

# EngenderHealth ICFP 2022 Abstract

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## Abstract title

Navigating the Humanitarian–Development Nexus to Respond to the Sexual and Reproductive Health and Rights Needs of Internally Displaced Persons in Ethiopia

## Significance/background

Ethiopia's humanitarian crisis is a growing challenge that disproportionately affects women, girls, and adolescents. According to the International Organization for Migration, in 2018/19, Ethiopia recorded the third highest number of new displacements worldwide, with 3,191,000 internally displaced persons (IDPs). The humanitarian situation is compounded by acute and prolonged insecurity and poor access to essential services. IDPs are particularly vulnerable to risks related to sexual and reproductive health and rights (SRHR) and have limited access to critical SRHR services, including care for survivors of sexual and gender-based violence (SGBV), which can cause maternal and infant morbidities and mortalities and psychological trauma. Addressing these important challenges requires a multi-sectoral response. Furthermore, traditional humanitarian systems usually target the acute phases of forced displacements and become inadequate in protracted IDP situations. While the humanitarian-development nexus (HDN) provides a broad framework to guide coordination among key actors, a more tailored approach that considers SRHR-specific integration and the unique needs of IDPs is needed. The lack of a framework to guide development organizations in implementing SRHR projects with IDPs reflects a disconnect between humanitarian and development organizations; this disconnect negatively impacts the ability of these organizations to address critical SRHR and other health needs of IDPs.

## Program intervention/activity tested

In 2019, building on our existing work supporting Ethiopia's health system, EngenderHealth expanded its scope to include support for humanitarian response efforts. We aimed to address the SRHR needs of women, girls, and adolescents in IDP situations, and support the local humanitarian response platform to integrate SRHR into the humanitarian response effort. Activities included community-level awareness raising and demand creation, provider training, government advocacy, and research. Using the HDN as an

overarching model, we assessed the challenges and successes of implementing SRHR activities in conflict settings, which informed development of a new conceptual framework.

**Methodology (location, setting, data source, time frame, intended beneficiaries, participant size, evaluation approach)**

EngenderHealth implemented a 30-month SRHR IDP project in the Somali region of Ethiopia, starting in July 2019. Between March and April 2021, we conducted a process evaluation of the project. The process evaluation included results from several data sources, such as project documents (project proposal, baseline assessment report, and annual performance report), national guidelines, and strategic documents. The process evaluation also collected qualitative data using focus group discussions and key informant interviews with staff from the project, officials from donor and partner organizations (e.g., World Health Organization and UNFPA), and health system representatives (e.g., Ministry of Health, Public Health Emergency Management Institute, and healthcare providers), as well as IDPs and community health volunteers. We collected information in Amharic using tailored interview guides. Interview guides assessed respondent's attitudes towards different project-related activities and probed for successes and challenges. The interviewers recorded interviews from consenting key informant interviews and transcribed and translated those interviews into English. A bilingual team of analysts used a thematic-based analysis to code and analyze the transcripts. We developed our framework through an eight-phase qualitative process of analysis, using a conceptual frame of sustainable development (Jabareen 2009). We obtained ethical approval from the Somali Regional Health Bureau.

**Results/key findings**

Navigating the HDN requires integrating the project's goals and activities with the national policies, strategies, and development plans to ensure alignment. Successful navigation of SRHR projects in conflict settings also requires implementers to be intentional about the increased risk of conflict-related SGBV and to factor that into the entire response mechanism. Establishing strong partnerships with other actors, aligning projects, and ensuring coordination is important for this as well. Leadership support, flexibility, and adaptive management are crucial for navigating SRHR projects in the HDN, including changing organizational culture and reorienting operations. Organizations must also consider the urgency and time-sensitivity needed to adapt to the humanitarian response. Operating in the HDN requires staff to have the knowledge and skills in managing development and humanitarian response project, which can present a challenge for organizations that have not worked in this context previously. Finally, organizations need to understand the factors that provide a basis for all development and humanitarian interventions, such as needs of conflict-affected persons, peace and security considerations, health and non-health concerns, political environment, and local infrastructure.

Through these learnings, we developed a conceptual framework for implementing SRHR projects in IDP settings. The key concepts of the framework consider the global, national,

local, and organizational environments as foundations for a successful approach, as well as the inclusion of other key actors. Our framework also integrates the aforementioned findings and illustrates pathways for establishing SRHR activities in a humanitarian setting.

### **Program implications/lessons**

Our learnings offer a model for what development organizations could consider when implementing SRHR projects for IDPs with respect to the HDN. SRHR-focused organizations navigating the humanitarian space should focus on: (1) integrating community-level SRHR interventions, including awareness raising and demand creation for SRHR and SGBV; (2) advocating for the integration of SRHR in overall humanitarian response and preparedness plans; (3) improving organizational readiness and flexibility; (4) strengthening collaboration and partnerships; and (5) strengthening the capacity of the local health system to create resilience.

Our conceptual framework emphasizes the possible interactions between the global, national, community, and organizational factors that influence the implementation of SRHR projects that include SGBV in the HDN. Key elements of the framework include: coordination and partnerships, engagement of IDPs and host communities in all interventions, and strengthening of organizational capacities to operate in humanitarian settings. While the framework demonstrated success in the context of our project, many implementation challenges still exist due to the complex and quickly changing nature of the humanitarian environment. There is a need to pilot the framework in other settings and conduct research to further assess its validity and make improvements that address the additional challenges.