

Nothing for us without us:

Prioritizing Adolescent Sexual and Reproductive Health in Emergencies



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES

IAWG Virtual Panel
August 25, 2020
8:00 – 9:30am EDT



Why we are here

During this virtual panel, we aim to:

- Explain why the SRH needs of adolescents should be prioritized during emergency settings
- Provide examples on best practices and lessons learned for meeting adolescents' unique needs
- Discuss how far we have come in addressing adolescents' SRH needs, as well as where we still have work to do



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES



Why should we prioritize ASRH in Emergencies?



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES



Introductions

- **Hala Al-Khair**, UNFPA, Reproductive Health Officer
- **Eden Getachew**, IRC, Health Coordinator
- **Argaw Korssa**, IRC, Monitoring, Evaluation, and Learning Manager
- **Sarah Ashraf**, Save the Children, Director, Maternal, Newborn and Reproductive Health in Emergencies



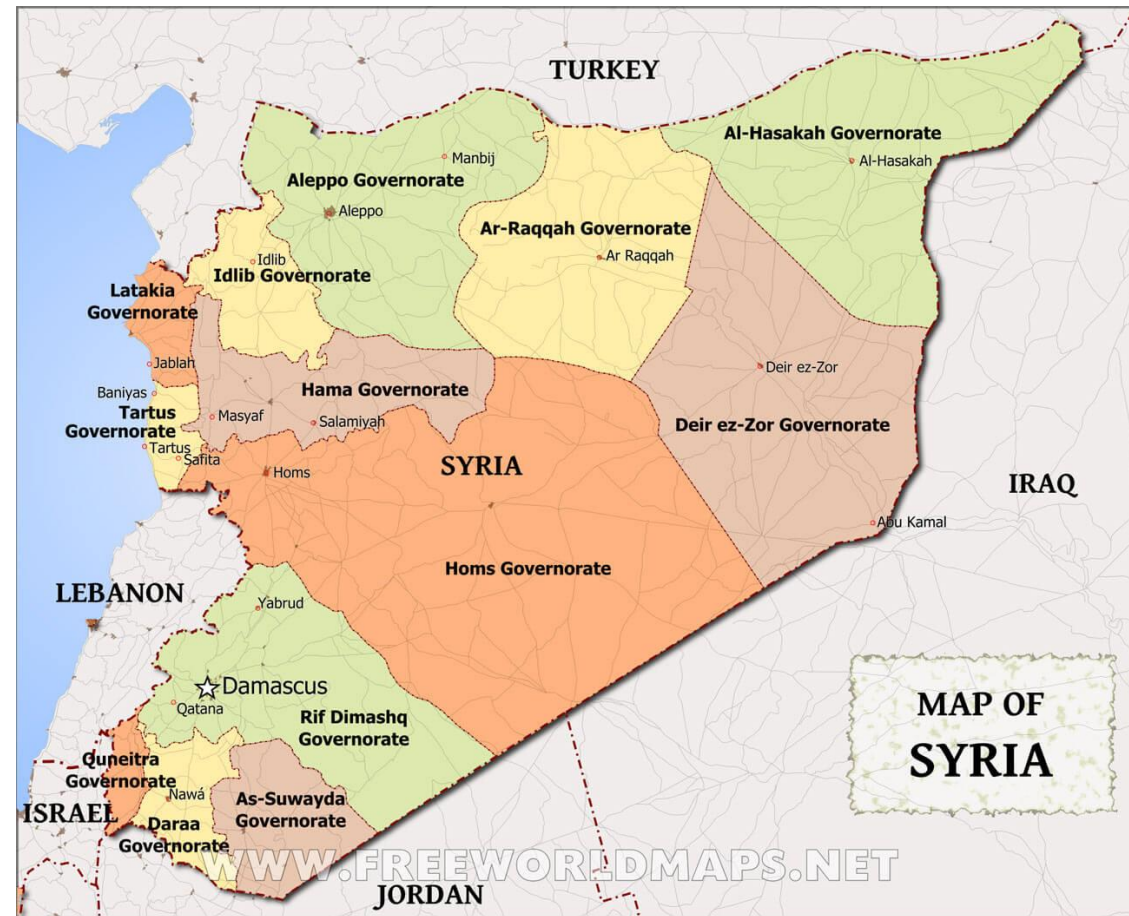
INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES



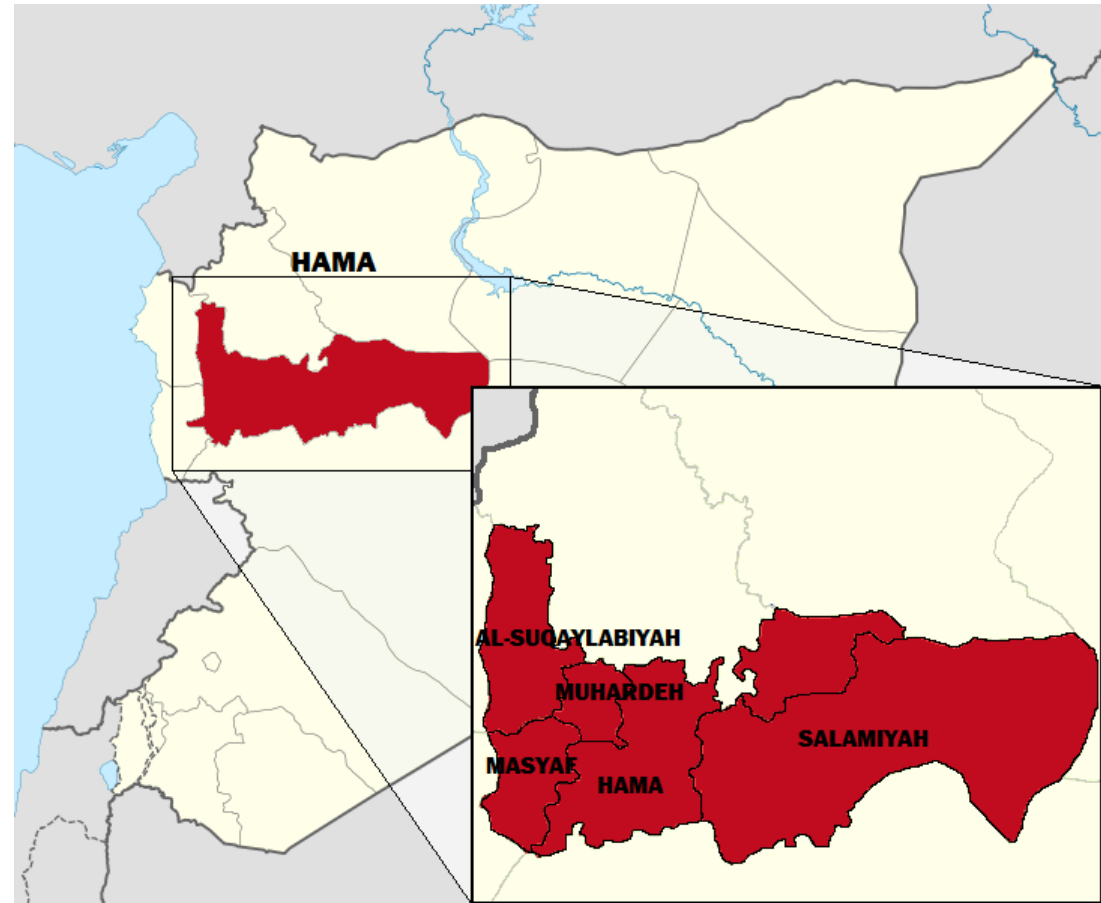
My life is **my** choice

Hala Al-Khair, UNFPA, Reproductive Health Officer
Syrian Arab Republic
UNFPA Country Office

Introduction:



Project location- Masyaf District



My Life is my choice

- In 2017 UNFPA Syria proposed piloting an intervention targeting adolescent girls in western rural areas in Hama Governorate
 - very close to a hot spot location of the conflict
 - huge number of IDPs in the area
 - most of young people cannot access easily health and social services.
- UNFPA targeted adolescents with multi sectoral intervention, including health, protection and livelihoods



Main objective

Increase access to SRH information and services, and empower adolescent girls affected during the crisis through vocational training, education, and healthy lifestyle activities



Description of intervention

UNFPA through this intervention supported provision of health services through SRH static clinic and linked with safe space center in which beneficiaries can receive:

- Learning session to support student withdraw during the crisis from their schools to back to school and reach education level for better future
- Awareness session on SRH/GBV subjects and healthy life style
- Psycho Social Support (PSS) to women and adolescent girls in the area
- Vocational training based on beneficiary needs, including: haircut, cosmetic, cooking, information technology, nursing, first aid skills, and sewing



Results:

- Beneficiary satisfaction regular reports present 100% satisfaction
- Need to continue support in this location with similar activities
- Successful experience in changing and improving adolescents lives and playing good role in peace building and social cohesion



Lessons learned

- Prioritize interventions for greatest impact;
- A comprehensive programme takes advantage of delivering the various interventions
- Demonstrate learning from previous experience and address key communities, rights and gender issue are a must to be accepted
- Combining interventions, focus on sustainability; community participation and involve men to accept SRH services targeted women and girls are an important key to success



Way forward

- Ensure appropriate youth participation in Programmes
- Involve parents, teachers and community leaders
- Always depending on multi-sectoral partnerships
- Use a holistic and comprehensive approach
- Take diversity into account
- Focus on prevention and health promotion



Young girls faced an certain future



The road of a thousand miles begins with one step



The road of a thousand miles begins with one step



The road of a thousand miles begins with one step



Thank you



Improving the utilization of modern contraceptives among the adolescent groups of the refugee community in Ethiopia: The IRC experience

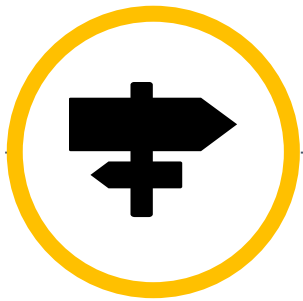
Eden Getachew, IRC, Health Coordinator
Argaw Korssa, IRC, Monitoring, Evaluation, and Learning Manager



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES



Contents



BACKGROUND



PROGRAM/
INTERVENTION



RESULTS



LESSONS LEARNED

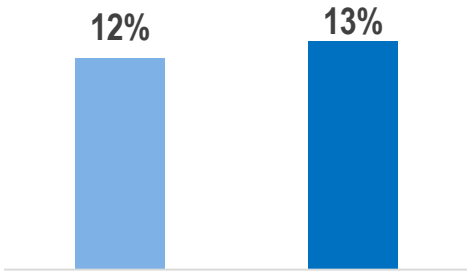


IMPLICATIONS FOR
THE FUTURE

SNAPSHOT OF FAMILY PLANNING IN ETHIOPIA

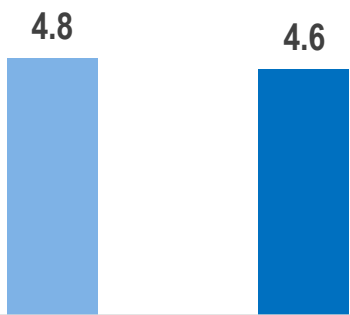
Ethiopia has some of the highest fertility rates in Africa, with those under 15 years old comprising 45% of its population¹ In 2012, it became a commitment-maker to Family Planning 2020 to support the health and development of its youthful population, and thereby decrease unintended pregnancies and reduce maternal and child morbidity and mortality rates^{1,3}.

Teenage fertility (Percentage of women aged 15-19 years who have started childbearing)



DHS 2011 DHS 2016

Total fertility rate per woman:



DHS 2011 DHS 2016

Figure adapted from DHS 2011 and 2016 Key Findings reports

In 2014, 45% of women, aged 15-49 years, made their own informed decisions relating to their sexual and reproductive health².

Modern contraceptive use has increased from 21.2% in 2012 to 25.7% in 2019. Additionally, unmet need has declined (27% in 2012 and 23.7% in 2019)¹.

In 2019, FP 2020 estimated that 7,091,000 women were using a modern method of contraception in Ethiopia¹. As a result of modern contraceptive use:



2,755,000 unintended pregnancies averted¹



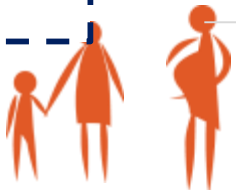
607,000 unsafe abortion averted¹



7,400 maternal deaths averted¹



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES



1. FP 2020 Ethiopia, 2. UNFPA Ethiopia 3. Ethiopia DHS Program, Demographic and Health Surveys, 2016 and 2011

OVERVIEW OF THE WISH PROGRAMME

The WISH project is the UK Government's flagship programme to **scale up its support to integrated sexual and reproductive health and rights (SRHR)** services in a range of countries across **Africa and Asia by 2021.**

WISH targets are supported by progress towards 4 cross cutting outputs:



Individual choice

Strengthening individual knowledge, choice and building community support for SRHR.



National Ownership

Driving sustainability and national ownership of SRH programmes.



Access to services

Improving access to and expand choice of voluntary FP and other SRHR services.



Global goods

Increasing women's choice and access to SRHR services through evidence-based innovations and best practice.

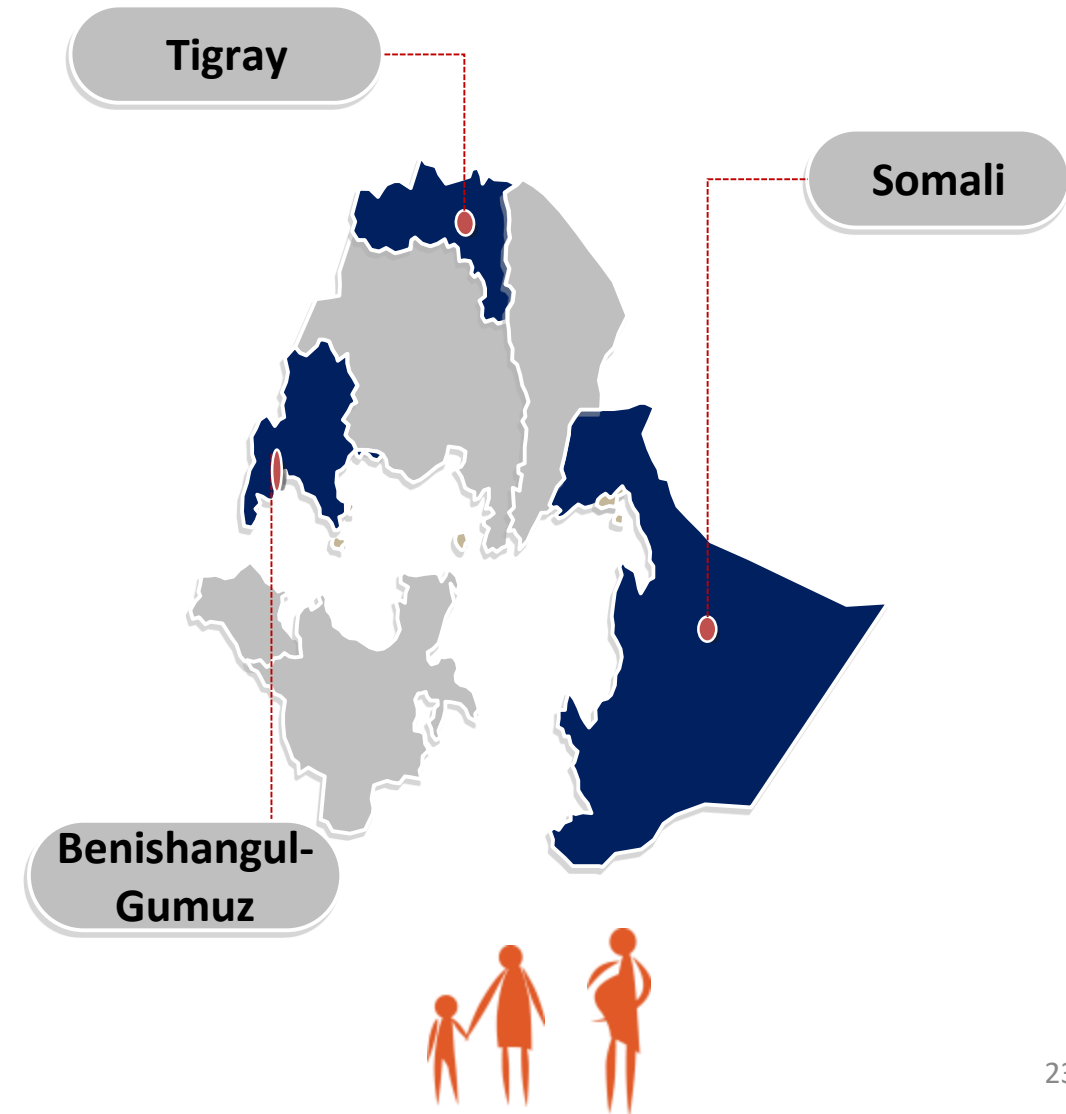


INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES



Background

- IRC is providing health and WASH programs in 12 Refugee camps in 3 regions of the country
- Project Locations:
 - Tigray region - **Shire** (4), **Somali region – Jigjiga** (3), and **Benishangul Gumuz region - Assosa** (5)
- WISH project started in Sept 2018 but interventions in April 2019

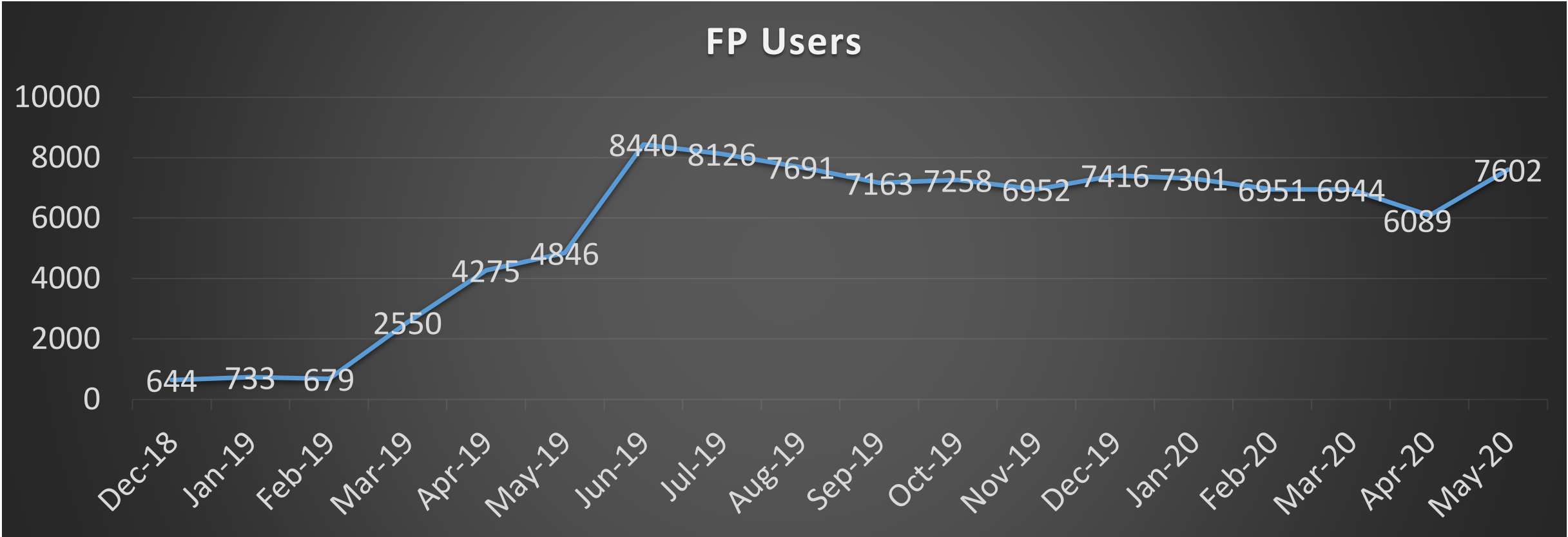


Program/intervention

- Dec 2018 – March 2019 - inception phase
- Project inception and MoU with MoH
- Pre implementation Service data (Dec 2018- March 2019) collected- No youth data at start of the project
- Awareness raising and Activity Planning
- Providers and facility capacity building
- Provision of integrated SRH Services

Contraceptive User trends (Dec 2018- May 2020)

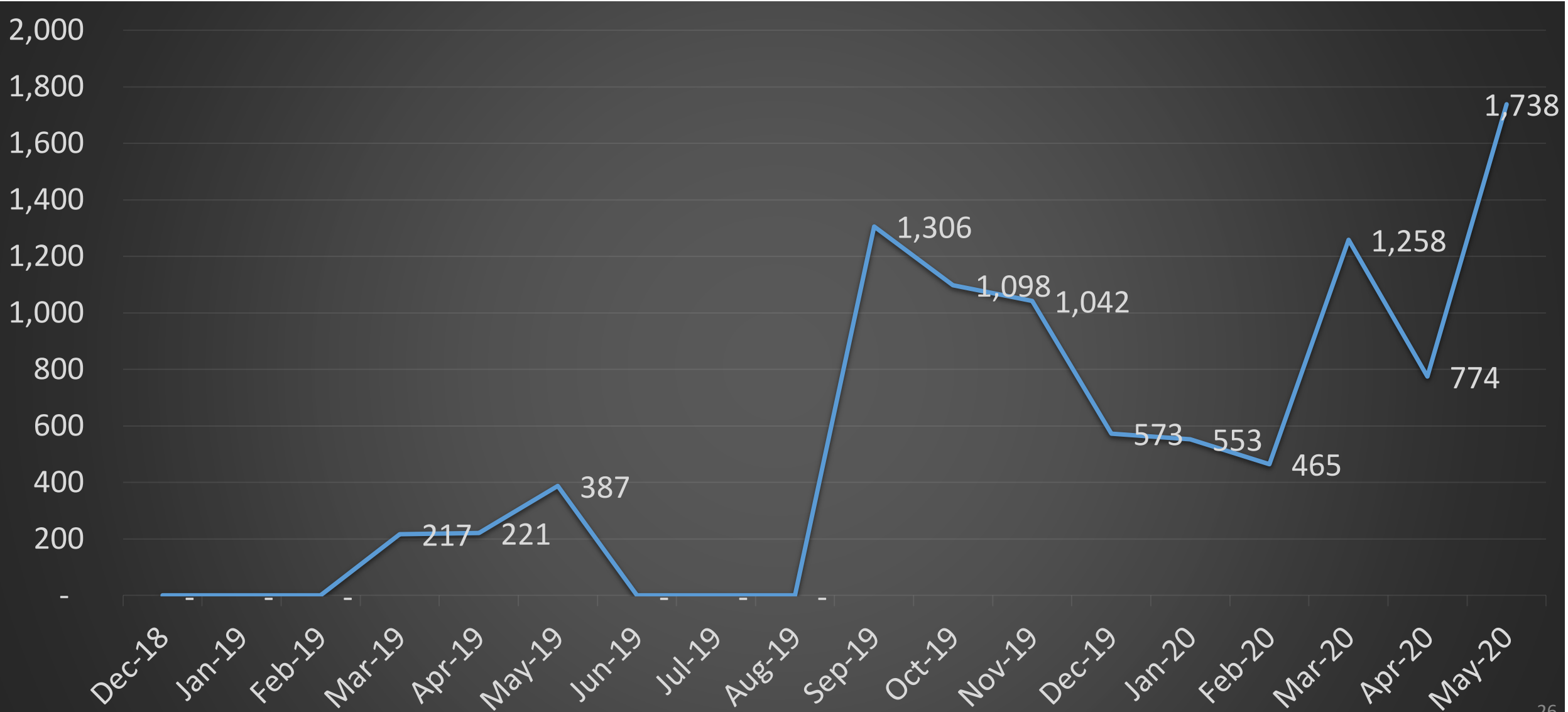
N=101,680 users



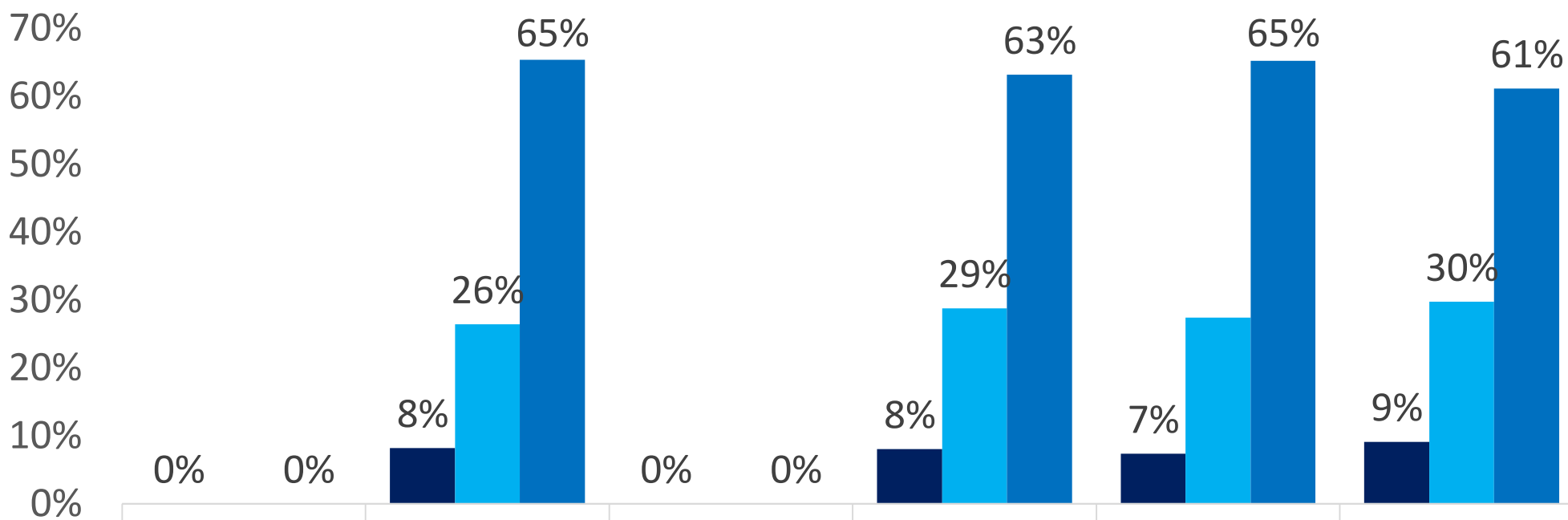
INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES



Adolescents 15 – 19 Yrs Served – Dec 18- May20



Percentage of FP Users by age Dec 18- May 2020



■ % age 15 - 19 served	0%	8%	0%	8%	7%	9%
■ % age 120-24 served	0%	26%	0%	29%	27%	30%
■ % age 25+ served	0%	65%	0%	63%	65%	61%

	2019Q1	2019Q2	2019Q3	2019Q4	2020Q1	2020Q2
■ % age 15 - 19 served	0%	8%	0%	8%	7%	9%
■ % age 120-24 served	0%	26%	0%	29%	27%	30%
■ % age 25+ served	0%	65%	0%	63%	65%	61%

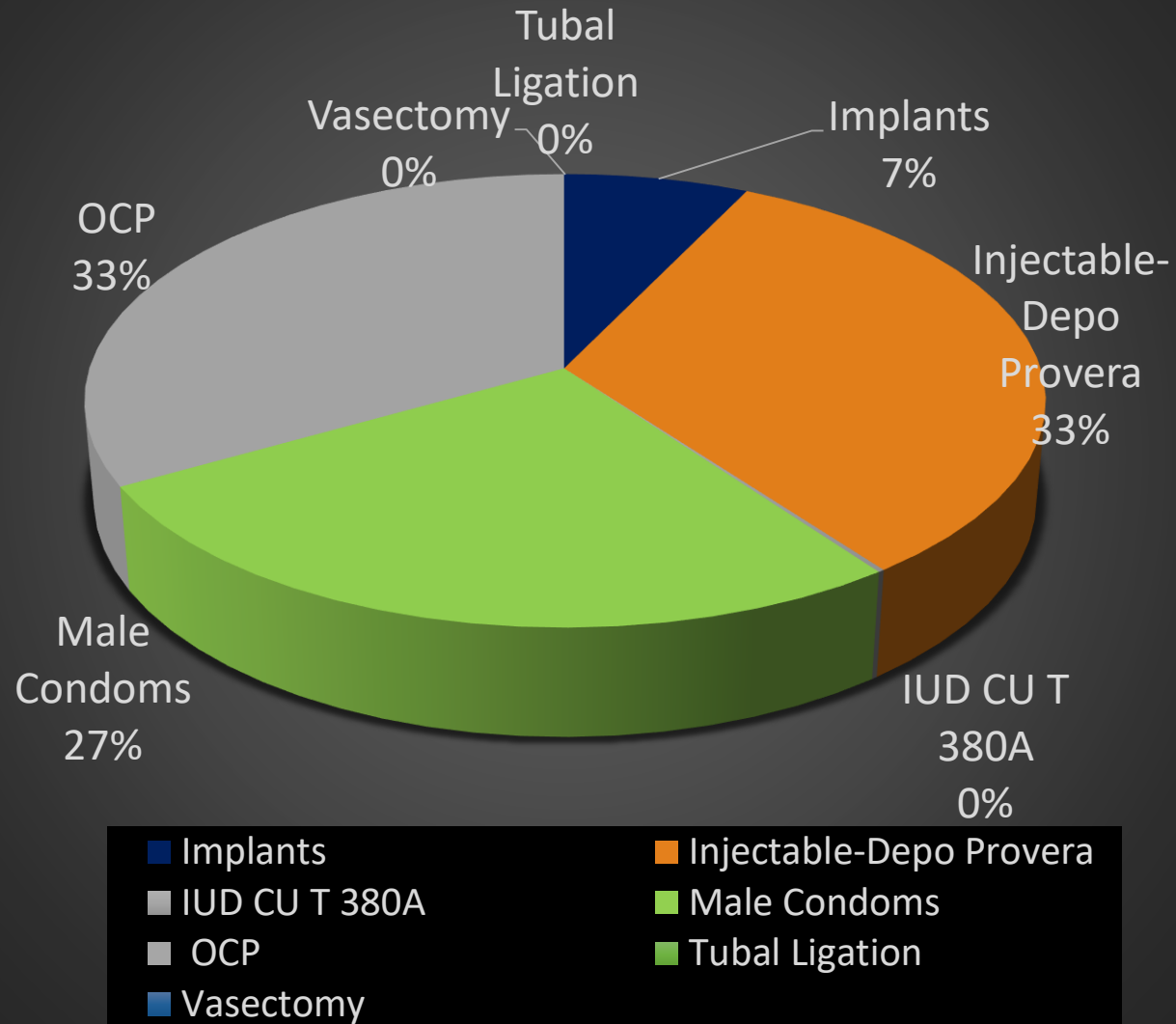


INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES

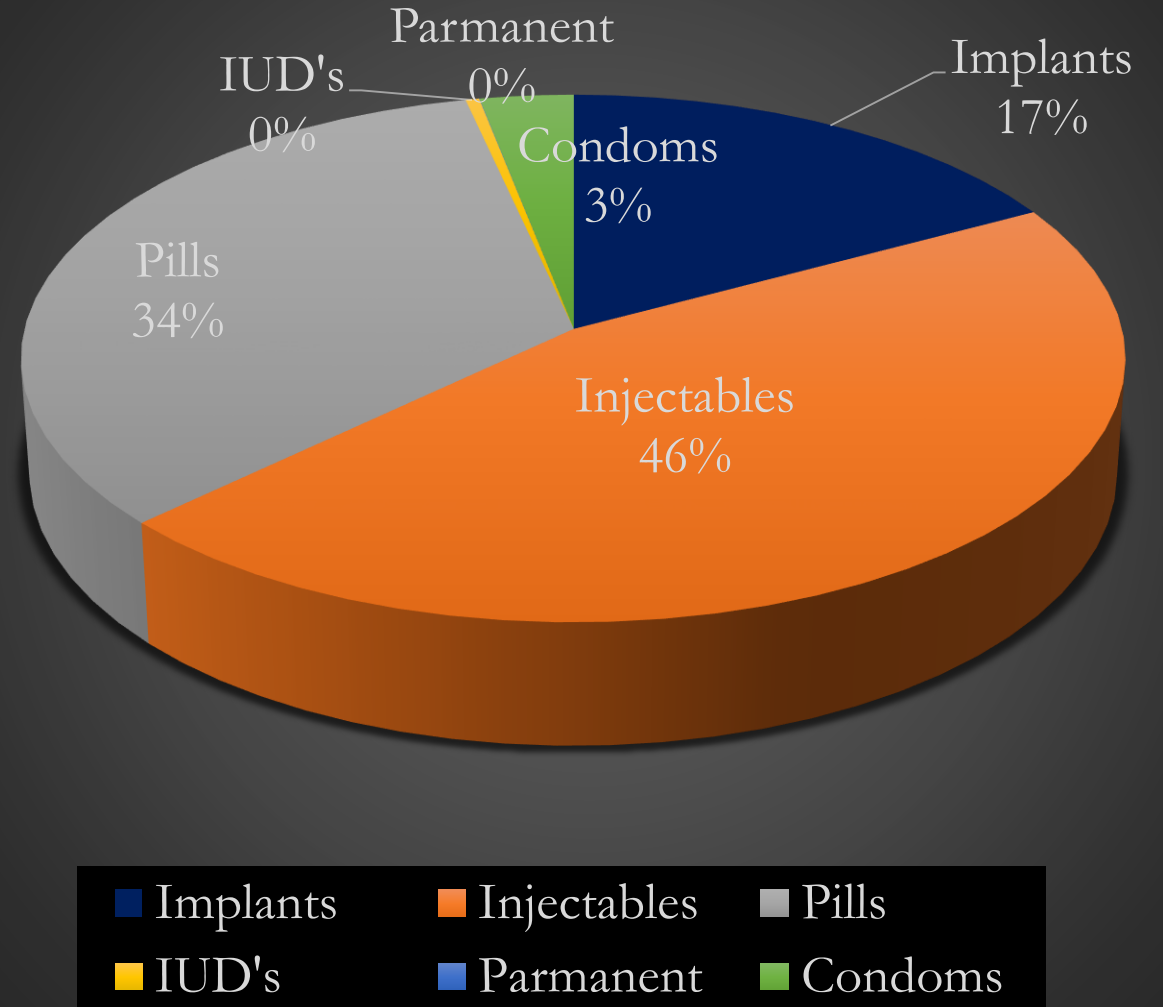


Adolescent Contraceptive Method mix

Feb- April 19



Feb- April 2020



CEIs with Youth (Dec 2019- Jan 2020)

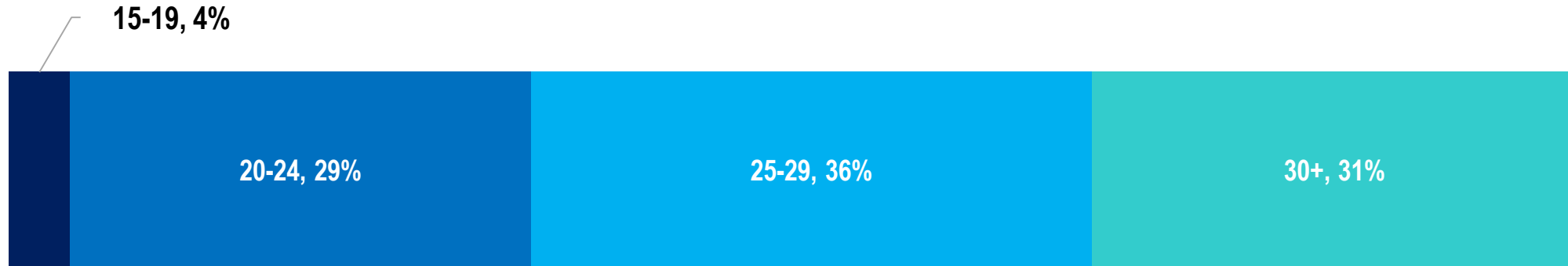


INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES



DEMOGRAPHICS OF FP CLIENTS (n=86)

Just over one-third of FP clients (36%) were between the ages of 25-29



39% of FP clients were **housewives**

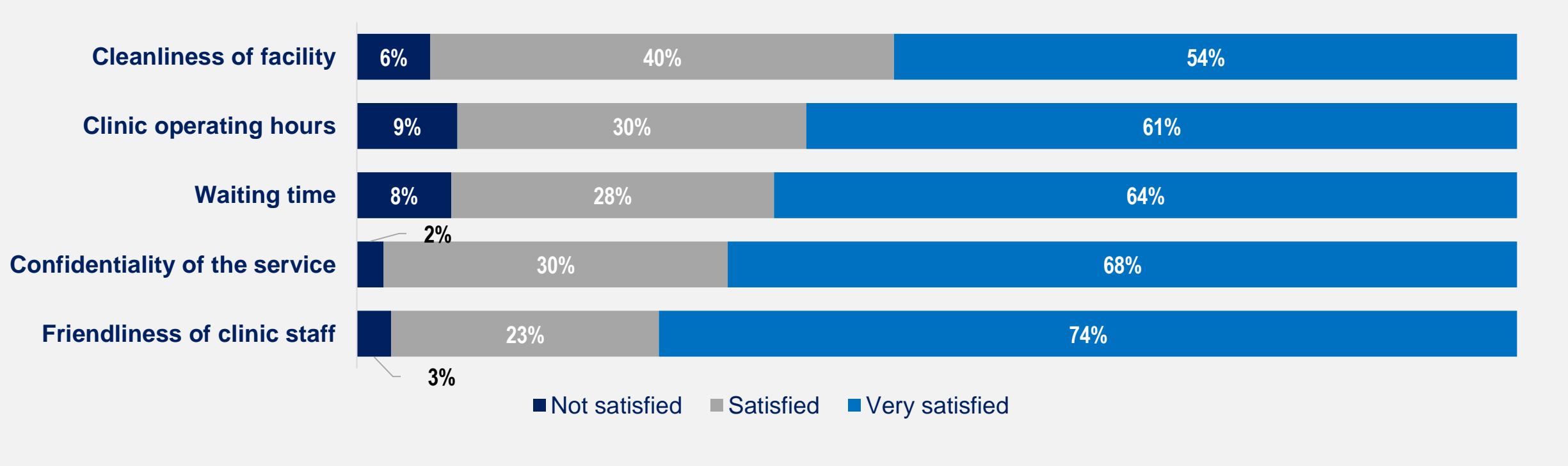


More than half (53%) of FP clients have **three or more children**



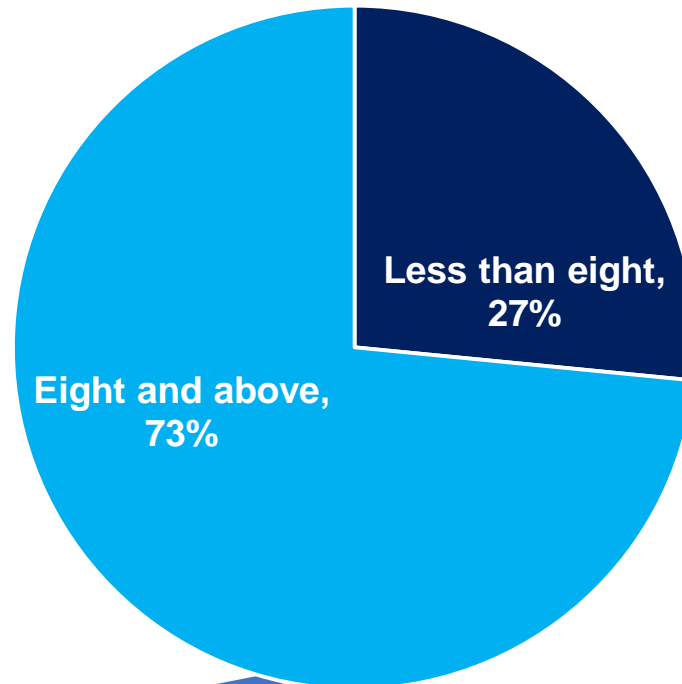
CLIENT SATISFACTION WITH WISH FP SERVICES

More than half of FP clients were very satisfied with every aspect of client satisfaction that was measured. The highest levels of dissatisfaction were related to clinic operating hours and waiting time.



Youth FP CLIENTS WHO WOULD RECOMMEND THE WISH SERVICES

When asked to provide a score from 0-10 on their likeliness to recommend the facility,
more than two thirds of FP clients said 8 or higher



IA The proportion of clients who said eight or higher did not differ by type of location or poverty.

Successes

- Increased adolescent Youth access to contraceptive
- Increase in Method mix access especially LARC
- Good collaboration with Ministry of Health, ARRA and Partners
- Youth Peer Volunteers penetration in hard to reach and diverse populations
- Program Adaptation

Challenges

- Data harmonization process took long (between MoH and Project Needs)
- Insecurity and outbreaks (COVID)
- High turn over and understaffing of public facilities (ARRA)
- Delayed start due to MoU process.
- Youth were not engaged in project design- started from the Normal service delivery models

Lessons Learned

- A user centered design approach is important in designing adolescent programming in refugee setting (diverse groups of youth).
- Program adaptation is critical in humanitarian setting
- Important to engage with youth from design of the program
- Stakeholders engagement – ARRA (e.g. service integration, extension of working hours, etc.) for better project support



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES



Implications for the Future

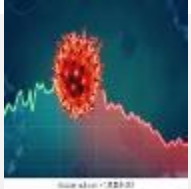
- Refugee settings usually have complex dynamics
- Project interventions and documentation of progress made – building an evidence of practice
- The program will provide some guidance in approaches of enhancing joint collaboration with MoH
 - ✓ Improve service delivery to refugee settings
 - ✓ Inform the local government to take the commitment – CRRF



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES



COVID19 in Humanitarian setting



Transmission Risk is High

Poorly developed health systems capacity for COVID

- Low Technological reach in some areas.
- Ethiopia- Moderate Risk with Moderate restrictions.
- Additional civil disturbance, outbreaks (Cholera) and Insecurity during the COVID Period



Impact on WISH Work

Community Mobilization and Sensitization activities markedly scaled down due to movement and mass gathering restrictions

Global shortages of infection prevention equipment and supplies and some contraceptives from suppliers

- Decline in facility attendance for SRH services despite availability due to fear of COVID/ increased myths and rumours.
- Refocus on COVID and outbreak response at the expense of SRH by MoH



Service delivery

WISH Program adaptation

- WISH program Adaptation- program criticality assessment and planning for implementation and appropriate mitigation
- Prepositioning Program and Emergency Medical supplies, Self care strategies.
- Training of health care providers- Adapted/ On site
- Infection Prevention and control at service delivery points and Community
- Focus on MISP and Mental Health and Psychosocial support



Community

- Mass and mini media to increase information availability address FAQ on SRH/ COVID
- IEC and SBCC messages developed with integration of COVID prevention.
- Adapted community sensitization activities where applicable with observation of hygiene and social distancing requirements
- Risk communication and community engagement



Thank you for your time.

Adolescent Sexual & Reproductive Health in Yemen

Sarah Ashraf, Save the Children, Director, Maternal, Newborn and Reproductive Health in Emergencies

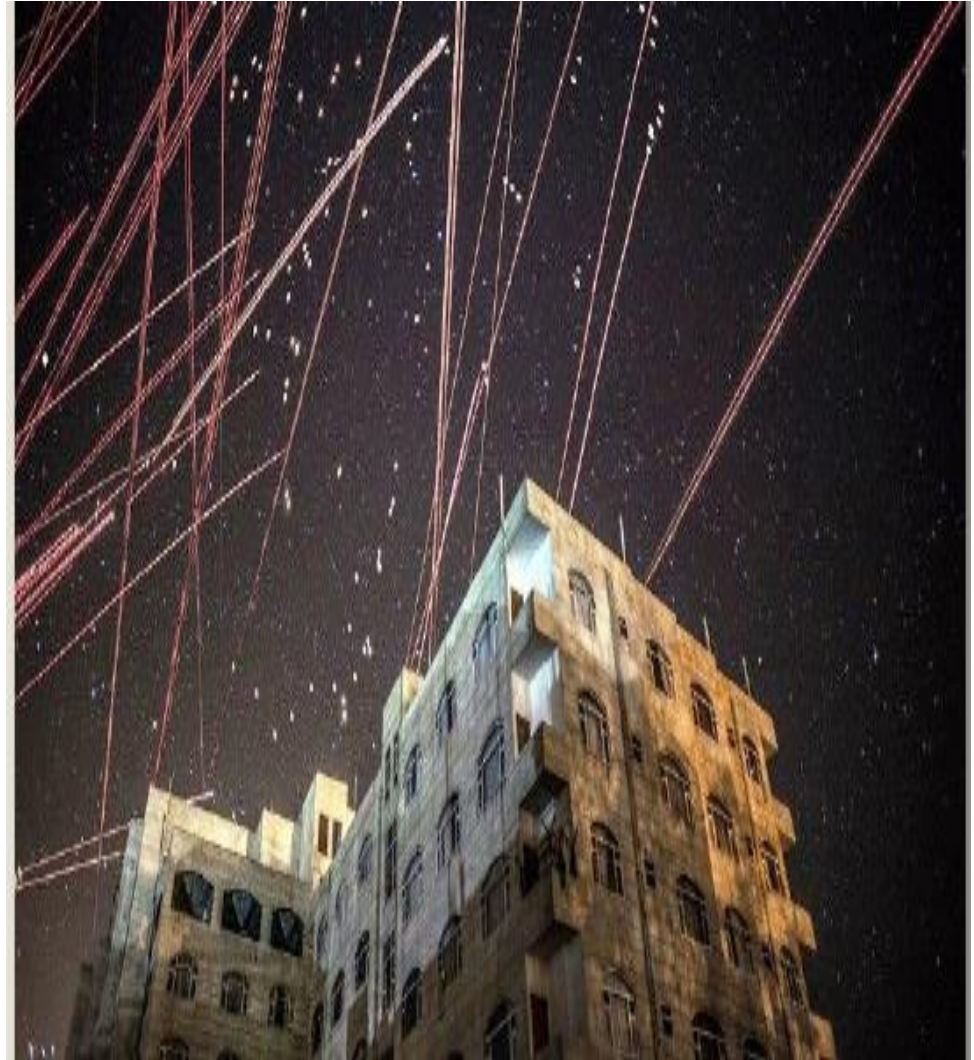


INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES

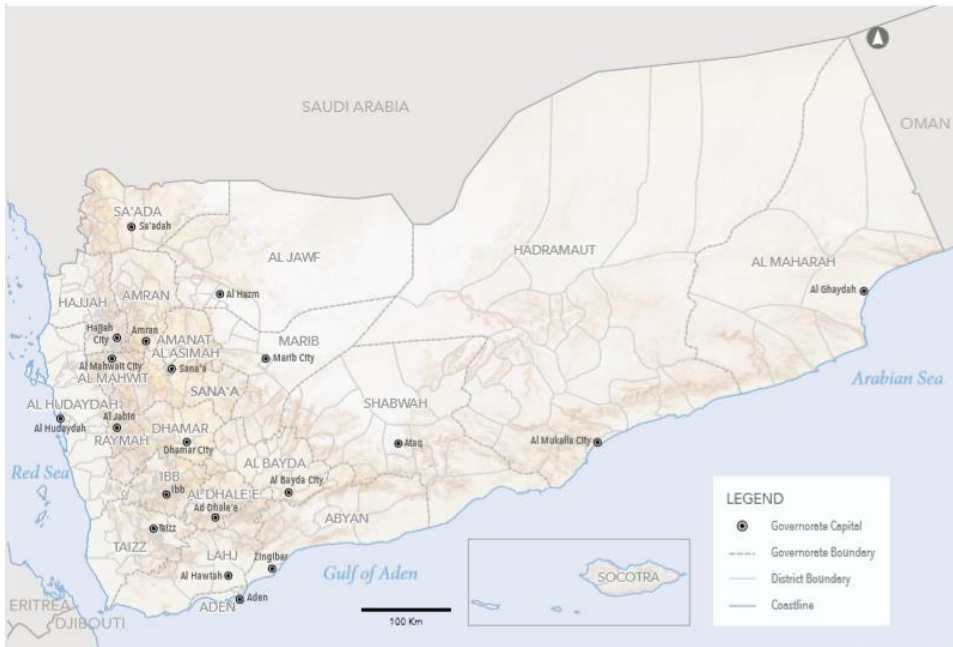


Agenda

- Yemen Context and Humanitarian Situation
- History of the program
- Talking to the Adolescents in Lahj
- Way forward!



Yemen Humanitarian Situation



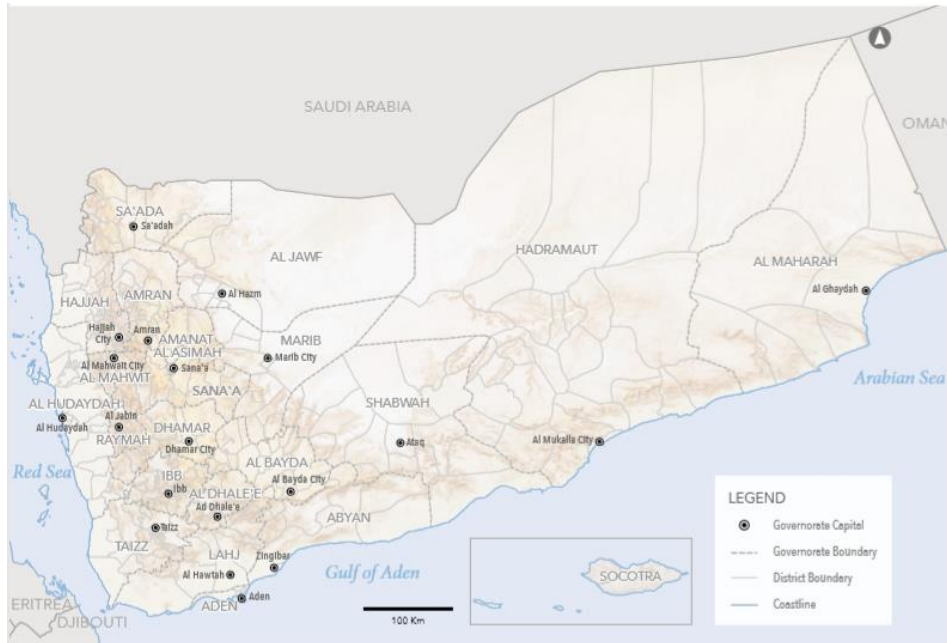
NEW CHALLENGES

- COVID 19 Spread
- Rise in Conflict
- Humanitarian Fund Cut – 18 % of 2020 Needs secured
- Famine threat – due to economic crisis
- Other outbreaks

- 24/28 Million People of which 80% need Humanitarian Assistance
- 50% of the Healthy System is Partially Functional



Yemen Humanitarian Situation



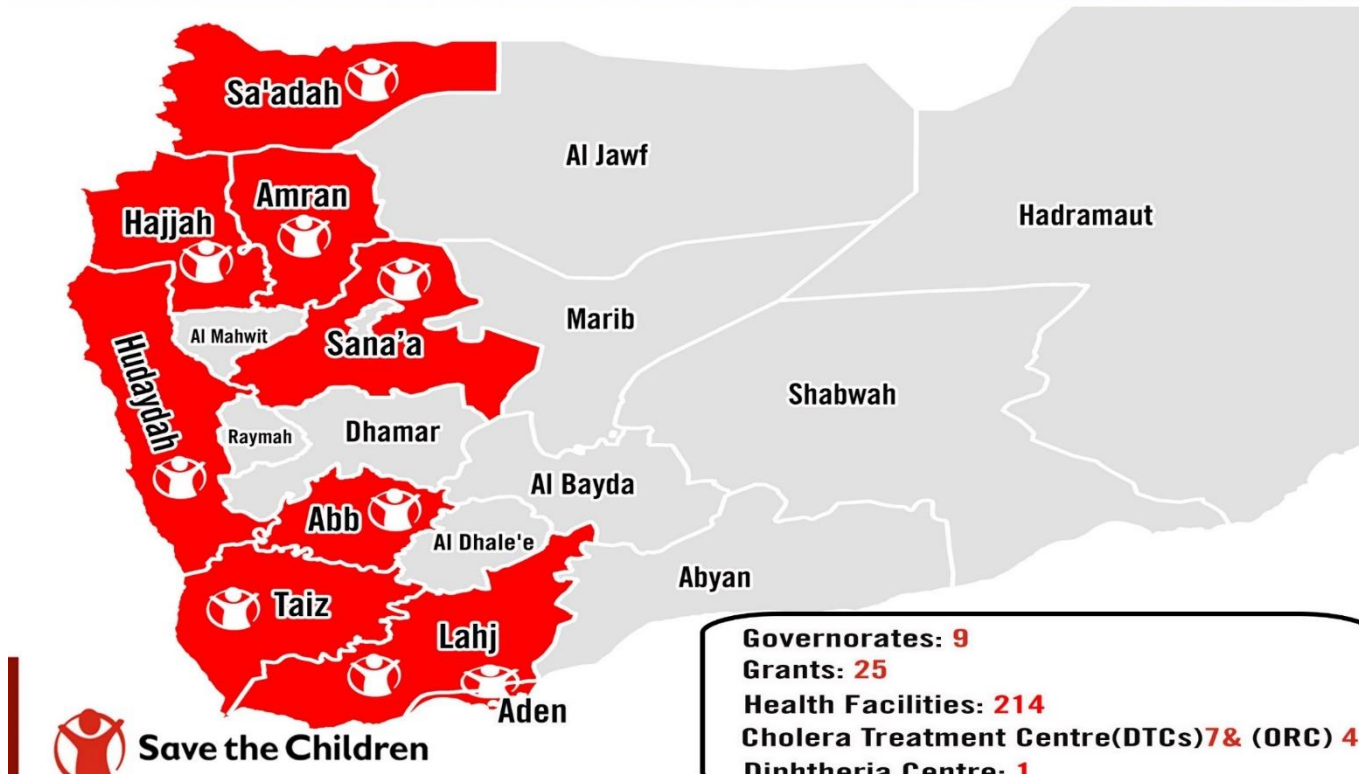
NEW CHALLENGES

- COVID 19 Spread
- Rise in Conflict
- Humanitarian Fund Cut – 18 % of 2020 Needs secured
- Famine threat – due to economic crisis
- Other outbreaks

- 24/28 Million People of which 80% need Humanitarian Assistance
- 50% of the Healthy System is Partially Functional

Health and Nutrition Program

Health and Nutrition Profile in Yemen



- Governorates: 9 – Districts - 64
- Grants: 25
- Health Facilities supported: 330 & MMT – 6
- BeMNOC/CeMNOC – 3 & FP - 314
- CTC/ DTCs: 8 ORC – 19 & Diphtheria Center – 1
- Covid 19 Treatment centers – 3

FP PAC Project

- 16 Health Facilities (6 Lahj and 10 in Hodeida)
- *Target Population: 262,000*
- Family Planning, post partum and post PAC FP and Post Abortion Care
- Community Engagement on FP and PAC
- ASRH
- Readiness of Health Facilities to be ASRH inclusive
- Training of service providers on ASRH
- Supportive Supervision of Service Providers for ASRH
- Engagement of the Adolescent on ASRH



Talking with the Adolescents

- Focus Group Discussions with Adolescents
- Groups divided by
 - Married and Not Married
 - Female and Male
- Targeted four different districts
 - Two urban and two rural
- The FGDs happened in Arabic and were pre-arranged with groups with appropriate approvals from many levels.
- The assessment only covered Lahj.



Voice of the Adolescents!

- Topic Areas
 - Puberty
 - Health and RH seeking behavior
 - Roles and Responsibilities
 - Age at Marriage
- Reproductive Health Services
 - Child Birth - ANC
 - STI treatment
 - Family Planning
 - Post Abortion Care



Way Forward

- Work with the Ministry of Health on guidelines and policy for ASRH
- Working further with service providers
- Updating health facilities based on the health facility assessments
- Integrating other critical services relevant for Adolescents
- Engaging youth and adolescent groups in the community
- Engaging community on ASRH



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES



THANK YOU



Save the Children®

Q&A Session



Photo Credit: Relief International