

# DELIVERING SRHR SERVICES IN FRAGILE CONTEXTS

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Photo Cordaid, Bangui, Central African Republic, February 2017

**In conflict-prone and fragile contexts, women and young girls in particular are highly vulnerable. They are confronted with aggression and violence throughout society, with little protection against assaults. An environment in which Sexual Reproductive Health and Rights (SRHR) are neither addressed nor recognized. Cordaid believes that access to information and services regarding SRHR is an entitlement for everybody to live a healthy life and make free and secure choices for their futures.**

## Informed decision making

Access to SRHR ensures individuals are able to choose whether, when, and with whom to engage in sexual activity; to choose whether and when to have children, and to access the information and means to do so. By facilitating informed decision making and providing access to quality services, they can choose and decide which services are most appropriate for their needs. It gives individuals the opportunity

to make their own possibly life saving choices in this respect.

## Our approach

Cordaid works to enable everyone, and especially women and young girls, to make informed choices about their own sexual and reproductive health. We provide access to quality health services, especially in fragile countries and fragile areas.

We work with public and private sectors,

## CORDAID SEXUAL REPRODUCTIVE HEALTH AND RIGHTS PROGRAMS



SUSTAINABLE  
DEVELOPMENT  
GOALS



## FACTS AT A GLANCE

**225 million**

women in developing countries have an unmet need for modern contraception

(Source: Guttmacher Institute, New York, 2014)

**60%**

adolescents in Sub-Saharan Africa who wish to avoid pregnancy do not have access to modern contraception

(Source: United Nations Population Fund, 2012)

**40%**

girls in Sub-Saharan Africa are married before age 18

(Source: United Nations Population Fund, 2013)

**200 million**

girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where Female Genital Mutilation is concentrated

(Source: UNICEF, 2016)

Cordaid



BUILDING FLOURISHING COMMUNITIES

## Some examples of innovative methods to improve access to SRHR services

- In Ghana, we used mobile phone applications paid for by mobile providers for pregnancy check-ups and weekly health messages;
- In Sierra Leone, using result-based financing, we developed training and payment of traditional birth attendants as social entrepreneurs and health educators in return for bringing pregnant women to antenatal clinics and clinical delivery;
- In Sierra Leone, we actively campaigned for the prevention of genital mutilation, prevention of teenage pregnancies and early school dropouts;
- In Democratic Republic of Congo, we used Cash Transfers in Idjwi, South-Kivu, to increase the spacing of birth among women 15 to 49 years old.
- In Katana (DR Congo), we initiated the Youth Eco System approach, an incentive-based system, accessible by mobile phones, to increase the percentage of youth that access SRH information and services.



Training midwives in Sierra Leone.

## The last mile: reaching the unreachable in Democratic Republic of Congo

As one of the largest and most populous countries in sub-Saharan Africa, the Democratic Republic of Congo faces an epidemic of HIV infection and a significant lack of access to treatment. Only 27.5% of patients eligible for antiretroviral therapy (ART) have effective access to the treatment (NACP Annual Report 2012). The most affected age groups are those between 15-49. Since 2012, Cordaid has been Principal Recipient of the Global Fund programs to fight HIV/AIDS. In 2017, the Global Fund has renewed its trust in us with a new program for 2018 to 2020 to fight HIV/AIDS and tuberculosis in the whole country. By air, by road and even canoe we are trying to reach the most vulnerable people whose lives depend on medication and we make sure people are tested, counseled and treated despite the presence of armed rebel groups in some of our working areas.



Distributing ARV drugs in Haut Uélé, DR Congo.

*“Cordaid encouraged us to embrace more innovative approaches (...), in particular in fragile states and Sub-Saharan Africa.”*

Cyrill Muller, Vice-President of External and Corporate Relations, World Bank Group

## Sexual and reproductive health and rights thematics

- HIV & AIDS prevention and care / Sexual Transmitted Infections (STIs) / Tuberculosis
- Maternal and newborn health care
- Family planning
- Comprehensive Sexual Education
- Youth Friendly Services
- Capacity building for lobby and advocacy
- Cervical cancer prevention and treatment

## Some of our methods

- Result Based Financing
- Vouchers programs
- Training midwives
- Male involvement
- Dialogue with religious leaders
- Media programs
- Social entrepreneurship (ie pharmacy in a box, hospitainer, bliss4midwives)

## Our services

- Thematic expertise and technical assistance
- Action and operational research
- Knowledge sharing & thought leadership
- Program design and implementation
- Grant management
- Capacity building
- Investment management

Non-exhaustive list

## SOME IMPACTS IN FIGHTING HIV/AIDS IN DR CONGO

**1,167,190**

persons tested for HIV and informed of the outcome in 2016 (only 531,483 in 2012)

**-80%**

of young men and women aged 15-24 who are HIV infected between 2011 and 2015

**-40%**

of mother to child transmission between 2012 and 2015

**x 3**

Percentage of young women and men aged 15-24 years who both correctly identify ways of preventing the sexual transmission of HIV and who reject the major misconceptions about HIV transmission

Source: PUDR, Program HIV/AIDS Global Fund program, in 6 provinces of Democratic Republic of Congo, data from 2011 to 2015.

## Results Based Financing (RBF)

Results Based Financing is a system strengthening approach that introduces checks and balances along the service delivery chain, encouraging better governance, transparency and enhanced accountability. It achieves this by linking payments directly to results. RBF helps to rebuild and strengthen the social contract between citizens and the state. Communities are actively engaged in determining performance indicators, verifying the output results delivered by clinics under RBF contract. This improved social accountability helps to restore the relationships between citizens, service providers and the state. Cordaid has successfully introduced RBF for healthcare in countries throughout Africa and this innovative method has become standard for many aid agencies and governments.

Fragility does not affect people equally: young people and particularly some specific groups among them - the vulnerable ones (sex workers, LGBT community, young girls out of school, etc) - are more affected. Child marriage, sexually transmitted infections (including HIV/AIDS), sexual and gender based violence, mortality and morbidity related to early childbearing negatively affect their health and prospects in life. Young people are especially vulnerable since they are more often exposed to human rights violations due to their low social position. Their exposure to violence, limited access to income, and exclusion from decision-making set them apart. In 'Leaving no one behind', a central principle of the Sustainable Development Goals, Cordaid is concentrating its efforts on making SRHR accessible to the most vulnerable people and creating real social impact by ensuring meaningful involvement in programs for, by and with young people.

### From “Next Generation” to “Jeune S3” programs

Since 2010, Cordaid has been the lead organisation in two major SRHR programs - Next Generation and Jeune S3 - in African francophone countries. In the most fragile areas of these countries, Cordaid focusses on providing sexual health services for young women and men, on raising awareness and breaking stigmas around sexuality and rights. With the Next Generation program, Cordaid's main goal was to reduce the staggering number of unwanted teenage pregnancies, unsafe abortions and maternal deaths in the most fragile areas of Burundi, Rwanda and Democratic Republic of Congo. The program has reached 2 million people who are now receiving improved quality care in the Great Lakes Region. In addition, 450 health institutes have now increased quality services. For the new Jeune S3 program implemented in Democratic Republic of Congo, Central African Republic, Cameroon and Benin, the goals have been expanded: in addition to providing better sexual and reproductive healthcare services, we ensure that young people (including the most marginalized and vulnerable populations - especially girls between the ages of 10 and 14) are able, motivated and have the opportunity to make informed choices on sexual and reproductive health and rights and that their sexual and reproductive rights are respected. By 2020, Cordaid aims to reach 1,5 million young people in our health and rights education sessions.

### Meaningful youth participation : for, by and with young people

For young people, especially girls, to be able, to be motivated and to make informed choices about their SRHR, they need to participate in planning, implementation and evaluation of activities. That is why Cordaid believes that meaningful youth participation is essential to the success and impact of any SRHR programmes. Young people are no longer seen as beneficiaries of the program but as active partners in ensuring their voices are heard and their confidence is built. Cordaid works to ensure that young people are not treated as token representatives but as equal partners in decision-making instances. This is reflected by:

- Ensuring that program interventions reflect young people's wishes;
- Creating channels for consultation to ensure that young people in the context concerned are listened to;
- Developing the skills and confidence of young people to defend their Sexual and Reproductive Rights;
- Ensuring that the above measures include diverse youth voices and work to create as much as possible sustainable participation by young people.

### Breaking taboos whilst surfing on the airwaves



*“The reality of young people who are sexually active and coyly dubbed the ‘impatient young’, needs to be addressed right now. Twice a week, we broadcast live for one hour to 25 of the 34 health zones of the Province of Bukavu and capture an audience in a radius of more than 50 kms. A recurring concern is that, for many young people, talking about sexuality and especially condoms is associated with immorality and prostitution. During our shows we receive some phone calls and text messages. Many are for psychological support. Amongst our audience, we have very young people who are around ten years old. So I have to be careful with the vocabulary and messages that I convey. As a peer educator, I have learned to use the appropriate words, whether I am dealing with a 10-year old or a 20-year old. When a listener asks me a question that is out of my league, I re-direct them to a health center or a hospital. Sometimes, I invite doctors. Even if conveying correct information is essential, it is a long haul. Changing mindsets will not happen overnight...”*

**Polydor**, 24 years old, radio animator in Bukavu, Democratic Republic of Congo.

## SOME IMPACTS OF NEXT GENERATION PROGRAM

**4,468,360**

young people (15-24 years) in DRC and Burundi have been in contact with health care providers.

**+ 114%**

young men and 71% young girls in South Kivu, DRC used SRH services in 2015 as compared to 2013.

**x2**

young people in Burundi are referred for sexual abuse in 2015 as compared to 2013.

Source: Program Next Generation in the Great Lake Regions (Burundi, Rwanda and Democratic Republic of Congo), End report, 2016



*“Our country still has a lot to do for youth. Our country needs us. During war time, young people were used and we ended up killing each other. Violence toward women is increasing. Rape is engraved forever in the memory of the victims. It is very important that we young people support each other, understand each other and forgive one another. We have to get the knowledge to empower us and not remain in ignorance. It is the future of our country that is at stake”.*

**Marietta**, President of the Youth Ambassador Jeune S3 in Central African Republic.

## GIRLS OUT OF SCHOOL: THE FORGOTTEN ONES

### A booklet for children to learn about their body changes and rights

Cordaid has developed a booklet targeting 10 to 14 year-old girls and boys, especially those who are out-of-school and who have no Comprehensive Sexual Education (CSE) tools. Called "Like Sarah, Miriam and Joe", this booklet can help children to start thinking about important choices in life related to sexuality, relationships, gender and peer support. It contributes to girls self-empowerment by making them more comfortable with changes in their body. This booklet also promotes informal peer education in girls rooms and youth centres with easy, low-cost, attractive, materials suitable for low literacy and it creates entry point for peer support and awareness raising on SRHR.



Booklet available in six different African languages with a facilitator booklet for teachers.

## ABOUT CORDAID

Cordaid works to end poverty and exclusion. We do this in the world's most fragile and conflict-affected areas as well as in the Netherlands. We engage local communities to rebuild trust and resilience and increase people's self-reliance. Our professionals provide humanitarian assistance and create opportunities to improve security, healthcare and education and stimulate inclusive economic growth. We are supported by 288,000 private donors in the Netherlands and by a worldwide partner network. This gives us the leverage and implementing power to solve problems and create structural change in the most challenging settings.

## OUR NETWORKS

Cordaid is a founding member of Caritas Internationalis, a confederation of over 160 catholic humanitarian organizations around the world, working together to reach out to the poor, vulnerable and excluded, regardless of race and religion. Cordaid is also member of the Medicus Mundi International – Network Health for All (MMI), a network of organizations working in the field of international health cooperation and global health to promote access to health.

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### Out of school and vulnerable

*" Because they had no resources, my parents decided not to send me to school. I have tried everything to go back. I even begged the guard but nothing worked. So I've been out of school for 6 months already. Outside, it is not uncommon to be approached by men of my father's age. They have no shame... I tell them that even if they gave me all the money in the world, I would never go with them. I am strong and will continue to be so !"*

**Beyonce**, 14 years old, Bertoua, Cameroon.

## CHANGING SOCIAL NORMS : BUILDING BRIDGES WITH RELIGIOUS LEADERS

### Religious Leaders Facilitation Guide

Social norms can be strongly opposed to premarital sex, which creates strong barriers for young people to access Sexual and Reproductive Health (SRH) services and information. Many schools where sexuality education is provided are faith-based with a strong focus on abstinence related messages. To facilitate dialogue, Cordaid has created a "SRH facilitation guide for working with religious leaders". Written together with Catholic, Protestant and Muslim religious leaders, this guide is designed to be used on an inter-faith and inter-cultural basis. It is an opportunity to increase the understanding of religious leaders about the realities of young people and their families regarding SRH and to strengthen their skills for helping young people and their families to make informed choices related to their health and well-being no matter what their religious standpoint. One representant of the Bible Lecture League in Burundi, who joined one of the workshop organized by Cordaid in 2017, summed it up poignantly: "Young people have to be educated and informed in an unbiased way. The Holy Spirit does not replace intelligence, just as intelligence does not replace the Holy Spirit."

Facilitation guide + Annexes are available in both English and French.

## SOME OF OUR PARTNERS



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