



**Sexual and Reproductive Health
and Rights at the International
Rescue Committee**



INTERNATIONAL
RESCUE
COMMITTEE

CONTENTS

- 3 **Introduction**
- 4 **2021 Impact**
- 5 **Strengthening Health Systems in Fragile Settings**
- 6 **Sexual and Reproductive Health and Rights in Emergencies and Outbreaks**
- 7 **Women-Centered Integrated Care**
- 8 **Adolescent Sexual and Reproductive Health and Rights**
- 9 **Focus Areas**
- 12 **Research and Innovation**
- 14 **Advocacy**





Approximately 65 million women and adolescent girls need humanitarian assistance and 450 million live in fragile settings.

The International Rescue Committee (IRC) is committed to helping them survive and take control of their lives, from the earliest stages of crisis through recovery and development. In 27 countries in Africa, Asia, Latin America, and the Middle East, we support simple, cost-effective, and proven solutions that result in fewer unintended pregnancies and unsafe abortions, safer pregnancy and childbirth, reduced physical and emotional harm from gender-based violence (GBV), and reduced morbidity from sexually transmitted infections (STIs) and HIV.

Our approach is client-centered and grounded in feminist principles, supporting the right of women and adolescent girls to make decisions about their health and well-being. To help achieve a high standard of sexual and reproductive health (SRH) and respect for women's and girls' rights, we work in partnership with civil society organizations and government agencies to deliver comprehensive SRH services, transform harmful gender norms, generate evidence and learning, and advocate for the rights of women and girls in humanitarian and fragile settings.

2021 IMPACT

182,813

deliveries in health facilities
with a skilled provider

356,527

women provided with
antenatal care for the first time

392,838

people started using modern
contraceptive methods

110,239

unintended pregnancies
averted

11,820

women and girls received
post-abortion care and/or safe
abortion care

128,062

people treated for sexually
transmitted infections, 83% of
which were female

5,316

survivors of sexual assault
provided care

STRENGTHENING HEALTH SYSTEMS IN FRAGILE SETTINGS

The IRC approaches SRHR as a core component of primary health care, integrating SRH services with a comprehensive package of health services to meet the holistic needs of our clients. The IRC works with partners to not only deliver high-quality services to those most in need, but also to strengthen national and community health systems to increase access to services, strengthen resilience, and invest in sustainability. IRC programs focus on strengthening health systems for SRHR in 18 countries experiencing crises and in fragile settings.

The IRC prioritizes equitable partnerships that support local institutions to be long-term catalysts and drivers of change. Through the Shifting Paradigms in SRHR in Humanitarian Settings program (SHIFT), the IRC co-designed and implemented approaches to overcome partnership inequalities, challenge the status quo, and work to shift power back to local institutions, change agents, and women and girls. The IRC's Equitable Partnerships for SRHR curriculum transforms entrenched power imbalances between local and international institutions to establish a stronger foundation for equitable collaboration. In Chad, DRC, Pakistan, and Uganda, the IRC facilitated organizational capacity development for SRHR with civil society partners to strengthen their capacity in advocacy, business development, operational planning for emergency response, and service accountability with the aim of strengthening the health system. This process integrated emergency preparedness for the MISP as a core component of organizational capacity and put local partners in the driver's seat to prioritize systems-level improvements for SRHR.

The IRC has led large consortiums on health systems strengthening with a significant SRHR focus such as HeRoN in Northeast Nigeria and Saving Lives in Sierra Leone. Both projects aim to ensure that communities have access to high-quality and integrated SRH, and contraceptive services, while also contributing to the sustained capacity of health systems strengthening at the national and district level.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN EMERGENCIES AND OUTBREAKS

EMERGENCY RESPONSE

Sexual and reproductive health and rights is a core part of the IRC's emergency health package. Within days of an emergency, we deliver the Minimum Initial Service Package in Crisis Situations ([MISP](#)), and collaborate with local partners to provide life-saving SRH services throughout the duration of the crisis. These efforts ensure that we prevent sexual violence and respond to the needs of survivors, prevent transmission and reduce morbidity and mortality due to HIV/AIDS and STIs, prevent maternal and newborn morbidity and mortality, prevent unintended pregnancies, and reduce the incidence and consequences of unsafe abortion. As crises evolve from the emergency to recovery stage, the IRC invests in supporting rights-based policies, challenging harmful gender norms, and working with government and civil society partners to strengthen the health system. From 2013-2021, the IRC implemented the MISP in 19 acute emergencies across 15 countries in Africa, Asia, Europe, Latin America, and the Middle East.

SRHR IN OUTBREAKS

Sexual and reproductive health services remain critical during a disease outbreak or pandemic. The IRC has extensive experience responding to infectious disease outbreaks in fragile settings and ensuring a continuation of services while prioritizing the health and well-being of clients. In 2018 and 2019, we documented the [impact](#) of the Ebola Virus Disease (EVD) outbreak and response in Democratic Republic of Congo (DRC) on SRH services and co-led efforts to adapt and improve service delivery. At the onset of the COVID-19 pandemic, the IRC drew on the lessons of our EVD response to adapt our programming and ensure continuity of sexual and reproductive care. We produced guidelines for how to adapt the MISP for the COVID-19 context and meet the needs of women and girls. Building on this work, the IRC and the READY Initiative developed field-wide operational guidance on SRHR in the context of infectious disease outbreaks in humanitarian and fragile settings and partnered with Inter-Agency Working Group on Reproductive Health in Crises (IAWG) and READY to develop complementary guidance on maintaining routine maternal and newborn health services during an outbreak. We have additionally documented the impact of COVID-19 on SRHR in [Northeast Nigeria](#) and [Cox's Bazar](#) Bangladesh and leveraged this learning to strengthen preparedness, both of ourselves and partners, in the event of future outbreaks and pandemics.

WOMEN-CENTERED INTEGRATED SERVICES

In humanitarian contexts, it is widely acknowledged that women and girls face heightened discrimination, risk of abuse, and violence because of their gender.

Gender inequality and abuse is common and made worse by patriarchal conditions that seek to control women's autonomy through limiting access to SRH and gender-based violence response services, especially in acute emergencies. Through close collaboration with our Women's Protection and Empowerment (WPE) team, we deliver holistic and comprehensive care across sectors with a strong and specialized focus on the needs and well-being of women and girls. This approach is demonstrated through the integrated provision of services within Women and Girl Safe Spaces (WGSS) health facilities. This model, unique in humanitarian settings, has been successful in South Sudan, Kenya, Nigeria, Bangladesh, and Myanmar and builds programming to address the holistic needs and safety of women and girls. In these centers, select SRH services—including contraception, safe abortion, and care for gender-based violence and sexually transmitted infections—are integrated with psychosocial services, case management, and other life skills programs that empower women and girls take control and create change.

The IRC believes that integrated SRH and GBV program models, if done properly, can:

- (1) ensure greater timeliness of access to critical services for diverse women, girls, and survivors;
- (2) reduce barriers and risks related to access in highly insecure settings for individuals who may need multiple services;
- (3) improve adherence to follow-up for both GBV and SRH services; and
- (4) strengthen the overall responsiveness of humanitarian programming to the needs of diverse women and girls in emergencies.

Collaborative, integrated, and feminist-informed SRH and GBV services are crucial to address the increasing access, safety, rights, and health concerns of women and girls that are exacerbated by emergencies.

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Adolescents in humanitarian and fragile settings need access to SRH services in order to take control of their futures. To address adolescents' unique needs and strengthen evidence on effective approaches to delivering high-quality and responsive sexual and reproductive healthcare in humanitarian settings, the IRC engages adolescents directly in the design and implementation of SRHR programming. In northern Nigeria and South Sudan, the IRC integrated a participatory action research framework to involve adolescents and community influencers to overcome barriers in facility readiness and adolescent client experience that can hold people back from seeking or accessing care. The result was documented service improvements and the recognition that meaningful engagement of adolescents and their communities is not only feasible in fragile settings, but desired and beneficial. This approach was subsequently integrated and scaled in the IRC's programs in the DRC and Chad with great success, increasing the proportion of adolescents accessing contraception and post-abortion care.

Similarly, in Uganda and South Sudan, the IRC applied user-centered design to develop a client-centered approach to increase access to and responsive of SRH services. The result was Five Youth Promises, a set of five principles for the IRC and partners to better meet the expectations of and be accountable to youth. After this approach was implemented the proportion of SRH clients who were adolescents rose from 16% to 33% in Uganda and 4% to 20% in South Sudan between 2019 and early 2022.

ADOLESCENT IMPACT STATS:

52,876 adolescent girls adopted modern contraceptive methods

14,000+ adolescents treated for STIs

2,127 adolescents provided with comprehensive abortion care

1,854
adolescent
girls

provided with clinical care for
survivors of sexual assault

66
adolescent
boys

FOCUS AREAS

CONTRACEPTION

The IRC works to increase access to and quality of comprehensive contraceptive services so people can make the choice that is best for their individual health and well-being—including the ability to determine if, when, and how many children to have. Reducing the incidence of unintended pregnancy is critical to reducing complications and death caused by closely spaced pregnancies, early pregnancies, and unsafe abortion, and to supporting women and adolescent girls to achieve their goals. Our efforts support the provision of modern methods of contraception through health facilities, community-based distribution, and self-care.

In crisis-affected regions of Chad, DRC, Myanmar, and Pakistan, the IRC implemented the Contraception and Comprehensive Abortion Care in Emergencies (ConCACE) program in 90 health facilities, primarily run by ministries of health from 2011-2020. The IRC supported clinical capacity strengthening among health care providers, ensured ongoing availability of necessary supplies and equipment, strengthened community support for SRH and used data to identify and then implement program improvements. Advocacy, expert technical assistance, and service delivery enhancements led by IRC were instrumental in overcoming entrenched barriers to SRH in humanitarian and fragile settings and transformed the global humanitarian community's understanding of what is possible in weak and disrupted health systems. From 2011-2020, 438,538 women and girls started using modern contraceptive methods, among whom 61% chose long-acting reversible or permanent methods.

In conflict-affected regions of Ethiopia, Somalia, South Sudan, and Uganda, the IRC has implemented the WISH2ACTION program, funded by the UK Foreign, Commonwealth, and Development Office (FCDO) and in partnership with the International Planned Parenthood Federation, since 2018. The program provides contraception as part of an integrated and holistic approach that prioritizes the most underserved, particularly adolescent girls, the very poor, people with disabilities, and other marginalized populations. Working in close partnership with ministries of health, the IRC reaches the last mile with family planning services through innovative strategies including community-based distribution and self-delivered care, partnerships with religious and community leaders, and engaging adolescents as partners in service delivery to ensure no one is left behind. From 2018-2021, 79,299 women and girls started using family planning for the first time and 116,000 unintended pregnancies were prevented.

COMPREHENSIVE ABORTION CARE

The IRC supports access to comprehensive abortion care—including offering safe abortion care and treatment for complications of unsafe abortion—because research shows that restricting access to abortion does not decrease the incidence of abortion but makes it less safe. Indeed, 10-13% of maternal mortality is caused by unsafe abortion and the majority of these deaths occur in countries that limit abortion access. As such, the IRC approaches comprehensive abortion care as a critical component of sexual and reproductive healthcare, promoting women's health and well-being, and saving lives.

From 2011-2020, the ConCACE program in Chad, DRC, Myanmar, and Pakistan improved access to and quality of comprehensive abortion care through task-shifting to midwives, strengthening clinical capacity of healthcare providers, clarifying provider values and attitudes toward abortion, ensuring the availability of necessary equipment and supplies for WHO-recommended methods for abortion care, expanding the availability of post-abortion contraception, and reducing abortion stigma in the communities where we worked. Through this program, and others, more than 30,000 women and girls were treated for complications from unsafe abortion and 8,000 received safe abortion services in DRC, Ethiopia, Pakistan, Somalia, South Sudan, and Uganda.

MATERNAL AND NEWBORN HEALTH

The IRC's core SRH package ensures high-quality care before, during, and after pregnancy. This includes expanding access to skilled birth attendants, basic and comprehensive emergency obstetric and newborn care, and strengthened community-based service delivery platforms. Through these efforts we prevent and treat the top causes of maternal and infant mortality and morbidity, recognizing that countries with a 2022 UN humanitarian appeal are home to [55%](#) of global maternal deaths, 38% of newborn deaths, and 38% of stillbirths. We complement service provision with capacity building and supportive supervision, strengthening of referral networks, ensuring the availability of commodities and equipment, and improving community-led and social accountability mechanisms for health system strengthening to ensure pregnant and post-partum women and their newborns have access to high-quality, timely, and life-saving care.

The Saving Lives in Sierra Leone Project works to strengthen reproductive, maternal, newborn, and child health services in every district of the country. Technical and operational capacity building for District Health Management Teams (DHMT) is a core approach, and includes formal trainings on clinical skills, supportive supervision, and mentorship: IRC and partners have provided clinical mentorship on emergency obstetric care to 354 healthcare providers in 92 health centers and 10 hospitals.

The IRC serves as the host of the IAWG's Newborn Initiative, which is designed to advance the priorities outlined in the global Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings (2020-2024). With the IRC's leadership, the [Newborn Initiative](#) is working to strengthen the mother-newborn dyad in humanitarian crises; expand access to dignified, respectful, and high-quality care; improve mortality surveillance in sub-national settings; catalyze attention to integrated services along the continuum of care, including maternal and infant nutrition and maternal mental health; and explore innovative approaches to support service delivery.

CLINICAL CARE FOR SURVIVORS OF GENDER-BASED VIOLENCE

In the settings that the IRC works, women and girls face increased risks of GBV, with the majority committed by intimate partners. Our women and girls-centered approach works to ensure that survivors can access care and are treated with dignity and respect and free from blame.

Our efforts seek to improve the health sector's response with a focus on guaranteeing:

- 1) services are provided free of charge in a compassionate, competent, and confidential matter;
- 2) skilled providers are trained to effectively identify and support survivors within healthcare settings; and
- 3) a comprehensive approach that includes psychosocial support, protection, legal assistance, and empowerment opportunities in collaboration with partners.

The IRC has long been recognized as a global leader in the prevention of and response to GBV in humanitarian settings and we currently provide clinical care for survivors and help them connect to other critical services in 14 countries.



RESEARCH AND INNOVATION

The IRC aims to overcome entrenched challenges to service delivery in disrupted health systems by bringing healthcare closer to women and girls through research and innovation on community-based care and self-care in humanitarian and fragile settings. The IRC is focusing on three core pillars that will generate data to prove the scalability of our innovations and drive improvements in access to life-saving care for women, adolescent girls, and newborns in humanitarian and fragile settings:

1) Revolutionize access to contraception and safe abortion care through self-care

so that individuals have the power and agency to decide whether and when to be pregnant. WHO defines self-care as the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health worker, and includes self-delivery of contraception and self-management of abortion. We are filling the gap in evidence on self-care in humanitarian and fragile settings by applying human-centered design to prototype context-adapted program models that meet the expressed needs of women and girls and generate evidence on key operational questions around increasing access to and quality of self-care. The IRC is conducting a study on DMPA-SC (self-injectable contraception) in rural, conflicted affected South Sudan, where a range of challenges make accessing family planning services difficult. In eastern DRC, we've tested a multi-pronged approach to self-managed abortion by offering harm reduction counseling through primary healthcare workers, community health workers, and pharmacists while simultaneously increasing local availability of misoprostol, a safe and effective drug to self-manage abortion. This pilot led to nearly 5,000 women and girls receiving safe abortion care who otherwise would not have had access to safe services. We will continue and expand this work to drive innovative program models, enhanced quality and client satisfaction, cost-efficiency, and scale, ensuring that everyone, no matter where they live, has access to the full range of SRH services.

2) Strengthening community-based service delivery to reach more women and girls.

The goal is to create multiple access points to ensure that everyone has access to the comprehensive SRHR services they deserve. This requires research on health-seeking behaviors and designing, prototyping, and piloting a community-based package that is both desirable and feasible in hard-to-reach and low-resourced contexts. In Somalia and South Sudan, we've begun a multi-step approach to design, introduce, and evaluate a community-based maternal and newborn care package, including the provision of immediate postpartum family planning, as part of IRC's flagship research project [EQUAL](#) (more below).

3) Advocating for changes in national and global policy to increase accountability

for prioritizing the needs of marginalized populations in the areas the IRC serves. We are engaging stakeholders at every level, from donors to global audiences, to mobilize support and adequate financing. Through our targeted advocacy efforts, we seek to ensure that evidence generated will lead to positive change for our clients and strengthened health systems. The recently launched EQUAL project, a multi-country research consortium on maternal and newborn health, works with local academic institutions to generate evidence on effective approaches to delivering life-saving care in conflict-affected countries. Through a three-pronged approach of research, research uptake, and capacity sharing, EQUAL is increasing the prioritization of maternal and newborn health in the DRC, Nigeria, Somalia, and South Sudan and working with local partners to strengthen internal systems and quality of care, and to build sustainability and resilience in both traditional and community-based health systems.

4) Evaluating integrated WPE-GBV approaches for women and girls in emergencies.

The goal of this project is to rigorously evaluate user preference as well as service provider experiences in integrated WPE-SRH approaches in emergencies and through qualitative human-centered design research in two humanitarian contexts. It additionally works to identify best practices and promising approaches in the delivery of integrated response programming for at-risk women and girls. The purpose is to conduct feminist-informed, formative research on integrated WPE-SRH approaches using a qualitative, human-centered design over 18 months in order to inform best or promising practices for WPE-SRH integration by practitioners in humanitarian contexts.

Taken together, these innovative approaches could increase access to life-saving services for 97 million women and girls, enabling high-quality sexual and reproductive healthcare for women and girls who have lacked access for far too long. If adopted globally, the IRC's set of breakthroughs could radically change the humanitarian sector's approach to SRHR and most importantly, reach women and girls with the care they need.



ADVOCACY

The IRC has a strong track record of advocating for sexual and reproductive health and rights for women and girls in humanitarian and fragile settings at global and national levels.

GLOBAL ADVOCACY HIGHLIGHTS

The IRC is working to elevate maternal and newborn health as a priority investment across humanitarian settings. Through the EQUAL Consortium, we are working with partners to translate research into policy change and practice using context-driven research uptake strategies in DRC, Nigeria, Somalia, and South Sudan.

As a host of the IAWG Newborn Initiative, we're leveraging strategic advocacy and communications to advance the *Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings (2020-2024)*. This includes advocating for humanitarian expertise to be represented within key maternal and newborn health agenda-setting and technical bodies; championing maternal and newborn health within humanitarian advocacy and knowledge exchange networks; and developing targeted advocacy and communications strategies to encourage positive attitudes towards newborn survival in emergencies.

In 2021, we worked closely with FP2030 to advocate for national commitments to include a strong preparedness, response, and resilience lens, including dedicated commitments for MISP preparedness.

As longstanding steering committee members of the Interagency Working Group for Reproductive Health in Crises (IAWG), we played a leading role in advocating for the inclusion of contraception and safe abortion care in the MISP in 2018.

NATIONAL ADVOCACY HIGHLIGHTS

We worked closely with civil society organizations in Uganda and Chad to advance locally-drive advocacy strategies to increase prioritization and funding of sexual and reproductive health in emergencies, and to strengthen the capacity of local partners to advocate on these issues long-term. This includes ongoing efforts to ensure that the Reproductive Health Law is successfully disseminated and implemented across Chad.

In the DRC, the IRC was a key member of the coalition that successfully advocated for the publishing of the Maputo Protocol in the legal gazette, effectively expanding the circumstances in which safe abortion care can be provided nationwide. We also successfully advocated for the development and implementation of clinical protocols and guidelines for SRHR during the 2018-2020 EVD outbreak and played a key role in advocating for the task shifting of long-acting reversible contraceptives to midwives and nurses.

