

Emergency Contraception Toolkit

Welcome to the Emergency Contraception Toolkit. This Toolkit contains fundamental information, evidence-based guidance, and programmatic tools for providing emergency contraception. The Toolkit also provides a range of case studies and reports sharing experiences and lessons learned from implementation of emergency contraception programs in countries around the world. Use the purple navigation menu on the right side of the page or the site map to browse the resources in this Toolkit.

What is emergency contraception, and why does it matter?

A broken condom. Missed pills. A sexual assault. These are just a few of the many situations that lead women to seek emergency contraception. When taken within five days of intercourse, emergency contraceptives can prevent most pregnancies. Emergency contraceptives are very safe, effective, and increasingly accessible around the world. Ensuring broad access to emergency contraception is crucial for improving reproductive health outcomes globally. Emergency contraception not only reduces the risk of unwanted pregnancy, but also helps prevent unsafe abortion and maternal morbidity and mortality.

Several contraceptive methods can be used to prevent pregnancy soon after sex, including a few types of emergency contraceptive pills and oral contraceptive pills. A copper intrauterine device (IUD) can also be inserted for emergency?and then highly-effective, long-lasting?contraception. When used within five days of unprotected sex, all of these methods greatly reduce the risk of unwanted pregnancy; the sooner these methods are used, the more effective they are.

There are many reasons women value emergency contraception:

- Emergency contraception allows women to control their fertility.
- It offers a second chance at preventing pregnancy.
- It reduces the need to seek out abortion.
- It can be kept on hand in case an emergency arises.

What are K4Health Toolkits?

What is the purpose of this Toolkit?

Who developed this Toolkit?

What types of resources are included?

Who are the intended audiences?

How do I get started using this Toolkit?

What are K4Health Toolkits?

K4Health Toolkits are electronic collections of carefully selected information resources on a particular topic for health policy makers, program managers and service providers. They are based on a continuous publishing principle that allows them to evolve after publication to capture additional resources and to identify and fill remaining information gaps.

What is the purpose of this Toolkit?

This Toolkit shares evidence-based guidance and tools for the provision of emergency contraceptives.

Who developed this Toolkit?

The Emergency Contraception Toolkit was developed by K4Health and reviewed by the International Consortium for Emergency Contraception (ICEC). We welcome collaboration and feedback from interested organizations.

What types of resources are included?

This Toolkit is not a comprehensive library of all existing emergency contraception publications but a strategic package of resources to guide decision makers, donors, program managers, service providers, advocates, and others through the processes of planning, implementing, expanding, or improving emergency contraceptive programs. These resources include:

Essential Knowledge on emergency contraception

Policy & Advocacy information and tools

Training & Service Delivery manuals, curricula, and counseling tools

Program Management resources

Country Experiences with provision of emergency contraception

Who are the intended audiences?

- **Donors and policymakers** will find evidence packaged in a variety of formats about the importance of ensuring access to emergency contraceptive services.
- **Program managers** will find information and tools to help them advocate for resources to launch,

maintain, improve or expand their emergency contraceptive programs.

- **Health service providers**, including clinicians and community health workers, will find resources for effectively communicating with clients about emergency contraception and for providing quality emergency contraceptive counseling and services.
- **Communication professionals** can use the Toolkit resources to explore strategies, media, and messages for meeting the need for emergency contraception in a variety of settings.

How do I get started using this Toolkit?

There are several ways to browse the content of this Toolkit:

- Use the purple navigation menu on the right side of the page to browse sections of the Toolkit by topic.
- Use the Search This Toolkit search bar on the right side of the page below the navigation menu to search for resources by keyword, language, publisher, or publication date.
- Use the Toolkit site map.

Within each Toolkit page, lists of resources are ordered according to publication date, and within the same publication year, resources are ordered alphabetically. Click on the title of the resource for more information about it, or click on the full-text link to get direct access to the full publication. Some of the tools are readily available in an adaptable format (for example, Microsoft Word documents and PowerPoint presentations). We encourage you to alter and personalize these tools for your own use. (Please remember to credit the source).



Essential Knowledge



When used within five days after unprotected sex,

emergency contraceptive pills help prevent pregnancy by delaying ovulation, and the copper intrauterine device (IUD) the most effective form of emergency contraception helps prevent pregnancy by inhibiting fertilization. The Essential Knowledge section of the Emergency Contraception Toolkit provides advocates, policy makers, program managers, service providers, and others with key background and reference materials on emergency contraceptives, including fact sheets, guidelines, and information briefs.

Key Facts About Emergency Contraception

- Emergency contraceptives (ECs) **do not disrupt an existing pregnancy**, and they **do not work if a woman has already ovulated or is already pregnant**.
- ECs provide no protection against sexually transmitted infections (STIs), including HIV.
- ECs are safe for all women.
- ECs can be provided safely and effectively without a pelvic exam, blood tests, cervical cancer screening, pregnancy test, or a breast exam.
- Unlike the IUD, emergency contraceptive pills (ECPs) will not protect against pregnancy if further acts of unprotected intercourse take place.
- Unlike the IUD, ECPs are not intended for use as a regular, routine contraceptive method.
- Data suggest that ECPs are less effective or ineffective for heavier women or women with higher body mass index (BMI), but it is unclear at exactly what point effectiveness diminishes and by how much. Current guidance recommends that because ECPs are so safe, no woman should be denied them based on her weight.

Do you have a comment about this Toolkit or a resource you'd like to suggest for inclusion? Share your suggestions, comments, and questions by sending a message through the feedback form.

Resources:

- **Emergency Contraception Fact Sheet**

This web-based fact sheet provides key information about emergency contraception, including what it is, who needs it, and when it can be used. The fact sheet also describes WHO's activities on emergency contraception.

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Repeated Use of Emergency Contraceptive Pills: The Facts

While emergency contraceptive pills are labeled for single use, medical evidence suggests that they can safely be used multiple times in a cycle. Because ECPs work by delaying ovulation, they will not provide protection from pregnancy if unprotected intercourse occurs after ECPs have been used. Women who want to avoid pregnancy can take ECPs multiple times in each cycle with assurance that such use is safe; however, long-term or on-going methods are more effective at preventing pregnancy, and only condoms can prevent transmission of sexually transmitted infections. This fact sheet reflects the latest version of the World Health Organization's Medical Eligibility Criteria (MEC), released in 2015.

- ## Clinical Summary: Emergency Contraceptive Pills

The clinical summary of emergency contraceptive pills (ECP) provides a one-page overview of ICEC's Medical and Service Delivery Guidelines by briefly discussing how ECP regimens work, their efficacy and safety, guidelines on repeat use, and considerations for starting or resuming regular contraceptives following ECP regimens.

- ## Emergency Contraception and Medical Abortion: What's the Difference?

Both emergency contraception and medical abortion are crucial components of women's reproductive health worldwide, but confusion between the two has presented several challenges to broader EC access. This fact sheet explains significant differences between emergency contraceptive pills, which do not terminate or interrupt established pregnancies, and medical abortion regimens.

- ## Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy

This online review article summarizes a wide range of research on emergency contraceptive pills. It presents information on drug interactions, barriers to widespread use of the method, the impact that the method has on population, and over-the-counter access. More than 150 references are cited.

- ## Emergency Contraception (EC) Fact Sheet

This fact sheet contains information about emergency contraception for non-medical professionals.

- **Emergency Contraceptive Pills: Product Brief**

This peer-reviewed brief provides an overview about emergency contraceptive pills, focusing on effectiveness, current use, and information about manufacturers, registration status, and cost. The goal is to improve information about underused contraceptive methods to improve women's and couple's access to a range of family planning methods.

- **How Do Emergency Contraceptive Pills Work to Prevent Pregnancy? Mechanism of Action**

This fact sheet describes the mechanisms by which levonorgestrel-only emergency contraceptive pills (LNG ECPs) prevent pregnancy after unprotected sex. The evidence suggests that these pills work primarily by inhibiting or delaying ovulation. These pills may also prevent the sperm and egg from uniting, by modifying the cervical mucus, or by affecting the sperm's ability to bind to the egg.

- **The Intrauterine Device (IUD) for Emergency Contraception**

The copper IUD for EC is the most effective way to prevent pregnancy after unprotected intercourse and can protect a woman from unintended pregnancy for many years. Because of these advantages, the copper IUD should be regularly offered to women who seek EC. This fact sheet outlines the clinical and service delivery considerations for offering IUDs for EC.

Policy & Advocacy



Up-to-date, evidence-based family planning policies and

guidelines help programs and providers offer quality services that are free from unnecessary requirements and medical barriers. The Policy & Advocacy section of the Emergency Contraception Toolkit provides a number of publications exploring the current state of access to, and policy for, emergency contraception in countries around the world. This section of the Toolkit also contains policy briefs and advocacy tools that can be used to communicate effectively about emergency contraception with decision makers.

To access general family planning advocacy materials, please visit the **Family Planning Advocacy Toolkit**.

For global service delivery guidelines, please visit the **Training & Service Delivery** section of the Toolkit.

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Resources:

- **Emergency Contraception in National Essential Medicines Lists**

National Essential Medicines Lists (EMLs) include medicines that fulfill primary health needs of a country's population, as determined by its government. This fact sheet provides information regarding the inclusion or non-inclusion of emergency contraceptive pills (ECPs) in all available country EMLs. In addition, it lists which ECP regimens are indicated among those EMLs that include ECPs.

- **Emergency Contraceptive Pills: Fast Facts for Decision-Makers and Program Managers in Crisis-Affected Settings**

EC is a vital option for women and girls in crisis-affected settings. Women living in crisis settings, such as countries or regions affected by conflicts and natural disasters, face particular challenges that make access to EC essential. Regular contraceptive supplies can be disrupted when a crisis strikes, while sexual assault and transactional sex can often rise; both of these factors result in an increased need for EC. Moreover, the especially harsh living conditions in most crisis-affected settings make pregnancy and childbirth even more difficult and life-threatening. This document, co-authored by ICEC and the Inter-Agency Working Group on Reproductive Health in Crises, provides information for policymakers, decision-makers, and program managers about EC in

crisis-affected settings, including how to ensure that women in crisis-affected settings have access to EC.

- **Emergency Contraceptive Pills Registration Status by Country**

Women's access to ECPs is significantly influenced by the availability of EC products in their country. Many dedicated products – those that are packaged and labeled for EC use specifically – exist, but are only accessible to women if at least one product is registered and/or imported in their country. The ECP Registration Status fact sheet provides an overview of ECP availability by country based on three designations – at least one product registered, no registered product but current or previously imported product, and no registered or imported product.

- **Donor Support for Emergency Contraception**

Donors, particularly US-based private foundations, have played a key role in making emergency contraception available around the world, but the dynamics of donor funding have not been well-documented before now. This paper analyzes data on donor funding for EC-focused programs and donor spending for EC procurement.

- **Emergency Contraception: Questions and Answers for Decision-Makers**

This brief is designed to answer decision-makers' most commonly asked questions about emergency contraception. It provides concise responses to questions such as why EC access is important, how EC works (and how it differs from abortion), and how safe and effective EC is. It also addresses other concerns like provision of EC over the counter and provision of EC to youth.

- **Mainstreaming Emergency Contraception in Developing Countries: A Toolkit for Policymakers and Service Providers**

In late 2006, the Kenyan Ministry of Health (MOH), the Population Council, and Population Services International (PSI) launched an initiative to mainstream emergency contraception (EC) in Kenya. This toolkit on mainstreaming emergency contraception in developing countries has been developed in response to one of the objectives of the 2006 initiative that sought to generate lessons that could serve as a model for other countries interested in improving access to EC, and to generate in-depth knowledge on EC program strategies and utilization characteristics in sub-Saharan Africa. As has been pointed out in many publications, including those produced by the

International Consortium on Emergency Contraception (ICEC), for many women, emergency contraceptive pills (ECPs) offer an opportunity to prevent unintended pregnancy following unprotected sex and contraceptive method failure. ECPs are also given as primary prevention of unintended pregnancy in case of rape. Hence, timely access to this safe, effective option remains an essential element of women's quality reproductive healthcare. Yet ECPs remain inaccessible in many developing countries, especially in sub-Saharan Africa where many factors continue to undermine the ability of women to access and use ECPs. This toolkit is based on a theoretical framework that was developed from a thorough review of the available evidence from the EC mainstreaming activities implemented by the Population Council, MOH, and PSI.

The primary target groups for the toolkit are policymakers and health care providers. It can also serve as a resource for trainers (for both pre-service and in-service students), researchers, RH program managers, and technical advisors who organize or facilitate training events and advocacy workshops for emergency contraception activities, advocates, lay community members, media, and donors. The toolkit can be used in countries where ECPs are not currently available, as well as in contexts where the intention is to expand or mainstream access to existing ECP services. The toolkit is generic and could be adapted by countries, institutions, and individual health care providers wishing to mainstream emergency contraception services in their respective settings. (excerpt)

- **Emergency Contraception for Rape Survivors: A Human Rights and Public Health Imperative**

Emergency contraception is a critical component of comprehensive post-rape care for women. However, sexual assault survivors often face obstacles in accessing EC products and information. Not all public health care systems or police stations, where women often report sexual violence, stock EC. Nor do many front-line rape responders, such as law enforcement officers and social workers, receive training on EC. Global guidance from international policy-making bodies suggests that failure to ensure on-site EC provision to rape survivors jeopardizes women's health and violates their human rights. In order to increase access to EC in these situations, governments should implement and enforce policies that guarantee EC provision in post-rape care, health care facilities and training institutes should support EC for sexual assault survivors, and where appropriate non-health professionals should be authorized to provide ECPs or referrals.

- **The Unfinished Agenda: Next Steps to Increase Access to Emergency Contraception**

Twenty years of global partnerships have resulted in a dramatic increase in the availability of emergency contraception products, yet closer examination reveals that access remains limited, especially in developing countries. This brief describes current access to EC, identifies access gaps and barriers, and investigates root causes of these gaps. Eight recommendations are made for advocates, policymakers and other partners working to improve access to EC.

- **Scaling Up Lifesaving Commodities for Women, Children, and Newborns: An Advocacy Toolkit**

This toolkit provides information about the UN Commission on Life-Saving Commodities (the Commission), 13 priority commodities, including emergency contraception, and examples of how its ten recommendations to improve access and availability are being applied globally and within countries. It also provides advocacy resources for utilizing the Commission platform to raise awareness and engage stakeholders in addressing commodity-related gaps in policy.

Training & Service Delivery



Ensuring high-quality services is vital to any family planning program. Good emergency contraceptive services require a competent and well-prepared staff with appropriate knowledge about emergency contraceptives to help counsel clients on their use, answer common questions related to use, and review common side effects and how to manage them. Services should be client-centered, meaning that they are tailored to clients' needs and meet medical standards. Services should also be widely accessible. Many cadres of health professionals, including nurses, auxiliary nurse-midwives, physicians, pharmacists, pharmacy assistants, and community health workers, can be trained to provide emergency contraceptives.

If a woman seeks emergency contraception in a clinic setting, she should receive full contraceptive counseling and be given the opportunity to choose a contraceptive method that will provide ongoing

protection against unwanted pregnancy.

This section of the Emergency Contraception Toolkit provides curricula and manuals for training providers in all aspects of emergency contraceptive service provision. It also includes guides and resources to help service providers counsel clients on the use of emergency contraceptives, including client-friendly descriptions of what emergency contraceptives are, how they work, and how to manage side effects clients might experience.

Do you have a comment about this section of the Toolkit or a new resource or training topic you'd like to suggest? Please share your feedback by sending a message through the feedback form.

Resources:

- **Emergency Contraceptive Pills: Medical and Service Delivery Guidelines (4th edition)**

In 2018, ICEC and partners updated these guidelines to incorporate the newest research and findings. Designed to serve as a key reference and training document for service provision, it includes a range of medical and service delivery issues in an easy to use format, from screening, dosages, and counseling to EC pill regimens. Local programs can adapt these guidelines as necessary to comply with national or other requirements.

- **Emergency Contraception Fact Sheet for Village Health Workers**

This fact sheet is designed for community health workers, also known as a village health team members in Uganda to explain emergency contraceptives and can be adapted to other countries.

- **What Clients Need to Know about Emergency Contraceptive Pills (ECPs)**

This job aid is designed for community health workers, also known as a village health team members in Uganda, and can be adapted to other countries.

- **Cue Cards for Counseling Adults on Contraception**

The set of cue cards is designed to help a range of community- and facility-based providers to counsel adults on their contraceptive options. The cue cards address: Implants, Male Sterilization, Female Sterilization, Intrauterine Device (IUD), Lactational Amenorrhea Method (LAM), DMPA (injectables), Combined Oral Contraceptives (COCs), Progestin-Only Pills (POPs), Standard Days Method (SDM), Male Condom, Female Condom, and Emergency Contraceptive Pills (ECPs). The provider can use the front side of the cards to give information about all available options and, after the client chooses a method, the provider turns to the back side to give specific instruction on use.

- **Emergency Contraception Pill Leaflets**

These leaflets on EC were developed for use by health providers, community-based distribution agents, and pharmacists in the Democratic Republic of the Congo when counseling their patients or clients.

- **Checklist for Screening a Client Who Wants to Initiate Use of the Copper IUD as Emergency Contraception**

This tool, developed in collaboration with FHI360 and USAID, is intended to be used by providers who are screening women that are seeking EC to prevent an unintended pregnancy. Ideally, they will have already received information on both their emergency and ongoing contraceptive options. If they have not, it is important for the provider to ensure that the woman is made aware of the contraceptive options that best meet her current and future reproductive health needs.

- **Ensuring Human Rights within Contraceptive Service Delivery: Implementation Guide**

This implementation guide sets out core minimum actions that can be taken at different levels of the health system, and provides examples of implementation of the recommendations in the WHO guidelines.

- **Checkpoints for Choice: A New Orientation and Resource Package for Ensuring Voluntary Family Planning Programs**

This resource package offers practical guidance on how program planners and managers, policymakers, donors, service providers, and community leaders can strengthen clients' ability to

make full, free, and informed contraceptive choices within a rights-based context.

- **Emergency Contraceptive Pills (ECP) Training Module**

This module on **Emergency Contraceptive Pills (ECP)** is designed for the providers in developing countries who most often are tasked with providing FP services?primarily nurses and nurse-midwives, as well as primary care physicians and in some cases pharmacists?and assumes trainees will have at minimum level of clinical training. The training materials are designed to be used by clinical trainers and pre-service educators with a thorough understanding of adult learning principles and the ability to provide clinical training on ECPs in pre-service or in-service settings.

- **Emergency Contraceptive Pills: Fast Facts for Health Care Providers in Crisis Settings**

This document, co-authored by ICEC and the Inter-Agency Working Group on Reproductive Health in Crises, provides information about EC for health care providers in crisis settings. It discusses information about EC, such as the timeframe during which it can be taken and safety concerns, and provides a chart outlining the different regimens of oral contraceptive pills that can be taken to make EC when a dedicated EC product is not available.

- **Using Oral Birth Control Pills as EC**

When no products marketed specifically for emergency contraception are available, combined oral contraceptives ? regular birth control pills ? can also be used as EC. This is known as the ?Yuzpe? method. The Yuzpe method offers critical EC access for women without access to dedicated ECPs.

- **Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations**

These WHO guidelines provide recommendations for programs as to how they can ensure that human rights are respected, protected and fulfilled, while services are scaled up to reduce unmet need for contraception. Both health data and international human rights laws and treaties were incorporated into the guidance.

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Regimen Update: Dosage and Timing (for levonorgestrel-only emergency contraception pills)

This policy statement describes a revised dosing regimen for levonorgestrel-only emergency contraceptive pills (LNG ECPs). A study published by the World Health Organization shows that a single 1.5 mg dose of these pills is just as effective as two 0.75 mg pills taken 12 hours apart. The single dose is also simpler for a woman to use. The study found that LNG ECPs are more effective if used soon after intercourse, but they can provide some protection from unwanted pregnancy up to five days (120 hours) after unprotected intercourse. Because of the challenges in changing drug labels, most emergency contraception products are still labeled to be taken in two doses, up to 72 hours after unprotected intercourse.

- ### **Emergency Contraception: Which EC is Right for Me?**

This patient fact sheet describes how emergency contraception pills/Copper IUD work, common side effects, and how and where to purchase EC. Compares copper IUD, ella and Plan B emergency contraception options.

- ### **Emergency Contraception for Crisis Settings: Key Resources**

This document highlights resources including websites, technical guidelines, and articles that provide information on the provision of EC in crisis settings, including for refugee and internally displaced persons (IDP) populations.

- ### **Family Planning: A Global Handbook for Providers - Chapter 3: Emergency Contraceptive Pills**

This handbook offers clinic-based care professionals in developing countries the latest guidance on providing contraceptive methods. Chapter 3 focuses on emergency contraception.

Program Management



Management of emergency contraceptive programming,

as with any other health care programming, involves effective organization to ensure smooth operation. This section of the Emergency Contraception Toolkit provides resources to help program managers to fulfill essential management functions, including:

- Guidance for introducing and mainstreaming emergency contraceptives in a variety of contexts in a manner that is responsive to diverse needs and resource availability.
- A brief that explores the use of social marketing to increase access to emergency contraception.
- Information on the regulation, procurement, and distribution of progestin-only emergency contraceptive pills, and information on providing combined oral contraceptives as non-dedicated emergency contraceptive pills. An effective and efficient logistics system that can ensure continuous availability of the commodities needed is critical for the success of any family planning program, including those that offer emergency contraceptive pills.
- A nine-step framework for designing and introducing an emergency contraception program.

Do you have a comment about this section of the Toolkit or a new resource you'd like to suggest? Please share your feedback by sending a message through the feedback form.

Resources:

- **Emergency Contraceptive Pills: Fast Facts for Decision-Makers and Program Managers in Crisis-Affected Settings**

EC is a vital option for women and girls in crisis-affected settings. Women living in crisis settings, such as countries or regions affected by conflicts and natural disasters, face particular challenges

that make access to EC essential. Regular contraceptive supplies can be disrupted when a crisis strikes, while sexual assault and transactional sex can often rise; both of these factors result in an increased need for EC. Moreover, the especially harsh living conditions in most crisis-affected settings make pregnancy and childbirth even more difficult and life-threatening. This document, co-authored by ICEC and the Inter-Agency Working Group on Reproductive Health in Crises, provides information for policymakers, decision-makers, and program managers about EC in crisis-affected settings, including how to ensure that women in crisis-affected settings have access to EC.

- **How Social Marketing and NGOs Are Expanding Access to Emergency Contraception**

Social marketing has greatly increased access to emergency contraception in several countries, but a number of factors have hindered the technique from reaching its full potential elsewhere. Social marketing refers to the sales or promotion?via advocacy, advertising, training, and outreach ?of EC by the NGO community. Surveying four social marketing organizations and the International Planned Parenthood Federation, ICEC explored the reasons behind the success stories, along with the barriers that have resulted in more limited success in other contexts.

- **Emergency Contraceptive Pills: Supply Chain Considerations**

This brief focuses on the need of public health supply chain managers to ensure the routine availability of emergency contraceptive pills (ECPs) by taking into consideration the unique characteristics of this method. It touches on forecasting, demand, client and provider awareness, and distribution systems for ECPs.

- **Introducing EC: A Framework**

This framework describes a nine-steps for designing and introducing a national emergency contraception program. The framework covers selecting a product, developing a distribution plan, monitoring and evaluating services, and more.

Country Experiences



The Country Experiences section of the Emergency

Contraception Toolkit includes fact sheets and briefs that provide concise information on the state of emergency contraceptive policy and programs in particular countries. This section of the Toolkit also contains case studies, reports, and other publications describing programmatic experiences with provision of emergency contraception from a range of countries. These documents highlight common barriers, evidence-based approaches, success stories, lessons learned, and recommendations for building and strengthening provision of emergency contraceptives within family planning programs.

Do you have a comment about this Toolkit or a resource you'd like to suggest for inclusion? Share your suggestions, comments, and questions by sending a message through the feedback form.

Resources:

- **Emergency Contraception Access & Awareness**

This e-book, which was published by the Health Institute of Brazil, presents information on and discusses topics specific to EC access in Latin America in general and Brazil in particular. Topics discussed range from knowledge and use of EC among adolescents to pharmacists' views on EC to how EC is being portrayed in the Brazilian press.

- **Formative Assessment of Emergency Contraception Provision at the Community Level in Uganda**

Advancing Partners & Communities (APC), in collaboration with WellShare International and FHI 360, conducted a formative assessment of emergency contraception provision through community health, called village health teams (VHT members), in Uganda. The assessment was designed to identify problems associated with the distribution of emergency contraceptive pills (ECPs) by VHT members to improve the integration of this post-coital contraceptive method into existing communitybased family planning (CBFP) programs. Four geographically and socially diverse

districts in the Central, Southwest, Eastern, and West Nile Regions of Uganda were selected to participate in the assessment, which included interviews with: VHT members (n=23); family planning (FP) clients who had ever used ECPs (n=20); potential users of ECPs (n=60); key informants (KIs) at the national and district levels (n=37); and focus group discussions (FDGs) (n=16) with men and women from communities in the assessment area.

- **Providing Emergency Contraception through Community Health Workers in Uganda: A Formative Assessment**

A formative assessment exploring emergency contraceptive pill usage and acceptability through community health workers in Uganda. This brief synthesizes the findings from the report.

- **Counting What Counts: Tracking Access to Emergency Contraception**

These fact sheets provide concise, up-to-date, country-specific information on emergency contraceptive knowledge, use, availability, policy, access, media coverage, donor support, and other related issues.

- **Emergency Contraception: Four Country Case Studies on the Introduction and Scale-up of Emergency Contraception**

Although much has been written about emergency contraception and its importance as a contraceptive option for women, much less information has been shown regarding its introduction and scale-up in different country contexts. Countries are therefore left with few resources from which to learn. This report seeks to address this challenge and add to the existing literature on emergency contraception by illustrating ways in which governments, nongovernmental organizations, and the private sector have worked together and separately to introduce and scale up emergency contraception within their respective countries. The report includes a literature review which gives a comprehensive background on emergency contraception, and then examines the introduction and scale-up of emergency contraceptive pills in four geographically disparate countries: Mexico, Bangladesh, Kenya, and Senegal. Each country experience is analyzed using two frameworks - ICEC's 9 Steps and the World Health Organization's Building Blocks for Health Systems Strengthening. Following the case studies, a further analysis compares and contrasts the various elements within each effort that led to successful introduction, and later, scale-up, and provides corresponding recommendations based on the analysis.

- **Day of Dialogue: Expanding Opportunities for Increased**

Access to Emergency Contraception (EC) in Nigeria (Meeting Report)

A 2011 study conducted by the Population Council in Nigeria to assess providers' knowledge, attitudes, and practices regarding emergency contraception revealed gaps that have implications for policy and programming. In collaboration with the International Consortium for Emergency Contraception, the Council convened a 'Day of Dialogue' on EC to discuss the key research findings and to recommend strategic considerations for repositioning EC within the country's family planning program. This report captures the dialogue among the diverse participants, from the public and private sectors, local and international nongovernmental organizations, regulatory bodies and donor agencies, United Nations agencies, and advocacy organizations.

- ### **Social Marketing of Emergency Contraception: An Overview of PSI's Programs Worldwide**

Emergency contraception (EC) is an important component of a comprehensive family planning program. EC can be used to reduce the chance of unintended pregnancy following unprotected intercourse, contraceptive failure or misuse (such as forgotten pills or torn condoms), or in cases of sexual assault. There are two forms of EC: emergency contraception pills and copper-bearing intrauterine devices (IUDs).

With support from local governments and donors, PSI currently distributes EC in 6 countries in Asia, Latin America, and Africa, with two more programs to be added by the end of 2012. Last year alone, PSI programs sold approximately 3.7 million doses of EC globally.

Read this fact sheet to find out about how PSI helps provide women and couples access to EC through robust social marketing programs.

- ### **Attitudes, Beliefs and Practices of Providers and Key Opinion Leaders on Emergency Contraception in India**

This report summarizes a study conducted in India to assess the knowledge, attitudes, and practices regarding emergency contraceptive pills among providers in public and private facilities and pharmacies. The report shares study findings and offers policy and program recommendations.