

A Rights-Based Approach for Enhancing Sexual and Reproductive Health and Rights Project in Ethiopia: EngenderHealth Project Brief



Introduction

Since 2019, EngenderHealth has been implementing the Rights-Based Approach for Enhancing Sexual and Reproductive Health and Rights (SRHR) project in Addis Ababa in collaboration with the Ethiopian Women Lawyers Association and government partners, including the Bureau of Education, the Bureau of Health, and the Bureau of Women and Children Affairs. The goal of this project, funded by the Swedish International Development Cooperation Agency, is to ensure that women and girls fulfil their SRHR, recognizing three enshrined rights: (1) the right to decide, if, when, and how many children to have, (2) the right to sexual and reproductive health (SRH) information and services, and (3) the right to be free from violence. Since March 2022, the project has also supported emergency gender-based violence (GBV) response, integrated with mental health and psychosocial support, and addressed the SRHR needs of women and girls in the conflict-affected areas of Afar and Amhara. Supporting the project goal are three project objectives:



- Improve women’s and girls’ agency to exercise their SRHR.
- Improve duty bearers’ accountability and reduce discrimination toward women and girls that hinders access to SRH information and services.
- Strengthen the enabling environment at interpersonal and family levels to support women and girls to demand and exercise SRHR.

To accomplish the project goal and objectives, we are utilizing: (1) a human rights-based approach, (2) a women’s empowerment framework, and (3) a social analysis and action approach. Through these approaches, we are supporting young women and men to become as “rights holders” with the power to demand their SRHR while simultaneously working with service providers and educators as key “duty bearers” responsible for creating an enabling environment for young people to exercise these rights.

Project Partnerships and Activities

The project collaborated with youth- and women-led organizations, government partners, and other civil society organizations to maximize impact and leverage expertise, platforms, resources, and systems that improve quality, increase reach, and promote sustainability.

We implemented the project’s advocacy activities on SRHR and GBV in collaboration with the Ethiopian Women Lawyers Association, a women-led local civil society organization, which trained law enforcement bodies and provided free legal services to GBV survivors. Additionally, through this partnership, we worked with three safe houses to facilitate referral pathways for women and youth survivors of GBV.

We also collaborated with Yetena Weg, a social-media platform founded by a voluntary group of young healthcare professionals, to design and conduct a digital awareness and education campaign on SRHR and



GBV targeting out-of-school young people and young healthcare professionals. This campaign included a webinar, clubhouse discussions, and twitter conversations that reached more than 500 people.

In addition to routine joint implementation activities with our government partners, EngenderHealth actively engaged in various platforms at global, national, and subnational levels to promote accountability, to ensure respect for human rights, and to foster improved ownership by the responsible sectors. We worked with other members of the Gender and Adolescent and Youth Health technical working group led by the Ministry of Health, Women, and Social Affairs and Education to incorporate a gender, youth, and social inclusion lens into guidelines and policies and to prioritize SRH and GBV in humanitarian response programming. Using our established gender, youth, and social inclusion tools, we facilitated reflection and discussion sessions aimed at challenging and transforming harmful age, gender, and other social norms that negatively impact adolescent and youth sexual and reproductive health (AYSRH). Through these efforts, we contributed to updates of the code of conduct for GBV prevention in school settings, the national GBV policy (currently pending parliament approval), and the government’s GBV response strategy for affected regions.

Project Achievements

The project has achieved notable results in development and humanitarian settings. Herein we highlight overall progress and learnings in four key project-areas: (1) SRHR education and awareness, (2) SRH provider capacity strengthening and service uptake, (3) GBV prevention and response, and (4) partnering with young people to advance SRHR. Table 1 provides an overview of the number of young people and healthcare providers that the project reached and supported in accessing care.

Table 1: Project Results

Indicator	Female	Male
Number of young people reached with SRHR education	4,575	3,685
Number of young people reached with life skills education	-	-
<i>Ages 10 to 14</i>	415	221
<i>Ages 15 to 19</i>	920	406
<i>Ages 20 to 24</i>	52	29
<i>Ages 25 and above</i>	0	2
Number of SRHR providers trained	1306	1417
Number of comprehensive contraception clients served	586,925	<i>Not Applicable</i>
Number of comprehensive abortion care clients served	46,550	<i>Not Applicable</i>
Number of GBV survivors served	3,374	27

SRHR Education and Awareness

To enhance the agency of young people to access SRHR information through the formal education system, the project supported eight schools (including three primary schools and five secondary schools) with three interventions. The project strengthened the capacity and facilitation skills of biology teachers to deliver SRH information within the existing school curriculum. We similarly supported school health clinics as

well as gender and health clubs for SRHR education and awareness creation. We also implemented the Aflateen Youth in Charge (AYiC) program, a holistic approach and SRH-specific youth empowerment curriculum that recognizes and addresses the complex interplay of challenges that undermine young people’s sense of agency and abilities to forge successful life plans.

At the start of the project, we conducted a rapid assessment of the existing public education curriculum and facilitated a round table discussion with education experts. Following these activities, we drafted and introduced approaches to fill identified gaps, such as expanding the existing school curriculum and implementing the AYiC curriculum to build skills, knowledge, and SRHR agency among in-school and out-of-school young people. We also conducted trainings for educators and school leaders, facilitated orientations for relevant community groups (including parent, teacher, and student associations), and supported school-based clubs, such as the gender and health clubs and media clubs. Students participate in the school clubs, which are part of extracurricular programs, to develop skills in critical areas (such as creativity, knowledge, leadership, organization, and social interaction) and the schools leverage these clubs to disseminate information that can enhance learning and awareness.

As a result of these activities, between January 2020 and December 2022, the project reached 6,903 (3,108 male and 3,795 female) in-school adolescents aged approximately 15 to 17, and 1,357 (577 male and 780 female) out-of-school young people aged 15 to 29 in the eight project-supported schools. Through the AYiC program, we reached 2,035 students between the ages of 12 and 20.

Hawa's Story

Hawa is a 17-year-old student at Dagmawi Minilik Secondary School. Hawa visited the school clinic worried about the 40 paracetamol pills she took hoping to terminate a pregnancy. The school nurse, Sr Hanna, who was trained by our project, referred Hawa to a nearby health center to receive medical care for the overdose and to access safe abortion care. Hawa has since returned to school, become a member of the gender club, and is now receiving life skills training.

SRH Provider Capacity Strengthening and Service Uptake

The project supported public health facilities to enhance AYSRH services, including improving availability and accessibility of comprehensive contraceptive care, comprehensive abortion care, and GBV information, as well as strengthening referrals to nearby one-stop centers. We also engaged key influencers at the community level—including healthcare providers, parents, teachers, and law enforcement—through different capacity strengthening efforts to improve their knowledge, skills, and attitudes and to help them better understand their roles in SRH and GBV service provision for women and young people in development and humanitarian settings. In addition to strengthening technical knowledge and skills, we also worked to improve soft skills that are critical to promoting a supportive environment for SRHR and providing nondiscriminatory and nonjudgmental AYSRH services. This included conducting values clarification and attitude transformation workshops and gender, youth, and social inclusion sessions to help providers separate their personal beliefs and values from their professional roles and responsibilities. At the facility level, the project also facilitated regular supportive supervision sessions, training follow-up and coaching visits, and performance review meetings.

As a result, between January 2020 and December 2022, the project supported the provision of comprehensive contraception to 586,925 women and girls and comprehensive abortion care to 46,550 women and girls. Of these clients, 12% were ages 10 to 19, 71% were ages 20 to 29, and 17% were ages 30 to 49. Overall, 49% of clients voluntarily adopted long-acting reversible contraceptives.

GBV Prevention and Response

The project worked across health, justice, education, and other relevant sectors to support a comprehensive GBV system that provides survivors with access to the care and resources they need. We supported the government's GBV prevention and response efforts by working with community-based GBV prevention committees to initiate paralegal services, to create and sustain a GBV helpline in collaboration with the Addis Ababa police commission, and to establish and strengthen one-stop centers offering comprehensive, survivor-centered GBV care. Specifically, the project supported 18 one-stop centers; this includes strengthening 3 existing sites in Addis Ababa with training, supervision, and coaching support, as well as establishing 15 new sites: 2 in Addis Ababa, 2 in Afar, and 11 in Amhara. We also trained 43 journalists and communications experts to disseminate GBV-related information through different platforms, including via select mass media events. The project also supported young GBV survivors (ages 19 to 30) to receive free legal aid through our partnership with the Ethiopian Women Lawyers Association.

As a result of these efforts, 3,401 GBV survivors accessed GBV services through the 18 project-supported one-stop centers. Community referrals contributed to 21% of all services provided at the one-stop centers. Further, 1,408 GBV survivors received free legal services.

Partnering with Young People to Advance SRHR

We also continued to engage young people in the project through capacity strengthening, planning, and implementation activities. We addressed gaps identified by young people, such as a lack of disability inclusion, and incorporated their inputs into the overall project approach. For example, the project established a youth advisory council in 2021 with the aim of increasing gender-equitable and socially inclusive participation and leadership of adolescents (ages 10 to 19) and youth (ages 15 to 24) in SRHR activities. Following the establishment of the council, we facilitated a capacity strengthening activity for members to support them in exercising their SRHR and raising awareness among their peers. These young people engaged in a range of activities that broadened their knowledge, skill, and confidence levels. The youth advisory council then organized experience-sharing events to introduce itself to other organizations' youth councils, youth-led organizations, and influential young people and created a forum for sharing their experiences with their peers.

COVID-19 Response Adaptions

Beginning in early 2020, EngenderHealth quickly responded to the evolving COVID-19 pandemic. We collaborated with stakeholders to design and launch media campaigns with SRHR and GBV messaging, continued to provide SRHR education to young people while schools were closed, and reinforced COVID-19 prevention measures. The project purchased and distributed personal protective equipment to healthcare providers actively providing SRH services, dispensed menstrual pads in COVID-19 quarantine and isolation centers, and provided technical support to key projects stakeholders to ensure SRH and GBV prevention services for young people remained a priority throughout the pandemic.

Humanitarian Response

Ethiopia has endured multiple emergencies during the project implementation period, including inter-communal violence and conflicts in the northern parts of the country that resulted in significant increases in internal displacement and associated needs for resources for assisting displaced communities. This conflict and instability also hampered delivery of essential services, disrupted livelihoods, and exacerbated protection risks, including risks associated with GBV, which disproportionately affect women, girls, and

adolescents. Inability to access essential services, including SRH services and GBV care, can lead to maternal and infant morbidities and mortalities and psychological trauma. Since March 2022, to help address this gap, the project has supported emergency GBV response, integrated with mental health and psychosocial support, and addressed the SRHR needs of internally displaced women and girls, adolescent's, returnees, and host communities of affected areas in Afar and Amhara. We ensured that humanitarian response interventions conducted to address GBV fully aligned with our initial project activities.

To improve the availability of SRH and GBV services, we trained 486 healthcare professionals (236 female and 250 male) on the minimum initial service package for SRH in crisis situations, essential SRH services, and GBV. The project supported essential health service restoration for SRH and GBV care at 50 health facilities by strengthening the capacity of facility staff and by providing essential equipment, emergency supplies, and regular onsite support. We also helped establish 13 new and strengthen 3 existing one-stop centers for comprehensive survivor-centered GBV response and trained community volunteers to enhance provision of GBV information, mental health and psychosocial support first aid, and referrals to the one-stop centers. Additionally, we supported mobile health and nutrition teams and clinics serving internally displaced persons to integrate SRH and GBV care into essential health services.

To enhance coordination and partnerships across the humanitarian sector, we actively engaged in various platforms at global, national, and subnational levels to promote accountability, to ensure respect for human rights, and to foster improved ownership by the responsible sectors. This included serving on various working groups, including the Health Emergency Partners Response Forum led by the Federal Ministry of Health, the Health Cluster in Emergency led by the World Health Organization, and the Protection Cluster for GBV Area of Responsibility coordinated by the United Nations Population Fund. Additionally, we continued to serve as a founding member of SRHR for Humanitarian Situations technical working group, led by Ethiopian Public Health Institute.

We also facilitated post-training follow-up and mentorship activities, regular joint supportive supervision visits, routine (quarterly and biannual) review meetings, and rapid assessments to understand the needs of GBV survivors in conflict-affected areas. We leveraged learning from these activities to ensure project activities responded to current situations and needs and to strengthen program implementation through corrective measures. We also recorded project data and generated reports to monitor and evaluate SRHR and GBV indicators and to facilitate data use.

Lessons Learned and Recommendations

The project has generated many lessons learned and recommendations for scaling up successful project approaches and interventions in Ethiopia. A summary of these is included in Table 2.

Table 2: Lessons Learned and Recommendations

Lessons Learned	Recommendations
Alignment of the project plan with key partners plans, close collaboration with partners, and involvement of partners as decision-makers fostered ownership and enhanced project implementation.	Project implementers should align interventions with government priorities and maintain collaboration throughout the implementation period.
Continued collaboration with organizations working on youth and women's health ensured communication of harmonized messages and galvanized SRHR and GBV advocacy.	Projects should structure and strengthen partnerships with like-minded organizations to maximize impact and leverage

<p>Project GBV prevention and response efforts were effective for improving the accessibility and availability of information and services, as demonstrated by EngenderHealth receiving a certificate of contribution from project partners for this work.</p>	<p>expertise, platforms, resources, and systems that improve program quality, increase reach, and promote sustainability.</p> <p>Project design should focus on comprehensive, locally tailored approaches to ensure government buy-in to address the needs of women and girls. For GBV projects, engaging the justice sector in prevention and response and prioritizing capacity strengthening of law enforcement, including addressing biased social norms, are critical for success and sustainability.</p>
<p>Meaningful youth participation is a key component of successful AYSRH projects. While this can take different forms, we found that youth-adult partnerships facilitate mutual learning and enable young people to have a voice within the project. Also, involving youth in establishing clear goals and expectations for their participation enables effective participation.</p>	<p>When working with and for young people, projects must prioritize meaningful youth participation in design and implementation, including by creating safe spaces to engage young people.</p>
<p>The lack of guidelines and standard operating procedures for caring for and supporting male survivors at one-stop centers and safe houses is a critical challenge to ensuring provision of high-quality GBV care. Further, the Black Lion Hospital in Addis Ababa is the only public health facility in Ethiopia equipped to gather evidence on male GBV survivors.</p>	<p>To better support all GBV survivors, projects should advocate for revising policies, procedures, and tools to incorporate guidance for caring for and supporting male GBV survivors. In addition, project implementers should incorporate approaches to meaningfully engage men and boys in project design and implementation.</p>
<p>The growing anti-choice movement globally and in Ethiopia has increased attacks against SRHR, particularly related to abortion and comprehensive sexuality education. This has created new and exacerbated existing barriers to access services.</p>	<p>The SRHR community, including government partners, must work together to proactively respond to opposition groups and address barriers to SRHR information and services.</p>

Acknowledgements

EngenderHealth is grateful to the ministries of health, education, and women and social affairs, and respective regional bureaus of Addis Ababa, Afar, and Amhara, as well as the Ethiopian Women Lawyers Association for their leadership and collaboration in delivering this project. We would also like to thank Swedish International Development Cooperation Agency, whose generous support enabled us to deliver quality programming and achieve these results. Additionally, we would like to thank our youth advisory council members and the project’s technical advisors, program officers, team leaders, and finance and operations staff for their relentless efforts and hard work implementing this project. This document was written by Meskerem Setegne, Yohannes Adinew, Kate O’Connell, Ana Aguilera, Amy Agarwal, Danielle Garfinkel, and Jemal Kassaw.

Suggested Citation

Setegne, M., Yohannes, A., O’Connell, K., Aguilera, A., Agarwal, A., Garfinkel, D., and Kassaw, J. 2023. *A Rights-Based Approach for Enhancing Sexual and Reproductive Health and Rights Project in Ethiopia: EngenderHealth Project Brief*. Washington, DC and Addis Ababa: EngenderHealth.

