and Reproductive Health Indicators Database.
21 USAID and Data4Impact, Method information index, Family Planning and Reproductive Health Indicators Database.
22 The Washington Group on Disability Statistics, Short Set on Functioning (WG-SS), 11 October 2022.

In Pakistan, FPAP reported service delivery data on a monthly basis between February and December 2023. In Sudan, SFPA reported service delivery data on a quarterly basis between March 2023 and December 2024. "Critically, the war in Sudan broke out on April 15, 2023, as community mobilizers were scheduled to begin community mobilization and demand generation activities Security at the project sites remained stable during the project period, and community mobilizers were ultimately able to conduct activities. However, the conflict disrupted banking and telecommunications systems, which impeded SFPA's ability to provide staff at the project sites with the resources to implement program activities, and to collect, disaggregate, and report complete service delivery data and monitoring data for community mobilization and demand generation activities. Most notably, data on method mix was unable to be consistently collected and reported for the duration of the project. Therefore, we are not able to conclusively report on either method mix or CYP for project activities in Sudan.

Pakistan

Community mobilization and demand generation programming

In Pakistan, FPAP supported LHVs, medical attendants, and male outreach workers in each site to conduct household visits and community awareness sessions, and to form community FP support groups, for both men and women, to promote use of FP services.

FPAP collaborated with local partners, community leaders, and healthcare providers to organize 345 community awareness-raising sessions, including 201 sessions targeting the refugee community and 144 sessions targeting the host community, reaching a total of 8,763 people.

FPAP reported that eight people with disabilities, all of whom were members of the refugee community, participated in community awareness raising sessions.

Table 1. Individuals reached through community awareness-raising sessions in Pakistan

Demographic	Refugee community N (%)	Host community N (%)	Total N (%)
Females aged < 25	1,270 (15%)	849 (10%)	2,119 (24%)
Females aged ≥ 25	2,047 (23%)	1,416 (16%)	3,463 (40%)
Males aged < 25	706 (8%)	518 (6%)	1,224 (14%)
Males aged ≥ 25	1,199(14%)	758 (8%)	1,957 (22%)
Total	**5,222 (60%)**	**3,361 (40%)**	**8,763 (100%)**
People with disabilities*	8	0	8
Notes: * indicates the number of individuals with self-reported disabilities reached across the total number of individuals reached in this activity.			

FPAP conducted 7,851 household visits, covering 4,683 refugee and 3,168 host community households, to reach a total of 12,145 people, including 210 people with self-identified disabilities.

Table 2. Individuals reached through household visits in Pakistan

Demographic	Refugee community N (%)	Host community N (%)	Total N (%)
Females aged < 25	1,608 (13%)	966 (8%)	2,574 (21%)
Females aged ≥ 25	2,761 (23%)	1,817 (15%)	4,578 (38%)
Males aged < 25	1,033 (98%)	857 (7%)	1,890 (16%)
Males aged ≥ 25	1,952 (16%)	1,151 (10%)	3,103 (25%)
Total	**7,354 (60%)**	**4,791 (40%)**	**12,145 (100%)**
People with disabilities*	89	121	210
Notes: * indicates the number of individuals with self-reported disabilities reached across the total number of individuals reached in this activity.			

During community awareness-raising sessions and household visits, community mobilizers disseminated information about the benefits and importance of FP and available methods. Activities also addressed disability inclusion, and incorporated messaging about the importance of ensuring that people with disabilities have equal access to health services, including FP.

Family planning service delivery

FPAP provided a total of 8,058 clients with FP services, including 2,850 first-time users of modern methods, achieving 7,206 CYP.

FPAP delivered FP services through weekly "medical camps" – that is, mobile clinics – and through community-based distribution. Community-based distribution was conducted via household visits, which included both information sharing about FP and distribution of methods approved for community-based delivery, including oral contraceptive pills (OCPs), ECPs, and condoms. In addition to FP services, medical camps offered a range of SRH services, including gynecological services, HIV rapid testing, testing and treatment for sexually transmitted infections (STIs) and reproductive tract infections, and care for survivors of sexual and gender-based violence, as well as some primary health services. Medical camps offered a range of FP methods, including OCPs, several types of injectable contraceptives, copper IUDs, implants, ECPs, and condoms. Notably, services were provided free of charge.

In total, 373 medical camps were conducted, 219 in refugee communities and 154 in host communities. 18,962 people were served at medical camps over the project, including 11,348 refugees.

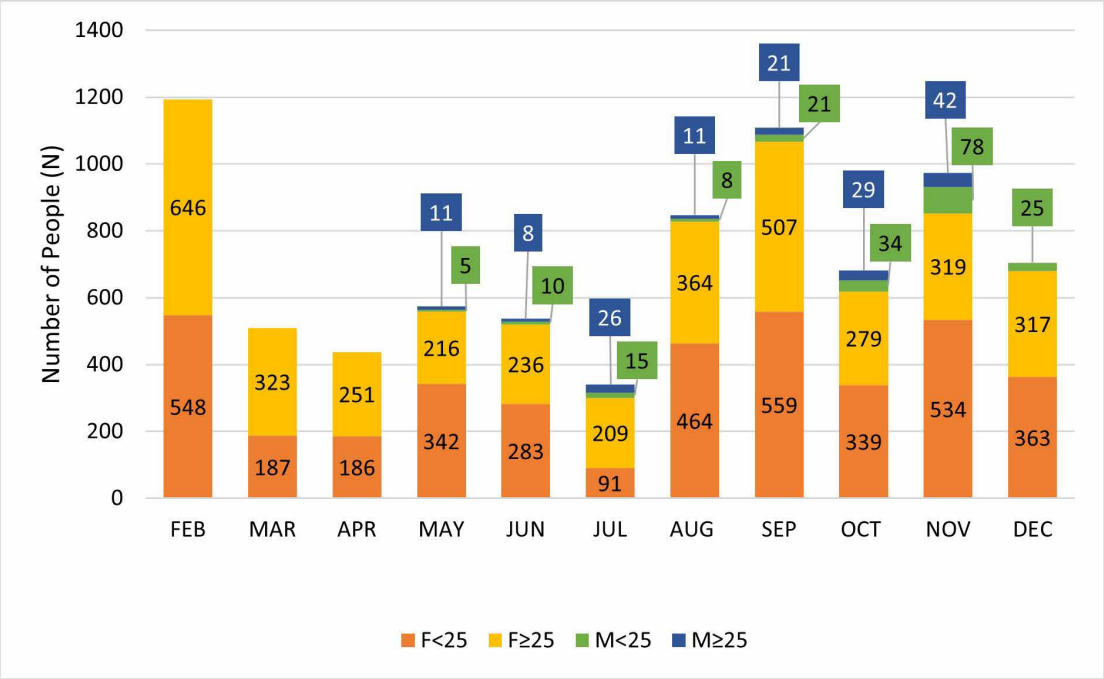
Table 3. Clients served through medical camps in Nowshera and Loralai districts

Demographic	Refugee community N (%)	Host community N (%)	Total N (%)
Females aged < 25	4,502 (24%)	3,303 (17%)	7,805 (41%)
Females aged ≥ 25	4,907 (26%)	3,044 (16%)	7,951 (42%)
Males aged < 25	1,042 (5%)	703 (4%)	1,745 (9%)
Males aged ≥ 25	897 (5%)	564 (3%)	1,461 (8%)
Total	**11,348 (60%)**	**7,614 (40%)**	**18,962 (100%)**
People with disabilities*	11	9	20
Notes: * indicates the number of individuals with self-reported disabilities reached across the total number of individuals reached in this activity.			

8,058 clients received FP services over the course of the project, where 50 percent were females under 25, 45 percent were females 25 and over, 2 percent were males under 25, and 2 percent were males 25 and older. Figure 1 shows the distribution of FP clients, by age and gender, for each month of the project, beginning in February 2023. FP uptake was particularly high in February 2023, following the launch of community mobilization and demand generation activities, which generated increased interest in FP services.

After an initial dip, the number of FP clients trended upwards over the second half of the project period, likely reflecting the impact of community mobilization and demand generation activities. In July 2023, there was a bombing incident in Khyber Pakhtunkhwa; FPAP posits that the insecurity resulted in a decrease in the number of clients seeking FP services. In October 2023, the government of Pakistan began forcibly repatriating Afghan refugees en masse under the Illegal Foreigners Repatriation Plan policy, which was likely related to the decrease in clients served that month.[23]

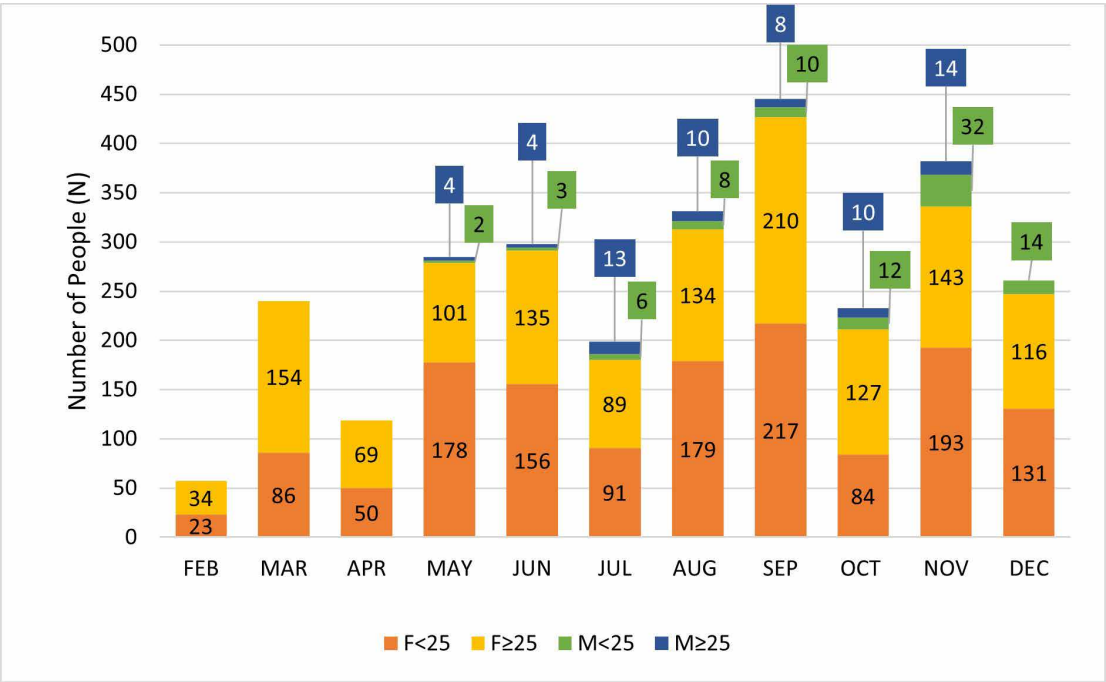
Figure 1. Number of clients who received FP services in Nowshera and Loralai districts (N=8,058)



Over the course of the project, 2,850 FP clients, or approximately 35 percent of all clients, were first-time users of a modern contraceptive method. The number of first-time users trended upwards over the course of the project, as seen in Figure 2, growing from nearly 5 percent of FP clients in February 2023 to 35 percent of clients served in December 2023. The decrease in the number of new users in April 2023 was potentially related to Ramadan; decreases in new users in July and October 2023 were consistent with decreases in the overall number of FP clients, attributed to insecurity and repatriations of Afghan refugees. In May and June 2023, FPAP increased its focus on reaching men during community mobilization and demand generation programming, which may be related to the relative increases in the number of men, both under 25 and 25 and over, seeking FP services for the first time.

23 Amnesty International, *Pakistan: Government Must Stop Ignoring Global Calls to Halt Unlawful Deportation of Afghan Refugees,* April 4, 2024.

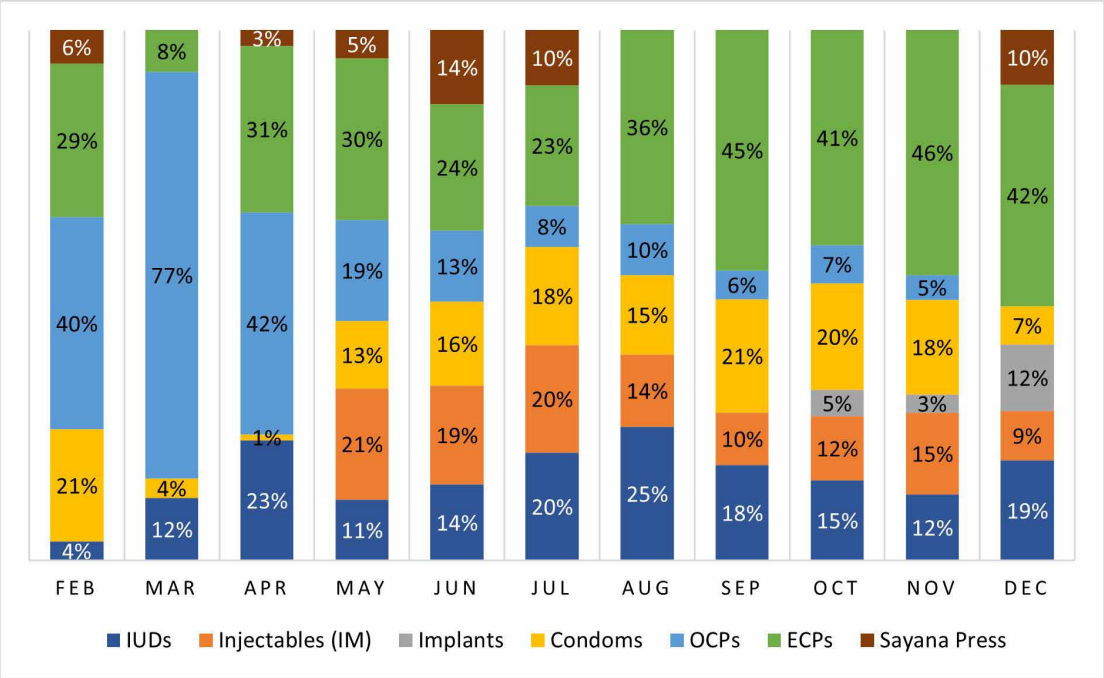
Figure 2. Number of first-time users of modern contraceptive methods in Nowshera and Loralai districts (N=2,850)



In Pakistan, FPAP was able to collect and report monitoring data on method mix, which is the percent distribution of FP clients by method over the project period.[24] Notably, method mix over the course of the project was impacted by the availability of different methods in the medical camps, which could vary, depending on the FP supplies that were provided by Pakistan's Population Welfare Department. The percentage of clients seeking ECPs trended upwards over the course of the project, from 29 percent in February 2023 to 42 percent in December 2023, with some variability in the interim; FPAP attributes this increase to the emphasis placed in information sharing about EC during community mobilization and demand generation activities. Similarly, the percentage of clients seeking IUDs did generally trend upwards over the course of the project, starting at 4 percent in February, peaking in August 2023 with 25 percent, and 19 percent of FP clients served in December 2023. Notably, 77 percent of FP clients in March 2023 were seeking OCPs, which FPAP posited may have been related to women preparing to manage menstruation during Ramadan.

24 USAID and Data4Impact, Method mix, Family Planning and Reproductive Health Indicators Database.

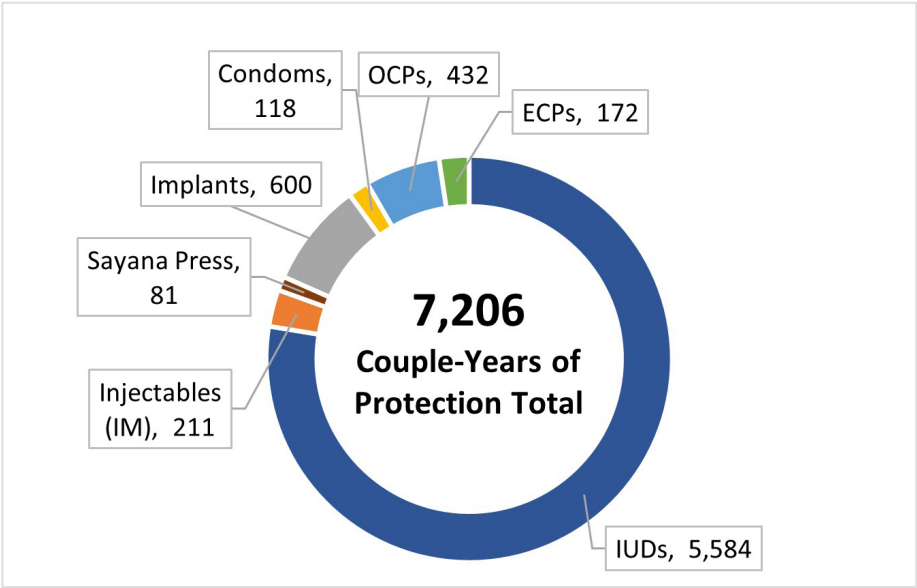
Figure 3. Method mix from clients selecting FP methods over time in Nowshera and Loralai districts



Note: The abbreviations in the graph are as follows: intrauterine devices (IUDs); Injectables (Intramuscular); oral contraceptive pills (OCPs); emergency contraceptive pills (ECPs).

Over the course of the project, FP services delivered by FPAP achieved 7,206 CYPs. Notably, 78 percent of the CYP were provided by IUDs, which provide 4.6 CYP per insertion for copper IUDs.[25]

Figure 4. Couple years of protection (CYP) achieved in Pakistan, by method



Note: The abbreviations in the graph are as follows: intrauterine devices (IUDs); Injectables (Intramuscular); oral contraceptive pills (OCPs); emergency contraceptive pills (ECPs).

25 USAID and Data4Impact, Couple-years of protection (CYP), Family Planning and Reproductive Health Indicators Database.

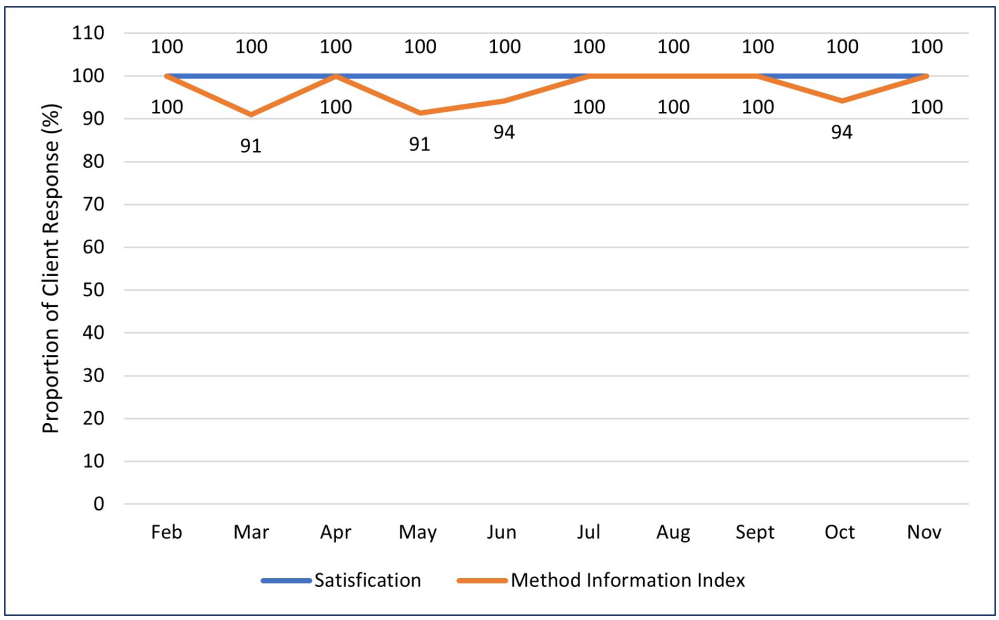
Family planning counselling and client satisfaction

In total, FPAP conducted 225 client exit interviews, 166 of which were with clients who received FP services. Of FP clients, 43 self-reported having a disability. Throughout the project, client satisfaction with services remained consistently high throughout the project – at 100 percent. Data from client exit interviews also indicates that FPAP providers consistently supplied adequate information to FP clients to enable them to make informed decisions, as measured by the Method Information Index, ranging between 91 percent and 100 percent across the project period. Notably, females under 25 and 25 and over, and clients with disabilities, scored at high levels on the Method Information Index and reported similarly high levels of satisfaction with FP services, suggesting that the quality of care was consistent across diverse clients.

Table 4. Method Information Index and satisfaction with FP services received in Nowshera and Loralai districts

Demographic	Total	Clients with 100% response on Method Information Index		Clients who were satisfied with FP services	
	N	N	%	N	%
Females aged < 25	60	58	97%	60	100%
Females aged ≥ 25	105	103	98%	105	100%
Males aged < 25	0	-	-	-	-
Males aged ≥ 25	1	0	0%	1	100%
Overall	**166**	**161**	**97%**	**166**	**100%**
People with disabilities*	**43**	**42**	**98%**	**43**	**100%**
Notes: * indicates the number of individuals with self-reported disabilities reached across the total number of individuals reached in this activity.					

Figure 5. Method Information Index and satisfaction with FP services received in Nowshera and Loralai districts



Notes: For the Method Information Index, the proportion of clients reported here are clients who scored 100% on the questions included in the Method Information Index. Disability status was captured using the Washington Group questionnaire.

Successes, challenges, and lessons learned

There are numerous barriers to delivering FP services in both Loralai and Nowshera districts. Both districts are rural and very remote, with limited infrastructure and available health services for refugee and host communities. At the time that project activities commenced, communities in both project sites were actively recovering from the 2022 floods that devastated much of Pakistan. Notably, FPAP reported that both the refugee and host communities are religious and culturally conservative, and gender norms and negative attitudes and stigma toward FP can pose barriers to FP use, as well as high levels of mistrust of NGOs, which needed to be accounted for when designing activities.

FPAP reported that the use of mobile clinics, and the distribution of some FP methods during household visits, was instrumental in successfully reaching people with FP services. Services were provided free of cost, which was critical to uptake of services. Service delivery data demonstrates that the number of FP clients consistently trended upwards over the course of the project, even among men – although the number of men seeking FP services remained very low overall. The number of first-time users of modern contraceptive methods also trended upwards, and the proportion of FP clients served who were first-time users increased from under 5 percent of FP clients in February 2023 to 35 percent of clients served in December 2023, suggesting that the program was successful in building support and generating demand for FP. However, due to limitations to service delivery data disaggregation, it is not possible to measure if uptake of FP services increased among clients with disabilities and adolescents.

Among FP clients, FPAP observed increased demand for both ECPs and IUDs, which they attribute the focus placed on information sharing about the full range of methods during community mobilization and demand generation activities, and noted that provider training on IUD insertions and removals seemed to have supported providers to successfully offer these methods. Notably, 100 percent of FP clients surveyed throughout the project reported that they were satisfied with the services they received, and the Method Information Index was consistently high – at 91 percent or above – over the course of the project.

Delivering services via mobile clinics and household visits also addressed stigma-related barriers to FP use. As previously noted, mobile clinics offered a range of other health and SRH services in addition to FP. Clients could thus attend the clinic, and it would not be immediately obvious to others that they were seeking FP services. This also promoted safety and security for project staff and clients. Similarly, household visits offered additional privacy for FP clients, and improved the accessibility of some short-acting methods for clients who would otherwise have been unable to seek services at the mobile clinic, including people with disabilities.

In reflecting on the overall project implementation, FPAP reported that the project's rigorous focus on community engagement, including engaging religious and tribal leaders, focusing on inclusion of people with disabilities, and regularly convening community support groups, progressively built support for FP use in the target communities. FPAP recruited community mobilizers from the local communities to ensure that messaging and activities were tailored to be culturally acceptable. Community mobilizers and project staff consistently engaged religious and tribal leaders in planning and executing activities, and FPAP reports that these leaders expressed appreciation for the project activities, and their intention to continue sharing messages about the benefits of accessing services with their constituencies. Over the course of the project, FPAP staff consistently solicited and incorporated feedback from community members, which further helped build trust in FPAP and in available FP services.

FPAP also systematically engaged men in project activities, including older men. Men in the target communities are key decision-makers in their families and communities. By building men's knowledge about FP and its benefits, and addressing myths and misinformation, the project addressed potential barriers to FP use that women might encounter from partners and family members, and helped address community-level stigma about FP and seeking SRH services. However, despite the program's focus on engaging men, the number of male clients remained low, reinforcing the importance of sustained, targeted outreach to boys and men.

Household visits included information sharing about FP, and allowed community mobilizers to provide more tailored information to address the specific needs and concerns of each household. Household visits were intended to promote the availability of information for diverse community members who may have been unable to participate in group or community-level programming; however, the total number of participants with self-reported disabilities across community mobilization and demand generation programming, including household visits, was lower than would be expected in a population of this size.

Sudan

Community mobilization and demand generation programming

In Sudan, SFPA recruited and trained nine community mobilizers in Um Rakuba Refugee Camp and nine in Tunaydbah Settlement to conduct household visits and community awareness-raising sessions delivering messages about the benefits of FP and the full range of methods, including EC and IUDs.

Despite the challenges posed by the conflict, SFPA engaged 34,791 participants in community mobilization and demand generation programming, of whom 26,742 were female and 8,049 were male. Activities included messaging about the benefits and availability of services for people with disabilities and adolescents and young people and were organized to target these community groups. Community mobilizers conducted household visits, community awareness-raising sessions, focus group discussions targeting different community groups with information about FP, and orientation sessions with community leaders to build their support for FP and leverage their influence among their constituents. SFPA staff and community mobilizers also conducted routine FP campaigns, which included community street dramas and poems and the distribution of information, education, and communication (IEC) materials on FP and available SRH services, including educational videos.

Table 5. Individuals who received targeted FP messaging through community mobilization and demand generation activities (N=34,791)

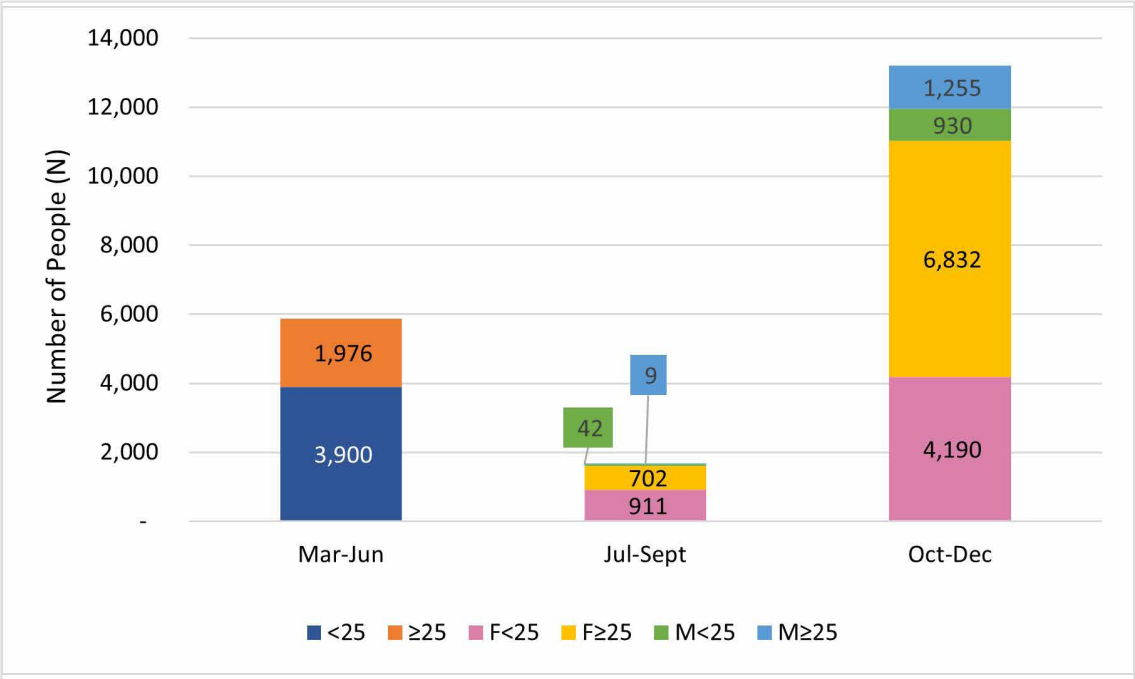
	N
Female	26,742
Male	8,049
Total	**34,791**

Family planning service delivery

Over the course of the project, SFPA provided 20,747 clients with FP services, including 3,521 first-time users of modern methods.

Service delivery data for the project began in March 2023, and was reported on a quarterly basis. Between March and June 2023, SFPA provided FP services to 5,876 people in Um Rakuba Refugee Camp and Tunaydbah Settlement. Data provided between these months could be disaggregated by age, but not by gender. Between July and September 2023, there was a reduction in the number of clients served, with FP services provided to 1,664 people. The number of clients who received FP services increased substantially between October and December 2023, totaling 13,207 people. Between July and December 2023, 34 percent of FP services were provided to females under 25, 51 percent to females 25 and over, 7 percent to males under 25, and 8 percent to males 25 and over. Overall, SFPA delivered FP services to 9,973 clients under 25 and 10,774 clients 25 and over.

Figure 6. Number of clients who received FP services in Um Rakuba Refugee Camp and Tunaydbah Settlement (N=20,747)

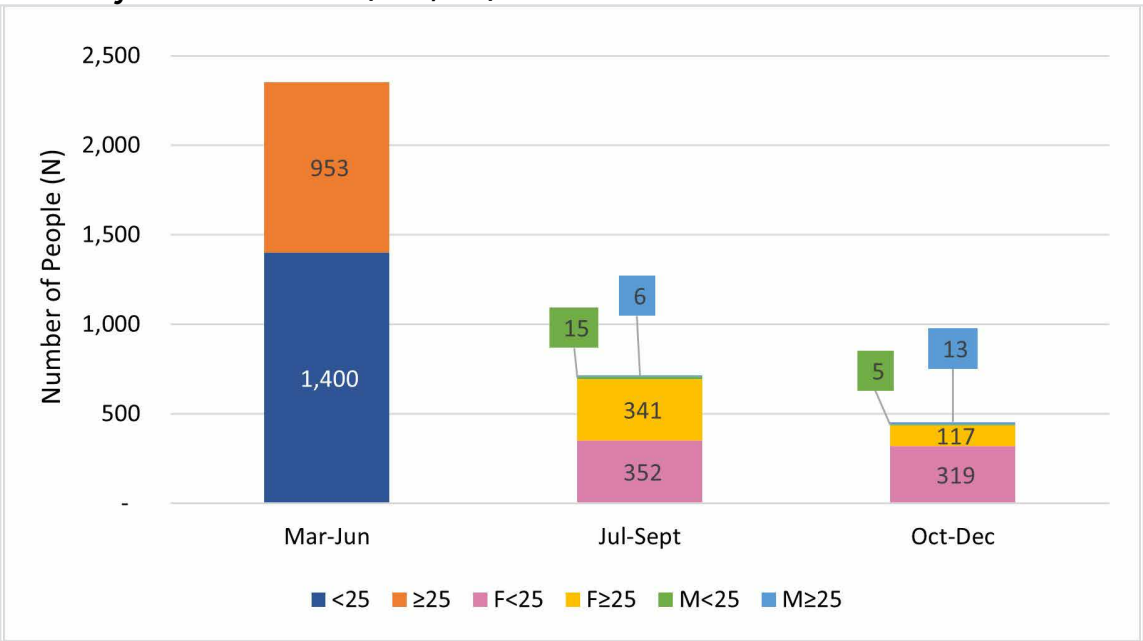


SFPA posits that the decrease in clients between July and September 2023 was related to conflict-related disruptions to supply chains and a limited ability to conduct community awareness-raising activities. The war resulted in tremendous disruptions to health supply chains – both in the ability to get supplies and commodities into the country, and to transport them to reach service delivery points.

Between October and December, SFPA was able to substantially increase community mobilization and demand generation activities, after having experienced challenges transferring resources to the project sites, which negatively impacted programming. SFPA posits this contributed to the subsequent increased demand for FP services during this period. The number of clients reached increased by 690 percent between October and December 2023, as compared to the previous project period, from July to September 2023.

Over the course of the project, SFPA reached 3,521 new users of modern contraceptive methods. Notably, 2,353, or 67 percent, of all first-time contraceptive users reached during the project period were served between March and June 2023.

Figure 7. Number of first-time users of modern contraceptive methods in Um Rakuba Refugee Camp and Tunaydbah Settlement (N=3,521)



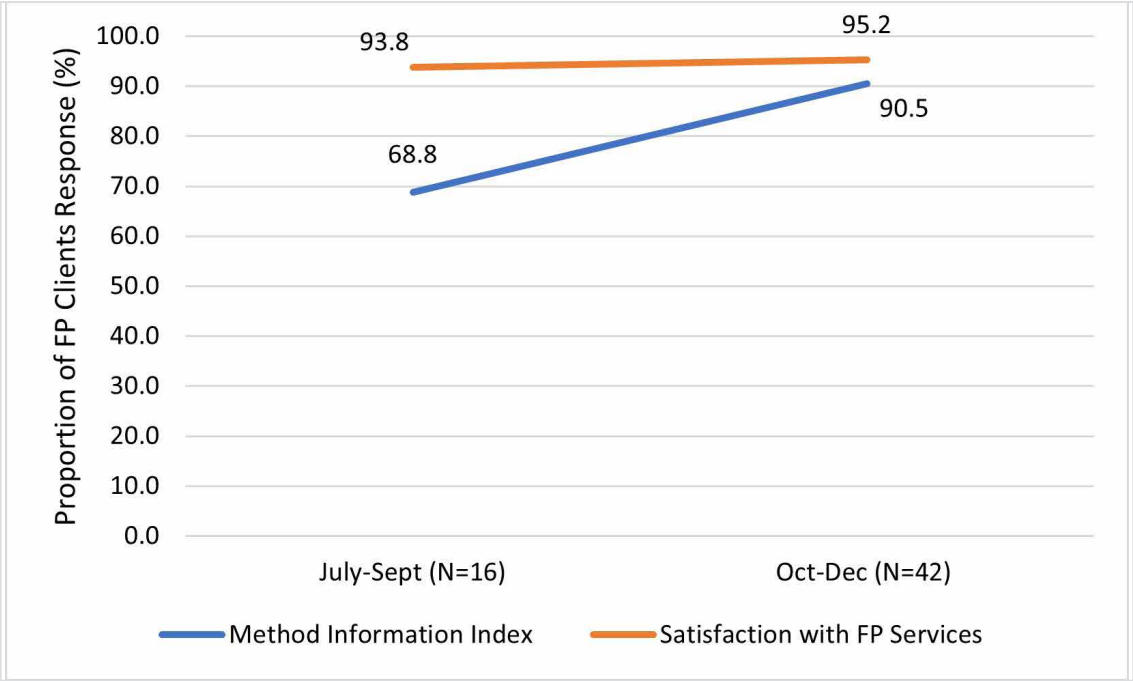
Family planning counselling and client satisfaction

From July through December, SFPA conducted 110 client exit interviews across Um Rakuba Refugee Camp and Tunaydbah Settlement, 58 of which were with clients who received FP services.

Table 6. Method Information Index and satisfaction with FP services received in Um Rakuba Refugee Camp and Tunaydbah Settlement

Demographic	Total	Clients with 100% response on Method Information Index		Clients who were satisfied with FP services	
	N	N	%	N	%
Refugees	**43**	**36**	**84%**	**40**	**93%**
Females aged < 25	13	10	77%	12	92%
Females aged ≥ 25	23	19	83%	21	91%
Males aged < 25	3	3	100%	3	100%
Males aged ≥ 25	4	4	100%	4	100%
Host community	**15**	**13**	**87%**	**15**	100%
Females aged < 25	5	4	80%	5	100%
Females aged ≥ 25	7	6	86%	7	100%
Males aged < 25	2	2	100%	2	100%
Males aged ≥ 25	1	1	100%	1	100%
People with disabilities*	**15**	**14**	**93%**	**14**	**93%**
People without disabilities	43	34	79%	41	95%
Overall	**58**	**49**	**84%**	**55**	**95%**
Notes: For the Method Information Index, the proportion of clients reported here are clients who scored 100% on the questions included in the Method Information Index.					

Figure 8. Method information index and satisfaction with FP services received in Um Rakuba Refugee Camp and Tunaydbah Settlement



Note: For the Method Information Index, the proportion of clients reported here are clients who scored 100% on the questions included in the Method Information Index.

Over the course of the project, client exit interviews indicated that satisfaction with FP service delivery was overall good, and slightly increased over time. SFPA was only able to utilize the project-developed client exit interview forms in July. Levels of satisfaction with FP service delivery was largely consistent between refugees and members of the host community.

Method Information Index scores were relatively high and increased over the course of the project from 68.8 percent when first measured July through September to 90.5 percent between October and December 2023. The Method Information Index was lower for both female refugees and female members of the host community – particularly for females under the age of 25, at 77 percent and 83 percent for refugee females under 25 and refugee females 25 and over, respectively, and 80 percent and 86 percent for host community females of the same age breakdown. Data indicates that both the Method Information Index data and client satisfaction for clients with disabilities (n=15) were both 93 percent, which was higher than and consistent with clients without disabilities, respectively.

Successes, challenges, and lessons learned

SFPA implemented project activities during an extremely volatile period with the outbreak of the war in Sudan. This had a substantial impact on the implementation of project activities, and impeded SFPA's ability to collect and disaggregate monitoring data. However, available data does indicate that community mobilizers reached a substantial number of people with information about FP. Focus group discussions and community awareness-raising sessions were organized with special attention to reach adolescents and young people, people with disabilities, and community leaders, as well as adult men and women. SFPA reported that working with community mobilizers from the refugee community, and engaging refugee community leaders and local authorities in the planning and execution of community awareness-raising activities, was crucial to strong community

engagement in the project. SFPA reported that community members provided positive feedback about community mobilizers, emphasizing their high energy and dedication, and expressed that community mobilizers, and the success of the community mobilization and demand generation activities contributed to the high levels of satisfaction reported by FP clients.

SFPA also emphasized the positive impact and reach of the FP campaigns, which included a particular focus on EC and IUDs. Several of the campaigns were organized to align with broader community events, including the Tigrayan Women's Festival and Girls' Day, which drew significant numbers of community members. SFPA also reported that community members expressed appreciation for the FP campaigns, and the use of videos, which made it easier to access information.

Available data suggests an increase in demand for FP services between October and December 2023; however, as in Pakistan, it is not possible to ascertain changes in uptake of FP among adolescents and people with disabilities as a result of limitations in data disaggregation.

While SFPA was not able to report method mix data, it reported that OCPs accounted for a large proportion of the FP services provided. In both Um Rakuba Refugee Camp and Tunaydbah Settlement, SFPA rehabilitated its on-site clinics to ensure they were appropriately equipped for clinicians to offer IUD insertions and removals. However, despite community mobilizers sharing information to dispel myths and misinformation about IUDs, SFPA did not observe a substantial increase in the demand for IUDs over the course of the project. Notably, SFPA also reported observing an increased demand for EC over the course of the project, which they attributed to community mobilization and demand generation activities. Additionally, Method Information Index scores and client satisfaction with FP services increased over the course of the project, suggesting that providers' KAP about FP service delivery improved following project training and VCAT activities.

Notably, conflict-related supply chain disruptions posed challenges over the course of the project. SFPA reallocated available FP supplies between its different service delivery points to try to avert or delay stockouts of different methods. However, SFPA reported nationwide stockouts of combined OCPs, and stockouts of ECPs at the project site. Staff were able to continue providing EC using progestin-only OCPs (the minipill). SFPA coordinated with other implementing partners providing SRH services in the project sites to refer FP clients to service delivery points that could offer their preferred method, if one facility was stocked out. Additionally, facility-based staff communicated about stockouts with community mobilizers on an ongoing basis to ensure that information shared about available FP services was accurate and up to date. Although SFPA did not have data on service delivery from other facilities, they posit that coordination efforts ultimately improved access for refugee and host communities.

Discussion

Over the course of the project, FPAP and SFPA provided 28,805 people with FP services, including 6,371 first-time users of modern methods, and engaged 55,699 participants in a range of community mobilization and demand generation programming

Across project sites, FPAP and SFPA successfully improved the availability of the full range of FP methods, including EC and IUDs, and addressed barriers to accessing FP information and services for diverse community members through provider training and community mobilization and demand generation activities. In addition to training providers to offer the full range of methods,

including a targeted focus on IUDs and ECPs, the availability of services was promoted by the deployment of medical camps in Pakistan, where services were not otherwise widely available, and the rehabilitation of facilities to support provision of IUDs in Sudan.

Both partners reported that training improved providers' ability to offer the full range of methods, including ECPs and IUDs. Method Information Index scores at project end indicated that providers were consistently providing information about a range of methods as part of FP counselling (100 percent in Pakistan and 90.5 percent in Sudan). In Pakistan, the proportion of clients seeking IUDs trended upwards over the course of the project, and 78 percent of the 7,206 CYP achieved was attributed to IUDs. Conversely, SFPA reported that demand for IUDs remained low.

In settings around the world, policies governing access to ECPs are often not well understood by providers, which can impede access for people who want and need EC. In both Pakistan and Sudan, training pre-tests indicated that knowledge of ECPs among providers was low at the outset of the project. Including a dedicated focus on ECPs as part of the project, including conducting policy analyses to clarify when ECPs could be provided to FP clients and cascading training from each partner organization to clinical providers to community-based staff, led to shifts in the way the partners integrated ECPs into their FP programming, increasing the availability of ECPs to clients outside of clinical management of rape. In Pakistan, method mix data showed consistent increases in the share of FP clients seeking EC; SFPA reported observing an increase in demand for EC.

In Pakistan, service delivery data reflected partners' success in reaching young people with FP services. In Pakistan, the proportion of FP clients under 25 increased from 45 percent of all FP clients served in February 2023 to 55 percent in December 2023. Similarly, the proportion of clients under 25 who were first-time users of modern contraception increased from 40 percent of total first-time users in February 2023 to 55 percent December 2023, reaching a high in May 2023, where roughly 63 percent of first-time users were under age 25.

In Sudan, data indicates mixed results: the number of FP clients under 25 increased by approximately 30 percent from the first project period (March–June 2023) to the last project period (October–December 2023), although FP clients 25 and over increased 400 percent by comparison. Despite reductions in the total number of first-time users of modern contraception over the course of the project in Sudan, the proportion of first-time users of modern contraception under 25 remained high in each project period, ranging between 51 percent and 71 percent, with nearly 60 percent of all first-time users being under 25. Across both project sites, FP clients under 25 made up 49 percent of the total clients served and 56 percent of first-time users of modern contraception.

VCAT supported providers to deliver high quality FP services, including to young people and people with disabilities. Client exit interviews in both countries reflected high levels of client satisfaction with the FP services provided, at 100 percent in Pakistan and 94 percent in Sudan at project end. Client satisfaction and Method Information Index scores were generally high and consistent across age groups and disability status in both countries, although the Method Information Index in Sudan was lower for both female refugees and host community members (77 percent and 83 percent for refugee females under 25 and refugee females 25 and over, respectively, and 80 percent and 86 percent for host community females of the same age breakdown).

Both FPAP and SFPA emphasized the importance of engaging communities in project implementation, including recruiting community mobilizers. In Sudan, SFPA reported that community mobilizers were highly praised, effectively linked clients to facility-based services, and contributed to clients' satisfaction with FP services offered by SFPA. By consulting with local

authorities, community leaders, and diverse community groups—including men—in the design and implementation of community mobilization and demand generation activities, partners secured broad support for programming and addressed key, community-level barriers to uptake of FP services. This was particularly crucial in Pakistan in both refugee and host communities.

Other key factors for success in Pakistan included the use of mobile clinics (i.e., medical camps), community-based distribution of some FP methods during household visits, and providing services free of cost. Using mobile clinics allowed FPAP to reach underserved communities in rural, remote areas with a range of SRH and FP services, including LARCs. Community-based distribution further amplified FPAP's reach, and promoted accessibility for clients who may have otherwise been able to seek services or participate in community-wide programming. Notably, these approaches align with several evidence-based high impact practices for FP service delivery, including the use of community health workers and mobile outreach.[26]

In Sudan, SFPA worked tirelessly to deliver programming and services, even amidst the ongoing war. Close coordination between clinical providers and community mobilizers, and between SFPA and other implementing partners, mitigated the impact of supply chain disruptions by ensuring community members were aware of which methods were stocked at the clinic, and referring clients to facilities stocked with their preferred method whenever possible. Despite persistent stockouts of ECPs, SFPA met increasing demand for EC using progestin-only OCPs.

Conclusion

Broadly, project learnings reinforce that it is possible to drive demand for FP services, and improve their availability and accessibility, even in settings characterized by displacement and crises. Provider training and VCAT activities allowed FPAP and SFPA to address providers' KAP and ensure they were trained and supported to deliver good quality, client-centered care and confidently offer a range of methods to meet clients' needs—including via community-based service delivery in Pakistan. FPAP's experience in Pakistan underscores the potential for mobile and community-based service delivery to deliver FP services in humanitarian and refugee settings. Working in partnership with communities to deliver community mobilization and demand generation programming allowed FPAP and SFPA to address barriers to accessing FP information, including distance, transportation, and social stigma, while raising awareness of FP and its benefits, addressing myths and misinformation, and promoting knowledge of and access to available services. However, project outcomes underscore that challenges reaching the most underserved community members, including people with disabilities, are persistent. Ensuring that providers, SRH programs, and health systems more broadly are equipped to provide inclusive, accessible services, and addressing social norms about SRHR, requires long-term, dedicated investment, capacity strengthening, and programming. In particular, partners' experiences in this project reflect the critical importance of developing and deploying data management systems at scale that collect and disaggregate data by age—including for adolescents—and disability status, and investing in robust monitoring and evaluation systems to inform service delivery and program design to best meet the needs of diverse communities. Ensuring access to FP for displaced and crisis-affected communities in all of their diversity saves lives, fosters self- determination, and promotes resilience.

26 USAID, *Community health workers: bringing family planning services to where people live and work,* High-Impact Practices in Family Planning (HIPs), 2015. USAID, *Mobile outreach services: expanding access to a full range of modern contraceptives*, High-Impact Practices in Family Planning (HIPs), May 2014.

Acronyms and Abbreviations

CYP	Couple years of protection
EC	Emergency Contraception
ECPs	Emergency Contraceptive Pills
FP	Family Planning
IUDs	Intrauterine Devices
KAP	Knowledge, attitudes, and practices
MII	Method Information Index
OCPs	Oral contraceptive pills
FPAP	Rahnuma Family Planning Association of Pakistan
SRH	Sexual and reproductive health
STIs	Sexually transmitted infections
SFPA	Sudan Family Planning Association
VCAT	Values Clarification and Attitude Transformation
WRC	Women's Refugee Commission

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