Emergency contraceptive pills (ECPs) are an important part of the family planning method mix and for post-rape care, being the only effective way to reduce the risk of pregnancy after sex, whether unprotected, insufficiently protected or coerced.

At the global level, women have low levels of awareness of ECPs as a contraceptive option. This could be due in part that ECPs are not consistently included in contraceptive counselling, and/or because the right tools and information are lacking to dispel myths and misinformation. As ICEC's mission is to ensure the safe and locally-appropriate use of EC in all reproductive health programming, we have made recent investments to support the global health care workforce by improving provider training and client counselling and awareness of ECPs at global, regional and national levels. In partnership with several other organisations, materials were created to provide up-to-date guidance on EC. While the focus is on levonorgestrel (LNG) ECPs—the most commonly available type of EC globally—select resources provide detail on the expanded post-coital contraceptive method mix.

ICEC has provided technical review to several global-level provider training materials, including EC training modules on FPTraining.org for providers (in English and in French) and for pharmacists (in English and in French). The latest edition of Family Planning: A Global Handbook for Providers has updated guidance as well; see the EC chapter here.

Our colleagues at the European Consortium for Emergency Contraception have developed the EC Wheel, based on the recommendations for EC use from WHO and the UK Faculty of Sexual and Reproductive Healthcare. It is a counseling tool for health providers, including pharmacists, intended to strengthen the quality of counselling and thus promote women’s choice in post-coital contraception. The wheel guides providers and their clients in the choice of EC methods among levonorgestrel ECPs, ulipristal acetate ECPs and the copper IUD as EC (available in English and French).
There have been important initiatives at national levels as well. In the Democratic Republic of the Congo (DRC), the Ministry of Health’s National Program for Reproductive Health (PNSR) is committed to ensuring a range of contraceptive methods, and had created a suite of counselling brochures, one on each contraceptive method, for providers to guide their clients on contraceptive methods. Since those resources did not include EC, ICEC partnered with the PNSR and Centre for Communications Programs-DRC to add new resources into the series: one brochure on LNG ECP available in French, Lingala, Kikongo and Swahili, and one updated all-methods brochure.

**ECP counselling brochures (DRC, French; Nigeria, Hausa; Tanzania, Swahili)**

In Nigeria, we partnered with the Federal Ministry of Health and Centre for Communications Programs—Nigeria to create a similar series of brochures for the Nigerian health system, which has now resulted in LNG ECP brochures available in English, Hausa, Ibo, and Yoruba.

Our partners also adapted their resources to create regional, unbranded prototype brochures that can be adapted and used in any programme, in English (developed in Nigeria), French (developed in DRC) and in Swahili (developed in Tanzania, by Tanzania Communication and Development Center). In all countries, the brochures went through an extensive period of stakeholder review and pre-test, in order to ensure that it provided clear, accurate, and easily comprehensible information to any potential clients.
Additional materials were developed in Nigeria, following the country’s adoption of several policies favourable to mainstreaming EC access throughout the health system, namely the inclusion of LNG ECPs in their National Essential Medicines List (2016) and the National Guidelines for Emergency Contraception (2017).

National training modules on ECPs were developed by the Association for Reproductive and Family Health (ARFH), with one manual for trainers and one for participants, and these complement the national family planning training curriculum. Also, to support the pharmacy sector, given the prominence of commercial sector pharmacies, drug shops, and social marketing for rapid and anonymous access to ECPs, unbranded prototype materials were created by Society for Family Health for pharmacy detailing. Materials include a detailing folder, a leaflet and a hanging dangler, and these prototypes can be adapted for use in any programme. Other partners have created their own EC counselling materials as well, including this handout produced by NURHI II (Nigerian Urban Reproductive Health Initiative).

ECPs are also safe and appropriate for community-based distribution. They are included in WHO’s Guide to Family Planning for Community Health Workers and Their Clients. In addition, the Advancing Partners & Communities (APC) project has developed an EC fact sheet for village health teams (VHTs), a job aid for community health workers, and other related resources.

We hope these resources may be of use to you in your family planning and post-rape care programming, to support providers and to improve counselling and awareness of ECPs for all women and girls in all settings—urban and rural, development and humanitarian.