



THE RIGHT TO CHOOSE MATTERS MOST IN THE HARDEST OF TIMES

Overview

Access to family planning and comprehensive abortion care is a fundamental human right. For the more than 450 million women and adolescent girls in humanitarian and fragile settings, it is both lifesaving and life-affirming, providing choice when too little is within their control.

But too often in humanitarian contexts, access to these services is overlooked despite the increased need in disrupted health systems. With more crises, lasting longer durations, record displacement, and increasing volatility from climate change, ensuring access for people on the move and those affected by conflict and crisis must be an urgent priority.

At the International Rescue Committee (IRC), we know that the right to choose matters most in the hardest of times. We work with communities to support proven solutions that result in fewer unintended pregnancies and unsafe abortions and work with local partners to bring family planning and abortion care to the last mile.

IMPACT

In 2021, IRC family planning and safe abortion programs:



Ensured access to sexual and reproductive health care in **22 countries** affected by crisis.



Supported **392,828 people**, including more than **50,000 adolescent girls**, in beginning to use modern contraception methods.



Provided **11,820 women and girls** with comprehensive abortion care



Averted **154,000 unintended pregnancies**.

Transforming Family Planning Access



The IRC served as a core partner for the large anonymous donor-funded Contraception and Comprehensive Abortion Care in Emergencies (ConCACE) program from 2011-2020. This decade-long program transformed what was possible in humanitarian and fragile settings, making family planning a priority in crises and delivering services where it was once thought impossible.

In conflict-affected regions of Chad, the Democratic Republic of Congo, Myanmar, and Pakistan, the program partnered with Ministries of Health to expand access to contraception and comprehensive abortion care, improve the quality and equity of services offered and strengthen community-based movements for SRHR. Moreover, the program successfully launched emergency responses in line with the Minimum Initial Services Package for SRHR in Emergencies (MISP) in 19 countries experiencing acute crises. As a result, more than 400,000 women and girls adopted modern contraceptive methods, with 61% choosing long-acting reversible methods, more than 30,000 obtained post-abortion care, and nearly 2,000 received safe abortion care.

The gains from this program did not stop with IRC. Together with partners we leveraged this vast experience to advocate for better standards in

humanitarian response, resulting in the inclusion of family planning as a core objective and safe abortion care as a priority within the MISP chapter of the Interagency Field Manual for Sexual and Reproductive Health in Crises.

Since 2018, this experience has helped the IRC make family planning a reality in crisis-affected areas of Ethiopia, Somalia, South Sudan, and Uganda through the FCDO-funded WISH2ACTION consortium. As part of this innovative program, which spans the humanitarian-development nexus, the IRC provides family planning through an integrated and holistic approach, expanding access to sexual and reproductive healthcare for underserved communities such as adolescent girls, the very poor, and people with disabilities. The IRC combines facility and community-based approaches with national-level policy change to overcome entrenched barriers to family planning in some of the hardest-to-reach locations: The WISH2ACTION program has resulted in more than 300,000 people using family planning for the first time and 125,000 fewer unintended pregnancies.

The Future of Family Planning

While much progress has been made in access to family planning, current approaches remain insufficient for women and girls living in humanitarian contexts, too often excluding local partners and failing to center the needs and perspectives of those they serve. To build a future where people's inherent sexual and reproductive rights are recognized and access to contraception and safe abortion care in humanitarian settings guaranteed, the IRC is working to advance three strategic priorities: self-care, feminist partnerships, and climate change.

SELF-CARE

Self-care is a critical component of resilient health systems and key to ensuring individual autonomy, power, and choice, especially in humanitarian, fragile, and conflict-affected environments where health systems are disrupted. Self-injectable contraception (DMPA-SC) and self-initiated oral and emergency contraceptives pills can be made available closer to people affected by crises and distributed by those they trust to complement primary health care in uncertain times. Abortion self-management with misoprostol or misoprostol and mifepristone is a safe and effective way to ensure access to abortion care and reduce unsafe abortion in contexts where it is restricted, or safe procedures inaccessible. Yet these simple, effective, and lifesaving technologies are rarely accessible to people in humanitarian settings.

To realize the revolutionary potential of self-care in humanitarian settings, **we need investment to increase the evidence base, scale up availability of commodities, and integrate self-care into national, regional, and global guidelines and standards—and this must be inclusive of safe abortion care.**

The IRC is designing and testing self-care models to increase access to contraception and safe abortion care in humanitarian settings, giving people more options of where to access much needed care. As one of our three Global Research and Innovation Priorities, the IRC is driving change at local, national, and global levels by generating evidence, advancing policy, and transforming global practice on self-care for sexual and reproductive health.



EVALUATING CONTRACEPTIVE SELF- INJECTION IN SOUTH SUDAN

In South Sudan, maternal mortality currently stands at 789 deaths per 100,000 births and the unmet need for contraception among women and girls of reproductive age is 30%. Studies in West and East Africa have demonstrated that Sayana Press, a self-injectable contraceptive method, can be safely administered by community health workers and clients themselves. However, its acceptability and use among women living in humanitarian settings has never been investigated.

The IRC, in partnership with the Reproductive Health Association of South Sudan in Juba, is conducting operational research on the self-administration of DMPA-SC in South Sudan to evaluate the acceptability and feasibility of DMPA-SC self-injection from the perspectives of clients, health providers, and other stakeholders. To date, we've validated the distribution and disposal of the self-injection cartridges by both community health workers and formal health facilities. We've additionally designed two mechanisms to support on-time injection and are continuing to explore how women and girls are perceive the program model.



SUPPORTING SELF- MANAGED ABORTION IN EASTERN DRC

Women and girls in crisis-affected eastern Democratic Republic of Congo face multiple barriers accessing safe abortion care, including restrictive laws, social and cultural stigma, and a weak health system. In 2019, the IRC launched a program to expand access to safe abortion care through facility and self-managed abortion modalities in partnership with the Ministry of Health and private pharmacists across North Kivu, South Kivu, and Tanganyika provinces. From January 2019 to November 2020, 4,395 women and adolescent girls received safe abortion care services at an IRC-supported health facility or pharmacy. Among these total clients, 32% received facility-based services and 68% purchased abortion medication at an IRC-supported pharmacy. Results indicate that harm reduction counseling and targeted self-managed abortion support can help meet the needs of women and adolescent girls who do not meet the legal criteria for abortion or who prefer self-managed care over facility-based care. The high uptake of pharmacy-based services, particularly during the Ebola virus disease outbreak and COVID-19 pandemic, indicates self-managed abortion may play an important role in ensuring service continuity during health system shocks.



Photo above:
Zainab Bare

FEMINIST PARTNERSHIPS

Local organizations and institutions have the knowledge, trust, and access to provide sexual and reproductive healthcare across the humanitarian-development continuum, but often lack the resources to play this critical role. Investment in SRHR rarely reaches local partners in fragile settings, where international NGOs tend to drive priorities and hold more power. At the IRC, we partner as equals and are a principled, feminist 'partner of choice' for local civil society, government, and private sector actors, harnessing the complementary expertise of each partner. But more is needed.

We, the INGO community, **must increase partnerships that challenge status quo and truly shift power to local institutions to build sustainable and resilient systems in fragile settings that can respond when crisis strikes. We need investment in equitable partnerships between humanitarian organizations, local civil society, and ministries of health to strengthen locally led MISP preparedness and response in fragile settings.**

SHIFTING PARADIGMS FOR SEXUAL AND REPRODUCTIVE HEALTH IN EMERGENCIES

From January 2021 to April 2022, the IRC and local partners in Chad and Uganda implemented Shifting Paradigms for Sexual and Reproductive Health and Rights in Emergencies (SHIFT). This project laid the initial groundwork for our longer-term vision which elevates the role of women and girl-centered local actors and facilitates their leadership in SRHR preparedness and response in emergencies.

Through this program, we've supported government and civil society partners in Chad and Uganda to develop SRHR emergency preparedness plans and advocacy strategies that resulted in commitment and funding for sexual and reproductive health in emergencies. The MISPP has been integrated into the revised reproductive national policy in Chad as well as one province's emergency contingency plan. The Uganda government has a dedicated SRHR emergency preparedness commitment as part of its national FP2030 commitments because of SHIFT advocacy. ACORD Uganda, a SHIFT partner, was able to effectively launch a new SRHR emergency response during the program implementation period. In addition, CSO/district health team collaboration around SRHR service delivery and advocacy was strengthened in Chad and Uganda.



Chad Partners:

- Abeche and Adre health districts, Ouaddai province
- Liwa health district, Lake Chad province
- L'organisation tchadienne d'œuvre de bienfaisance et de protection de la femme et de l'enfant (OTOBPFE)
- Ministry of Health
- District Health Teams



Uganda Partners:

- ACORD Uganda
- Women and Rural Development Network
- Ministry of Health
- District Health Teams
- Uganda Family Planning Consortium

PEERS FRAMEWORK

To formalize our commitments to feminist partnerships and ensure that they are designed to deliver lasting impact, the IRC created the Partnership Excellence for Equality and Results System (PEERS). This partnership framework promotes an approach that prioritizes long-term relations that build mutual understanding, trust, and capacity beyond individual projects. It is designed to ensure that IRC's approach reinforces and complements local capacities and systems and focuses on nurturing principled, collaborative partnerships with civil society, government, and the private sector with the aim of delivering stronger and more durable outcomes. Through this approach, the IRC works to upend traditional power structures and support sustainable and resilient local systems.

CLIMATE CHANGE

The catastrophic consequences of climate change are already a reality for communities living in humanitarian settings, who are faced with both slow and acute-onset crises that exacerbate the impacts of weak health systems and conflict. We know that women and girls are disproportionately affected—80% of those displaced by climate change are women.

Access to comprehensive sexual and reproductive health services in humanitarian settings is therefore critical to ensuring adaptability and resilience to current and future climate shocks. **Women and adolescent girls must have the right to reproductive autonomy and voluntary family planning so they can make choices about their lives and plan for an uncertain future.**

Investment in conflict-sensitive, multi-sectoral, and gender-transformative approaches to climate change adaptation and disaster risk reduction in fragile settings is urgently needed.

The IRC works in 14 of the top 20 countries impacted by climate change and addressing the complex impacts of the climate crisis through conflict-sensitive approaches in fragile settings is a core part of our humanitarian commitment and mission. As a feminist humanitarian organization, the IRC is uniquely positioned to comprehensively support communities, and women and girls specifically, to overcome the challenges of the climate crisis through approaches that integrate health, protection, agriculture, food security, and livelihoods programs.



DROUGHT IN SOMALIA

Somalia is experiencing its worst drought in 40 years, with about 7.1 million Somalis – *nearly half of the population* – facing acute food insecurity. Since March 2022, the IRC in Somalia has been providing lifesaving interventions which include health, nutrition, water, sanitation, and hygiene (WASH), economic recovery and development, women's protection, and empowerment in response to drought-affected communities across the country. Delivery of family planning services has been integrated in both static and mobile health facilities. To date, about 12,000 people have been reached with primary health care services and about 500 people have accessed family planning services.



FLOODING IN PAKISTAN

The 2022 floods in Pakistan were devastating, with more than a third of the country under water at one point. In an IRC needs assessment survey, 80% of respondents pointed to the inaccessibility of sexual and reproductive health services as severe infrastructure damage hampered the delivery of aid and health services and led to a short supply of contraceptive commodities. The IRC is combining support for the MISP, including family planning, with multi-purpose cash assistance, integrated case management of childhood illnesses, WASH and child and women's protection to meet the critical needs of people affected by floods in Khyber Pakhtunkhwa, Baluchistan, Sindh, and Punjab provinces.