

# IMPROVING the Sexual & Reproductive Health of Vulnerable Youth in Workplace



**GOOD PRACTICES**



Feyera Assefa  
Country Director, DSW Ethiopia

## MESSAGE FROM THE COUNTRY DIRECTOR

Deutsche Stiftung Weltbevölkerung (DSW) has been implementing the Adolescent and Youth Sexual and Reproductive Health (AYSRH) project by considering diversity and contextual needs of young people in Ethiopia. The program includes the support of youth working in flower farms through the provision of access to health information and services. Difficult work and living conditions and negative attitudes within the communities expose the vulnerable youth to sexual and gender-based violence and to sexual and reproductive health (SRH) problems. DSW addresses these challenges by contributing to the improvement of maternal health and the provision of SRH information and services. DSW's intervention builds on the provision of age appropriate SRH information and relevant life skills for adapting healthy life styles among working youth. The support of workplace-based interventions by the David & Lucile Packard Foundation has provided an opportunity for DSW Ethiopia to serve the underserved. Three years ago, the project was launched as a pilot intervention, embedding new strategies and approaches relevant to the working youth in terms of bringing up awareness and creating access to SRH services. DSW Ethiopia believes that the project has served as a springboard to expand and further engage in the wider workplace based intervention supported by the David & Lucile Packard Foundation as well as other donors. DSW has always been grateful to the technical and financial supports it receives from the David & Lucile Packard Foundation.

Thank you.

## WHO WE ARE

Deutsche Stiftung Weltbevölkerung (DSW) is a global development organization that focuses on the needs and potential of the largest youth generation in history. We are committed to creating demand for and access to health information, services, supplies, and economic empowerment for youth. We achieve this by engaging in advocacy, capacity development, and reproductive health initiatives, so that young people are empowered to lead healthy and self-determined lives. With our headquarters in Hannover, Germany, DSW operates two liaison offices in Berlin and Brussels, as well as maintaining a strong presence in Ethiopia, Kenya, Tanzania, and Uganda. Established and officially registered in 2000, DSW Ethiopia was the first to go operational among the three other DSW country offices in Africa. In the course of the past twenty years, the country office in Ethiopia has been able to diversify the intervention of its thematic focuses by integrating nutrition programs with SRH issues. Its target demographic groups further extended to benefit working youth in industrial parks, flower farms and micro and small enterprises.

## DOCUMENTING GOOD PRACTICES

Improving the SRH of vulnerable youth in the workplace has had undergone the first three years of project implementation since it was set forth in October 2017 and served the underserved community. This project has primarily benefited vulnerable workplace youth aged 15 -29 who are working in flower farms. The intervention areas are found in Finfine Special Zone, which include Barak and Sebeta Awas districts, including Sendafa and Sebeta towns. There have been five key issues considered by the project affecting the youth in the workplace: unintended pregnancies, unsafe abortion, as well as sexual and gender-based violence and sexually transmitted infections (STIs). Each was addressed through increased knowledge of SRH, uptake of utilized SRH/family planning services by youth and enhanced community level involvement for the support of youth SRH information and the service provision. A team of DSW staff members went out to the field with the aim to document good practices upon the ending of the project with the intent to draw lessons learned and to share experiences gained for future undertakings. Therefore, the good practices documented are drawn from data that were collected in the two intervention areas.

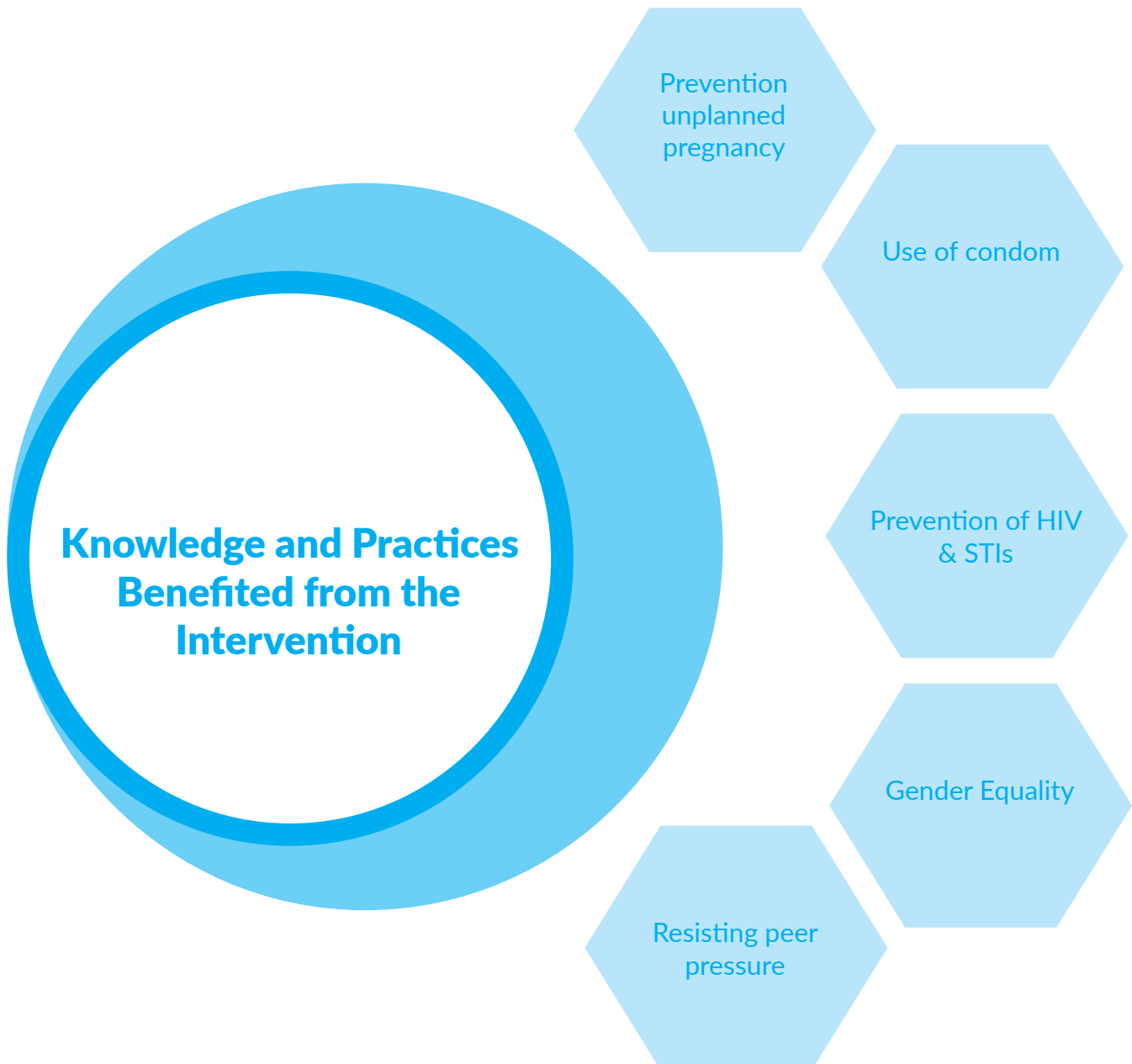


## STRATEGIES

The dissemination of SRH information has been one of the instrumental strategies that this project used to reach out to working youth for SRH information and service provision. This includes communication material such as newsletters, brochures, leaflets, posters, flyers and mini media containing tailored messages that inform the youth while working or participating in youth dialogues. Encouraged by the knowledge and awareness gained through the presented information it boosts youth's willingness to demand and become forthcoming to get access to SRH services. Referral links play a significant role in enhancing service delivery.

## IMPACT ON BEHAVIOR CHANGE

Prior to the intervention, marriage by abduction in the intervention areas was rampaged and was hardly addressed in terms of prosecution. It is reported that the advent of the project has brought along widespread awareness to these practices reducing the rate of marriage by abduction and the impact on harmful traditional practices. Thus, SRH knowledge gained by the communities at large proved relevant in many measures to be translated into informed practices. More than fifteen thousands of youth took part in various awareness raising programs, which include topic such as the prevention of forced marriage, SRH and related issues through youth dialogue and health education platforms.





## TESTIMONY

Youth in the flower farms engage in youth dialogues and enhance their knowledge on SRH. Share their experiences between them as they get to learn from each other whenever they come together over some convenient breaks from their work. Here are excerpts taken from their own testimonies.

### **AWARENESS BRINGS CHANGE**

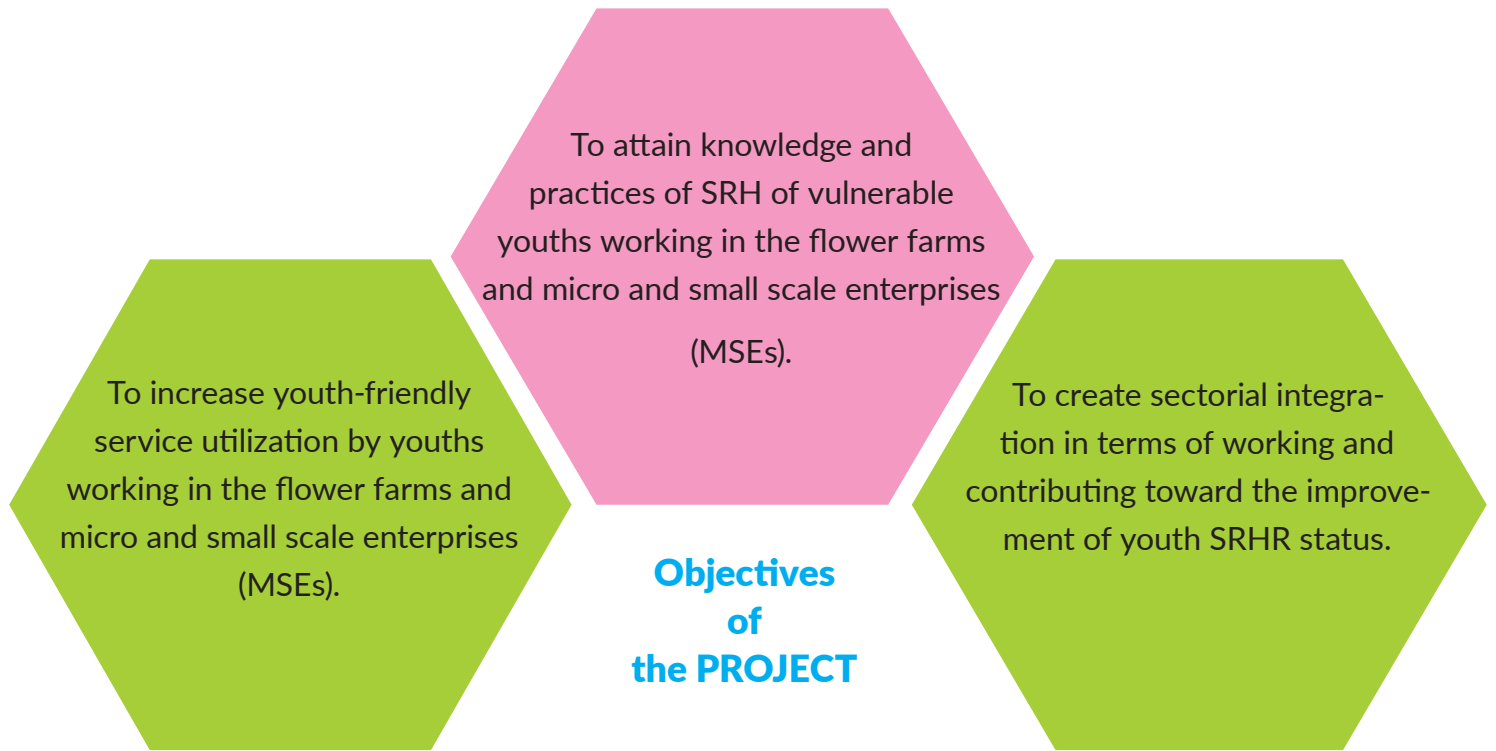
Gone are the days when I knew little about SRH issues. The incidence of unintended pregnancies among my coworkers in the farm wasn't uncommon. No one between most of us here really was aware when we happened to get exposed to SRH problems, including the needs for birth control and other preventive measures for STIs. The last three years have changed many things. The changes mostly came from DSW's project being implemented in the farm and many of us actively owned the youth dialogue activities. I became better aware of my SRH needs and where I could benefit from accessing the service provision. Knowing what I know right now, the support we receive from DSW through the project has improved the means by which we are able to prevent our SRH vulnerability.

*Birke Assefa*

### **WE ARE LESS VULNERABLE TO SRH PROBLEM**

In the past, discussing SRH topics at the youth dialogues would have been unthinkable. However, everything changed and I became more aware of SRH problems and at the same time less vulnerable to it. I think it was not only the subject matter in discussion that changed us but also how we conduct the discussion itself that brought changes among us. As we frequently engage in an interactive manner over the youth dialogue activities, we made it so simple and grew to appreciate what we do. Often, the youth dialogue facilitators and other participants claim equal space in the discussion rounds. The change in our knowledge on SRH issues boosts our courage to practice healthy ways of life, both at home and at work. The introduction of the project at work has significantly reduced our vulnerability to SRH problems.

*Tigist Desta*



## **WE FEEL THE FULL BENEFIT OF GAINING KNOWLEDGE ON SRH**

Few months into the launching of the project, most of us working at Tal Flower Farm had different expectations of the project in terms of gaining some material benefits. We remained reluctant to take part in various activities introduced by the project inside the flower farm. Our expectations were that some form of incentives would come forth. However, as some coworkers felt differently and took roles in the project activities, we started to get attracted. Mainly so, after we got access to different IE-SBCC printed materials in which we found interesting points to raise during the youth dialogues. Suddenly, most of the youth working at the farm realized the relevance and felt the full benefit in gaining knowledge about SRH issues. Since then, a lot has been improved both in terms of awareness and in the way access to SRH services is provided.

*Tesfaye Kenea*

## SEXUAL VIOLENCE

From the inception when this project was conceived, the two intervention areas were some of the prime locations from which sexual violence against young women working in the flower farms repeatedly reported. Rape and forced marriage through abduction became the focal thematic intervention for this project since its launches three years ago. For the most part, sexual violence of any forms are steadily subdued after the project was set forth and the youth became empowered with life skills. The following story belongs to one of the flower farm's workers whose real name is being withheld upon the victim's request.

### HER STORY

Sometime in the early stage of the project implementation, youth who participate in youth dialogue were not as many as they should be. Here the story goes on. Back then, a group of youth in one of the flower farms having engaged in a youth dialogue had already reached the final topic of their discussion point over the lunch break. One participant, age 23, among them was there for the first time. She signaled the facilitator that she would want to talk to him alone. Cutting the long story short, the young woman confided to the youth dialogue facilitator that she was raped. Initially, she did not know what to do. She remained quiet for nearly 24 hours since the incidence occurred. However, she was encouraged to break the silence when attending her fist youth dialogue observing her peers discussing freely and openly. The victim realized it was the best time to share how she was sexually assaulted by someone she knew just 24 hours ago. She was helped with the legal processes and referred to the service provision. After the girl was counseled, she was taken for HIV testing, STI screening, and prescribed an emergency contraceptive. Today, she is fine, working in the same flower farm and doing well with her life.

*Kiya* (her name is withheld upon request).

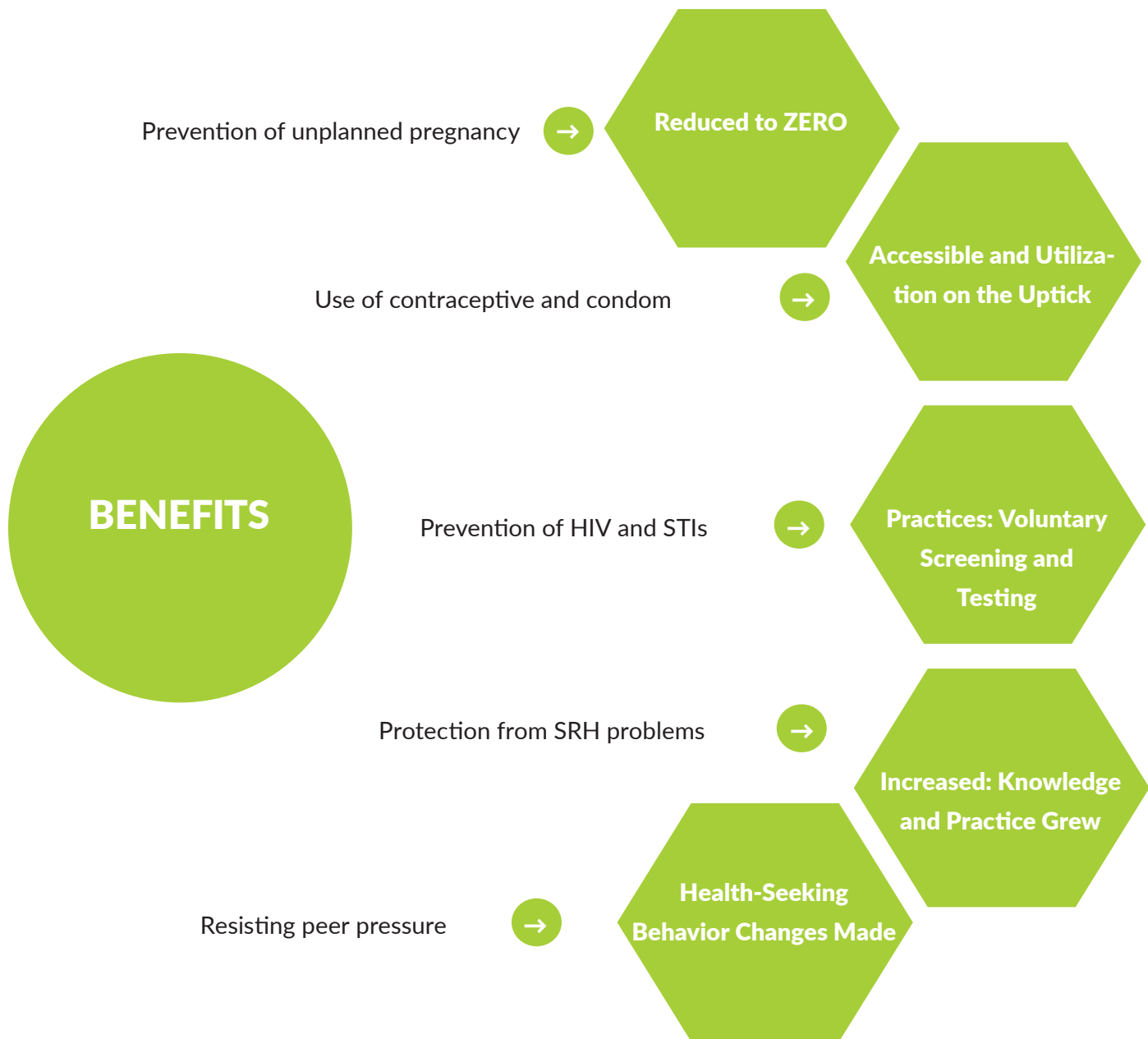


## PREVENTING SUBSTANCE ABUSE

Vulnerability to substance abuse in many forms and ways does harm the youth as much as their SRH problems do. Once the DSW's project has included youth working in flower farms with the intent to benefit them of improving their SRH, the behavioral changes were manifested into significant decline of consuming alcohol, khat and cigarettes. More so, the prevalence of STIs was high due to lack of information and services. With the changes in knowledge of SRH issues, came the increase in service utilization, reducing vulnerability to substance abuse, simultaneously. Thanks to the communication messages tailored and prepared by DSW, which were meant to introduce behavioral change, the youth would find motivated points for discussion during youth dialogues. The youth had also an easier time to confide each other over the individual experiences of STI incidences where they occurred.

*Kabaye Adugna*





## CONTAINING STIs PREVALENCE

Uptakes of family planning and SRH services at health centers have increased. More so, the youth often feel at ease when they come for contraceptives of various types. The intent to prevent unintended pregnancy is most commonly reported. The male youth clients many among them coming from the flower farms regularly visit our clinic for STI screening. As the number of youth who on a regular basis seek SRH services increased overtime, the incidence of STIs tends to reduce. It is our keen observation that this project undertaken by DSW for the past three years has evidently started to impact the behavior of the youth for the better.

*Sintayehu Lemma (Health Service Provider)*

## BENEFITS for Health Facilities

Condom Distribution  
Outlets, Kits and Es-  
sential Furniture

LCD Television  
(Flat Screen TV)

Hospital Stretcher  
Beds

Medical Applian-  
ces and Equipments  
for Youth-Friendly  
SRH Services (YFS)

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The health centers located within the two project areas have been recipients of essential materials to prop up the project activities during the implementation cycles.

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### LINKING TO REFERRAL SERVICES

Motivation for seeking further SRH information is one strong change I have quickly been able to assess the impact of this project pressed upon since it was launched about three years ago. The behavior change communication materials were tailored in poster, newsletter or flyer formats are the main sources of initial engagement in discussion among and between youth. Often, whether during the youth dialogue sessions or on one-on-one interaction, the youth throw SRH-related questions with an utmost transparent manner. Whatever topics make the youth curious in their reading of the behavior change materials prepared by DSW would become the discussion points at the youth dialogue. As a health service provider myself working within the Abyssinia flower farm, I realized that the more knowledge the youth at the workplace are able to form discussion or reading, the more ready they become to utilize the SRH services. Interestingly, irrespective of where the individual youth being brought up, be it a rural locality or an urban constituency, once enlightened with the right SRH information, they always want to make informed decision on their health needs. We also spend more times with these youth and, at time, informally engaged in dialogues and the subject matters often being SRH-related such as pregnancy, STIs as well as substance abuse. This project has strengthened the youth-friendly clinic based within the premises of the farm. Much as the youth do have access to the SRH service provision at the clinic located inside the Abyssinia flower farm, we do link them to the referral services at the health center outside whenever needs arise.

*Wossen Bayessa (Health Service Provider)*

## EMPOWERING STAKEHOLDERS

The project set out to empower the key stakeholders who take roles in the implementation. Establishing project advisory committee composed of local public institutions, which included the district health offices, flower farm's management and the community leaders. Training programs that enhance the capacity of members of the advisory committee offered. The training mainly designed to enable the stakeholders manage the integration work of youth SRH.



## PROVISION OF YOUTH-FRIENDLY SERVICE

Before the launch of this project, there has not been such thing like a youth-friendly clinic. The manner in which we have been able to conduct activities in a better coordinated fashion for the last three years owed it all to the project being brought by DSW to our town. Though the target population for this project mainly focused on those youth working in flower farms, the benefits reverberate across our community at large. This is because, in the first place, the project supported us and we have been able to establish a youth-friendly corner for service provision. This service provision was maintained for the past three years and managed through a trained focal person at helm to provide the service operating within the health center. Prior to the intervention, we never had a database on youth SRH services keeping track of the number of youth who gain access to SRH services. Now we are able to retrace that on average about 200 to 400 youth seek out youth-friendly SRH services each month.

*Arafat Jafer (District Health Officer)*



## FAMILY PLANNING IMPROVES VULNERABLE FAMILY LIFE

**Eyerus Girma Ebssa** was born in Ginchi, a village located in close proximity of Ambo town, 100 km west of the capital. She was 14 years of age when her relatives brought her to Addis Ababa and with whom she had to put up until she got married. “Living with my relatives for two years would have meant a great deal of opportunity to my education, had everything gone as intended, Eyerus grumbles about the wasteful two years being in Addis without furthering her education prior to her untimely marriage.” Born into a farming community in Ginchi, Eyerus who is the third born grew up in a family of nine siblings and six of them are girls. When she was still in Ginchi, going to school was one of her most exciting moments she would spend. “When it became apparent that I was going to move with my aunt to Addis Ababa, I was more excited than ever thinking about continuing my education beyond grade 6th . “Two years went by since moving over with my aunt in Addis Ababa serving as a house help but no sign on whether I would ever return to school, which was longing for all along,”

### Early Marriage

By then, Eyerus secretly started to see someone who works in one of the construction sites just across the neighborhood in which she lived around. “At the first instance of a marriage proposal, I was sixteen then and did not hesitate to consent and eloped with my boyfriend to a place called Dima,” she said. Dima is a rural setting found on the outskirts of Sebeta town, 40 km west of Addis Ababa. Sebeta town is one of the two districts in which DSW for the past three years undertook a project named “Serving the Underserved.” This project was intended to improving the SRH of vulnerable youth such as Eyerus Girma who is among many others working in flower farms. At 24, Eyerus and her husband, Miheretu Solomon, who is 32 years old, live with their two children in Dima.

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## Family Life without Family Planning

“After one year of marriage, I gave birth to my first child when I was already 17. Neither my husband nor I have planned it but we did not know about the family planning methods. Since then I have had two miscarriages. Although both of us would have wished somehow to prolong the spacing of birth, it took us three years before bearing our second child, Eyerus said.” Managing two children at a time, a three year-old boy and a new born infant, along with the routine domestic chores increasingly became a tough call for Eyerus. A couple of weeks into her postnatal time, her husband lost his job and immediately after which he left her looking for job elsewhere in bigger towns.

Following a few nights passed on and my husband did not show up and I became desperate in a situation that I was not able to change. He never called or turned up, nor did I tell my aunt in Addis Ababa what was going on with me since I run away from her about four years ago. I had no means of income except for the occasional supports we were afforded by neighbors and some small basic commodities I started to retail out in an open space along the road that kept my family surviving hand to mouth, Eyerus recalled. After six months of absence, Eyerus’s spouse sent elders to settle the grievances he caused and the couple reunited. Soon, Miheretu found ways to earn income from manual work in the market in Sebeta town. After a while, Eyerus was also employed at Talgin Flower Farm.



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Youth Dialogue

## Family Planning and Marriage Life

“The first time I heard about various types of family planning methods was after I attended a youth dialogues with a group of other colleagues over the lunch break in the canteen. The two other girls steering the peer group dialogues have received training at DSW/Bonita Youth Development Training Center. I was and still am the most frequent attendant of the peer-group dialogues taking place every now and then in our work place. Once I was able to explain to my husband the benefit of using our choice of the family planning methods, he instantly agreed”, said Eyerus, added that “since I gave birth to my second child, I have been able to access to the provision of the family planning methods facilitated through the project implemented by DSW”.

## Birth Spacing

Since the last birth, Eyerus and Miheret decided to space for three years using the contraceptive implant (implanon) and following its removal the couple once again decided to prolong spacing by another three years. “I have seen the difference being made between the time I became practically aware of the benefit from using family planning methods and the quality of our livelihood, which has improved throughout time. It even became more important to my husband who is also strongly encouraging me to delay any future birth”, Eyerus testifies about the benefit of accessing family planning.



Youth Dialogue



## ACTIVITIES AT THE HEIGHT OF COVID-19 PANDEMIC

Youth dialogue activities are the most liked, attended and frequented ones. Workplace youth prefer dedicating their lunch breaks to engage in youth dialogues. Such sessions offer many opportunities to discuss SRH issues openly. When it is possible, they work longer hours with extra benefits, therefore, most of the youth don't get much free time outside their workplaces to have access to SRH information. When they get around over lunch breaks, they group among themselves with ten membership participants each and share SRH information from each other's point of views. In the run up to the conclusion of the first phase of the project, the number of each group members for youth dialogue downsized to four in line with COVID-19 preventive measure. This measure was observed across all the project sites. The format, design and contents of the IE-SBCC print materials were tailored to integrated COVID-19 focused information with youth sexual and reproductive health (YSRH) issues. This approach was fast adapted to the IE-SBCC existing strategy and it continued all along as crosscutting. Much as all other project-based activities required different model of strategies, DSW's youth development training center was equipped with seminar technologies compatible to accommodate virtual communication, dialogues, and training programs. Training programs at the training center have also been upgraded on the basis of in-person with extra care and preventive measures taken into consideration.

## DEVELOPING ONLINE CONTENTS

At the height of the pandemic, social media platforms and audio-video based formats were frequently used for disseminating YSRH and COVID-19 preventive information. They were designed in a youth-friendly manner. The Telegram platform particularly drew more participants in youth dialogue activities than does any other.

## PPE SUPPLIES

Due to the COVID-19 challenges, budget lines were readjusted and personal protective equipments (PPE) have been provided to health care providers who on a daily basis interact with project beneficiaries. The PPE supplies rekindled the confidence, energy and courage among the health care providers and the recipients of the service who are youth working in the flower farms. Thus, after a short period of disarray and interruption of the service delivery, the PPE supplies, on the one hand, the dissemination of COVID-19 information, on the other, changed the dynamics of challenges that were initially faced.



## PROVIDING CONTRACEPTIVES

The short-acting family planning commodities under the pandemic situation remained in short supply for a while. This situation has been reversed through a ramped up effort to disburse short-acting contraception, including condoms to the health facilities. This project has renewed the life cycle of the SRH service provision and as a result, activities started to get back to their normal course.

## ADVOCACY WORKSHOP

One of the good practices drawn from this pilot project is the efforts that ramped up to integrate workplace YSRH with youth development plan. As part of the core project activities, the project supported a series of advocacy workshops and sensitized senior public officials at the regional level. The advocacy campaign has strengthened and ensured sense of ownerships and sustainability of the project. Being at the margin as a pilot project, the workplace-based integrated YSRH intervention grows to the mainstream. More and more stakeholders and civil society organizations re-focused their thematic intervention targeting workplace youth. After launching the project three years ago, it has expanded its wider reach to the same demographic groups of beneficiaries who are working in industrial parks. Another take away from the practice of this project includes that youth champions who have been mentored in communication and advocacy strategy skills were able to cascade their skills and promote adolescent and youth sexual and reproductive health (AYSRH) at local, national and global level.

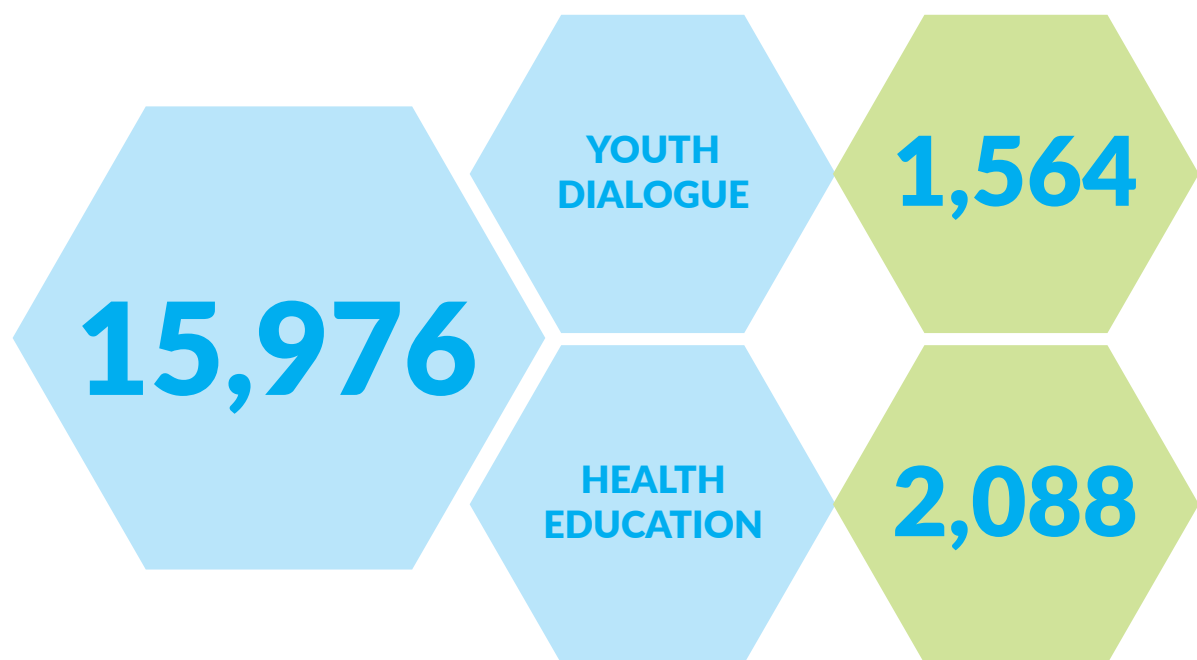


*DSW's Youth Development Training Center has been furnished with equipments used for preventing COVID-19 pandemic during various training programs, including advocacy workshops.*

## SRH Outreach Services, Health Education, Youth Dialogue Activities in Figures

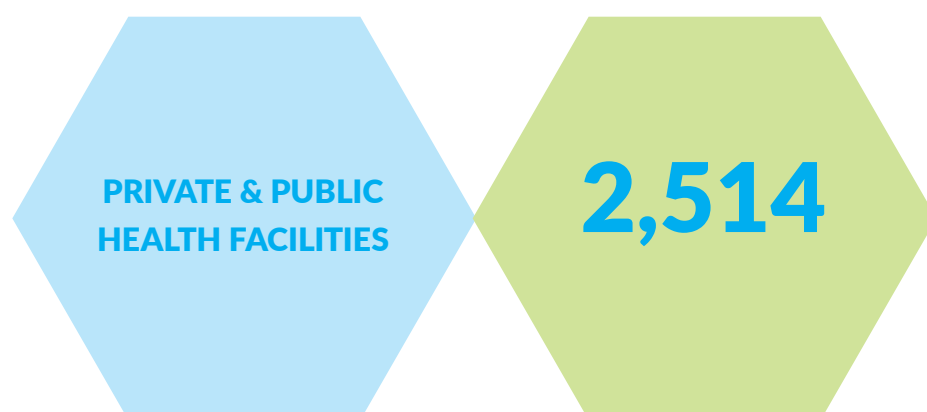
### INFORMATION & LIFE SKILLS

**15,976** youth working in flower farms were empowered with SRH knowledge and life skills through IE-SBCC materials dissemination, mini-media activities (audio-visual) outreach activities, participating in youth dialogues and health education. The following figures are taken from the final project report compiled for government.



### SERVICE PROVISION

Youth working in flower farms have accessed to SRH services at private and public health facilities and using outreach services (Referral Links).



# VOICES OF THE PANDEMIC (COVID-19)

Eyerus Girma



## ***How are you feeling during this period with COVID-19?***

When the pandemic of corona virus (COVID-19) became news; I felt frightened and did not know what it was really like. As time went by and my awareness about COVID-19 increased through youth dialogues participation and reading of various published materials produced by DSW, I became rather cautious and keep myself as much as possible tidy.

## ***Can you still have access to services, supplies and information about sexual and reproductive health?***

Initially, there was some confusion whether seeking access to SRH service or keeping social distancing to prevent COVID-19 should be prioritized. Fast enough, flyers and newsletter were being disseminated in our flower farm by DSW and I have learned a great deal when and how one should go about for SRH service provision. With facemask worn, regular hand washing and sanitizing kept consistent; I started to feel safe, should I need accessing the SRH services.

## ***How is it like accessing family planning services and other contraceptives?***

Barely a month ago, when I had removed an implanon, which was s planted under my elbow for the past three years and replaced it with the new one to space birth further.

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***How do you describe the service provision when one is pregnant during the time of COVID-19?***

Pregnancy during this difficult time of the pandemic seemed very hard. I personally have come across some girls who were pregnant and skipped prenatal care, as they preferred to stay at home fearing the unknown COVID-19 consequences that might have been caused by going out to seek out SRH services.

***What changes have you observed since the beginning of the pandemic?***

Most of the things I was afraid of coming in contact at the beginning of the pandemic are better cautiously managed now than before. Awareness about COVID-19 is one thing I have observed important change that boosts my confidence to be hopeful and become hygiene conscious. I have also observed that many more people particularly those I regularly meet in my workplace do consistently observe the preventive measures for COVID-19, including keeping their physical distance at all times and voluntarily.

***What would you like to see to ensure that your rights are still respected and promoted?***

I would like to see the health care facility found in our workplace to be better equipped in line with an expanded service provision. Strengthen our knowledge of SRH issues will empower us to claim our rights to be respected.

***What worries you the most during this time?***

The unpredictability nature of the COVID-19 worries me most about what holds the next day for my children. I am also worried about the safety of my husband who works in a market where several people frequented.

***How do you see your future?***

I see it as less hopeful in terms of health safety in the near future and yet more hard working times seemed await us to do well in the long term.

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## EVIDENCE

The fact that the youth became knowledgeable of their sexual and reproductive health and rights (SRHR) needs through engaging themselves in the various information dissemination channels, they are no longer in fear to express their views on topics of sexuality. Whether they found themselves in a youth dialogue or peer interaction, whatever transpires with regard to their SRH conditions, the discussion remains straightforward. The evidence of good practices can be measured with the increased SRH service utilization and openness displayed by the youth themselves. As their knowledge on SRH issues improved, the practices to take preventive measures grew widespread. By the same token, the practice bound to improving the SRH of vulnerable youth in the workplaces has left no one being the underserved. With the establishment of more and more youth-friendly SRH services within some decent corners of the health centers, the youth in the workplaces became more and more friendly toward utilizing the services accessible. The changes in attitude and behavior impact on the good practices among the youth who directly benefit from the project. The youth are not shied off to prevent unsafe sex, sexual advance without consent/rape and unplanned pregnancy by utilizing both their life skills and the service provision accessible in a youth-friendly manner.

## OPPORTUNITIES

Strong sense of ownership in the project on the part of the flower farm proprietors.

Committed volunteerism among youth dialogue facilitators.

Strong partnership with health centers/health service providers.



## CHALLENGES

Unwarranted expectation of incentives by some youth for participating or taking roles in the project activities was observed in the early stage of the project implementation period.

Despite the high volume of youth being on record working with MSEs, those of whom were actually reached out by and for the intervention remain relatively lower.

Some members of the project advisory committee (PAC) have had overburden responsibilities elsewhere to become fully committed in their roles of certain project activities.

As COVID-19 reached at the pandemic level, the youth dialogues just like other programmatic activities of the project were cut short from being conducted on schedules.

## LESSONS LEARNED

If enhanced strategies particularly tailored for workplace intervention, more youth for more hours would be engaged in youth dialogue without affecting their work and being squeezed to do it over lunch breaks per se.

The YSRH focused training has extra benefit for the health sector to crosscut the nutrition program.

With further intensified commitments in place, youth can be benefiting from SRH service provision within frugal means.



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