REPRODUCTIVE HEALTH
AT THE INTERNATIONAL RESCUE COMMITTEE
in crisis settings are a universal priority. We are committed to making dire consequences that result.

- Unplanned pregnancies. Unsafe abortions are responsible for 13 percent of maternal mortality. These figures are even higher in refugee settings, where unsafe abortions are responsible for up to 50 percent of maternal deaths, a strong indicator that women have a desire to avoid unplanned pregnancies while displaced.
- Unsafe deliveries and inadequate newborn care. Most maternal deaths are preventable but continue to be prevalent because of a lack of access to quality care. Health workers are often insufficiently equipped or skilled to provide deliveries, post-abortion care and, where permissible, safe abortion services. The World Health Organization (WHO) reports that almost 99% of maternal deaths occur in developing countries, where access to skilled care at birth is often limited.
- Gender-based violence. One in five refugees or displaced women in crisis settings experienced sexual violence, and this figure is likely underestimated. A growing body of evidence also shows that intimate partner violence is the most common type of violence experienced by women, but receives less attention than sexual violence perpetrated by armed forces.

The IRC envisions a world where the health needs of women and girls in crisis situations are a universal priority. We are committed to making this a reality for the most underserved and crisis-affected populations.

WHY OUR WORK MATTERS

As of 2018, more than 50 million people were forcibly displaced around the world — 80 percent of whom were women and children. Even after escaping violence and natural disaster, most women and girls in crisis settings continue to face threats to their lives. After fleeing, many women lack access to health services and must face the dire consequences that result.

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HOW WE CHANGE LIVES

The IRC is dedicated to helping women and girls survive and take control of their lives, from the earliest stages of crisis through recovery.

- The IRC deploys a medical expert within days of a crisis, ensuring that women and girls have access to contraceptives, that pregnant women can safely deliver their babies, and that survivors of sexual violence get timely medical care and support. The IRC uses its disaster preparedness systems, which allow women’s health services, including the Minimum Initial Services Package for Reproductive Health, to be initiated quickly and effectively.

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In order to ensure readiness, the IRC also advocates for agencies and governments to be better prepared to respond to emergencies with critical sexual and reproductive health services. The IRC has pre-positioned supplies and staff trained to enter a crisis zone and initiate health services to meet the demand of women and girls.

In the rebuilding phase, the IRC invests in changing policy, introducing new delivery methods, increasing women’s health choices, challenging traditional gender norms, and working with governments to scale up services. The IRC is finding new ways to provide services, reach clients, increase client voice, and improve uptake of essential reproductive health services.

WHO WE SERVE

Women, men and children served in 1,102 health facilities in 12 countries

11 million

268,876 Women delivered babies in IRC-supported facilities

126,642 Couple Years of Protection (CYP) delivered

23,004 Untended pregnancies averted

THE IRC IMPACT IN 2013

ACCOMPLISHMENTS

Increasing contraceptive choice for women in crisis

Women and girls should have the choice to determine when to become pregnant and their desired family size, regardless of where they live or their displaced status. Many women tell IRC health workers that they do not want to give birth in a time of chaos. That is why increasing access to voluntary contraceptive services is our priority.

Family planning is also the most effective way to reduce the number of abortions, maternal deaths, and pregnancy-related disabilities. In 2013, the IRC provided modern contraceptive methods including pills, injectables, implants, IUDs and permanent methods, which prevented an estimated 23,004 unintended pregnancies and 2,766 unsafe abortions.

Our emergency interventions provide displaced women with access to essential services that have substantially higher efficacy rates than traditional methods. The IRC’s FP-PACE program in Chad, Democratic Republic of Congo, Myanmar, and Pakistan, introduced or restored contraceptive choices at 140 crisis-affected and post-conflict health facilities. In just three years of the program, 56,000 affected women began using new contraceptive methods and 5,000 women received treatment for complications during abortion.

Helping doctors protect survivors of sexual assault

Recent research indicates that at least 1 in 5 refugees or displaced women in complex humanitarian settings have experienced sexual violence, and figures are likely higher. Immediate medical and psychological support for survivors is a crucial step to recovery and, in some instances, survival.

The IRC’s “Clinical Care for Sexual Assault Survivors” multimedia training tool (www.IAWG.net/ccsas), developed in collaboration with UCLA, has been widely used by NGOs, UN agencies and national medical training institutions to help thousands of health care workers provide competent, confidential and compassionate care. These efforts are being implemented in countries of greatest need, such as Syria, South Sudan, Democratic Republic of Congo and Somalia, where women and girls face violence and displacement caused by ongoing conflict and instability.

The IRC is working to improve health sector responses to gender-based violence. In partnership with Johns Hopkins University, the IRC is testing a screening tool to help health care workers actively identify survivors among conflict-affected populations. In addition to providing essential clinical care for survivors, the IRC is also working to ensure that survivors are offered comprehensive care that includes psychosocial support, protection, legal assistance, and women’s empowerment opportunities.

Keeping women and newborns safe during childbirth

Having skilled care at every birth is the most effective intervention for ensuring safe motherhood. We train nurses and midwives to use simple but effective medications and techniques to prevent and treat the leading causes of maternal death. We also work to rebuild and equip facilities destroyed in crises and ensure that IRC-supported health facilities are supplied with medications for post-partum hemorrhage and eclampsia. The IRC is also ensuring the highest likelihood of newborn health and survival by providing neonatal resuscitation and clean cord care, and supporting new mothers with exclusive breastfeeding and post-partum contraception.

Taking services out of clinics and into communities

The IRC is leading several different service delivery strategies that aim to improve awareness, engage with communities and increase the availability and use of reproductive health services. One way to reduce unmet needs for health is to bring services closer to people. In partnership with Columbia University, we are training non-medical workers to safely and effectively perform procedures previously allowed only by nurses or doctors.

The WHO determined that community health workers can safely and effectively provide injectable contraception, and the IRC has used this strategy to reach thousands of women across Liberia. Community workers trained by the IRC are providing injections of Depo-Provera for women from the rural areas of Lofa county and the urban cities of Montserrado county.

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The International Rescue Committee (IRC) responds to the world’s worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers lifesaving care and life-changing assistance to refugees forced to flee from war, persecution or natural disaster. At work today in over 40 countries and 22 U.S. cities, we restore safety, dignity and hope to millions who are uprooted and struggling to endure. The IRC leads the way from harm to home.

New York
International Rescue Committee
122 East 42nd Street
New York, NY 10168-1289
USA

From Harm to Home | Rescue.org

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