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**ACTION
CONTRE
LA FAIM**

INTERVENTION FRAMEWORK

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

LEGAL INFORMATION

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LIST OF ACRONYMS

| | |
|--------------------|--|
| BEmOC | Basic emergency obstetric and neonatal care |
| CEmOC | Comprehensive emergency obstetric and neonatal care |
| CSE | Comprehensive sexuality education |
| CSO | Civil Society Organization |
| FP | Family planning |
| GBV | Gender-based violence |
| Health SRHR | Sexual and reproductive health and rights |
| HIV | Human Immunodeficiency Virus |
| HSS | Health Systems Strengthening |
| IAWG | Inter-Agency Working Group on Reproductive Health in Crisis Settings |
| MISP | Minimum Initial Service Package for Sexual and Reproductive |
| PAC | Post-abortion care |
| PC | Prenatal Consultation |
| PMTCT | Prevention of Mother-to-Child Transmission |
| PoC | Postnatal consultation |
| SRH | Sexual and reproductive health |
| SRH | Sexual and reproductive health of youth and adolescents |
| STIS | Sexually Transmitted Infections |
| WHO | World Health Organization NGO Non-governmental organization |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNFPA | United Nations Population Fund |
| TY | Teens and Youth |



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WHAT IS THE SRH INTERVENTION FRAMEWORK?

While significant progress has been made in SRHR over the past 20 years, the main results in terms of maternal mortality and access to essential SRH services remain below the targets set successively¹ and are marked by huge disparities at global level. Faced with this situation, only the implementation of more holistic strategies can fill the gaps and guarantee the right of everyone to make decisions about their own bodies and to have access to essential sexual and reproductive health (SRH) services.

DOCUMENT'S PURPOSE

Overall, this document is part of the “*health and nutrition alignment*”² strategy, a document that presents the change of approach begun several years ago in the fight against undernutrition, with a more holistic approach to health. This framework for action on rights and sexual and reproductive health (SRHR) aims to define the approaches taken by the organization, its vision of the issue, the changes expected from its action, as well as the priorities and methods of intervention.

METHODOLOGY

Drawn up following a participatory process involving teams from the French head office, country offices and the ACFIN technical network, it reflects the organisation's identity, capacities and particularities, as well as its potential limitations. It should make it easier for teams to understand ACF's SRHR mandate, to guide the definition and implementation of projects and to better understand the involvement and role of the various technical sectors.

CONTENT

The approaches adopted by ACF in the field of sexual and reproductive health mainly concern **the following three aspects:**

- Placing the aim of interventions at the level of individuals and their rights to access SRH services.
- Thinking in terms of an integrated vision of sexual and reproductive health and nutrition.
- Promoting collaboration and partnerships with local stakeholders and the populations concerned.

While all the services in the SRH continuum of care are commonly recognised as essential³ services, ACF's work nevertheless focuses on **a range of prioritised services that form the core of its SRH intervention.** These are mainly interventions that have specific links with **the nutrition sector** and are also recognised as having **a high impact on health.**

1 In the context of the Framework Conference, the MDGs or later the SDGs <https://www.un.org/sustainabledevelopment/fr/health/>

2 Action contre la Faim, *Health Approach: the fundamentals of health and nutrition alignment*, January 2017 <https://www.missions-acf.org/kithealth/FR/02.Formulation%20de%20projet/2.1%20Principes%20cl%C3%A9s/03%20Alignement%20Sant%C3%A9%20et%20Nutrition.pdf>

3 Voir en annexe *Le paquet essentiel de services recommandé par l'OMS et réaffirmé dans le Rapport de la Commission Lancet Guttmacher* sur les DSSR.



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I. THE APPROACHES USED BY ACF

1. AN APPROACH THAT PLACES INDIVIDUALS AND THEIR RIGHTS AT THE CENTER OF THE INTERVENTION



“Sexual and reproductive health is a state of physical, emotional, mental and social well-being in all aspects of sexuality and reproduction, not just the absence of disease, dysfunction or disability.

Thus, a positive approach to sexuality and reproduction must recognize the role of pleasure-seeking sexual relationships, trust and communication in promoting self-esteem and overall well-being.

Every person has the right to make decisions about their body and to access services that support this right.⁴

By choosing to adopt this **definition of SRHR** proposed by the *Lancet-Guttmacher Commission* in 2018, Action Against Hunger or Action contre la Faim emphasizes **the interconnectedness of the concepts of sexual and reproductive rights and health** and chooses to place the purpose of interventions at the level of individuals, their specific needs and rights and thus put people at the center of programs. The organization recognizes the right to free disposal of one’s own body as **a fundamental human right**. This implies that people have access to comprehensive, quality SRH services throughout their lives. Within this framework, ACF recognizes **access to safe abortion services** as a fundamental human right, although the organization does not intervene directly in these services (see [III.2](#) on services).

4 Guttmacher-Lancet Commission Report, *Accelerating Progress, Sexual and Reproductive Health and Rights for All*, 2018. https://www.guttmacher.org/sites/default/files/page_files/accelerer-le-progres-resume.pdf



Sexual and reproductive rights

Sexual and reproductive rights emanate from the rights to freedom, equality, privacy, autonomy, integrity and dignity of every individual⁵. They are based on the human rights of every person to⁶:

- Enjoy respect for their bodily integrity, privacy and personal autonomy.
- Freely define one's own sexuality, including sexual orientation, gender identity and gender expression.
- Decide if and when she wants to be sexually active.
- Choosing your sexual partner(s).
- Enjoy a safe and pleasurable sexual experience.
- Decide if, when and with whom to marry.
- Decide if, when and how to have one or more children.
- To have lifelong access to the information, resources, services and support necessary to achieve all of the above, free from discrimination, coercion, exploitation and violence (the service package recommended by the WHO is presented in [the appendix](#)).

A rights-based approach can be articulated through actions aimed at **strengthening the capacities of individuals in the area of SRHR** and **encouraging public authorities to fulfill their obligations** in this area.



The rights-based approach

Beyond responding to the need to reduce maternal and neonatal mortality and to fight against undernutrition, ACF intervenes in SRH services because **access to these services constitutes a fundamental human right**. The rights-based approach considers users as right holders beyond the response to an immediate need, and aims at **sustainable and structural changes with and for the populations**. This approach allows people to play an active role and to have their voices heard. This right-based approach does not come in contradiction with a public health approach based more on sanitary problematics and needs.

For more details, please refer to:

- To the [UNFPA explanatory note](#)
- To the [2003 United Nations Common Understanding on a Human Rights-Based Approach](#) document

Besides, a right-based approach implies the necessary adoption of a **perspective of fighting the gender inequalities** still representing **huge obstacles** regarding SRHR.

In 2021, ACF adopted a *Gender Equality Policy* ⁷ articulated around a series of commitments to the implemen-

5 International conventions do not expressly refer to SRHR, but they are rooted in universal human rights, which are themselves enshrined in various texts, treaties and commitments made by the international community and ratified by States. The UNESCO Chair in Sexual Health and Human Rights offers a summary review of the texts in force: <https://santesexuelle-droitshumains.org/cadre-juridique/>

6 The list of rights presented here is from the Guttmacher-Lancet Commission Report, *Accelerating Progress, Health and Rights Sexual and reproductive health for all*, 2018.

7 Action contre la Faim, *Gender Equality Policy*, approved by the International Executive Committee, 2021

tation of a transformative approach to gender, according to which it is impossible to achieve gender equality without **explicitly challenging gender power and privilege**. The organisation's SRHR intervention framework is fully in line with this policy, as **the transformation of social gender norms** is more necessary than ever to achieve lasting change. ACF attaches particular importance to **the involvement of men in SRHR interventions**, individually, with their intimate partners, and their wider community. In order to encourage more equitable gender dynamics, it is essential that men are **active protagonists** in SRHR issues as equal partners, as users of SRH services and as agents of change.⁸

Moreover, SRHR interventions are part of an **intersectional approach**⁹ that takes into account all the different aspects of people's experience of oppression and discrimination (by age, socio-cultural category, sexual orientation and gender identity, disability, sex work, etc.) as well as the systems that produce and perpetuate this oppression.

Finally, SRHR's interventions are fully in line with the *Social Protection Plan* carried by Action contre la Faim¹⁰ and the initiatives implemented in favor of a **feminist social protection**¹¹.

2. AN INTEGRATED VISION OF SRHR AND NUTRITION

The interactions between SRHR and nutrition are now widely recognized. SRH and nutrition problems have certain common roots, including poverty, poor access to services and information, gender inequalities¹² and the socio-cultural norms from which they arise. The analysis of the intergenerational circle of undernutrition helps to **highlight the links that underlie the two issues**.¹³

Undernutrition is a vicious cycle that continues beyond an individual's life cycle; and nutrition problems often begin in the womb and continue, especially for women, into adolescence and adulthood. Undernourished girls are at increased risk of becoming undernourished mothers, increasing the risk of giving birth to underweight or premature infants, creating **a vicious intergenerational cycle**. In addition, the mother's obstetrical prognosis may be affected by her nutritional status.

The Lancet published a series on maternal and child nutrition in 2013 and again in 2021, highlighting **a list of lifelong interventions** that have been shown to reduce the prevalence of undernutrition.¹⁴ The vast majority of these practices specifically concern **pregnant and breastfeeding women and young children**, and relate to SRH. Thinking together about intervention strategies for SRHR and the fight against undernutrition can therefore be **an important lever** for reducing maternal and neonatal mortality and improving health and nutrition indicators. The integrated approach to SRHR and nutrition **must be multi-level** and take account of **structural determinants** with a view to strengthening health systems.

8 For more information on male involvement, see Breakthrough Action's guide, *Know, Care, Act: A Theory of Change for Involving Men and Boys in Family Planning* <https://breakthroughactionandresearch.org/wp-content/uploads/2022/04/Know-Care-Do-Engaging-Men-Boys-FR.pdf>

9 Crenshaw, Kimberlé W., 1989, *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*, Chicago, University of Chicago Legal Forum, p. 139-167.

10 Action contre la Faim, *Social Protection Plan 2021-2025*.

11 Action contre la Faim, *Briefing Note: How to move towards feminist social protection in Sub-Saharan Africa?*, 2022.

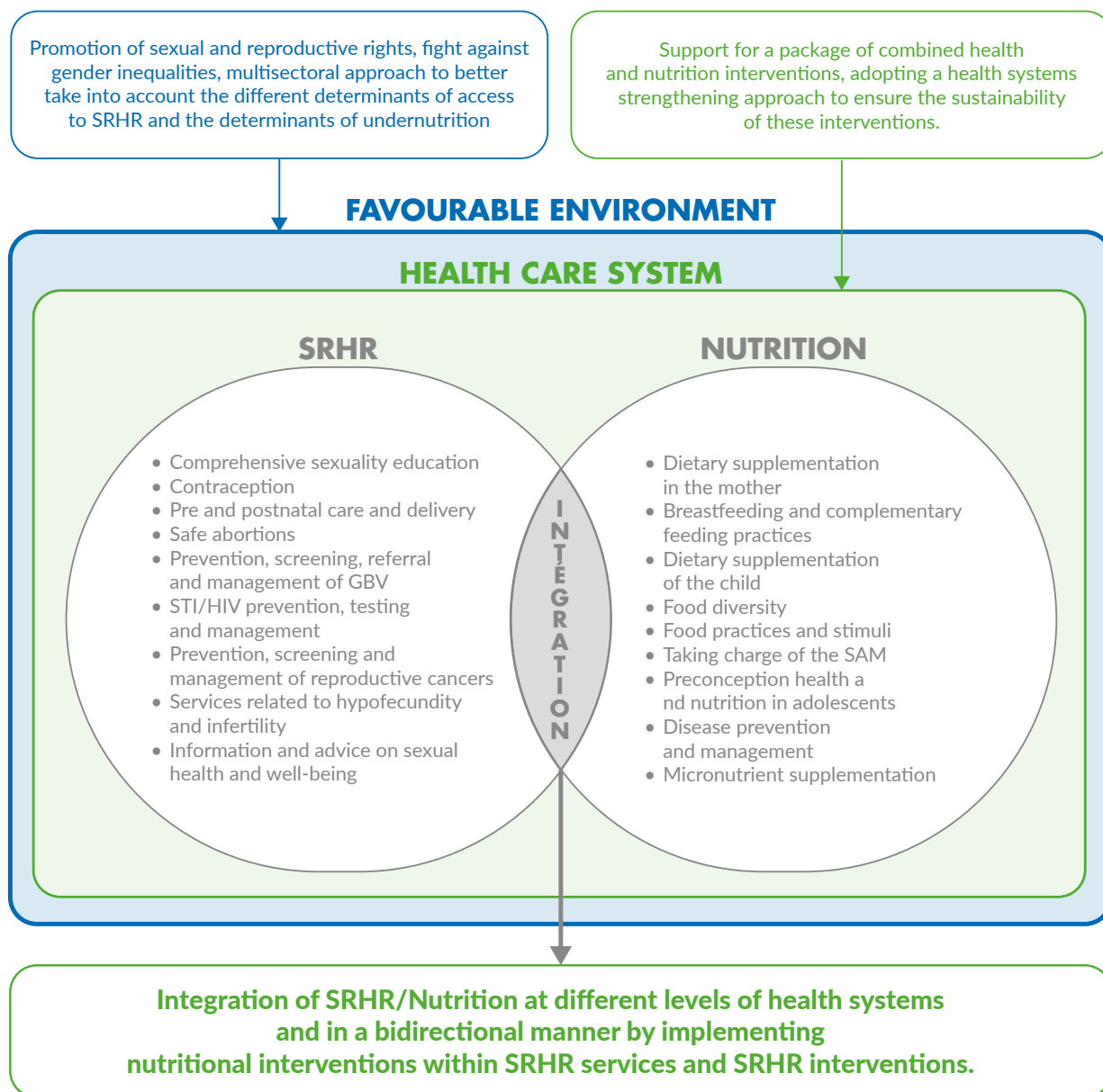
12 [https://revista.nutricion.org/PDF/DNAVARRO_\(1\).pdf](https://revista.nutricion.org/PDF/DNAVARRO_(1).pdf)

13 For more details on the intergenerational circle of undernutrition refer to: Action contre la Faim, *Nutrition Security Policy*, 2014, page 7.

14 *The Lancet*, Maternal and child nutrition, 2013; https://www.jhsph.edu/research/centers-and-institutes/institute-for-international-programs/docs/global-nutrition-series/Nutrition_exec_summary_EN.pdf; *The Lancet*, Maternal and child undernutrition progress, 2021 : <https://www.thelancet.com/series/maternal-child-undernutrition-progress>

As shown in the diagram below, the aim is to establish bi-directional links by strengthening the nutrition components within SRHR interventions and services and the SRHR components within nutrition services and interventions. **This approach helps to ensure that people’s specific needs are better taken into account.**

Figure 1: Linkage and integration between SRHR and Nutrition interventions



3. COLLABORATION AND PARTNERSHIPS

ACF believes that **collaboration and partnerships are essential** to ensure that projects are in line with local realities and to allow for sustainable change and ownership of interventions by the various stakeholders. **The co-construction of projects** with national partners and the populations concerned from the diagnosis phase onwards is the default operating mode, as the actors are no longer just beneficiaries but co-intervenors of the aid.

In the field of SRHR, **this co-construction is particularly adapted** to the implementation of a people-centered approach and to the consideration and monitoring of the specific needs of certain groups, such as adolescents and young people. ACF therefore collaborates with the different actors involved in the issue: service users, community and religious leaders, women's groups, groups of adolescents or youth, civil society organizations (particularly feminist organizations), etc. This approach facilitates the adaptation of interventions to the specific needs of each group. This approach facilitates the adaptation of interventions to local contexts, a better consideration of socio-cultural determinants,¹⁵ greater legitimacy of interventions and increases the impact and sustainability of actions and results.

ACF's interventions are also part of **a framework of collaboration and support for health authorities** at the national, regional and local levels with a view to strengthening health systems¹⁶ and authorities in other sectors, such as the education sector.

15 Cultural and social norms, values, knowledge and representations related to SRH that influence practices, behaviours and use of services.

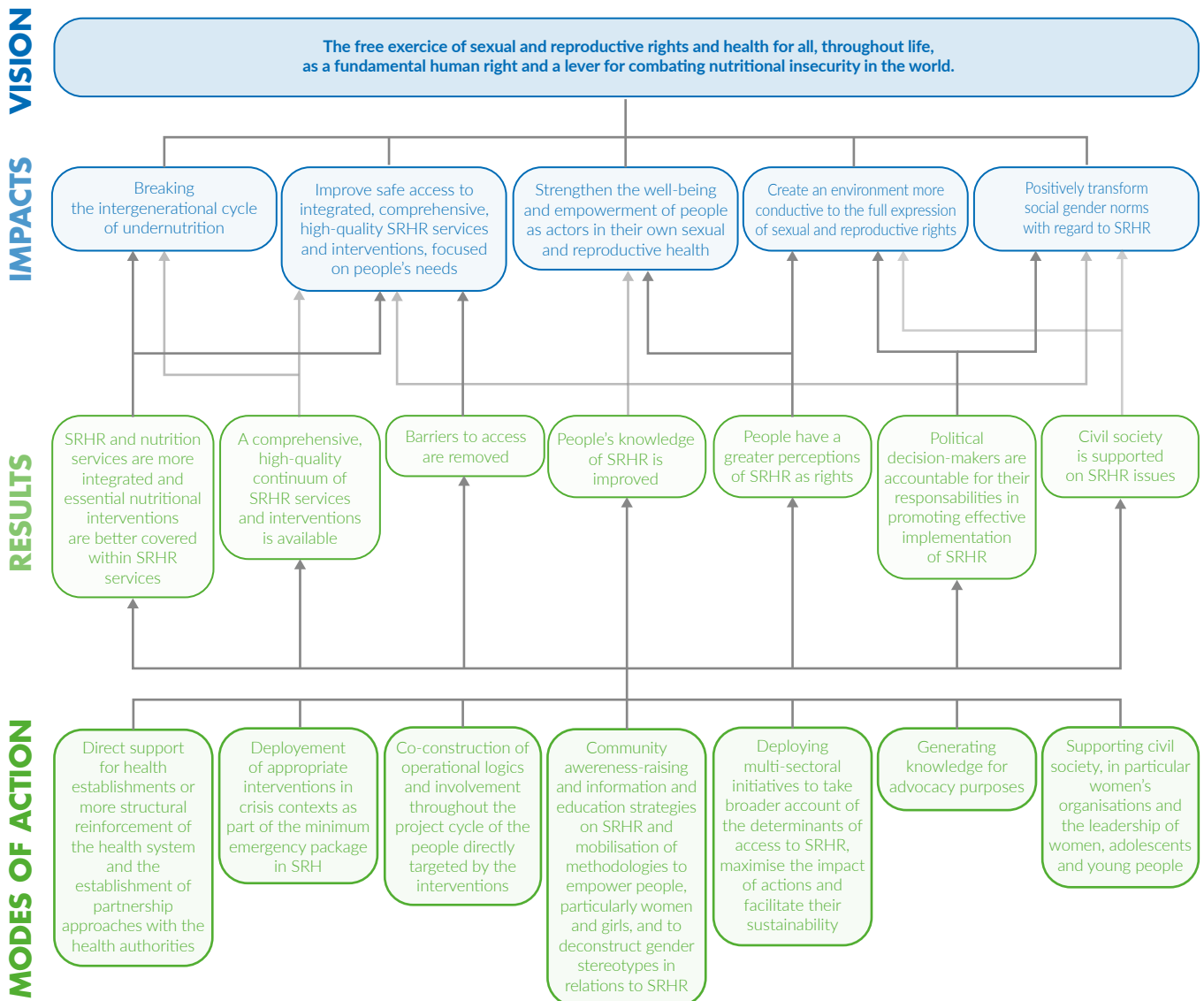
16 For more details refer to the Action contre la Faim HSS Strategy note [here](#).

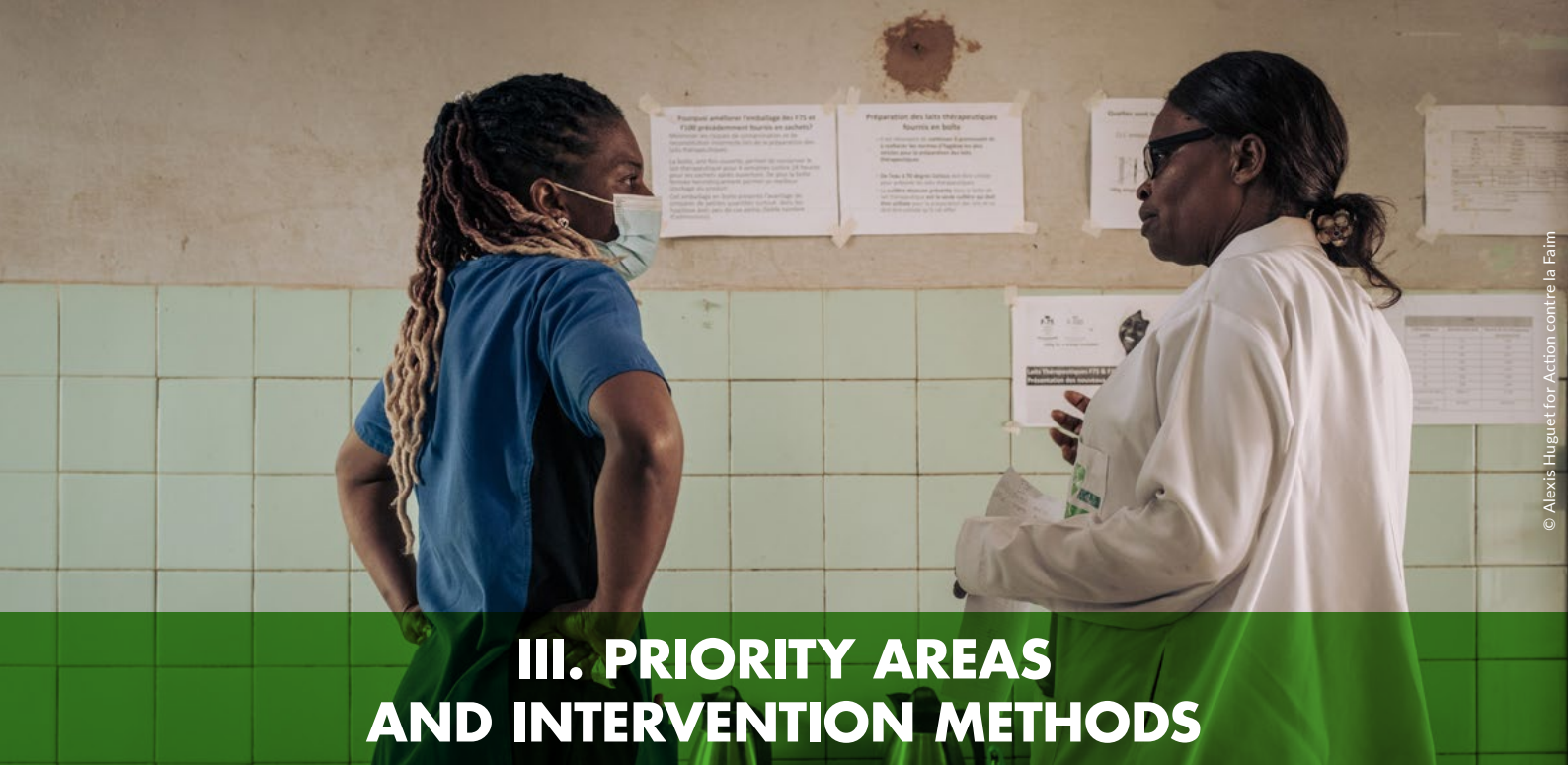




II. EXPECTED CHANGES

Figure 2: ACF's Theory of Change for SRHR





III. PRIORITY AREAS AND INTERVENTION METHODS

1. THE CONTINUUM OF CARE ACROSS TIME AND SPACE

ACF's action is **deployed across the continuum of care in SRHR**¹⁷, a concept that is based on an integrated vision of the various SRH services and is articulated around two dimensions:

- **The continuum of care over time** that flows from the community to primary and secondary health care services, implemented through a referral system.
- **The continuum of care across space** which involves SRHR services and interventions for people throughout their lives: from conception, through childhood, adulthood and old age.

Focused on the needs of individuals, the services pay particular attention to taking into account specific needs related to potential situations of vulnerability (migration, crisis context, disability, etc.).

2. PRIORITIZED SERVICES AND MULTI-SECTORAL STRATEGIES

2.1. Prioritized services

While all of the services in the SRH continuum of care are commonly recognized as essential services,¹⁸ ACF's work is nevertheless **deployed around a field of prioritized services** that constitute the core of its intervention in SRH (presented in *the following table*). These are mainly interventions with specific links to **the nutrition sector** and recognized as having **a high impact on health**.

17 See the *Continuum of Care graphic* on page 4 of the document: *Health Approach: the fundamentals of health and nutrition alignment*, 2017.

18 See annex for *the essential package of services recommended by WHO* and reaffirmed in the *Lancet Guttman Commission report on SRHR*.

This does not mean that ACF systematically integrates all of the services mentioned in this table, as the areas of intervention are defined according to needs but also according to the context, the operational capacities of each country office and the availability of resources. On the other hand, the organization intends to **systematically question**, during the diagnostic phase, **the need to intervene** in all of the prioritized services and the potential sectoral gaps.

The table below shows **ACF's scope of intervention in the area of SRHR** by targeted services and by sector

Table 1: The different services and their key activities

| KEY ACTIVITIES | ACTIVITIES CRISIS CONTEX | SECTORS | | | |
|---|--------------------------------|--------------------|--------------------------------------|-----------------------------|-----------------------------|
| | | Health & Nutrition | Mental health & Psychosocial support | Water, Sanitation & Hygiene | Food Security & Livelihoods |
| Sexual and reproductive health of adolescents and young people | | | | | |
| Comprehensive sexuality education (CSE) and reinforcement of psychosocial skills (in health centres, youth-friendly spaces, school clubs, schools, etc.) | | + | + | | |
| Raising awareness among young people, their parents/carers and the community of the importance of CSE and the availability of ASRH services | | + | + | | |
| Support for the organisation of services to ensure that they are adapted to the specific needs of young people, the provision of equipment and rehabilitation to improve the care environment, particularly in teenage spaces where these are recommended by national strategies. | | + | + | | |
| Development and/or dissemination of protocols and IEC tools on ASRH, including the use of digital technologies | | + | + | | |
| Workshops to clarify values and change attitudes about ASRH among carers, community players and opinion leaders | | + | | | |
| Reinforcing the skills of carers in SSRAJ and CSE | | + | | | |
| Direct implementation or support for advanced strategies, in particular to reach vulnerable young people | | + | | | |
| Workshops to strengthen psychosocial skills (health and social professionals) | | | + | | |
| Behaviour change education (husbands' school, farmers' field schools, family dialogue, VSLA) | | + | + | | + |
| Economic support for community exchange circles (IGAs, grants) | | | | | + |
| Integration of ASRH issues into community awareness-raising activities on hygiene Skills training for carers on ASRH and CSE | | | | + | |

| KEY ACTIVITIES | ACTIVITIES CRISIS CONTEX | SECTORS | | | |
|--|--------------------------------|-----------------------|--|-----------------------------------|-----------------------------------|
| | | Health & Nutrition | Mental health & Psychosocial support | Water, Sanitation & Hygiene | Food Security & Livelihoods |
| Contraception | | | | | |
| Awareness-raising and health education to stimulate demand for contraception | | + | + | | |
| Support for the organisation or direct implementation of services, supply of equipment (particularly in connection with the insertion and removal of long-acting methods) and rehabilitation to improve the care environment and contraceptive consultation areas. | + | + | | | |
| Development and/or dissemination of protocols and IEC tools on contraception | | + | | | |
| Workshops to clarify values and change attitudes about contraception and unwanted pregnancies for carers, community players and opinion leaders | | + | + | | |
| Strengthening the skills of healthcare providers in contraceptive services, including contraceptive counselling, emergency contraception, post-partum and post-abortion contraception and long-acting methods | + | + | | | |
| Support for supply systems or direct provision of a range of long- and short-acting methods, including emergency contraception | + | | | | |
| Integration of contraceptive issues into nutritional interventions and services & strengthened link with supplementation programmes for pregnant and lactating women | | + | | | |
| Direct implementation or support for advanced strategies, particularly for hard-to-reach populations: mobile services, task delegation strategies with community health workers, etc. | | + | | | |
| Psychosocial support through different care practices (including care for women) and health education | | | + | | |
| Conditional and non-conditional cash interventions for access to contraception | | + | | | + |
| Water, hygiene and sanitation services in health facilities and implementation of infection control and prevention measures | + | | | + | |
| Support for village savings and credit associations to remove barriers to financial access | | | | | + |
| Economic support for community exchange circles (IGAs, grants) | | | | | + |
| Partnership with players setting up community health mutuals | | | | | + |

| KEY ACTIVITIES | ACTIVITIES CRISIS CONTEX | SECTORS | | | |
|--|--------------------------------|-----------------------|--|-----------------------------------|-----------------------------------|
| | | Health & Nutrition | Mental health & Psychosocial support | Water, Sanitation & Hygiene | Food Security & Livelihoods |
| STI/HIV prevention and care | | | | | |
| Awareness-raising and health education on the prevention, screening and treatment of STI/HIV | | + | + | | |
| Support for the organisation of services (in particular PMTCT services), provision of equipment and rehabilitation to improve the care environment and contraception consultation areas | | + | | | |
| Development and/or dissemination of protocols and information, education and communication (IEC) tools on STI/HIV in health facilities | | + | | | |
| Provision of condoms in health centres, as part of advanced and community awareness-raising activities | + | + | | | |
| Strengthening the skills of healthcare providers in voluntary counselling and testing and integrated care in SRH services (in particular PMTCT) | | + | | | |
| Referral to services not covered by ACF, in particular national HIV care programmes (ACF focuses on the preventive aspect) | + | + | | | |
| Water, hygiene and sanitation services in health facilities and implementation of infection control and prevention measures | + | | | + | |
| Raising awareness in the community and among people affected/infected by HIV of the psychosocial consequences (stigmatisation, discrimination, disclosure of status) | | | + | | |
| Economic support for community exchange circles (IGAs, grants) | | | | | + |
| Maternal and neonatal health | | | | | |
| Awareness-raising and health education to stimulate demand for care and strengthen links with health facilities | | + | + | | |
| Behaviour change education via various platforms: husbands' schools, farmers' field schools, family dialogue, VSLA, etc. | | | + | | + |
| Support for the organisation or direct implementation of prenatal care services, basic emergency obstetric and neonatal care (BEmOC) including post-abortion care and postnatal care, supply of equipment and rehabilitation to improve the care environment | + | + | | | |
| Support for supply systems or direct supply of essential generic medicines and consumables needed to implement services | + | + | | | |
| Development and/or dissemination of IEC protocols and tools on maternal and neonatal health | + | + | | | |
| Support for referral systems to the CEmOC level | + | + | | | |
| Support for the integration of nutritional components and stronger links with supplementation programmes for pregnant and breastfeeding women | | + | | | |
| Strengthening the skills of healthcare workers in maternal and neonatal health services | + | + | | | |
| Support for task delegation strategies (with community health workers) for certain pre- and post-natal contacts | | + | | | |

| KEY ACTIVITIES | ACTIVITIES CRISIS CONTEX | SECTORS | | | |
|---|--------------------------------|-----------------------|--|-----------------------------------|-----------------------------------|
| | | Health & Nutrition | Mental health & Psychosocial support | Water, Sanitation & Hygiene | Food Security & Livelihoods |
| Psychosocial support during the perinatal period | | | + | | |
| Raising awareness of perinatal care practices | | + | + | | |
| Health education and support for parenthood via groups for mothers and fathers (prevention of perinatal depression) | | | + | | |
| Setting up mother-baby spaces to support the parent-child bond | + | + | + | | |
| Distribution of baby kits | + | + | + | | |
| Water, hygiene and sanitation services in health facilities and the implementation of infection control and prevention measures | + | | | + | |
| Support for village savings and credit associations to remove barriers to financial access | | | | | + |
| Implementing conditional and non-conditional monetary interventions for access to healthcare | + | + | | | + |
| Support for community referral management mechanisms (e.g. animal-drawn carts) | | | | | + |
| Partnership with players offering to set up community health insurance schemes | | | | | + |
| Economic support for community exchange circles (IGAs, grants) | | | | | + |

Response to GBV

Prevention

| | | | | | |
|---|---|---|---|--|---|
| Community awareness and health education | + | + | | | |
| Inclusion of consent issues in comprehensive sexuality education programmes | | + | | | |
| Risk reduction plans for particularly vulnerable populations | | | + | | |
| Men's discussion groups on managing emotions and preventing aggressive behaviour | | | + | | |
| Adapted, safe and gender-sensitive sanitation facilities and water access services, particularly in crisis contexts, with a view to risk prevention | + | | | | + |

Support

| | | | | | |
|--|---|---|---|--|--|
| Raising community awareness about the availability of services and the importance of consulting a doctor within 72 hours in the event of rape | + | + | + | | |
| Support for the organisation or direct implementation of medical and psychosocial services and patient circuits for confidential and secure care, supply of equipment and rehabilitation to improve the care environment | + | + | + | | |
| Development and/or dissemination of health protocols on GBV (including medical and psychosocial components) | + | + | + | | |

| KEY ACTIVITIES | ACTIVITIES CRISIS CONTEX | SECTORS | | | |
|--|--------------------------------|-----------------------|--|-----------------------------------|-----------------------------------|
| | | Health & Nutrition | Mental health & Psychosocial support | Water, Sanitation & Hygiene | Food Security & Livelihoods |
| Support for referral systems to referral hospitals and multi-sectoral services for holistic care | + | + | + | | |
| Strengthening the skills of healthcare workers in identification, referral OR medical management, including the issuing of medical certificates | + | + | | | |
| Support for supply systems or direct supply of essential generic medicines and consumables needed for medical care (in particular via inter-agency SRH kits) | + | + | | | |
| Direct implementation or support for psychosocial support services for survivors (individual or group) | + | | + | | |
| Practice analysis sessions with caregivers | | | + | | |
| Implementation of «do no harm» prevention measures within SAME programmes | | | | | + |
| Referral to health facilities from programmes implemented by other ACF sectors | | | + | + | + |
| Monetary access (e.g. cash for emergency accommodation) for survivors and socio-economic reintegration activities for survivors, depending on the context | | | | | + |
| Distribution of kits to survivors (e.g. dignity kit) | | + | + | | + |

Menstrual health

| | | | | | |
|---|--|---|---|---|---|
| Raising awareness of health education and integrating menstrual health into CSE activities among various stakeholders, including community players, in order to combat stigmatisation | | + | + | | |
| Building the skills of carers in menstrual health | | + | | | |
| Distribution of culturally appropriate, high-quality menstrual hygiene products | | + | | | |
| Setting up discussion/support groups for teenagers and supervisors | | | + | | |
| Provision of appropriate, safe and gender-sensitive sanitation and waste management facilities | | | | + | |
| Including menstrual health and hygiene in minimum expenditure baskets | | | | | + |

Technical and operational recommendations relating to the various services are available in the ACF SRHR repository, which is divided into a various range of [technical sheets](#).



Complementary notes

Maternal and newborn health services are at the heart of ACF's intervention and must be thought of in a concomitant manner. Prenatal and postnatal care are important levers to prevent maternal and newborn undernutrition. Access to quality Emergency Obstetric and Neonatal Care (EmONC) is essential to reducing maternal and neonatal mortality, and ACF does not undertake interventions at the pre- and post-natal care levels without ensuring the availability of EmONC. The organization focuses on the Basic Emergency Obstetric and Neonatal Care (BEmOC) component, of which post-abortion care is a part. Most often, ACF provides **support to referral systems to the hospital level**, as support to secondary health care is not part of ACF's main mission. Thus, the organization intervenes at the level of comprehensive emergency obstetric and neonatal care (CEmOC)¹⁹ which requires a surgical platform only exceptionally and only if the gap is not covered or only partially covered by other actors AND under the conditions of available resources (competent human resources including gynecologists, insurance in case of clinical practice, consequent logistical support, equipment including for the prevention of infections, etc.).

- **Comprehensive abortion care** is considered an essential service and ACF recognizes the right to access safe abortion as a basic human right. However, the organization does not intervene in medical abortion services²⁰ but focuses on **post-abortion care** (which is independent of whether the abortion was induced or not) as part of BEmOC and on access to post-abortion contraception.
- **The response to situations of gender-based violence (GBV)** is part of ACF's activities and must be considered in conjunction and coordination with the various players involved. All projects must aim to include at least the referral of survivors to appropriate services where they exist, and at least the provision of medical care for survivors of sexual violence within 72 hours. Depending on the context (and in particular when gaps are identified in terms of response), the interventions developed by ACF may include additional actions (*cf. table 1 SRH services*) which will be discussed and validated on a case-by-case basis with the health and nutrition technical advisor. In addition, **actions to prevent and mitigate the risks of GBV** are implemented across the board as part of ACF's *Protection Policy*²¹, which emphasises cross-cutting, integrated protection in collaboration with local partners.

For more detailed content on the topic, see the technical sheet about the response to GBV.

Access to services not covered by ACF's intervention could be facilitated by setting up **coordination and referral mechanisms** with other actors and by relying on existing mechanisms; and will be integrated into ACF's advocacy for the development of essential services, of which SRH services are a part. Prevention, screening and management of reproductive tract cancers as well as services related to low fertility are not targeted by ACF.

19 The EmONC level includes the ability to perform a cesarean section, blood transfusion, and access to management of severe neonatal distress, prematurity, and severe bacterial infection.

20 To better understand the issues surrounding safe abortion, one can refer to the recent recommendations of WHO *Guidelines on Abortion Care, 2022*: <https://apps.who.int/iris/bitstream/handle/10665/365337/9789240065406-fre.pdf?sequence=1&isAllowed=y>

21 Action contre la Faim, *Protection Policy*. This policy emphasizes cross-sectoral and integrated protection and collaboration with local partners.

However, depending on the context and needs, these issues may be integrated into activities implemented by other services, including community outreach and links to existing care services.

In terms of advocacy, ACF addresses **the root causes of the lack of access to SRHR**, even when these go beyond ACF's priority services. ACF's action is consistent with the various advocacy initiatives carried out by the organization at the global level (feminist social protection, universal health coverage, etc.). It is part of an approach **to disseminate and valorize data and field observations** in order to fuel collective advocacy within the framework of coalitions of actors, particularly in connection with feminist and/or youth organizations, adolescents and civil society, with the objective of making the SRHR enforceable against the states and institutions accountable. If the advocacy strategies deployed are part of a global advocacy on SRHR, they must be **dynamic and contextual** and built on the basis of the needs identified in the field and the issues specific to each context.

2.2. Implementation strategies

ACF aims to implement **multi-sectoral interventions**²² in order to allow for a broader consideration of the different barriers and determinants of access to SRHR. Considering these determinants as a whole and acting jointly at different levels allows us to maximize the impact of interventions, facilitate the sustainability of activities, and foresee lasting changes. **Two or more ACF intervention sectors can therefore be mobilized in the framework of SRHR projects or activities.** The different sectors may be directly supported by ACF or considered in synergy with different actors and through formalized or informal partnerships.



Good practices in multi-sectoral coordination

- Propose, as early as the diagnostic phase, multi-sectoral evaluations and cross-sectional analysis of the determinants of access to health and the causes of undernutrition, including a gender analysis.
- Coordinate beneficiary targeting across sectors, taking into account the specific vulnerability factors of people in relation to SRHR (adolescents, people in migration situations, people with disabilities, survivors of GBV, etc.) and consider joint targeting where relevant.
- Jointly plan interventions taking into account the multi-sectoral seasonal calendar.
- Harmonize messages and tools, particularly for community awareness and health education activities, giving priority to the use of tools already developed by or in conjunction with local authorities.
- Strengthen the capacity of teams in other intervention sectors in terms of SRHR (dissemination of tools, thematic briefing, participation in distance learning) and pool human resources when possible.

22 The modalities of sectoral involvement are defined in *Module 2 Multi-sectoral programming foundation*.

3. RESPONSES IN A CRISIS CONTEXT

Responding to humanitarian emergencies is one of ACF's strategic priorities and the organization recognizes SRH as an essential component of this response. In crisis situations, whether conflict or natural disaster, **SRHR interventions are often neglected even though the needs are exacerbated** and maternal and neonatal mortality and morbidity are likely to increase. We also observe **a systematic increase in GBV situations**, especially sexual violence, in the context of a crisis. Therefore, access to information and SRH services is essential. In this context, the Inter-Organization Working Group for Reproductive Health in Crisis Situations (IAWG)²³ has developed a minimum emergency package (MISP)²⁴. Now recognized as an **international standard**, the MISP is a harmonized set of priority activities to be implemented at the onset of an emergency.



The 6 objectives of the MISP

1. Ensure that an organization is identified to lead the implementation of the MISP for SRH (usually UNFPA);
2. Preventing sexual violence and addressing the needs of victims;
3. Prevent transmission and reduce morbidity and mortality related to HIV and other STIs;
4. Preventing excess maternal and neonatal morbidity and mortality;
5. Preventing unwanted pregnancies;
6. Plan for comprehensive SRH services integrated into primary health care as soon as possible.

In the context of a crisis, ACF's actions are therefore mainly carried out within the framework of this mechanism and in synergy with the interventions of the various actors involved in its implementation. This does not mean that ACF will cover **all of the MISP's areas**. Depending on the needs and gaps identified and ACF's operational capacities in the given context, the organization will **target MISP objectives 2, 4, 5 and 6** as a priority, in line with the services prioritized in paragraph III.2. Close coordination with the various actors (via UNFPA and the clusters) will be an essential prerequisite.

²³ Inter-agency working group on reproductive health in crisis: <https://iawg.net/our-work>

²⁴ To learn more about this device, you can refer to the e-learning developed by IAWG: <https://iawg.net/fr/resources/minimum-initial-service-package-distance-learning-module>



CONCLUSION

Access to sexual and reproductive health and rights remains a major issue in ACF's intervention contexts.

The field of SRHR is an integral part of the fight against undernutrition and the implementation of more integrated approaches to the nutrition and SRHR sectors represents an important lever for action today. In this context, ACF has chosen to fully integrate SRHR into its interventions.

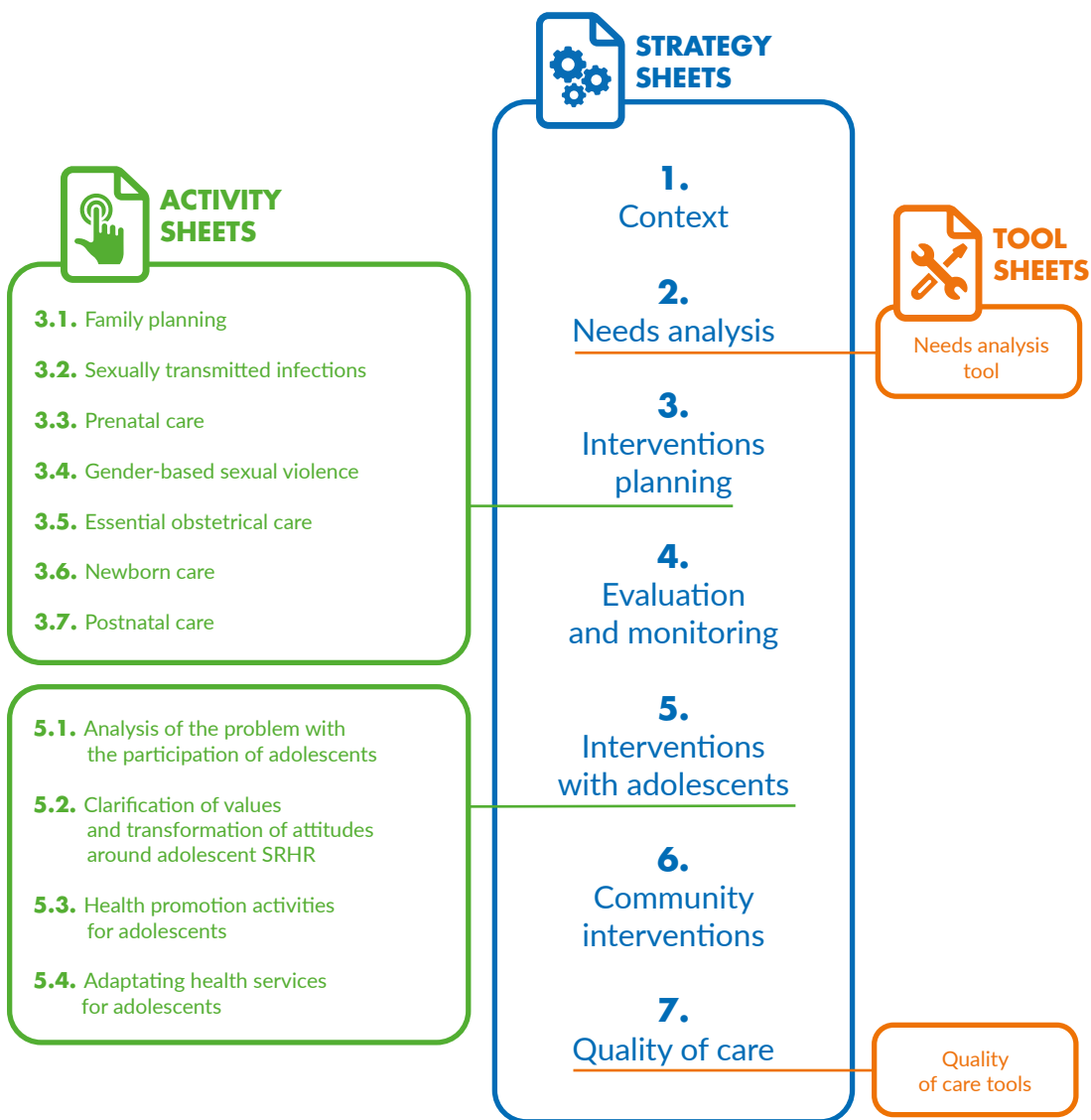
To this end, the organization is targeting **a package of high-impact services** as a priority and tends to place its action within the framework of multisectoral responses that allow for broader action on the various determinants of access to SRHR and the determinants of undernutrition.

By adopting a perspective of fighting against gender inequalities, which is essential in the field of SRHR, ACF intends **to support the transformation of gender-based social norms** and to promote the achievement of sustainable results.



APPENDICES

SRHR ACF FACT SHEETS



ESSENTIAL PACKAGE OF SRH INTERVENTIONS

The WHO²⁵ advocates for **an essential package of sexual and reproductive health interventions** aligned with this comprehensive definition of health and rights. It includes the following components:



Essential package of sexual and reproductive health interventions

- Comprehensive sex education;
- Counseling and services providing access to contraception;
- Prenatal care;
- Emergency obstetrical and neonatal care;
- Postnatal care;
- Comprehensive abortion services;
- Prevention and management of HIV and other sexually transmitted infections;
- Prevention, detection, referral and management of survivors of GBV;
- Prevention, screening and management of reproductive cancers;
- Information, counseling and services regarding hypofertility and infertility;
- Sexual health and wellness information, counseling and services.

MAIN GLOBAL AND REGIONAL INITIATIVES ON THE THEME

- **FP 2030** is the only global partnership focused solely on family planning. It is the successor to *FP2020* (which covered the period 2012-2020) and aims to bring together as many partners as possible across disciplines and sectors on FP issues and to place the topic at the intersection of the global health, development, and gender equality agendas. It provides a space for sharing knowledge, mobilizing resources, and monitoring progress on FP.
- **She decides** is a global initiative launched in 2017 in response to U.S. President Trump's decision to suspend all financial support to foreign organizations that advocate in the South for safe abortion, contraception and family planning. The initiative now brings together various governments, leaders, civil society organizations and research institutes and mobilizes around the right of every woman and girl to freely decide for her body, her life and her future.
- **The Every woman every child global movement** was launched in 2010 at the *United Nations Millennium Development Goals Summit*. It aims to mobilize and intensify action by governments, multilateral organizations, the private sector and civil society to address the health challenges facing women, children and adolescents. This movement is implementing the follow-up to the *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*. This strategy aims to end preventable mortality and enable women,

25 World Health Organization, *Sexual health and its linkages to reproductive health: an operational approach*. 2017.

children and adolescents to enjoy good health while contributing fully to transformations and sustainable development.

- **The Countdown 2030 initiative** (a collaboration of UN agencies, the World Bank, civil society organizations, and academic institutions) tracks progress on maternal, newborn, child, and adolescent reproductive health interventions.
- **The Ouagadougou Partnership** was launched in 2011 at the *Regional Conference on Population, Development, and Family Planning* held in Burkina Faso by nine governments of francophone West African countries (Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo), in collaboration with financial and technical partners, with the aim of accelerating progress in the use of family planning services. It aims to improve donor coordination to maximize support to countries and to enhance national and regional collaboration and cooperation to address unmet need for family planning.





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