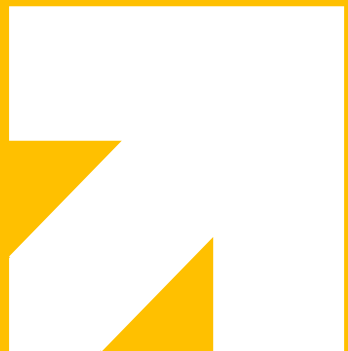


# Increasing access to family planning for Venezuelan refugees in Colombia

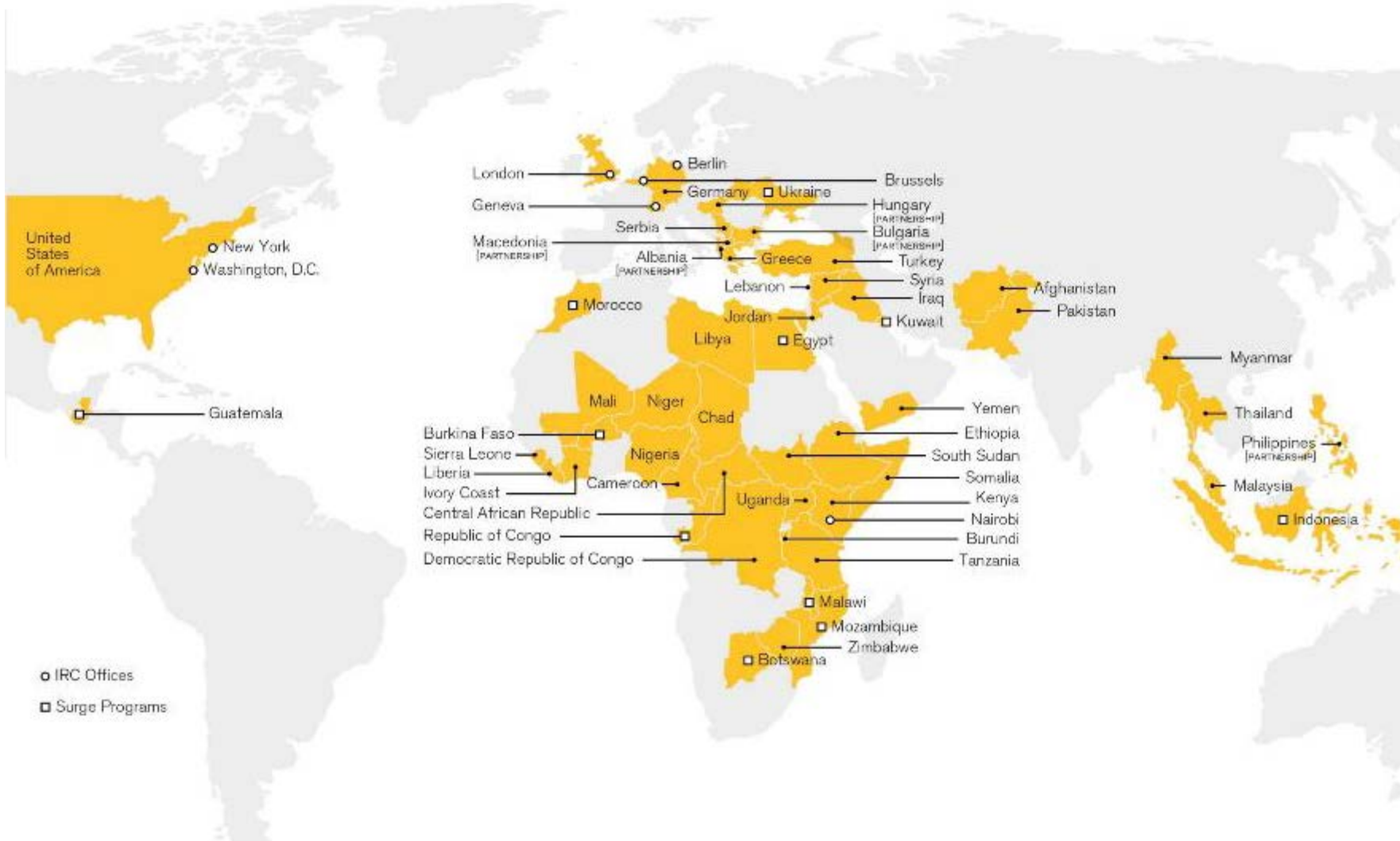


Erin Wheeler, MPH  
Contraception and Abortion Care Advisor  
International Rescue Committee



# The International Rescue Committee

Our mission is to help people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future.



Health



Safety



Education



Economic Wellbeing



Power

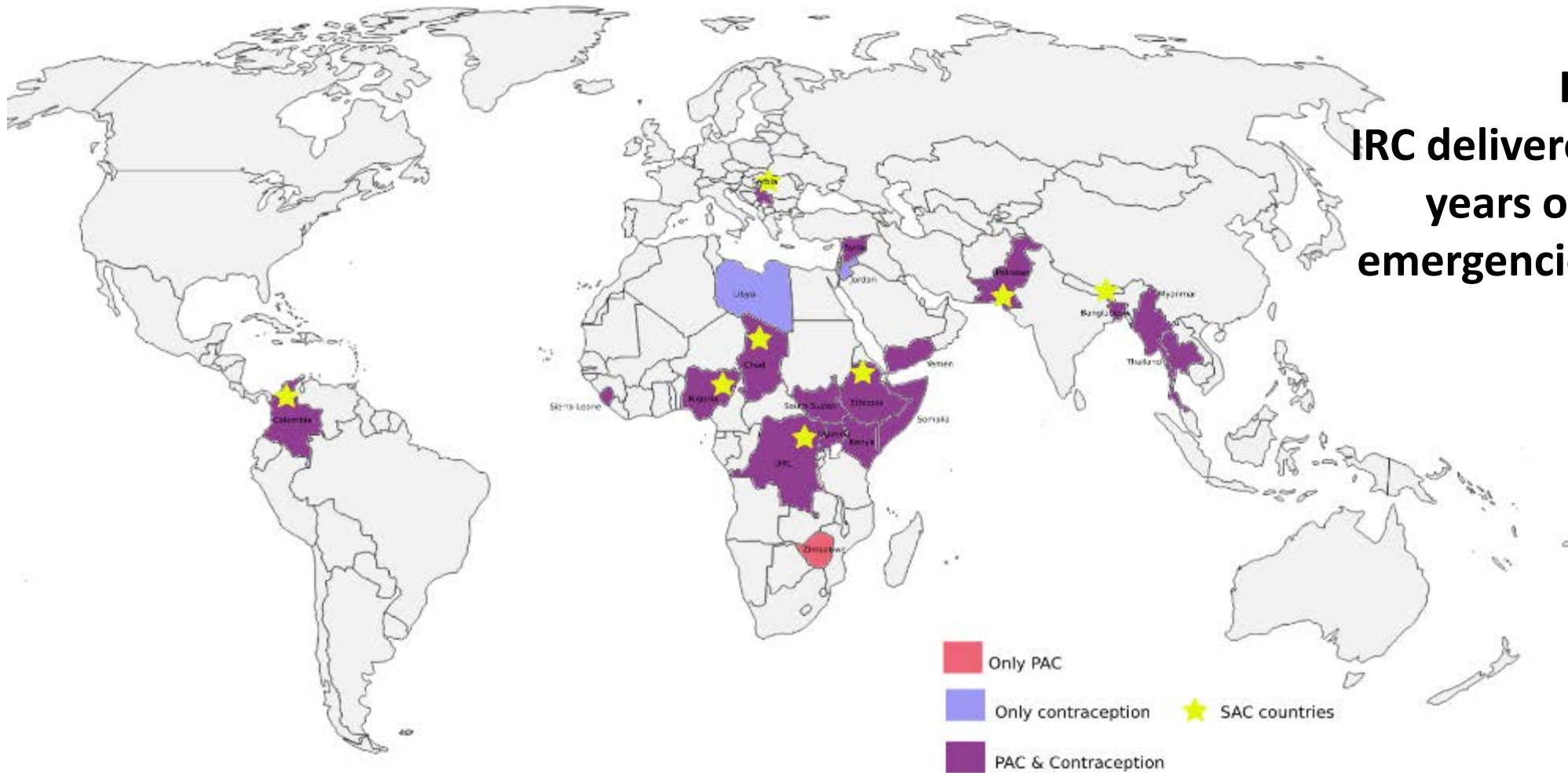


Why does the IRC prioritize family planning in emergency response?



# IRC supports access to family planning as part of primary health care in crises

**In 2017,  
IRC delivered 249,255 couple  
years of protection in  
emergencies & fragile states**



# Contraception and Comprehensive Abortion Care in Emergencies (ConCACE) 2011-present

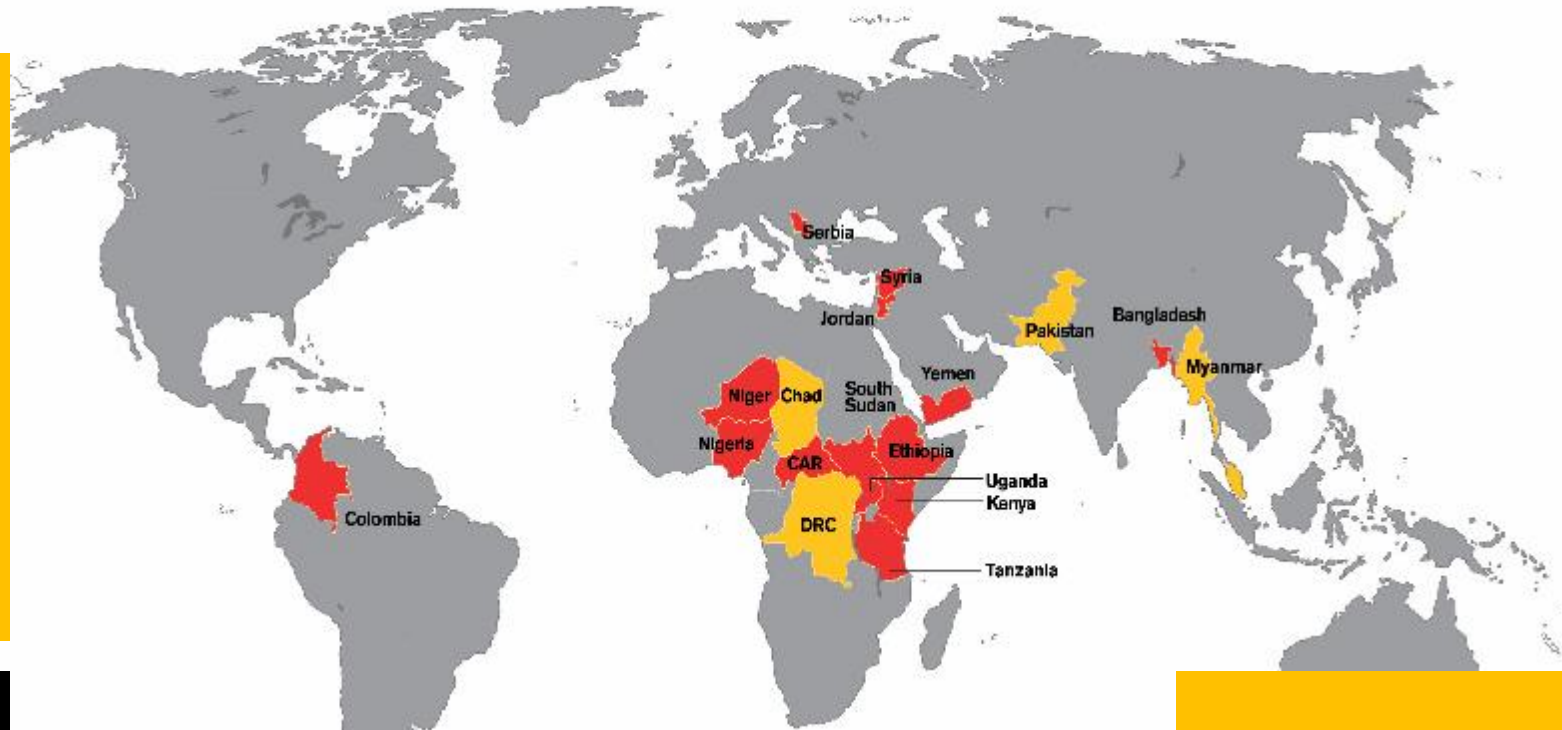
## Objectives:

1. Increase access to and quality of FP and CAC in crisis settings
2. Institutionalize FP and CAC within IRC health programs & emergency responses

## 2011-2019 Results:

**371,096 women and girls started contraception**

**56% chose LARCs**



**Focus Countries**



**MISP responses**

# Venezuelan refugee crisis in Colombia

**4 million** Venezuelans have left their country  
**1.4 million** remain in Colombia.

**111,023**  
Venezuelans in  
Cucuta

**48 %**  
Women

**52%**  
Men

**27%**  
Children

**74,816**  
Venezuelans in  
Medellin

**Colombian health system is strong, highly regulated and insurance-based**

**Only supports lifesaving care (including deliveries) for Venezuelan migrants/refugees**

***Most Venezuelans lack access to preventative and curative health services.***

# IRC implements context-specific models for **local capacity sharing** for family planning in Colombia

## Medellin

*June 2019-Present*  
Increasing access to FP in partnership with MetroSalud



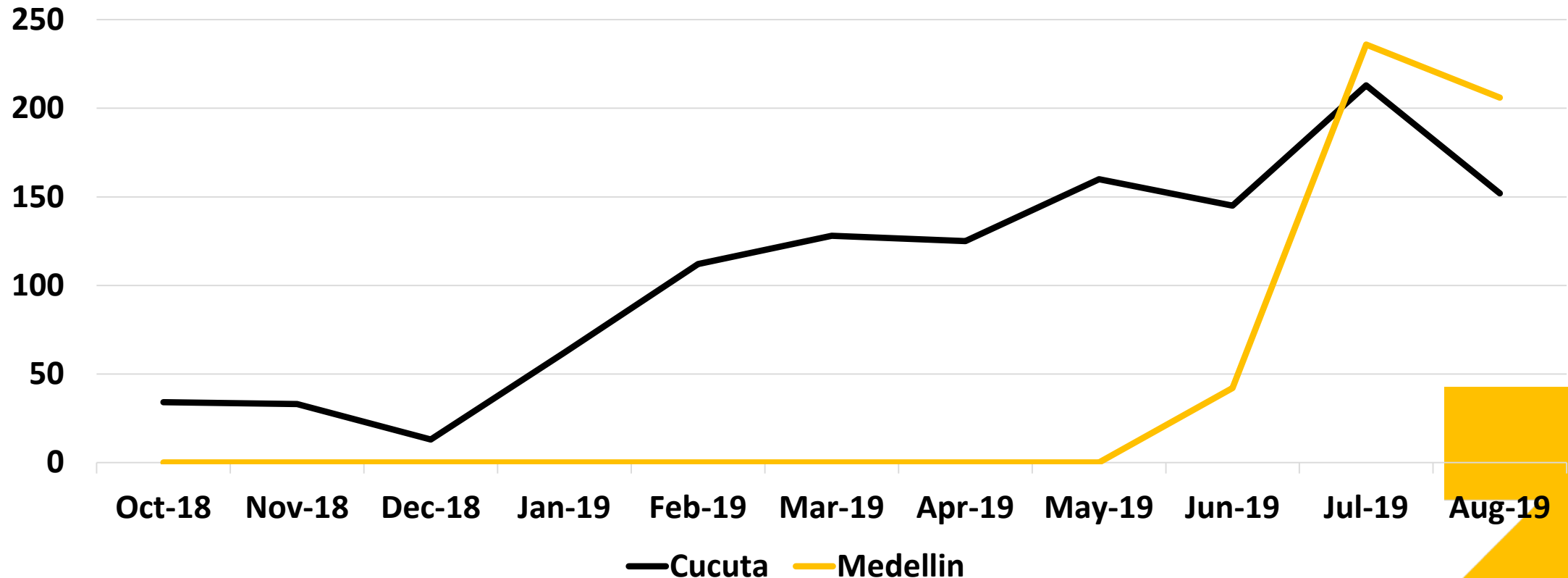
## Cucuta

*Oct. 2018-Present*  
Delivering FP through IRC-run multi-sectoral Comprehensive Care Center with linkages to local health system, *Profamilia*



# Increasing numbers of Venezuelan clients started contraception at IRC-supported health facilities each month

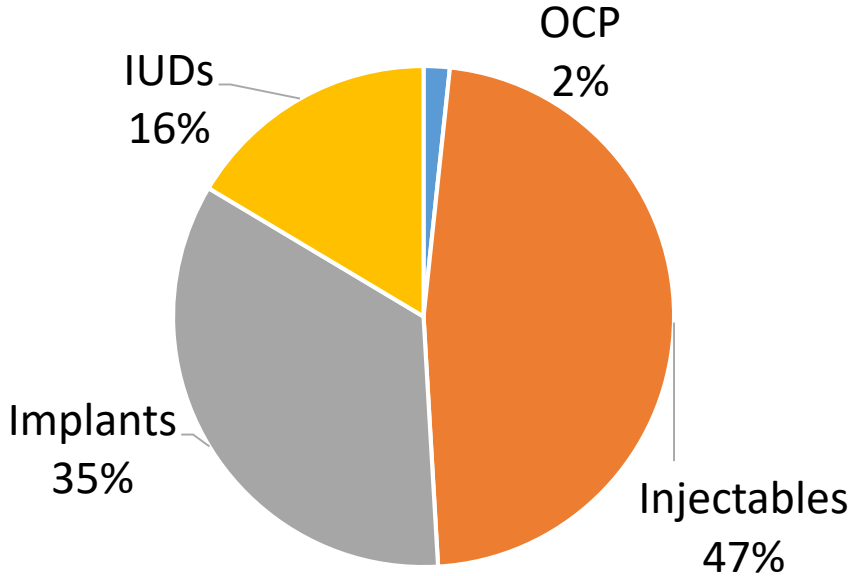
No. of clients starting contraceptive methods  
IRC-supported facilities in Medellin and Cucuta, Oct 2018 - Aug 2019



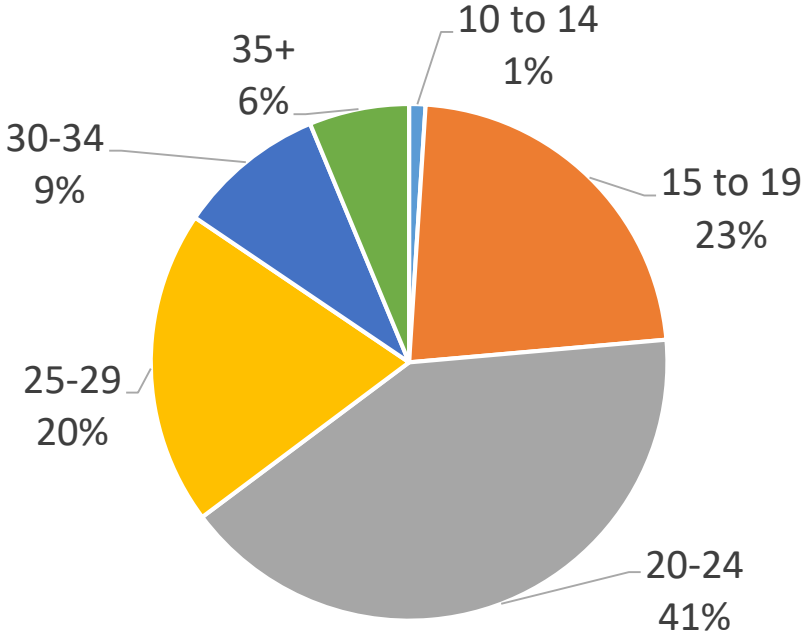


# Half of contraception clients chose LARCs and most were under 25

**Contraceptive Method Mix,  
Cucuta & Medellin, Oct. 2018-Aug. 2019  
N=1783**



**Age distribution among clients starting contraception  
Cucuta & Medellin, Oct 2018 - August 2019  
N=1783**



# Women and girls lacking access in Venezuela seek safe abortion care in Colombia

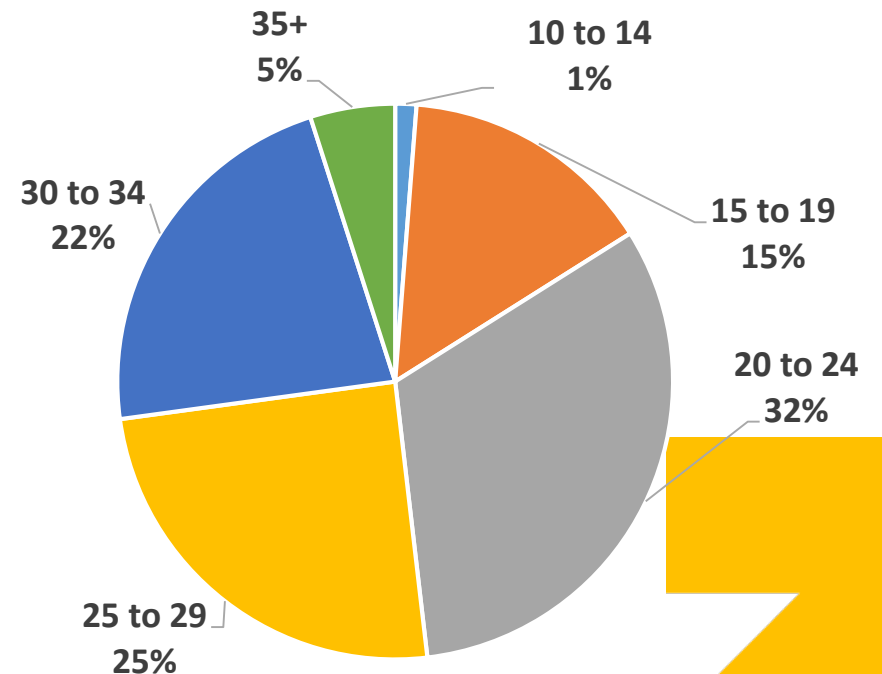


41 clients medication abortion clients treated at IRC-supported facilities



42 clients referred to *Profamilia* for safe abortion care in Cucuta

Age distribution among IRC-supported SAC clients & referrals, n=81  
Oct 2018-Aug. 2019



# Lessons learned

- Refugees, migrants face systematic barriers to FP access even in countries with stronger health systems
- Local health actors know the context best, but often lack experience and resources needed to serve displaced, crisis-affected populations
- Strong partnerships between local and humanitarian actors needed to eliminate barriers while avoiding parallel systems

## *The Perfect Match*

**Strategic partnerships between humanitarian actors, local governments and local organizations create programs to serve the context-specific needs of crisis-affected women and girls**

# Thank You!

