REPRODUCTIVE HEALTH
at the International Rescue Committee

More than 80 years after Albert Einstein helped create the International Rescue Committee, the number and intensity of humanitarian crises across the globe warrant a dose of Einstein-inspired innovation.
WHO WE ARE

The mission of the International Rescue Committee (IRC) is to help people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future. Our vision is that the IRC will lead the humanitarian field by implementing high-impact, cost-effective programs for people affected by crisis, and we will shape global policy and practice by sharing our learning and experience with others. All IRC programs are designed to achieve meaningful change in people's health, safety, education, economic wellbeing and ability to influence the decisions that affect their lives.

As part of these efforts, the IRC is dedicated to helping women and girls survive and take control of their lives, from the earliest stages of crisis through recovery. We support simple, cost-effective and proven interventions that result in fewer unplanned pregnancies, safer pregnancy and childbirth, and reduced physical and emotional harm from gender-based violence. The IRC seeks new ways to serve women and remove barriers that have long sidelined their health. The IRC has proved that women and girls in the most hostile and remote places want access to reproductive health services and will use them when they are available.

In acute emergencies, 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—the minimum actions required to respond to reproductive health at the onset of every emergency, to be initiated quickly and effectively.

As countries evolve from emergencies to rebuilding, 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.

WHY OUR WORK MATTERS

More than 50 million people are forcibly displaced around the world—80 percent of whom are women and children. Even after escaping violence, 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.

- **Unplanned pregnancies.** Unsafe abortions are responsible for 13 percent of maternal mortality. These figures are even higher in refugee settings.
- **Unsafe deliveries and inadequate newborn care.** Most maternal deaths are preventable but continue to be prevalent. 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. Increasing 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.

WHAT WE DO

IRC practitioners provide technical assistance to more than 30 country programs. Technical advisors are charged with staying abreast of the best available research and practices in their respective fields and sharing these with the IRC's frontline teams. They also lead advocacy strategies to encourage partners and policy makers to adopt the interventions proven to be effective based on our research and experience.

ONE YEAR OF IMPACT

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<th><strong>16 million</strong></th>
<th>Women, men and children served in 2,485 health facilities</th>
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<td><strong>331,448</strong></td>
<td>Women delivered babies in IRC-supported facilities</td>
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> **Increase contraceptive choice for women in crisis**

Increasing access to voluntary contraception services is our priority. 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 also tell the IRC that they do not want to give birth in a time of chaos.

Family planning is 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 Family Planning and Post Abortion Care (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 four years, 95,000 women began using new contraceptive methods and 7,250 women received treatment for complications during abortion.

> **Help 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 assistance 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 working to ensure that survivors are offered comprehensive care that includes psychosocial support, protection, legal assistance and women’s empowerment opportunities.

> **Keep 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 mediations 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 also ensures 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.

> **Take 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.
The International Rescue Committee (IRC) responds to the world’s worst humanitarian crises, helping to restore health, safety, education, economic wellbeing, and power to people devastated by conflict and disaster. Founded in 1933 at the call of Albert Einstein, the IRC is at work in over 30 countries and 26 U.S. cities helping people to survive, reclaim control of their future and strengthen their communities.

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