

**SEXUAL AND REPRODUCTIVE HEALTH PROGRAMME IN CRISIS AND  
POST-CRISIS SITUATIONS IN AFRICA (SPRINT)**

**BRIDGE PERIOD II - REPORTING**

**JANUARY – JUNE 2012**

**INTERNATIONAL PLANNED PARENTHOOD FEDERATION –  
AFRICA REGION**

**31 JULY 2012**

**BRIDGE FUNDING REPORT**

**SPRINT INITIATIVE**

**GRANT AGREEMENT 61632**

## **Introduction**

This report on the Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations for the IPPF Africa Region is submitted in accordance with the Grant Agreement Deed 61623 between AusAID and the International Planned Parenthood Federation – Africa Regional Office (IPPF ARO). The reporting period covered is from January to June 2012 and includes all activities undertaken by the SPRINT Initiative in the IPPF Africa Region.

### **1.0 Executive Summary**

In December 2011 AusAID and IPPF agreed on a second bridge phase to maintain and further develop the SPRINT activities in IPPF's Africa and East & South East and Oceania Regions (ARO and ESEAOR). The ARO focused on sustaining an intervention already started in Ethiopia following the large influx of Somali refugees as a consequence of the drought and famine in the region. In addition, ARO addressed SRH challenges concerning refugees crossing the border from Somalia into Kenya using the Liboi entry point.

The second bridge phase also facilitated the SPRINT Secretariat at ARO level. Activities in this period were somewhat limited in anticipation of the SPRINT II initiative. This narrative report covers implementation of the SPRINT I initiative for the period January – June 2012. The activities were implemented within the same goal and objectives as agreed in the SPRINT I project. In particular, three key objectives were worked on in this reporting period:

- Strengthen the coordination of SRH responses in humanitarian settings;
- Advocate for SRH in crisis and post-crisis situations at the national, regional and international levels;
- Respond in a timely fashion to SRH needs in acute and protracted settings.

### **2.0 Key activities and achievements**

#### **Objective 1: Capacity Building of Key Stakeholders**

***Main Output: One ToT with 18 staff trained through support of UNFPA East and Southern Africa Region (participants from Angola, Ethiopia, Namibia, South Africa, Tanzania and Zimbabwe)***

Although no activities were planned under this objective component during the Bridge II period, the ARO SPRINT Secretariat offered technical support to UNFPA East and Southern Africa Regional Office. SPRINT supported facilitation at the Training of Trainers (ToT) workshop and provided training materials for this training attended by 18 participants drawn from Angola, Ethiopia, Namibia, South Africa, Tanzania and Zimbabwe. The participants in the ToT represented different stakeholders and represented Ministries of Health, local NGOs, Universities and other Civil Society Organizations. The participants from each country submitted an action plan for advocacy and capacity building at country level at the end of the ToT.

#### **Objective 2: Strengthen the Coordination of SRH response in humanitarian settings by maintaining the Secretariat in IPPF Africa Regional Office**

***Main Output: Continued management of SPRINT through the Secretariat in IPPF ARO. The team is lead by the SPRINT Emergency Response Advisor (Project Coordinator), and made up of a Project Officer and a Grants Officer.***

The SPRINT Secretariat in ARO was maintained to ensure coordination of the project throughout the continent. The Emergency Response Advisor assumed the role of SPRINT Project Coordinator in line with a mainstreaming exercise to establish the SPRINT project as a component of IPPF ARO's Emergency Response Unit. The Secretariat is currently also staffed by Project Officer and a Grants Officer to ensure grants management and compliance.

**Objective 3: Advocate for SRH in crisis and post-crisis situations at the national, regional and international levels**

***Main Output: Evaluation of Chad and Ethiopia projects conducted and action plan developed to address the gaps in coordination, capacity building and service provision. Technical guidance to Kenya and Congo Brazzaville in setting up clinic and training of stakeholders.***

SPRINT Secretariat provided technical support for project implementation to Chad, Ethiopia, Kenya, Ethiopia and Republic of Congo (Brazzaville), and field evaluation visits were made to Ethiopia and Chad. In addition, direct support was provided to the Family Health Options Kenya (FHOK) to guide the IPPF member Association in SRH in humanitarian settings, in particular with regard to FHOK's implementation of an SRH intervention in North Eastern Kenya.

The visit to Chad focused on reinforcing the Country Coordination Team (UNFPA, UNHCR, Ministry of Health and IPPF Member Association), who jointly developed an action plan with an emphasis on a jointly-facilitated in-country training to be supported by IPPF ARO.

The SPRINT team did not visit DR Congo and Uganda, as these will be priority countries in the SPRINT II initiative. Field visits to Liberia and South Sudan were not undertaken due to logistical challenges and emerging challenges.

**Objective 4: Respond in a timely fashion to SRH needs in acute and protracted settings.**

***Main Output: Emergency response projects implemented in Ethiopia, Kenya and Republic of Congo according to MISPP standards***

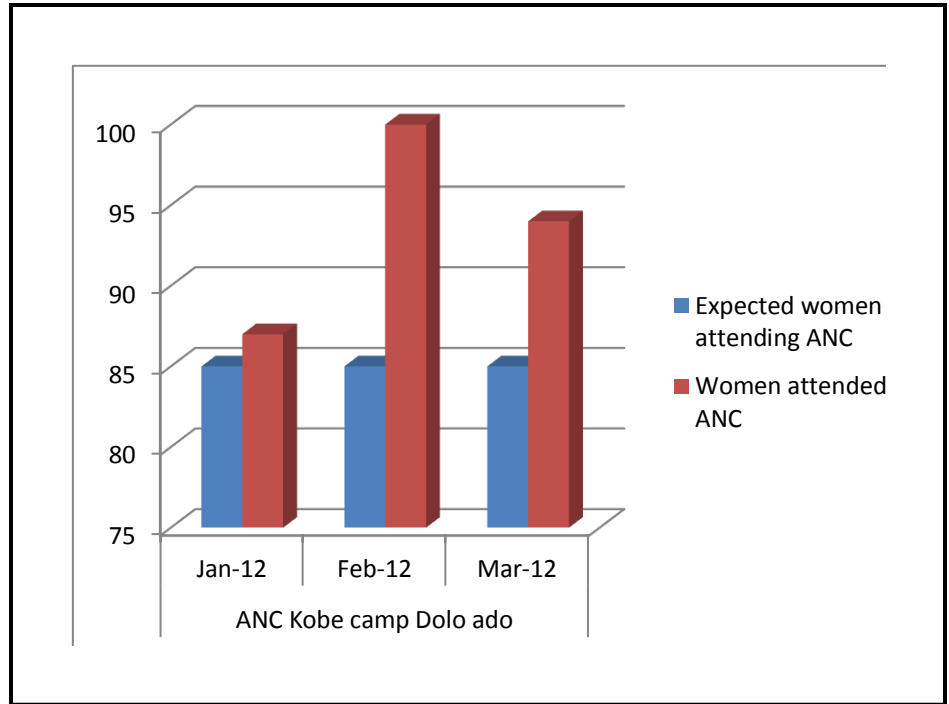
The SPRINT team in ARO supported the implementation of small scale emergency response projects in Kenya, Ethiopia and Congo Brazzaville. The activities in Kenya and Ethiopia were a continuation of activities in response to SRH needs which were triggered by the humanitarian crises following the drought and food insecurity in the Horn of Africa in 2011. The IPPF Member Association in Congo Brazzaville initiated a project to offer SRH services to IDPs displaced due to an explosion of an armoury in the capital Brazzaville.

The project in **Ethiopia** was implemented by the IPPF Member Association of Ethiopia (Family Guidance Association of Ethiopia – FGAE) in the Kobe refugee camp in the Somalia region of Ethiopia. The project targeted both the camp population (25,601) and the local community at Dollo Addo. The MA worked closely in partnership with the Ethiopia Authority for Refugees and Returnees Affairs (ARRA) and achieved the following results:

- Implemented coordination meetings for SRH in Kobe refugee camp;

- Established 24/7 ambulance referral services leading to referral of 226 cases, 128 of them being mothers transferred to hospital for delivery and therefore mitigating the delay of reaching service;
- Conducted 47 community dialogue sessions focusing on ante-natal care (ANC), institutional delivery, post-natal care (PNC), and HIV/STI and AIDS. These sessions translated to the following services:

- 1,159 ANC clients, 83 deliveries conducted by the MA;
- Family Planning uptake by 46 clients and 16 cases of post-abortion care;
- 19 ARRA staff was trained on Voluntary Counselling and Testing (VCT) skills, which led to the provision of 2,635 VCT services and 369 PMCTC services (33% of pregnant women attending ANC was tested for HIV);



In **Kenya**, the project was located in Liboi, a town at the border of Kenya and Somalia. The IPPF Member Association in Kenya, FHOK, worked closely with the Ministry of Health to achieve the following results:

- Monthly community outreach programs conducted to increase institutional deliveries and increase awareness on other SRH issues such as HIV, STIs and safe motherhood;
- Provision of ANC to 388 clients;
- Provided support to establish 24/7 ambulance services leading to referral of 28 cases for obstetric complications;
- Conducted 71 institutional deliveries;
- 34 cases of STI treated;
- 271 clients for counselling and testing;
- Offered Family Planning services to 241 clients;
- 20 health professionals were trained in EmONC (emergency obstetric and neonatal care);

The support by FHOK to the Ministry of Health during the project was very helpful in saving the lives of pregnant women mothers who were at risk of non-referral due to lack of fuel for the hospital ambulance.

***“I watched a mother die of Post Partum Haemorrhage after birth because I was helpless. The ambulance that we use did not have fuel and so even after my tireless efforts to request for fuel for the ambulance in order to save the mother’s life, my efforts were fruitless. I am grateful for the support FHOK has given in fueling the***

*ambulance because when we get emergencies we always call on the ambulance and since you (FHOK) started supporting us we have not had to go through the traumatizing experiences”.*

**Nurse at Liboi Health Centre**

*“We are grateful for the support you gave to us for the last four months. The support has resulted to saving of our mothers’ lives. Before FHOK came on board we experienced death of a community member due to lack of transport. As elders we were very sad but there was nothing much we could do. The nearest referral site from Liboi is 74 km away on a rough road. We understand you have to work within a tight budget but we hope you will be able to mobilize more funds to continue supporting Liboi Health Centre because we treasure the lives of our community,”*

**Liboi Village Health Committee (VHC) secretary.**

In **Congo Brazzaville**, the project was located in the capital Brazzaville benefiting about 10,000 IDPs. The following activities were realised from March – May 2012.

- 45 ANC consultations;
- 25 mothers referred to hospital for delivery including 3 referrals for obstetrical complication referrals for obstetrical complications;
- 1,068 reached through community dialogue on GBV and HIV information;
- 23 cases of IST treated;
- 25 clean delivery kits distributed to visibly pregnant women

### **3.0 Lessons learned**

- Partnership with relevant government agencies from the onset of the crisis facilitates project implementation in the field; the case of ARRA (Administration for Refugees and Returnees Affairs) and the IPPF MA in Ethiopia which created a very strong partnership;
- Response to crisis due to natural disaster or man-made disaster should facilitate different approaches in term of package of services, the relation with government, and the relation with other partners. We need to further research the possible different approaches in different scenarios;
- The project period should always take into account the nature of crisis; whereas some crises require short time intervention, most crises are likely to last longer than six months. We need to further explore the timing of the MISP intervention, as the minimum period needs to be six months to include rapid assessment, project inception and implementation;
- It is important to clearly define and explain SPRINT support to different stakeholders involved in the follow up of a crisis, as the project is bringing a lot of (false) expectations beyond its scope or mandate in term of funds available, project period and stakeholders involvement.

#### 4.0 Financial Report – Budget (January to June 2012)

Budget for SPRINT Africa Bridge Funding (January to June 2012)						
BUDGET CODE		In AUD (1.03 exchange rate )	Budgeted Amount ARO: Amount in USD	Actual expenses Jan - Feb	AVAILABLE BUDGET	Commentaries
2012001.13.23	AusAid -SPRINT-Training-Regional and Incountry					
	N/A					
2012001.13.24	AusAid-Secretariat and Technical Assistance					
	AR: Maintenance of a Secretariat in IPPF Nairobi Regional Office to overview and coordinate all MISP and SRH activities in humanitarian settings	Project officer and grants Officer . Salary and benefits for 6 month [AUD [REDACTED]				Actual expenses charged are salaries for January to June 2012 for project officer and grants officer and 10% of salary for SPRINT coordinator from January to June 2012 has been charged to project.
2012001.13.25	AusAid -SPRINT-Outside Collaboration & Awareness					
	AR: Coordination and provision of technical assistance from Secretariat, including in-country support	One capacity building trip to a priority country per month - [REDACTED]				Costs of travel by SPRINT coordinator to attend AusAID SPRINT conference in Kuala Lumpur in May 2012. The expenses include trip by Program officer to provide technical assistance to Tchad in February 2012 and missions to Dollo Ado- Ethiopia and visa fees for project coordinator to facilitate TA in Johannesburg - South Africa
2012001.13.26	AusAid-SPRINT-Support to Human Intervention					
	AR: Increased access to priority SRH services for populations in one humanitarian situation	One off payments - To fund and launch limited scale projects dedicated to the MISP implementation in accordance with Country Teams action planning. Each project should be funded with a limited amount of [REDACTED]				Funds disbursed to Kenya and Ethiopia for humanitarian assistance between January and June 2012 in Liboi and Dollo Ado respectively.
	Other;					
2012001.13.27	AusAid-SPRINT Overheads					
	Overheads 5%	Provision for expenses during RD's briefing sessions to team leaders and advisors				Overheads for the project from January to June 2012
			AVAILABLE BUDGET AS AT JUNE 2012			

The Bridge Period II grant given to IPPF Africa Region for the first half of 2012 was largely expended in accordance with the budget lines in the Deed of Agreement between AusAID and IPPF. At 30 June 2012, [REDACTED] of the budget that was appropriated to IPPF ARO was absorbed and used to fund the planned activities. Overall, all the objectives were achieved and USD [REDACTED] was available as the final balance at the end of the project.

The recorded under-expenditure was mainly in the budget line for the Secretariat in IPPF Africa Regional Office. The project realized savings of about USD [REDACTED] on this budget line. The SPRINT activities fall under the broader IPPF ARO humanitarian response strategies. The project coordination was managed by the ARO Emergency Response Advisor and only a proportion [REDACTED] of his remuneration was absorbed by the project.

The expenditure for support to humanitarian intervention is above budget by [REDACTED]. There was a small humanitarian emergency that ensued after an explosion of an ammunition depot in Mpila, Congo Brazzaville, which caused death, injury and displacement. Initially, there was no plan to intervene in this country during this phase, as ARO wanted to concentrate on sustaining SRH activities in the Horn of Africa as a result of the drought of 2011. However, following a request for assistance by the Congo Brazzaville, it was decided to assist in addressing the most urgent SRH needs of the affected population and [REDACTED] was charged accordingly.

All the expenditures were made in line with AusAID provisions as outlined in the Deed of Agreement and adhered to as per the internal IPPF policies and procedures. The IPPF ARO Secretariat has a system in place that deploys internal controls to ensure that the funds are expended in an efficient, effective and ethical way to ensure AusAID achieves its objectives and value for money. The IPPF ARO secretariat is planning to conduct the next external audit in the first quarter of 2013.

## **5.0 Conclusion**

Provision of SRH in emergencies in the Africa Region still faces challenges due to lack of awareness of the importance of provision of SRH services, inadequacy of staff capacity and the absence of necessary life-saving services such as ambulance referral. The past six months (January – June 2012) have provided the SPRINT IPPF ARO Secretariat an opportunity to continue advocating and raising the profile of the MISP to advance SRH in crisis and to maintain technical support to countries within the region focused on integrating and implementing MISP for SRH in crisis. The SPRINT team has learnt lessons from the previous projects.

The AusAID/SPRINT meeting in Kuala Lumpur in May 2012 clarified positions with regards the future plans of SPRINT II design. Efforts in the final months of bridge funding have also been focused on preparing for the inception phase of SPRINT II and strategizing plans for future intervention in priority focus countries.

The SPRINT Initiative is deeply thankful for AusAID's continued support and confidence in our work to increase access to quality SRH services for displaced women, men and youth. This support is critical for the SPRINT Initiative to continue engaging in capacity building, supporting implementation of the MISP in crises and advocating on behalf of displaced populations throughout the region and beyond.