CRISIS DISRUPTS. CHOICE RESTORES.

Family Planning in Humanitarian Settings

INTERNATIONAL RESCUE COMMITTEE

For the ~72 million women and adolescent girls currently in need of humanitarian assistance, reproductive choice is not just a right—it's a lifeline.[1] It protects health, preserves dignity, and opens doors to education and opportunity. Yet for too many, this lifeline remains out of reach. Countries with humanitarian emergencies are home to only 13% of the global population, but they account for 58% of global maternal deaths, 39% of newborn deaths, 41% of stillbirths and 25% of women with an unmet need for family planning.[2, 3]

Today, the right to family planning is being eroded by humanitarian crises, anti-rights movement, and funding cuts, which are dismantling decades of progress. In emergencies—whether conflict, disaster, or displacement—rates of sexual violence, unintended pregnancies, maternal and newborn deaths, and unsafe abortions surge. But when women and girls can decide if, when, and under what circumstances to have children, they are better able to safeguard their health, pursue education and livelihoods and reinforce their autonomy.

In this moment of rising need and shrinking support, family planning is not optional—it is lifesaving, future-affirming and urgently needed.

Nearly 2 billion people—almost a quarter of the world's population—now live in fragile and conflict-affected settings. These are the places where health systems are weakest, humanitarian needs are greatest and access to contraception is most limited. The gap between need and access is growing—and the consequences for women are devastating.

2020 - 2024 IRC AT A GLANCE

29 countries affected by crisis in Africa, Asia, the Middle East and Latin America reached with our sexual and reproductive health care programs

1,613,577 people were supported to begin to use modern contraception methods

60,163 women and girls were provided with comprehensive abortion care

768,377 unintended pregnancies averted

The underinvestment in aid—from public and private donors—reinforces existing inequalities, leaving millions of women without the tools to make informed reproductive choices.

- For women in crisis-affected settings, family planning is a dire, yet unmet need.
- Even before recent funding withdrawals, crisis-affected regions received the least family planning investment per capita.
- 8 of the 10 countries with the lowest modern contraceptive prevalence rates are experiencing conflict or crisis. In many of these settings, modern contraceptive prevalence is below 15%.[4]
- According to the Track20 Equity Tool, FP demand is least likely to be met in geographies affected by humanitarian emergencies.[5]
- Countries in crisis with the lowest contraceptive prevalence receive five times less family planning assistance per capita than those with higher prevalence.[6, 7]
- Less than 20% of global family planning assistance reaches fragile and conflict-affected settings.[8]
- Only 9% of private foundation funding and 25% of public donor funding supports family planning in these settings.[9]

Smart, targeted funding can save lives, stabilize communities and empower women to shape their futures, even in the face of crisis.

1. OCHA Global Humanitarian Overview 2025
2. Estimate derived from IRC internal analysis using data from 2024 Humanitarian Response Plans and global SRH-related burden estimates.
3. AlignMNH Data Sources
4. Organization for Economic Cooperation and Development (OECD) Credit Reporting System Data. Accessed 01 Mar. 2024. stats.oecd.org/Index.aspx?DataSetCode=CRS1#
5. Track20 Equity Tool
6. Contraceptive prevalence, any method. World Bank Data website. Accessed April 28, 2024. https://data.worldbank.org/indicator/SP.DYN.CONU.ZS?most_recent_value_desc=false
7. Organization for Economic Cooperation and Development (OECD) Credit Reporting System Data. Accessed 01 Mar. 2024. stats.oecd.org/Index.aspx?DataSetCode=CRS1#
8. Calculated by the IRC based on OECD data
9. Ibid
10. IRC Family Planning Cost-Efficiency Data Set. 2024. Available: rescue.org/cost-analysis

Contraception at Scale

Global aid for family planning is in crisis, with public donors pulling back. The U.S. alone previously contributed $1 billion annually—but most of the services it supported have now been shuttered or won't be renewed next year. In response, the IRC is doubling down on our contraception work to meet the urgent and growing needs of women and girls in humanitarian settings. Our goal is to scale up to reach 5.8 million women of reproductive age across countries experiencing conflict where women have the least access to contraception by 2033, enabling access to modern contraceptive options and greater reproductive autonomy. Here is how we will get there:

REACHING THE LAST MILE

Driving partnerships in the most fragile, conflict-affected settings with the worst SRH outcomes

In crisis-affected regions like South Sudan, Chad, Somalia, and the Central African Republic—where maternal deaths and unmet need for contraception are highest—the IRC delivers lifesaving family planning services. We're scaling proven models, including the Minimum Initial Services Package for Sexual and Reproductive Health in Emergencies (MISP). Strong local partnerships enable us to reach even the most remote and insecure areas.

From 2011 – 2020, the IRC supported Ministries of Health in Chad, the Democratic Republic of the Congo (DRC), Myanmar and Pakistan, to deliver voluntary contraception in 90 crisis-affected health facilities, strengthening the health systems capacity to deliver a full contraceptive method mix. Our programs enabled 438,538 women to adopt modern contraception, 60% choosing long-acting or permanent methods. These efforts also drove policy change – including the revised adolescent SRH policy and SRH treatment protocols for Ebola outbreaks in DRC, the national-level SRH clinical training curriculum in Chad and the task-shifting policy for long-acting and reversible contraception in Myanmar.

Through *Partnering for Resilience to Emergencies through Transformation of SRHR (PRET-SRHR)*, the IRC has strengthened emergency coordination and improved access to sexual and reproductive health services for women and girls in conflict-affected areas of Burkina Faso, Mali, Niger, and Nigeria. By training clinical providers, supporting district health teams, and implementing preparedness activities for the MISP, the initiative has elevated the role of local civil society and government actors in leading more effective, accountable SRHR responses in humanitarian settings.

Locally led contraception is critical – across all phases of emergency response and recovery. Since 2011, IRC has worked with local partners to launch at least 30 MISP responses across more than 15 countries. Every response included contraception service delivery and served as a catalytic opportunity to expand contraception programming during the recovery phase.

DOING WHAT WORKS

Focusing on the highest impact interventions

We focus on high-impact, cost-effective interventions like expanding access to contraception, innovating self-managed contraception and advocacy to inform long-lasting policy change.

Since 2018, the IRC's implementation of the WISH program has reached over 693,000 clients across Somalia, South Sudan, Ethiopia, and Uganda with family planning services—56% of whom were first-time users and 17% adolescents under 20—averting hundreds of thousands of unintended pregnancies through 650,236 couple-years of protection. Building on this success, the WISH Dividend phase (2024–2029) is empowering marginalized women and adolescents in Somalia and South Sudan to exercise greater control over their sexual and reproductive health, while strengthening health systems, expanding contraceptive access, and advancing policy reforms for sustainable gender equality.

In South Sudan, our self-injectable contraceptive research proved the feasibility and acceptability of integrating self-injectables into fragile health systems. 64% of our participants opting for self-injectables were first-time users – a testament to both the demand for these services as well as their potential to bridge health equity. This evidence also helped inform the latest update to South Sudan's national family planning policy, promoting self-managed program modalities as well as women and girls' autonomy.

ACTIVATING A GLOBAL COMMUNITY

Building a critical investment case for contraception in humanitarian settings

We're building a stronger investment case for contraception in emergencies—leveraging cost-effectiveness data and insights from our clients to compel donors, governments and humanitarian actors to help reach women and girls. Our research recently demonstrated that multi-year programs can halve the cost per Couple Year of Protection.[10]

We are now partnering with the Guttmacher Institute to measure the high-level impacts of contraception on empowerment, resilience, and other social, economic and educational outcomes in South Sudan and Somalia. We will also be rigorously evaluating the impact of a self-care program model and couples' communication intervention on contraception use, empowerment and autonomy outcomes in randomized control trials in each country.

Family planning isn't optional—it is lifesaving.

Join us in protecting choice where it's needed most.

To learn more, visit www.rescue.org/srhr or contact Erin Wheeler, Global Practice Lead for SRHR, at erin.wheeler@rescue.org.