



REPRODUCTIVE HEALTH

AT THE INTERNATIONAL RESCUE COMMITTEE





INTRODUCTION

Today, more than 34 million women and girls of reproductive age are in need of humanitarian assistance. During crises, many women lack access to health services and face tragic consequences including:

- **Unintended pregnancies and unsafe abortions.** Conflict-affected countries are making slower progress to increase contraceptive use despite high unmet need among women and girls. This also leads to unsafe abortions which are responsible for 8 to 18 percent of maternal mortality – a number that may be even greater in humanitarian settings and fragile states.
- **Maternal and newborn deaths.** 61% of maternal deaths worldwide occur in fragile states, many of the affected by conflict and recurring natural disasters. Most maternal deaths are preventable but continue to be prevalent because of a lack of access to good quality care. Some 500 women and girls die each day from complications due to pregnancy and childbirth in countries facing humanitarian and fragile contexts.
- **Gender-based violence is prevalent in these settings.** 1 in 5 refugees or displaced women and girls in crisis settings experienced sexual violence, and this figure is likely underestimated.

Despite this reality, sexual and reproductive health (SRH) services are often overlooked and underfunded in humanitarian and fragile settings. The reasons range from financial and resource constraints to culture, lack of data, and inadequate health systems to meet the demand.

In our increasingly unstable world, there is an urgent need to invest in providing uninterrupted, life-saving reproductive health services to women and girls throughout a crisis – from the onset of an acute emergency through recovery and sustainable development. This must also include preparedness efforts to build the capacity of health systems to quickly and effectively respond to the shocks of a crisis without disrupting SRH service delivery.

WHAT THE EVIDENCE SAYS

The IRC's long-standing experience in these settings have shown that women and girls in the most fragile and remote places want access to reproductive health services, especially in times of crisis, and will use them when they are available and of good quality. Evidence shows if all girls and women had access to modern contraception and the full range of maternal and newborn health services, maternal death would drop roughly 73% and newborn deaths would be reduced by about 80%.

THE IRC'S APPROACH

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

In more than 30 countries, IRC Technical Advisors work with local health staff – including IRC frontline health teams, government health workers, and/or private providers – to ensure the best available research and practices are deployed. The IRC's approach to reproductive health includes the following:

Increasing contraceptive choice: Comprehensive family planning is a core service within the primary health care package the IRC supports in humanitarian crises and fragile states. The IRC works to increase access to and quality of comprehensive family planning services so that women and girls can make the choices that are best for their health and wellbeing – this includes have the ability to determine if, when, and how many children to have. Reducing the incidence of unintended pregnancies is critical to reducing complications caused by closely spaced pregnancies, early pregnancy and unsafe abortion.

Providing comprehensive sexual and reproductive health services: The IRC provides a comprehensive package of SHR services that aim to improve the health and wellbeing of women and adolescent girls throughout their lives. This includes quality care during pregnancy, comprehensive safe abortion care, and safe delivery and post-natal care for women and newborns. A core element of this package relating to safe motherhood focuses on having a skilled attendant at every birth and ensuring facilities are equipped with adequate supplies and medications to address complications including post-partum hemorrhage and eclampsia. By building the capacity of local providers to deliver this comprehensive package of care, the IRC can reduce morbidity and mortality from unsafe abortion while also preventing and treating the leading causes of maternal and neonatal death.



Helping health workers protect survivors of sexual assault: All survivors have the right to access care and be treated with dignity and respect and free from blame. In conflict settings where women and girls face increased violence -- such as Syria, South Sudan, Democratic Republic of Congo and Somalia – the IRC is working to improve the health sector's response to gender based violence (GBV) with a focus on ensuring 1) services are provided free of charge in a compassionate, competent and confidential manner; 2) skilled providers are trained to effectively screen for, identify and support survivors of GBV within health care settings, and 3) services provided are based on a comprehensive approach that provides survivors access to services including psychosocial support, protection, legal assistance, and women's empowerment opportunities. This approach is demonstrated through the IRC's works within Comprehensive Women's Centers (CWCs) – a unique model in humanitarian settings that build programming to address the holistic needs of women and girls. In these CWCs, sexual and reproductive health services – including contraception – are integrated with psychosocial services, case management of GBV and other life skills programs in one convenient location.

Taking services out of clinics and into communities: One way to reduce unmet needs for health is to bring services closer to where people live. In Ethiopia, for example, the IRC is an implementing partner in five refugee camps providing community-based reproductive health and HIV/AIDS services to displaced South Sudanese. In Chad, mobile health clinics are used to ensure the availability of services, even in acute crisis settings.



the onset of every emergency. 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'S IMPACT

Meeting the SRH needs of adolescent girls:

Adolescent girls in crises are at higher risk of early and unprotected sex, unintended pregnancies, unsafe abortion and STIs. The IRC works to address their needs by addressing the facility and community level barriers that often prevent them from accessing care – including health provider bias, facility responsiveness; and challenging social and cultural norms. IRC's experience has shown that meaningfully engaging adolescents and their communities in the design, implementation and evaluation of programming can help improve service use and quality, while empowering adolescents to become agents of change.

Responding to RH needs in emergencies: 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. Strong evidence demonstrates that family planning services can and should be integrated into each stage of humanitarian interventions, from preparedness, to response and recovery. This fact was reinforced with contraception – and access to safe abortion care— added to 2018 Minimum Initial Services Package for SRH in Humanitarian Settings – also known as the MISP – which serves as the global standard for quickly and effectively responding to reproductive health needs at



16 million

people served in 2,485 health facilities.



200,000+

women delivered babies in IRC supported facilities with skilled attendants.



70,000

unintended pregnancies averted in 2017.



400,000

have started using a form of contraception since 2011.

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