# GOOD PRACTICES & LESSONS LEARNT

## CREATING NEXUS: INTEGRATING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN HUMANITARIAN RESPONSE INTERVENTIONS

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**UNFPA, the United Nations Sexual and Reproductive Health Agency, in collaboration with the World Food Programme (WFP), supported a three-year (2018-2021) project on building resilience in the Somali Region. The project entitled "Towards Universal Access to Sexual and Reproductive Health and Rights Services: Through Strengthening linkages between humanitarian food distribution and SRHR in the Somali Region" was funded through a co-financing agreement between UNFPA and the Royal Danish Government amounting to approximately USD 3.25 million.**

The project was implemented in 8 woredas in the Siti and Fanfan Zones and the Jigjiga City Council of the Somali Region which are severely affected by recurrent drought. WFP supports food distribution sites in these woredas for clients embraced in the Rural Productive Safety-Net Programme, including in internally displaced people (IDP) settlements.

The project realized an innovative partnership between UNFPA and WFP, where linkages were made between humanitarian food distributions and provision of sexual and reproductive health and rights information and services targeting women and girls affected by emergencies, IDPs.

The project has been implemented in partnership with the Somali Regional Health Bureau from the government side and two NGO partners – Maternity Foundation and the Family Guidance Association of Ethiopia.

The project was instrumental in creating more demand for such services as family planning by addressing cultural barriers by engaging the influential community and religious leaders.

During its 3 years life span, the project encountered two formidable external challenges – security problems induced by conflict and the COVID-19 pandemic that resulted in social restrictions affecting the community engagement component of the project.

Though these challenges delayed implementation, the project has made an important contribution in creating a nexus between development and humanitarian assistance as it was integrated into the ongoing government-led resilience building programming in the Somali Region. It has also contributed to the mainstreaming of the humanitarian-peace-development approach in UNFPA's 9th Country programme.

This booklet gives an account of some good practices observed during the implementation of the project.

# MESSAGE

# BACKGROUND

Women's and girls' access to sexual and reproductive health services is often overlooked in humanitarian settings. But the rate of maternal death and injury in emergencies is almost double the world average. Evidence shows that, particularly for young women, a combination of family planning and sending girls to (and keeping girls in) school leads to positive choices and, in the long run, to resilience. For this reason, making of voluntary contraception available in these settings is a requirement and not an option.

The project entitled "Towards Universal Access to Sexual and Reproductive Health and Rights Services: Through Strengthening linkages between humanitarian food distribution and SRHR in the Somali Region (2018-2021)" was implemented on the basis of an agreement between UNFPA and WFP. The agreement sought to build on the comparative advantage of each organization.

WFP and UNFPA collaborated in the project on delivery of food and sexual and reproductive health services to women of reproductive age, adolescent girls, and sexually active men in food distribution points as part of humanitarian response efforts addressing drought-affected populations, IDPs, and refugees. UNFPA provided priority sexual and reproductive health information and services including family planning, prevention of STI/HIV, and distribution of individual clean delivery kits to visibly pregnant women with access to institutional delivery services. Distribution of dignity kits was also made to address personal hygiene and protection needs to vulnerable women of reproductive age group, ensuring the presence of GBV risk reduction during food distribution, provision of psychosocial support, and referral services.

Moreover, through the use of UNFPA supported Women Friendly Spaces, adolescent girls and pregnant and lactating women were given access to key social services such as maternal health, family planning, nutrition, and gender-based violence.

# GOOD PRACTICE 1

## *ENSURING UNINTERRUPTED SUPPLY AND AVAILABILITY OF REPRODUCTIVE HEALTH SUPPLIES*

The project equipped selected health centers and hospitals in its intervention woredas with emergency reproductive health kits to provide emergency obstetric and newborn care services. Emergency reproductive health supplies including family planning methods and other maternal health medicines were made available at the health facilities enabling them to provide lifesaving maternal health services.

Dignity kits were also procured and distributed to women of the reproductive age group in the target woreda including in Koloji camp for internally displaced persons.

Serido Ahmed Musa is receiving a short-acting family planning method at the Shinile Health Centre, one of the intervention health facilities of the project in the Siti Zone. She has a 3-month old baby and it is for the first time that she is taking family planning. She wants to have her second child in two years' time. She says she got the awareness from Health Extension Workers and the members of the mother-to-mother support group to go to the health center and get the family planning service. She also received teaching on the benefits of family planning when she was coming to the health center for her ANC follow-up. "I have come to realize that family planning is good for my health and that of my child. I am willing to teach other women to come and benefit from the service," Serido says.

"We use community gatherings to provide health education to the women using traditional birth attendants and members of mother-to-mother support groups, advising women to follow-up ANC, deliver at health centers, and use family planning. We also go out on outreach to the community to create awareness. We have tried to engage men to support women in this endeavor and we have got some promising results. ANC follow-up and health facility delivery have remarkably increased."

Endale Tateme, Midwife
Shinile Health Center

"The number of ANC follow-up, and delivery, immunization and family planning has increased significantly. Previously only 3 to 4 women were delivering here per week. This number has now risen to 15 deliveries per week and women are not delivering at home anymore. The traditional birth attendants who were conducting deliveries in the past now give us a call and we send an ambulance to bring pregnant women to the health centre to deliver."

Firdissa Abas Hussen, Midwife at the MCH ward
Bombas Health Centre


"The project supported us with lifesaving medicines and delivery sets. This was instrumental for us to provide maternal health services free of charge which encouraged pregnant women to seek service. We provide services to a quite large number of women that come referred from other health facilities."

Sister Abeba Berhanu, MCH Head
Karamara General Hospital

# GOOD PRACTICE 2

## *BUILDING CAPACITY OF SERVICE PROVIDERS*

The project sought to address the sexual and reproductive health, including family planning, needs of vulnerable groups such as women and young girls through building the capacity of service providers. It made a crucial contribution in improving access to quality reproductive health services and strengthening referral linkages and mentorship to reinforce the capacity of health care providers and enhance the quality of the service.

The Somali Region Health Bureau conducted consecutive trainings for frontline health care providers such as midwives on family planning counseling; value clarification and attitude transformation for family planning; compassionate and respectful maternity care; and improving data quality at health facilities supported by the project.

Catchment-based mentorship was given to health care providers in the 8 intervention health centers of the project in Fafan and Siti zones. Mentors, who were selected from the two referral hospitals in the two zones were trained by Maternity Foundation and traveled to the catchment health centers to mentor the midwives thereby staying for a week every month. The mentorship focused mainly on basic emergency obstetric and newborn care. Management of postpartum hemorrhage, hypertensive disorders in pregnancy, and counseling and provision of family planning were covered during the mentorship.

"We did community mentorship at the primary health facility level to build the capacity of health staff. We were provided with mentors by the Karamara and Siti hospitals once per month for one week. The mentors built the capacities of MCH staff in the health facilities on ANC, delivery, family planning. We have also given different capacity-building training on PMTCT, BeMONC, HMIS, and Minimum Initial Service Package. Case referrals from health facilities have declined limited only to the very complicated cases."

Fatuma Abdurazak Haji, Coordinator of Community Based Mentorship
Maternity Foundation

In the effort at improving the linkage between the community and health facilities, health extension workers were trained to conduct health education going house to house.

"I provide teaching to the members of the mother-to-mother support group. They go house-to-house to give a teaching on maternal health and family planning making a very good impact. The change in the health-seeking behaviour of women is very satisfying. The number of women coming for ANC follow-up, delivery, vaccination, and family planning is on the rise. I have seen a lot of change."

Midwife Elham Sorsom, Shinile Health Center, and Coordinator of the mother-to-mother support group

"We have been giving health education on the use of family planning, ANC, and institutional delivery. Previously women were reluctant to hear about family planning. This is changing now and an average of 15 women come to the health facilities at the two sites in the Koologi IDP camp seeking family planning services every week. The ANC follow-up is also increasing appreciably. But currently, we are facing a shortage of midwives to conduct deliveries. I am the only midwife here at the moment."

Jaeza Abdikeni, a midwife at the health facility in Koologi IDP camp


“Mothers are informed that the maternal health services at the health centre are free of charge. The majority of the mothers are disadvantaged women who come from rural areas. The mother-to-mother support group goes out to rural areas to teach the women to see maternal health services and we sometimes accompany them.”

Bisharo Ziad Ibrahim, Midwife at the Bombas Health Center in Gursum woreda and coordinator of the mother-to-mother Support Group

# GOOD PRACTICE 3

## *INCREASING COMMUNITY ENGAGEMENT ON SRHR/FAMILY PLANNING*

The project supported community dialogue activities around sexual and reproductive health and rights services, including family planning, to address social norms that are inhibiting the uptake of the services. These activities were also undertaken in IDP settlements. This undertaking was instrumental in building the capacity of service providers and community leaders towards effective communication to create informed and voluntary demand for services.

Health services including family planning, awareness creation, and onsite health education for communities who gathered at the food distribution sites of WFP were provided. The health education was provided for the community in the local language by midwives from the catchment health centers and health extension workers from the kebeles.

Sexual and reproductive health information and services were also provided at food distribution sites run by WFP. Moreover, essential SRH/FP information and services were availed at health posts through outreach in collaboration with health centers, in order to address hard-to-reach areas within the selected project sites through existing structures.

**Twenty-five-year-old Hubi Ali delivered her 3 months old baby at the health facility at the Koologi IDP camp and is receiving post-natal care. It is her fourth child and the only one to be born at a health facility. She has been living in the camp for the past 4 years. She uses the natural method of family planning and is not yet ready to start using modern ones yet. But she admits that it is difficult to raise four kids living as an IDP and considering the fact that her sickly husband is not much of a help.** Hubi Ali, an internally displaced person living in the Koologi IDP camp.

Traditional birth attendants (TBAs) were trained on sexual and reproductive health, including the benefits of facility-based delivery and the importance of family planning use. The trained TBAs referred clients who sought family planning, ANC, and institutional delivery to health facilities.

A community-based structure, Umugargaar – a voluntary mother-to-mother support group was also engaged. The members of this structure worked closely with the community and religious leaders to increase awareness of SRHR/FP, improve the referral linkage and the knowledge of the benefits of child spacing. Influential religious and clan leaders in host communities and IDP camps received awareness-raising information on SRHR including family planning so that they could support the effort at strengthening demand for and utilization of quality family planning and sexual and reproductive health services.

"I was engaged in the project for two and half years as part of the mother-to-mother support group contributing to awareness creation and linking women with health facilities to seek maternal care. We follow-up with the health center to check if women are coming seeking services. We know who took the service and how many women did so. Previously, it was on religious grounds that women were resisting the use of family planning. So we worked closely with religious leaders to convince the women. Our entry point is the two-year birth spacing which is already being practiced. But we tell them about the risk of getting pregnant using that method as women continue menstruating during that time. I am glad to see that maternal mortality is declining as a result of the work we have been doing and I want to continue contributing to this effort.

Fatuma Farah Abdi, mother-to-mother Support Group lead, Shinile Woreda

"We teach our community that birth spacing is sanctioned by our religion and that it is useful for the health of the mother and child. We teach that women should follow up ANC starting from conception and that they should deliver at a health institution because she could die from bleeding if she delivers at home. They were suspicious of us in the beginning. But through time they have come to accept and they are now also using family planning at health institutions. They have now seen the benefits. I believe that the majority of the community is aware of the benefits of the work done in the project and I don't think things would regress. But change always needs time to be fully successful."

Sheik Abdi Abas Ibrahim,
a religious leader engaged in the project

**Fatuma Musa, an IDP at the Koologi IDP camp, used to be a Traditional Birth Attendant. She is now serving as a member of the mother-to-mother support group teaching women in the camp to get ANC, family planning, delivery, and vaccination services. We gather women every two weeks over a tea ceremony to teach them. "They were resistant to our teaching. We tell them how life is hard in the camp unlike when they were living comfortably in their places of origin. We also work with the early acceptors to convince other women. Now they come and ask us to take them to the health facility to get the services. Women no longer deliver at home. It is only if the ambulance is not available and if the woman is in acute labour that the woman delivers at home. We use a clean delivery kit during that time."**

Fatuma Musa, member of the mother-to-mother Support Group at the Koologie IDP camp.

Life skills training was also provided in schools for school club leaders and peer educators to equip the school community with basic knowledge and information on SRH and its contribution to health.

As part of the project, community-based information, education, and communication campaign was undertaken on family planning through the use of media outlets in the region. The media engagement was aimed at addressing negative perceptions in the community on the use of modern family planning and particularly the importance of men and boys getting engaged as well.

Moreover, IEC materials on birth spacing, access to family planning, and prevention of COVID-19 were developed in the local language and distributed to communities.

“Family planning users were being stigmatized. We made lots of efforts together with the Regional Health Bureau and other partners on demand creation. We organized community dialogue sessions, community mobilization sessions and advocacy initiatives to get political commitment. We engaged community and religious leaders, the local administration and community structures. We also worked with community volunteers to whom we gave training. We did a very strong follow-up on the family planning acceptors so that they don’t default.  Comparing the two zones with the other 9, I would say there was a great achievement in increasing the use of family planning.”

Mohammed Hashi, ex-FGAE project coordinator,
with the UNFPA SRH project, Somali Region

# GOOD PRACTICE 4

## *ENHANCING CAPACITY OF HEALTH OFFICES ON DEMAND GENERATION*

With the spearheading of the Regional Health Bureau, capacitation of the health offices in the intervention woredas of the project was undertaken on implementation of demand generation interventions. This was done through field mentorship, supportive supervision, and review meeting. A WhatsApp group was also created to monitor the awareness activities going on in the woreda.

**"To improve the performance of health facilities on the provision of family planning and maternal health, we supported the development and implementation of a result-based initiative. We gathered and gave orientation to heads of the health offices of the intervention woredas, management of health facilities and other key stakeholders. They developed a 100-day plan which was broken down week by week. They then went into implementing the plan. We created a WhatsApp group for the facilities to send us a weekly report a planform which we also used to give them feedback. We have seen lots of improvements in the health facilities especially on the use of family planning."**

**Abdi Farah Ahmed, Core Process Owner,**
**Health Promotion and Disease Prevention, Somali Health Bureau**

# LESSONS LEARNED

INNOVATION

TRIPLE NEXUS

EMERGENCIES

SRHR

COMMUNITY-BASED

FAMILY PLANNING

RESILIENCE

The three-year project was successful in serving the needs of emergency-affected vulnerable people, primarily women and girls, including internally displaced persons, through strengthening the nexus between sexual and reproductive health and rights and humanitarian food assistance programs.

It came out clearly in the course of the design and implementation of the project that it is critical to use different modalities for demand generation, especially through closely working with influential religious and community leaders to address cultural barriers inhibiting women and girls from accessing SRH and family planning information and services. Working with community-based structures facilitated the delivery of information and services on family planning and sexual and reproductive health services to drought-affected vulnerable women and their families and Internally Displaced Persons.

It was demonstrated through the project that packaging family planning interventions in broader SRHR programme interventions work better than just family planning in communities where family planning is not widely accepted and prioritized.

The project proved to be an innovative partnership between UNFPA and the WFP building on their comparative advantage, where linkages were made between humanitarian food distributions and provision of sexual and reproductive health and rights information and services targeting women and girls affected by emergencies, including internally displaced persons.

It was also demonstrated in the project that integrating programme interventions into an ongoing government-led resilience-building programming is critical for success.

The nexus project in the Somali Region inspired a three-year “Integrated Project on SRH, GBV and COVID-19 among women, adolescents and youth in Afar Region” which started rolling in 2020 and it has also contributed to the mainstreaming of the humanitarian-peace-development nexus approach in the current UNFPA Country programme.

LET'S TALK!

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