Balanced Stewardship Development Association

ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN FRAGILE AND CRISIS SETTINGS DURING AND AFTER THE COVID-19 CRISIS IS ESSENTIAL

Call to Action for uninterrupted access to Sexual and reproductive health and rights in Fragile and Crisis Settings during and after The Covid-19 Crisis

DISCUSSION AND RECOMMENDATIONS FOR CALL TO ACTION

Accessing sexual and reproductive health and rights remains a major challenge to people affected by crisis and fragility, and this is more challenging in the face of the COVID-19 pandemic, which has reinforced the causes of increased need for SRHR services while at the same time creating additional barriers to access. These realities are more daunting for Nigeria, where the parts of the country markedly affected already had very poor social, medical, financial, and educational indices and poor state presence even ahead of the crises, and armed conflict poses a direct barrier to SRHR services. Crisis and fragility affect people's access to quality SRHR by exposing them to higher risk of unplanned sex, unplanned pregnancies, teenage pregnancies, STIs/HIV, poor pregnancy care and outcomes. These predispose them to SGBV, STI, HIV, unintended pregnancy, unsafe abortion and ultimately various degrees of maternal morbidity and mortality.

COVID-19 contexts differ and the risks and challenges to assessing SRHR are affected by whether there is already community transmission of the infection or if the mitigation efforts are the existing constraints. When community transmission has occurred, there are fears and risk of acquiring the infection from health facilities, and health workers may get infected have to be quarantined. This can lead to further depletion of the already scarce HRH resources, as well as temporary closure of some of the few health facilities for fumigation. COVID-19 is a relatively unknown emerging infectious disease, and the prevention efforts, transmission routes, health implications and other public health implications differ from those of other infectious disease pandemics and research is still ongoing at this time. However, we can learn from what has worked in different fragile settings and disease pandemics, and adjust interventions to the context, needs and disease mitigation efforts of specific populations.

Therefore, The Balanced Stewardship Development Association and other Civil Society Organizations call for action in 5 prongs from the following stakeholders:

Prong 1
Prioritizing Comprehensive Sexuality Education (CSE) in formal spaces and informal settings as a prevention and empowerment strategy

GOVERNMENT/POLICY MAKERS (NATIONAL, SUB-NATIONAL AND COMMUNITY LEVEL)

- CSE should be included into existing curriculum for in-and-out of school youths. It should be provided to young people in these areas as outreach services or integrated into other modalities of community education.
- Training, support and provision of materials for resource persons to deliver sexuality education, whether one-to-one or in groups.
- Develop and disseminate appropriate policies that support the provision of CSE in conflict areas, with provision of leadership, prioritization, ownership, necessary resources and enabling environment.

COMMUNITY MEMBERS/RELIGEOUS LEADERS
- CSE should be provided in informal schooling spaces, health service settings, waiting areas like food and aid collection points, youth/adolescent clubs and spaces, religious gatherings, NURTW spaces (tricycles, buses etc.), community drama and activities and by incorporating them into community traditional rituals.
- Provide advocacy for CSE programs and help demystify myths, stereotypes and beliefs, to create acceptability and support of CSE programmes to be implemented in formal and non-formal community settings and contextualizing the program contents.
- Educate and address various forms of violence, substance abuse, alcohol and toxic gender stereotypes and norms, and dialogue to support inter faith and inter-ethnic tolerance and peaceful coexistence.

CIVIL SOCIETY ORGANIZATIONS
- Provide trainings, materials and support for school teachers, CHEWS and other Community resource persons to be gainfully engaged in the community-based CSE programmes for in and out of school youths to forestall the potential adverse SRH outcomes.
- Develop and disseminate context and language specific IEC materials on CSE and provide buddies within the community.
- Provide and integrate the Seven essential components of Comprehensive Sexuality Education into existing structures and systems

Prong 2
International and national actors need to focus on and invest in building of resilient and people centred health systems in fragile communities.

GOVERNMENT/POLICY MAKERS (NATIONAL, SUB-NATIONAL AND COMMUNITY LEVEL)

- Generate a well-motivated, equipped and supported healthcare workers team with SRHR and infection COVID-19 prevention training to work in these contexts and to provide quality SRHR and infection control services to all persons including adolescents and persons with disabilities. Unfriendly health worker attitudes should be addressed especially complaints related adolescents SRHR and women in labour.
- Appropriately compensate frontline healthcare workers and women-led and women-focused civil society organizations who are risking their lives in delivering lifesaving SRHR and COVID-19 information and services especially in conflict areas. Gender gaps in pay should be corrected and remunerations should be improved and regular.
- Increase investment in COVID-19 responsive in person and remote support, training, supervision, and monitoring to maintain accessibility, availability, and quality of sexual and reproductive health services as well as safety for health workers and patients.

- All government and non-government actors should invest into continuous medical education, curriculum development and training for SRHR and infection control. This should be in person and remote support, training, supervision, and monitoring to maintain accessibility, availability, and quality of SRHR services and safety for health workers and patients.
- Ensure supply chains are uninterrupted and reproductive health supplies are reaching the facilities. Support pool procurement of critical SRHR and COVID-19 infection control supplies and PPE for SRHR providers, to ensure uninterrupted service delivery in these settings. Innovative and context specific strategies like social enterprises should be utilized in commodity logistics.

SERVICE PROVIDERS

- The Minimum Initial Service Package (MISP) should be used to deliver SRHR services from the onset of intervention in acute crisis phase and moving towards offering comprehensive SRHR services as soon as feasible in those contexts. The reproductive health units of federal and state Ministries of health should work closely with a major SRHR implementer to implement SRHR programs in fragile and humanitarian contexts.
- Adopt the task shifting and task sharing policies to bridge HRH services in these fragile and humanitarian contexts. The CORPs including TBAs should be supported to deliver SRHR services in approved roles, and avert complications and refer to save lives, support COVID-19 infection prevention and referral of suspected cases.

CIVIL SOCIETY ORGANIZATIONS/DONORS

- Support community, telemedicine, and home-based care, according to WHO guidelines, through access to consumer products such as pregnancy tests, condoms, oral contraceptives, and HIV tests.
- Adopt appropriate and flexible funding models to ensure sustainable investments into comprehensive SRHR programs in fragile states. Invest into funding for Global Humanitarian Response Plan for COVID-19 and include comprehensive and non-discriminatory sexual and reproductive health services
- Ensure continued and flexible funding for preparedness, early action efforts and implementation of the MISP for Sexual and Reproductive Health in humanitarian crisis
- Prioritize and invest in Monitoring and evaluation and data collection systems to ensure appropriate responses and evidence-based advocacy for prioritisation of SRHR in these settings.

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Prong 3
Prioritize community engagement, participation and ownership of programs to respond to the dual crises of fragility and COVID-19 from the onset.

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CIVIL SOCIETY ORGANIZATIONS
- SRHR organizations and Aid program implementers should engage communities and ensure participation of communities in decisions and crafting implementation strategies and programs specific to the needs and the context.
- Implementers need to engage community gatekeepers including community and religious leaders, youth leaders, women group leaders, men groups to address gender norms, masculinities and provide peer support. Major groups that are critical like the Nigerian Union of Road transport workers, vigilante groups, Health workers including MSS and CHEWs, and Community oriented resource persons including TBAs are also critical in view of the security challenges and COVID 19 interventions.

- SRHR and COVID 19 programs should leverage on and be integrated into existing programs like HIV, Tuberculosis and Malaria for this challenged contexts where HRH and health facilities are inadequate and parallel programs are not resource efficient.
- Prevention and behaviour change programmes should be implemented using local resources and strategies. Social distancing, wearing facemasks, handwashing and other COVID 19 prevention strategies should be encouraged within communities.
- SRHR and COVID-19 education and information should be provided using available communication channels like radio, text messages and WhatsApp groups, and should include messages for persons with sexual diversity and people living with disabilities.
- Education and empowerment of women and girls to increase women's agency, voice and power as a strategy for SRHR services access is key.

Prong 4
Increase coverage, improve safe access and support uptake of comprehensive SRHR services by providing information and creating an enabling environment for people who need them in fragile communities during the COVID 19 pandemic.

CIVIL SOCIETY ORGANIZATIONS
- Aid and humanitarian organizations should prioritize and integrate SRHR and infection control programs for crisis and fragility settings since their peculiarities clearly puts them at risk. The SRHR programs to prevent and respond to SGBV, family planning and comprehensive contraception services, safe abortion care, adolescent SRHR as well as safe motherhood interventions are critical and should be prioritised.
- Provide basic materials like soap, sanitizers, facemasks, water purifiers, PPEs and prevention messages to forestall community spread of COVID 19 among persons affected by crises, those in IDPs camps and their host communities. Infection control and WASH are critical in the face of the ongoing pandemic, and should be included into the forecast and logistics for SRHR consumables since they overlap.
- Implement adaptive and responsive strategies to reach adolescents and young people with correct SRHR and COVID-19 related information and services, targeting in school and especially out of school youths that are affected by the COVID-19 lock down and conflict. This should be devoid of status including marriage, age, gender or sexual orientation.
- Strengthen program linkages and referral pathways and ensure that Aid, SRHR and infection prevention responses are multisectoral and program managers and health workers should provide advocacy for reform of abortion, SGBV and LGBTI restrictive laws.
- Donors, CSOs and Local NGOs serve as a valuable resource for schools and teachers to turn to for more information, or to invite as guest speakers to discuss topics that reinforce or complement the CSE curriculum. Some NGOs also have community-based CSE programs in place. They should support the dissemination and implementation of CSE.

GOVERNMENT/POLICY MAKERS (NATIONAL, SUB-NATIONAL AND COMMUNITY LEVEL)
- Improve access to comprehensive SRHR services including sustainable quality supply of RH commodities and acceptability of services. CHEWs and CORPS including TBAs should be trained and engaged as approved by the task shifting and task sharing policy, and SRHR services should also be provided within the communities as a strategy to improve access and uptake, while as well preventing COVID 19 infection.
- Decentralise SRHR service delivery to primary care level and communities (e.g. outreaches) to increase geographical access and pioneer innovative service delivery models like self-care

interventions, use of telemedicine including phones and SRHR apps to access information and communicate with health provider.

- Collaborate with organizations and programs that are working in these contexts, who have achieved results with utilizing social enterprise, Coca Cola logistics and other 'last mile' innovations to ensure and maintain delivery of food, supplies and AIDS, Tuberculosis and Malaria (ATM) medicines and consumables.

SERVICE PROVIDERS

- Remove barriers to access that are associated with stigma or fear by offering dedicated and integrated services to respond to the needs of women and girls who are survivors of SGBV, provide contraceptives, provide or refer for safe abortion services within the legal framework and maternity and new-born care.
- Offer mental health and psychosocial support in an integrated manner within SRHR services, and have referral pathways to more specialised mental health care. This is critical during the COVID-19 pandemic in the context of conflict and fragility, where mental health challenges from trauma of sexual violence, illness and loss of loved ones and other war experience affect up to 1 in 5 persons.

DONORS

- Invest in the Global Humanitarian Response Plan for COVID-19 and other funding mechanisms designated to respond to the pandemic, which must include funding for comprehensive and non-discriminatory sexual and reproductive health services

Prong 5
Strengthen multisector partnerships, stakeholder collaboration and National, state and local accountability and political commitment for COVID-19 and SRHR programs and to transit from humanitarian to development phase.

GOVERNMENT/POLICY MAKERS (NATIONAL, SUB-NATIONAL AND COMMUNITY LEVEL)

- National Task Team should be created to address all crosscutting issues and generate one strategy, one coordinating mechanism, one implementation plan and one M/E framework
- State and local implementation teams should be created to reduce number of Aid workers present in conflict environments, enable coordinated, integrated and more cost efficiency responses, and programs can save funds that can be programmed for sustainable interventions like rebuilding health systems and facilities.

CIVIL SOCIETY ORGANIZATIONS

- SRHR is a crosscutting multisector issue rather than a health sector issue, and the same is applicable to the COVID -19 crises. The responses should be appropriate, multipronged, context specific, integrated and holistic to speak to health, social, security, protection and legal needs of the people and communities affected.

ALL STAKEHOLDERS

- Accountability and regular communication and feedback should be provided to the people and project beneficiaries.

WHAT NEEDS TO CHANGE FOR THE FUTURE

Governments, private sectors, donors, CSOs and other stakeholders have crucial role to play in ensuring that women and girls in fragile and humanitarian settings have uninterrupted access to SRHR throughout

- and after - the COVID-19 crisis. SRHR must be prioritized through supportive policies, well-functioning supply chains, and adequate financing.

The Balanced Stewardship Development Association (BALSDA) www.balsda.org is an independent national membership, non-governmental, non-profit, organization. BALSDA's main purpose is to ensure better Reproductive, Maternal, Newborn, Child and Adolescent Health Services (RMNCAH) and good governance in Nigeria.Contact:info@balsda.org- **Supported by Share-Net International**

Busza J and Lush L, Planning reproductive health in conflict: a conceptual framework, *Social Science and Medicine,* 1999, 49(2):155-171.

Bhaumik S, Moola S, Tyagi J, Nambiar D, Kakoti M. Community health workers for pandemic response: a rapid evidence synthesis. *BMJ Glob Health*. 2020;5(6):e002769. doi:10.1136/bmjgh-2020-002769

Chattu VK, Yaya S. Emerging infectious diseases and outbreaks: implications for women's reproductive health and rights in resource-poor settings. *Reprod Health*. 2020;17(1):43. Published 2020 Apr 1. doi:10.1186/s12978-020-0899-y https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7112750/

Caulker VML, Mishra S, van Griensven J, et al. Life goes on: the resilience of maternal primary care during the Ebola outbreak in rural Sierra Leone. *Public Health Action*. 2017;7(Suppl 1):S40-S46. doi:10.5588/pha.16.0083 https://pubmed.ncbi.nlm.nih.gov/28744438/

Integrated management of pregnancy and childbirth. WHO-recommended interventions for improving maternal and newborn health. Geneva, World Health Organization, 2007
http://whqlibdoc.who.int/hq/2007/WHO_MPS_07.05_eng.pdf
McBain RK, Wickett E, Mugunga JC, Beste J, Konwloh P, Mukherjee J. The post-Ebola baby boom: time to strengthen health systems. *Lancet*. 2016;388(10058):2331-2333. doi:10.1016/S0140-6736(16)31895-5

World Health Organization. Guidelines for emergency health interventions in community settings Geneva, 2008 Disease Control In Humanitarian Emergencies Epidemic And Pandemic Alert And Response. Reducing excess mortality from common illnesses during an influenza pandemic