Inside the FP Story Podcast

SEASON 4

EPISODE 3: Quality of Care in FP/RH in Fragile Settings

[About the *Inside the FP Story* Podcast]

From Knowledge SUCCESS and MOMENTUM Integrated Health Resilience, this is Season 4 of *Inside the FP Story*—a podcast developed *with* the family planning workforce, *for* the family planning workforce.

Each season, we hear directly from program implementers and decision makers from around the world on issues that matter to family planning programs. Through these honest conversations, we learn how we can improve our family planning programs as we work together to build a better future for all.

I'm Sarah Harlan, Partnerships Team Lead with the Knowledge SUCCESS Project. I'm pleased to introduce our narrator, Charlene Mangweni-Furusa.

[Recap of Last Episode]

Narrator
This season on *Inside the FP Story*, we are exploring the topic of family planning and reproductive health in fragile settings. Last episode, our guests discussed the importance of understanding gender and social norms in fragile settings, and how and why these norms related to family planning and reproductive health might be different in a fragile setting versus a more stable environment. In this third episode, we are going to use this framing—along with the general concepts we have discussed so far this season—to explore quality of care in fragile contexts and what it means for family planning service delivery.

[music break]

To set the stage, here is Dr. Henia Dakkak, Head of the Policy and Liaison Unit with the Humanitarian Office of UNFPA.

Henia Dakkak

> Emergencies are on the increase globally and the need for making sure that the support that is needed for women and girls to get access, to different elements of sexual and reproductive health services, including access to modern contraceptives and long-term

reversible contraceptives are needed in humanitarian settings as a life-saving service that will help women, survive and help women, live a dignified life in such situations.

[QUALITY OF CARE IN FRAGILE SETTINGS]

Narrator
While quality of care is a priority for family planning and reproductive health care overall, there are special considerations in fragile contexts.

According to the World Health Organization (WHO), "quality of care" is the degree to which services for individuals and populations increase the likelihood of desired health outcomes. Quality healthcare is defined as being effective, safe, and people-centered. In order to achieve these three goals, care should be timely, equitable, integrated, and efficient. However, in fragile settings, a variety of factors make these elements harder to attain. Here is Henia with more on this:

Henia Dakkak

Accessing services in these situations are always going to be a problematic issue. And therefore, you need to make sure that they can have the services and the access to services is one of the primary goals to really save lives.

We already know that in countries like Syria, Yemen, Nigeria, all of these countries, DRC we have seen maternal mortality is higher than other places, especially because of lack of services, Destruction of health facilities, also a lack of trained personnel. Health personnel have been targeted in many places. We have seen it recently in Ukraine. Many health facilities have been destroyed. That makes it more urgent that we provide the needed support and assistance in these types of situations.

Narrator
As Henia explained, a number of challenges—from low resources to disruptions in service provision—are common in fragile contexts.

Erica Mills, a Family Planning and Reproductive Health Technical Advisor with Pathfinder International, who works with the MOMENTUM Integrated Health Resilience project, echoed these ideas.

Erica Mills

There are a lot of challenges just generally in implementing in these settings. I think when you think about, if there's political instability, for instance, a lot of the communities including the health workers might leave or shift or migrate and therefore, for those that remain in that area, how do we ensure their services? I think also oftentimes the facilities and even the community-based services are overburdened in these types of scenarios, given some of the challenges they face. And I think that's particularly acute for family planning. I think a lot of times, and in many different contexts and societies it's seen as

less essential than some of the other services. Sometimes when there are different shocks or stresses that happen in an area, I think family planning is one of the first things that kind of falls behind. And so it's important for us to think about how do we make sure that the access to family planning remains and then how it continues to be a priority. How do we make sure that we continue to have good quality services despite different shocks and stresses?

Narrator
Family planning services are sometimes deprioritized during emergencies. The irony is—in emergency contexts, the need for family planning actually *rises*, as women and girls become more vulnerable to sexual violence and unprotected sex.

So how can we ensure that services continue, despite unstable conditions, lack of trained personnel, and persistent stockouts of contraceptives?

In fragile settings, logistics systems are often not working efficiently or perhaps are completely destroyed, causing prolonged stockouts of modern contraceptives. Henia shared a recent example from Ukraine:

Henia Dakkak
And I can give you examples. It's very difficult now for a lot of women who are fleeing from Ukraine and other countries that they don't have the same access to contraceptives that they had in Ukraine. And we know a lot of the times many of them, they need emergency contraceptives, which might not be available. We have also heard a lot, and you have seen it in many, many news that gender-based violence had been utilized as some people have put it, as a weapon of war. The reality of the matter, we are not in a situation where we can deny any person from having access to emergency contraceptives. It's very important that emergency contraceptives are available. It's part of the post or clinical management of rape. It's very important that it is available to women and girls so that they can protect themselves from unintended pregnancy.

Narrator
As Henia shared, when sexual violence is used as a weapon of war, health facilities should be able to offer emergency contraception to prevent an unwanted pregnancy.

This example highlights another consideration for quality of care in fragile settings—"crisis sensitivity." This refers to awareness of diverse types of trauma that clients may have experienced—including rape and sexual abuse, migration, loss of loved ones, and financial instability. "Crisis sensitivity" is a skill developed by professionals working in crisis settings that often means the difference between compassionate, affirming care versus care that leaves survivors re-traumatized and feeling forgotten.

As our guests have shared, health systems in fragile settings are vulnerable to persistent and recurring disruptions to the transport network, and weak logistics systems. This can cause

stockouts, lack of provider availability, lower provider capacity and motivation, and an inability to prioritize family planning due to other health needs.

[PREPAREDNESS]

Narrator
Now that we have some background, we will discuss how programs can improve quality of care in fragile settings. First, let's discuss "preparedness" for a disaster or emergency—in other words, the actions a country or program takes to ensure overall health resilience, specifically the ability of the system to absorb and adapt to risks. Here is Erica Mills.

Erica Mills

> I think one thing is thinking about preparedness and in a lot of ways that preparedness work needs to be led by the development side, because it's supposed to come before an acute emergency. So the humanitarian partners might not necessarily be there for, or available, for that. And so when we think about preparedness, it's thinking about from the development side, how can we work in these more fragile settings to think about, okay, if another shock happens, if there's increased political instability, if there's another natural disaster—How can we make sure that our systems and our services are at a baseline level where they can then continue after an emergency occurs? How can we prepare for, and anticipate emergencies and make sure that despite those there's still a degree of access to quality services so that the people that live in those communities are less impacted at least from a family planning side, from the outcome of those different emergency situations.

Narrator
The questions Erica posed are important for framing the conversation: How can we plan for a shock that will affect family planning and reproductive health service delivery, and get ahead of that before the shock hits?

One way to do this is capacity strengthening for providers. Here is Moses Okwii, a Research and Innovations Associate with Dev Com consulting in South Sudan, with more on this.

Moses Okwii

> When we are working in conflict prone or fragile settings, it's always good to bear in mind that at any single point in time, a disaster or stressor can actually happen that could disrupt your operations. So it's always very important to start with aspects of capacity building of humanitarian and healthcare providers, to be able to plan, respond, and adapt to most of these crises.
>
> There's also a need for us to always ensure that if you're working in areas which are prone to conflict, capacity building on conflict and crisis sensitivity is very key, because you'll be able to identify, but you'll also be able to see how to engage various actors on most of these issues.

Narrator
As Moses noted, healthcare providers in fragile settings can work more effectively if they are trained on crisis response. Financial support and incentives for providers are also key.

Male Herbert, Gender and Youth Lead at MOMENTUM Integrated Health Resilience in South Sudan, echoed Moses's points by introducing the concept of risk mapping. Note that in this clip, he uses the term "Boma Health Workers"—which refers to Community Health Workers in the context of South Sudan.

Male Herbert

> Most importantly, we need to have early social behavior change and risk mapping. Risk mapping is very, very important to prepare community health workers and communities to mitigate shocks through pre-formed plans that ensure access to key family planning and reproductive health services and commodities. For example, ensuring ample supply or preposition of family planning commodities during the rainy season when floods occur or having safety plans in place at facilities and where Boma Health Workers operate in cases of conflicts are very important strategies. Most importantly is the coordination among social behavior change and family planning partners before shocks and stresses occur to ensure adequate electric communication in family planning and reproductive health services can be provided in a timely and appropriate manner.

Narrator
By mapping out known risks, teams can be ready for shocks *before* they happen and ensure they have adequate resources in case electrical communication or other channels are cut off.

Henia also talked about the value of preparedness—and not *just* for in fragile settings.

Henia Dakkak

> I think there has been a lot of progress in general, in terms of advancing family planning in humanitarian settings. I think what is still needed is this, thinking about this whole aspects of family planning, contraceptive all of this, in a holistic manner, in a continuum of preparedness, response, and recovery.
>
> I see preparedness as something a must for every country, not only a fragile setting. And I must emphasize that we need to move out of like, this is going to be in only one country, absolutely not. With climate change, it's going to be in every country one way or another. And the more I have been working in humanitarian settings, I can see more complexity and more dire situations than ever before, where I think, even COVID-19, gave us a lot of good lessons to learn, that an emergency would happen at some point. And unless we are prepared to address these needs, even during a major pandemic and a major emergency at the global level like this, a public health emergency, these services cannot be discontinued. These services should be a priority for all women and young people everywhere.

[SUPPORTIVE POLICIES AND GUIDELINES]

Narrator
To guarantee that family planning and reproductive health are consistently prioritized before, during, and after an emergency—supportive policies and guidelines are fundamental.

Some of our guests spoke to us about universal health coverage (or UHC) policy—which refers to ensuring that all people have access to the health services they need, when and where they need them, without financial hardship. No UHC policy is complete without family planning, and one way to ensure family planning's place in UHC is to include it in *primary* health care. This is a first step to prioritizing it alongside other healthcare issues in emergency settings. Here is Henia with more on this.

Henia Dakkak

> Solutions are available. We can always provide quality contraceptive services for women as part of an integrated primary health care package or sexual and reproductive health package.
>
> And I think until now, what has been a hindrance for all of us was that it was always looked as a vertical program instead of an integrated programming for sexual and reproductive health and making sure that it is part and parcel of the universal health coverage and the primary healthcare coverage.

Narrator
Primary health care coverage works to guarantee that people can access a package of essential services and products needed to prevent disease, promote health, and manage illness when needed and in their everyday environments—not, as Henia mentioned, in separate settings.

While many policies and guidelines around UHC or primary health care are general, there are others specific to humanitarian and fragile settings. For example, the Minimum Initial Service Package for SRH in Crisis Situations presents the activities required to respond to sexual and reproductive health needs when a humanitarian crisis occurs. While these needs are often overlooked, this service package—known as the "MISP"—aims to prevent gender-based violence, decrease unmet need for family planning, and reduce harmful practices during crises. These activities are often overlooked in order to focus on shelter, food, and other basic needs—however, as we've discussed, overlooking sexual and reproductive health needs can be life-threatening.

Monira Hossain, Project Manager with Pathfinder International in Bangladesh, talked to us about the importance of the MISP in providing a standard of care that everyone can follow.

Monira Hossain

I would say that to provide services from a common platform. For the Rohingya response in Bangladesh, they are following a very standard minimum service package for health. So the Bangladeshi government has adopted the global standards very rapidly, and the standards some organizations are following that is accepted by Bangladesh government. So for human crisis worldwide I want to give a message from the Rohingya response, lesson learned, that it's very important to follow a standard for all services and the standards are already available globally. It's very challenging but still possible to follow any standard for sustainability and also for maintaining the utmost respect for the service we are providing for the Rohingya people.

Narrator
As Monira explained, global standards—including the MISP—allow governments and other partners to react quickly in an emergency, and to continue to prioritize sexual and reproductive health care, including family planning. Supportive policies help create an enabling environment to guide the provision of high-quality family planning programs and services.

[COMMUNITY ENGAGEMENT]

Narrator
In addition to policies, our guests mentioned community engagement as key to improving preparedness and coordination before an emergency occurs. We talked about community engagement in our last episode—specific to challenging and transforming gender and social norms—but this is also incredibly important for improving quality of care.

Male emphasized the importance of communities and health providers working together to improve preparedness and ensure that family planning services continue during crises.

Male Herbert
Active community engagement improves trust in health systems, increases health facility response, and helps ensure that community members' participation and decision making is prioritized during the crisis responses before, during, and after services—which is often not the focus in fragile settings. So as MOMENTUM, we adopt the PDQ—that is the Partners Defined Quality—and the Community Scorecard to ensure that communities are actively participating in quality assessment, monitoring, implementation and evaluation in our supported facilities.

Narrator
MOMENTUM also works to anticipate shocks and coordinate with community members to apply lessons learned from past crises.

Male Herbert
Informed planning mechanisms—including clear processes of engagement at local, regional and national levels prior to the onset of crisis—can help identify potential shocks and stresses. Mapping opportunities highlights community capabilities and

vulnerabilities. Informed planning also builds absorptive resilience capacities by preparing communities and health systems to respond to and mitigate shocks' impacts. In addition, MOMENTUM Integrated Health Resilience is adapting the READY Initiative preparedness tool to map resilience risks and assess resilience capacities among the communities.

[PROVIDER CAPACITY STRENGTHENING]

Narrator
Another way to ensure that communities are prepared for shocks—and that they can continue providing high-quality family planning services during a crisis—is to strengthen provider capacity. Henia shared her recommendations in this area.

Henia Dakkak
I think one of the most important aspects and our recommendation is to invest in preparedness for contraceptive service delivery. Unless, we train people ahead of time, we change policies, we strengthen the capacities of service providers, actually, we will not reach where we want to reach because sometimes it's very difficult in an emergency immediately to start training service providers when they are very, very busy dealing with an emergency to say, okay, let me train you now on how to insert an IUD or how to insert an implant. So we need to invest in the preparedness and train ahead of time on these issues.

Narrator
Henia went on to discuss not only provider capacity, but data collection and logistical capacity improvement as well. Prioritizing interventions in all of these areas can help to strengthen a health system before a crisis occurs.

Henia Dakkak
I think the other thing is we need to really strengthen the data collection on the use of contraceptives. We need to have that information ahead of time in order to plan better during an emergency of how we are going to do these things.It's very important that we also improve the logistics of contraceptives and, and making sure that we have the logistics so that we don't have stockouts that these elements are available in the immediate emergency, like, in the first phase of commodities that comes into an emergency.

Narrator
Her recommendation on how to do this? Engage local partners.

Henia Dakkak
I think part of it is making sure that we strengthen local partners and community-based organizations to really build their capacity, making sure that their capacity is there, they have a good value system. They understand why women need to have access to

contraceptives and not be a hindrance also for her lack of use of contraceptives, because they are not advising her very well, or they are not giving her the information about what's happening.

So I think we need to really look at the community how the local actors, how do we strengthen their capacity?

Narrator
Henia went on to share an example from Uganda of implementation during COVID-19, a health emergency that struck nearly all family planning and reproductive health programs around the globe. In this adaptation, the program introduced a mobile app that enabled women to order contraceptives and have them delivered to their homes, to prevent the need to visit the facility and risk contracting the virus or spreading it to others.

[TASK SHARING]

Narrator
Henia's example from Uganda is an example of task sharing, which is another approach to improving quality of care for family planning in fragile settings. Task sharing is the process of redistributing health tasks and responsibilities to a variety of health cadres, with the goal of offering services to more people. With additional providers, more people can be reached with life-saving contraceptive services.

Task sharing is a critical component of improving quality of care, and it can play out in different ways, depending on the context. Here is Erica with more on this approach and why it's important.

Erica Mills
What we've seen in some of our contexts is there's a lot of competing demands on facility-based providers' time. They may not be able to focus on family planning service delivery, or there may not just be enough providers at the facility to meet the demand and provide the services to a high degree of quality.

And so how can we then supplement that at the community level, how can we make sure that from a policy perspective, community health workers, or other types of community providers are allowed to provide services? How can we make sure that they have the training and resources they need to provide those services? And then also, how do we make sure that family planning clients, are aware of those services and able to access them and comfortable accessing them?

A specific example might be if there is a flood in a particular community and women from a certain village cannot reach the health facility, then how are they aware of an alternate pathway to obtain family planning services at the community level? And are those

services accessible and are they of high quality? So I think task shifting at the community level for the provision of family planning can be super critical.

Narrator
As Erica alluded to, task sharing can involve those already trained in clinical care—for example, nurses and midwives. Programs can also engage community health workers, usually lay members of the community. This was an approach mentioned by many of our guests, including Monira Hossain and Dr. Farhana Huq. Last episode, we heard a bit about their program that serves Rohinghya refugees in Cox's Bazar. Here is Monira, highlighting their work with Rohingya community health workers.

Monira Hossain
Our implementing partner through this project has community health workers—actually they are called in the camps "volunteers," because they work on a daily basis disseminating information regarding SRHR services.

Narrator
These volunteers are able to mobilize and respond in a crisis—this is a particularly effective and sustainable approach, given that the Rohingya volunteers come from the same religious and cultural background, and speak the same language as those they are serving. Monira clarified that the role of the volunteers is mostly that of sharing information and improving family planning knowledge.

Monira Hossain
The volunteers' responsibilities is to disseminate and also sensitize the Rohingya people and describe the services available and where to go. So family planning methods are available in static centers inside the camps. So there are two types of service settings for family planning and other health services, which service center is open 24 hours. That is called the primary health center—and another in daytime opening is called a health post. So if they want any family planning services, they have to come to those service centers to have any family planning methods.

Narrator
Male also emphasized the importance of community health workers—or "Boma Health Workers"—in South Sudan.

Male Herbert
Community health workers are part of the communities they serve, and often implement social behavior change activities for family planning and reproductive health—fast becoming critical links to individuals, households, facilities, and community leaders. Community health workers—also known as the Boma Health Workers, particularly in South Sudan—are very instrumental in supporting families and communities in anticipating and preparing for shocks. This includes promoting self-care and continued

demand for family planning and reproductive health services, even in difficult times, as well as providing health services in themselves.

Community health workers' insights can help communities prepare for unpredictable events that affect societal health and well-being. Boma Health Workers play a very critical role in increasing community access to family planning services and commodities to enhance the population's health. They also communicate vital public health information in socially and culturally appropriate ways, assume roles as community level educators, organizers, and mobilizers during shocks or stresses, and they also contribute to disease surveillance systems while undertaking routine family planning and reproductive health services.

[SELF-CARE]

Narrator
Another approach that can help ensure continuity of services in fragile settings is self-care—which was highlighted by nearly all of our guests.

In family planning, we often refer to self-care as methods that clients can use on their own, without visiting a health facility. This most often includes condoms, oral contraceptive pills, fertility awareness methods, and injectable contraception—these methods can be monitored and maintained by the individual at their own home, after obtaining any necessary supplies.

Self-care also refers to self-awareness of family planning, self-screening or self-management of side effects. In a fragile setting, this concept goes further and encompasses community health such as prenatal care and more. Let's hear from Moses with more about this.

Moses Okwii

Self-care is simply the ability of an individual or maybe a family or maybe a community to actually promote health, prevent a disease, or maintain good health or even manage a particular illness without necessarily support of a professional healthcare provider.

Sometimes in certain locations, accessing a health facility could take you five hours, or even more. So having you being trained to be able to have a self-injectable would actually be an option.

Narrator
As Moses highlighted, self-care is beneficial in unstable settings when it can take hours to reach a health facility, where services may not even be fully available. Erica shared a similar view.

Erica Mills

There's quite a range of what self-care might mean in these settings in terms of family planning. At a very basic level you could think about providing multi month dispensing of family planning services, for instance. Like when a woman comes to a facility, could she

get three or six months worth of oral contraceptive pills rather than one. So then if she's unable to access family planning in the future, she has that backup stock.

You could also think about it in terms of emergency contraception, and are there accessible means to get emergency contraception that people are willing to access and use. I think when you talk about self-care, obviously DMPA-SC—the self-injectable contraceptives—can be a super important tool. How do we make sure that women are able to access self-injection? And that would include both from the policy side, but then also that providers are able to train women on self-injection. And then I think that can be another opportunity to ensure both access and continuity of FP despite different shocks or stresses that might come along.

Narrator
Male shared how the South Sudan MOMENTUM program uses self-care approaches specifically for family planning continuity of care.

Male Herbert

Self-care in South Sudan is a very promising approach to ensure continuity of family planning services during shocks and stresses. The examples of self-care include the lactational amenorrhea method where we encourage breastfeeding mothers to exclusively breastfeed their babies in their first six months in order to avoid the return of their fertility. We also have the fertility awareness methods where a woman seeks information about the periods when she is likely to get pregnant and the periods that are safe for her to have unprotected sexual intercourse. We have the oral pills, the condoms—that includes both the male and female—and then most importantly, we are working on Sayana press self-injection, where women obtain injections, go back home and they're able to administer these injections for family planning by herself, without the supervision of health providers.

Narrator
A note that the Lactational Amenorrhea Method requires three conditions, all three of which must be met. First, the mother's monthly bleeding cannot have returned; second, the baby must be fully or nearly fully breastfed, and must feed often; and third, the baby must be less than six months old.

Making a wide range of contraceptive options available—including those that can be self-managed—has been essential in the context of South Sudan as well as other fragile settings.

Fourreratou Ibrahim Zemkoye, a midwife who works with MOMENTUM Integrated Health Resilience in the Dosso Region of Niger—talked to us about the key role of health care providers in promoting self-care. She described a program where some existing injectable users were trained on self-care practices.

Fourreratou Ibrahim Zemkoye

> We took a sample of clients who were already using the Depo Provera contraceptive method. We trained these clients with their consent, of course. Now, after the training, we supervised them for a while and after that, they were able to administer the injections themselves. And I assure you, they sensitized many women in the community and we eventually had many clients who switched to the Sayana Press afterwards, since the Sayana Press injections are much easier to administer.

[METHOD CHOICE]

Narrator

Our guests have highlighted a number of family planning methods that can be included under the umbrella of self-care. Their comments speak to another important approach to ensure quality of care for family planning programs in fragile settings—method choice, and ensuring that a range of contraceptive options are available and accessible. Often, long-acting and permanent methods are not available in fragile settings due to supply chain issues. However, there is also an issue of provider training. Here is Henia with more on this.

Henia Dakkak

> We need to improve the full range of contraceptive methods, particularly long-acting reversible contraception and emergency contraception. Those need to be available all the time. Over the years, in humanitarian settings, there was more of an emphasis on short-term contraceptive methods because we always felt like because people need to be more trained on these type of like insertion of an IUD or insertion of implant, somehow by default, a lot of times they were not provided, or they were not available in these situations. IUDs were always available, but the reality, for example, the implant was not always available, but now with the revision that happened in 2018 the full range of long and short and emergency contraceptives are available. That always helps because you know, the more you have availability of these range of contraceptives methods, the more you uptake.

Narrator

A quick note that the 2018 revision she mentioned in her quote refers to the latest version of the MISP, mentioned earlier in the episode.

Henia points to an important reason why long-acting reversible and permanent contraception are often not available in fragile settings—methods like IUDs and implants and male and female sterilization require provider training. Permanent methods are particularly challenging to provide given the higher level of training and experience required. However, there is also a demand issue—in many settings, potential family planning users may not be aware of these longer-term or permanent methods. So providers—including community health workers–need to be trained in order to educate individuals on all of their contraceptive options.

We also spoke to Fourreratou about training providers to offer longer-term methods.

Fourreratou Ibrahim Zomkwe

When it comes to contraception, it's the woman's choice that counts. And the contraceptive methods that are used the most are the injectable ones. This is because the women often do not receive adequate counseling on long-term methods. Consequently, fewer women use long-term methods, especially when they are in an area where they cannot easily have access to a health center.

Narrator

We asked her why most women do not use longer-term methods.

Fourreratou Ibrahim Zomkwe

First, there is the issue of lack of knowledge. They don't know the methods exist. In the past, not all Integrated Health Centers offered long term methods. But they have recently been trained to provide long-term methods.

The service providers know the long-term methods. It is the communities that do not know. In some settings, service providers are not qualified to offer IUD and implant services. So since they can't offer IUD and implant services, they don't even tell the client about them.

Narrator

She gave us an example from one of the Integrated Health Centers—or IHCs.

Fourreratou Ibrahim Zomkwe

I can give you an example of one Integrated Health Center that had a newly recruited service provider. It was after we analyzed clinic data that we noticed that the use of long-term methods had dropped significantly at that IHC. So we went to do some inquiry to find out why the use of long-term methods had dropped. When we asked the service provider these questions, she told us that she is not trained to offer long-term methods. She doesn't know how to insert an IUD or an implant, and cannot therefore propose such services to the client. That's why there was a considerable drop in their use. And all we could do, since the training period was already over, was a one-session training. For that, we joined her in the clinic with all the required equipment: mannequin, everything that will be used for demonstrations with the service provider, so that she can offer these methods. So we taught her how to insert an implant, how to insert a Jadelle and how to remove them, how to insert an IUD, as well as how to remove them. And also how to prevent infections. After that, the service provider started offering long-term methods to clients. And it went well.

Narrator

This highlights the importance of not only training for insertion of long-acting methods, but removal as well. Along with counseling, this training is important to ensure a broad method choice for women in fragile settings.

Monira also spoke to us about method choice. Within the Rohingya camps, many women were interested in longer-acting methods. Organizations working inside the camps have worked to educate women on the benefits of long-acting methods, and have counteracted myths and taboos. This led to greater acceptance and uptake of these methods among the Rohingya communities. While there is still work to do—as most organizations continue to prioritize short-acting methods—they are seeing progress and have increased knowledge and education of longer-acting methods in the camps.

[Conclusion]

Narrator
To round out this episode, here is Erica talking about the importance of working to improve quality of care before, during, and after emergencies.

Erica Mills

> In a lot of ways, quality of care in fragile settings can be quite similar to all settings, in that you want to make sure that the providers both at the facility level, but also community level, that they have the training and knowledge and capability to provide quality services, that they have the tools and commodities and equipment and supplies that are needed to provide quality services. And that also that they're given the kind of time and space to do so. And so I think in fragile settings, it's a lot like other settings in that you want to make sure that there is that baseline level of quality of care across the board. And I think it's k equally as important in fragile settings to think about quality of care, because if there is an acute emergency or if there is a shock or stress in that area, I think the baseline quality of services can be super critical, because then how do we build on that to ensure that even in times of stress, that those services are still available and still of high quality? So you want there to be a baseline, but then also kind of going above that and also preparing for how do we ensure that quality is maintained in times of shock or stress?

Narrator
As we've heard from our guests this episode, there are a number of challenges to providing high-quality family planning and reproductive health care in fragile settings. However, there are also approaches that have been proven effective in improving access to and quality of these life-saving services.

We need to be prepared and strengthen our systems prior to an emergency, so we can better absorb shocks and stressors. In addition, we need to engage communities—including family planning clients—to improve overall acceptance of contraception. Provider training is also crucial, as is task sharing, to ensure that more providers are able to offer critical sexual and reproductive health services. Self-care should be emphasized, so that people can continue contraception in the absence of clinics or providers. Finally, the overall supply chain needs to be strengthened. On the supply side, systems must be in place to make sure that a full spectrum of

methods are available to those who need them—and providers must be trained to provide longer-acting and permanent methods.

Join us on our next episode where we will explore some of these concepts in the context of a particularly vulnerable sub-group that has been mentioned many times so far this season—adolescents and youth.

[Credits]

Season 4 of *Inside the FP Story* is produced by Knowledge SUCCESS and MOMENTUM Integrated Health Resilience. This episode was written by Natalie Apcar and Sarah Harlan, and edited and mixed by Elizabeth Tully. It was supported by an additional team, including Brittany Goetsch, Christopher Lindahl, Terry Redding, Lorelei Goodyear, and Christine Lasway.

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If you have any questions or suggestions for future episodes, feel free to reach out to us at info@knowledgesuccess.org.

Thank you for listening.

Resources Shared in Episode

- Minimal Initial Service Package in (MISP) for SRH in Crisis Situations
- Theory Versus Reality in UHC and Family Planning