FAMILY PLANNING PROGRAMMING: a regional paper based on four case studies in the Arab states
INTRODUCTION:

Family planning is central to gender equality and women and girls' empowerment, and it is a key factor in reducing poverty. The Programme of Action of the International Conference on Population and Development (ICPD) recognized “the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice.” UNFPA, the United Nations sexual and reproductive health agency, supports voluntary family planning, including procuring contraceptives, supply chain management, and training health professionals to accurately and sensitively counsel individuals about their family planning options. A holistic and sustainable approach to family planning is essential to ensure that family planning needs are met, every individual can choose their preferred method, and most importantly to reduce maternal and child mortality.

It is for these reasons that UNFPA’s Regional Office for the Arab states launched a call for the country offices to seek promising family planning programmes and good practices that could be scaled-up in other countries in the region. From the submitted initiatives, four were selected to be documented and shared with relevant stakeholders.

The logic behind this is that by promoting promising practices, we are able to contribute to increased demand, a sustainable supply, and an enabling policy environment, three key-activities to achieve unmet need for family planning. In turn, this contributes to access and availability of family planning and reproductive health information, services and supplies as well as UNFPA’s transformative results on zero preventable maternal deaths and zero unmet need for family planning. Ultimately, this contributes to achieving the ICPD’s Programme of Action and the sustainable development goals (SDGs), specifically SDG 3 and 5. Nevertheless, a more comprehensive and holistic approach addressing other determinants is needed to fully achieve the ICPD’s Programme of Action and SDGs.

PROMISING PRACTICES:

Adopting a comprehensive approach to family planning in Iraq

Iraq’s total population is approaching 40 million persons, and has seen a five-fold increase in the last 50 years (1967–2017), moreover the country’s total fertility rate has tripled in the past 25 years. Iraq has one of the highest child marriage rates in the region, 27.9% of women (20–24 years) are married or in union before age 18. These indicators suggest that the current burden on the Iraqi healthcare system, education and economy is likely to negatively affect development outcomes, especially women’s and family health. Therefore a comprehensive approach to family planning was prioritized, utilizing a 5-tier approach addressing elements of supply and demand: 1) Reproductive health policies and legislation; 2) Human resources and capacity building of providers; 3) Reproductive health commodity and security; 4) Family planning counselling; 5) Advocacy for family planning.
**Strengthening reproductive health commodity security and supply chain management of family planning in humanitarian settings in Jordan**

As of May 31, Jordan hosts over 650,000 Syrian refugees, of which the majority have settled in host-communities, this places pressure on the public health system and its ability to respond to the existing needs of the population. An assessment identified that strengthening the supply chain was an effective intervention to ensure reproductive health commodity security. Therefore, the following strategies were deployed; 1) Assign a reproductive health commodity security focal point; 2) Move from Emergency Reproductive Health kits to bulk procurement; 3) Create and update the essential reproductive health commodities list; 4) Provide contraceptives to reproductive healthcare providers; 5) UNFPA remained responsible for bulk procurement of contraceptives, utilizing the Ministry of Health’s Logistics Management Information System (LMIS).

**Introduction of a new long-acting reversible contraceptive in Morocco**

Morocco has made great progress with its National Family Planning Programme over the past three decades. The high level of modern contraceptives use contributed to the reduction in Morocco’s maternal mortality ratio from 332 deaths per 100,000 live births in 1990 to 72.6 in 2017. To ensure an informed and voluntary choice and to diversify the available contraceptive methods, the Ministry of Health introduced a long-acting contraceptive (implant) as part of a pilot project. The pilot showed that although the cost of an implant is about 38% higher than that of the pill, which is most common in the country, the effectiveness of the contraceptive as well as potential cost-reductions for storing and follow-up visits are compelling and warranted the introduction.

**Integrating family planning and reproductive health supplies into the national supply chain in Sudan for sustainability.**

Sudan aims to ensure access to family planning commodities by women of reproductive age in all states of Sudan. At the moment the maternal mortality ratio is still high, 295 deaths per 100,000 live births. The country’s supply chain experienced regular stock-outs of reproductive health commodities. To improve the supply chain of family planning commodities and maternal lifesaving medicines, UNFPA decided that their integration into the existing national health system would be the most cost-effective and sustainable solution. To ensure this, UNFPA’s country office entered into a strategic partnership with the National Medical Supply Fund, a parastatal organisation.

**RECOMMENDATIONS**

All countries indicated that working closely with the government was essential for achieving the intended results. In Iraq a task-force with the government was recommended, and in Jordan one of the lessons learned was that coordination with all main stakeholders will ensure effective and efficient management of commodities and long-term sustainability. This is similar to Morocco where the political will and commitment were essential components for the results achieved. In Sudan the partnership with the National Medical Supply fund was seen as best-practice. However, it’s not only cooperation with the government, also other stakeholders, UN-partners, NGOs, and universities, should be engaged early onwards in the process.

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The case studies also showed that it is important to continue to support family planning in humanitarian settings, and include sexual and reproductive health services into emergency preparedness plans. This is for example the case in Iraq where currently 4.1 million people are in need of humanitarian assistance. A quality response during the initial phase of the emergency depends on a functioning health system and a mapping of health needs on a continuous basis. In order to achieve this, capacity building of health workers, including practical training, on a rolling basis is important. In Jordan, capacity building of health workers facilitated the dissemination of information on emergency reproductive health kits content, and thus crucial for the humanitarian response.

To conclude, in order to achieve increased demand, a sustainable supply, and an enabling policy environment, and thus increased access and availability of family planning and reproductive health information, services and supplies the proposed best practices may be a starting point. Ultimately, this will contribute to achieving the ICPD and SDGs.

Change in SRH indicators between 2015 and 2016 in Sudan:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of couple years of protection (CYP) generated in a year</td>
<td>112,073</td>
<td>234,557</td>
</tr>
<tr>
<td>Number of unsafe abortions averted</td>
<td>8,425</td>
<td>24,569</td>
</tr>
<tr>
<td>Number of unintended pregnancies averted</td>
<td>21,603</td>
<td>64,286</td>
</tr>
<tr>
<td>Number of maternal deaths averted in a year</td>
<td>90</td>
<td>148</td>
</tr>
<tr>
<td>Number of users of modern family planning methods</td>
<td>86,793</td>
<td>232,236</td>
</tr>
</tbody>
</table>

In Iraq weak access to reproductive health services may result inter alia from the weak integration into the primary healthcare system. In the majority of the case-studies it was also confirmed that standardization of the reporting formats was central for adequate quantification of the commodities. In Morocco for example, standardization of procedures and communication ensured quality of services.

In Morocco, during project implementation, the standardization of procedures and communication with the teaching hospital ensured quality services, as reflected in the quality indicators and the rate of implant continuity (86% at two years); this rate is considered high compared to the results in other countries.

Expanding clinics that provide reproductive health services and commodities ensured that in Iraq and Sudan more persons could be reached, for example in Sudan first-time users grew from 24,200 - 17,000 persons in the selected districts. It should be mentioned that investing in family planning also has a return on other health outcomes, and is central to sustainable development and women and girls’ empowerment. The case-studies pointed out that awareness on modern contraceptives is needed, and lessons can be drawn from the introduction of a new long-acting reversible contraceptive in Morocco.

In Sudan, the number of first-time users of contraceptives in three focus states increased from 17,000 in 2015 to 24,200 in 2016, see the table for additional results.

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Continue efforts to support FP, despite the huge humanitarian crisis currently affecting more than 4.1 million people in Iraq.

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