

ADVANCING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS TOGETHER



En partenariat
avec
RÉPUBLIQUE
FRANÇAISE
Liberté
Égalité
Fraternité



Acronyms

AGIR: Empowering young people and adolescents in SRHR in Côte d’Ivoire
AZANTCHI: Support for a national tutoring system in SRH and HIV in Niger
CAR: Central African Republic
CLV2: C’est la vie 2! project
GBV: Gender-based violence
GOV: Gynaecological and obstetric violence
HIV: Human immunodeficiency virus
HPV: Human papillomavirus
JADES: Promoting SRH among young people and adolescents in Niger
LAHIYATA: Improving access to sexual and reproductive health and rights in Niger
LGBT: Lesbian, gay, bisexual and transgender people
POUVOIR: Improving the SRHR of cisgender and trans sex workers in Côte d’Ivoire through an empowerment approach
PMTCT: Prevention of mother-to-child transmission of HIV
SANSAS: Sexual and reproductive health of adolescents and young people in Senegal
SRH: Sexual and reproductive health
SRHR: Sexual and reproductive health and rights
STI: Sexually transmitted infections
SWAG: Sex Work Self-defense Group
UCC: Uterine cervical cancer
WHO: World Health Organization
WLHIV: Women living with HIV



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Solthis has been committed to safeguarding and promoting sexual and reproductive health and rights since 2016. We initially specialised in HIV, but have since invested the entire continuum of sexual and reproductive health care within various projects in West Africa, to develop a comprehensive, all-encompassing approach to SRHR.

We have strengthened our teams and partnerships through our projects, reflective processes and commitments. This enables the organisation to respond to the changing needs of populations and adopt a transformative approach to gender through the roll out of progressively inclusive programmes.

This transformative approach aims to change the power relationships that generate inequitable sexual and gender norms. Today, we work on issues such as comprehensive sexuality education, contraception and responses to unintended pregnancies, menstrual health, maternal and neonatal health and combatting STIs/HIV, gender-based violence and cervical cancer.

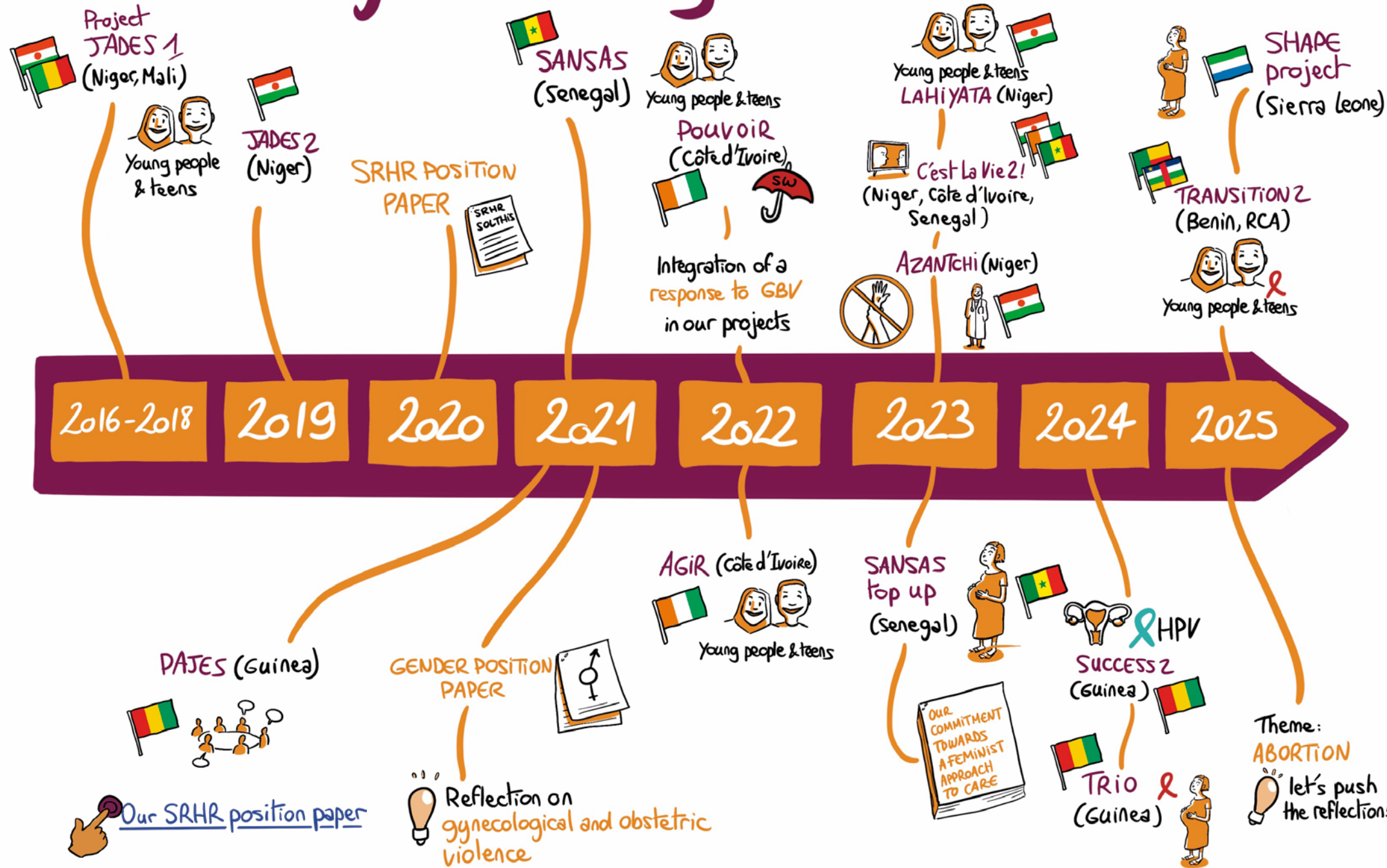
Our ambition is to improve people’s access to SRH services, [based upon a feminist approach to SRH care](#). Our interventions place people, particularly women and disadvantaged groups, at the centre of our work. When vulnerable people have the power to make decisions about their own health, this is critical catalyst for empowerment and social justice. We work at all levels– individual, community and collective– within the various health care areas at health facility and institutional levels. Our interventions focus particularly on empowering those who are furthest from care, such as young people and adolescents, sex workers and LGBT people. SRHR is one of our priority areas now more than ever.

 **Watch our video:
Working together
for SRHR**

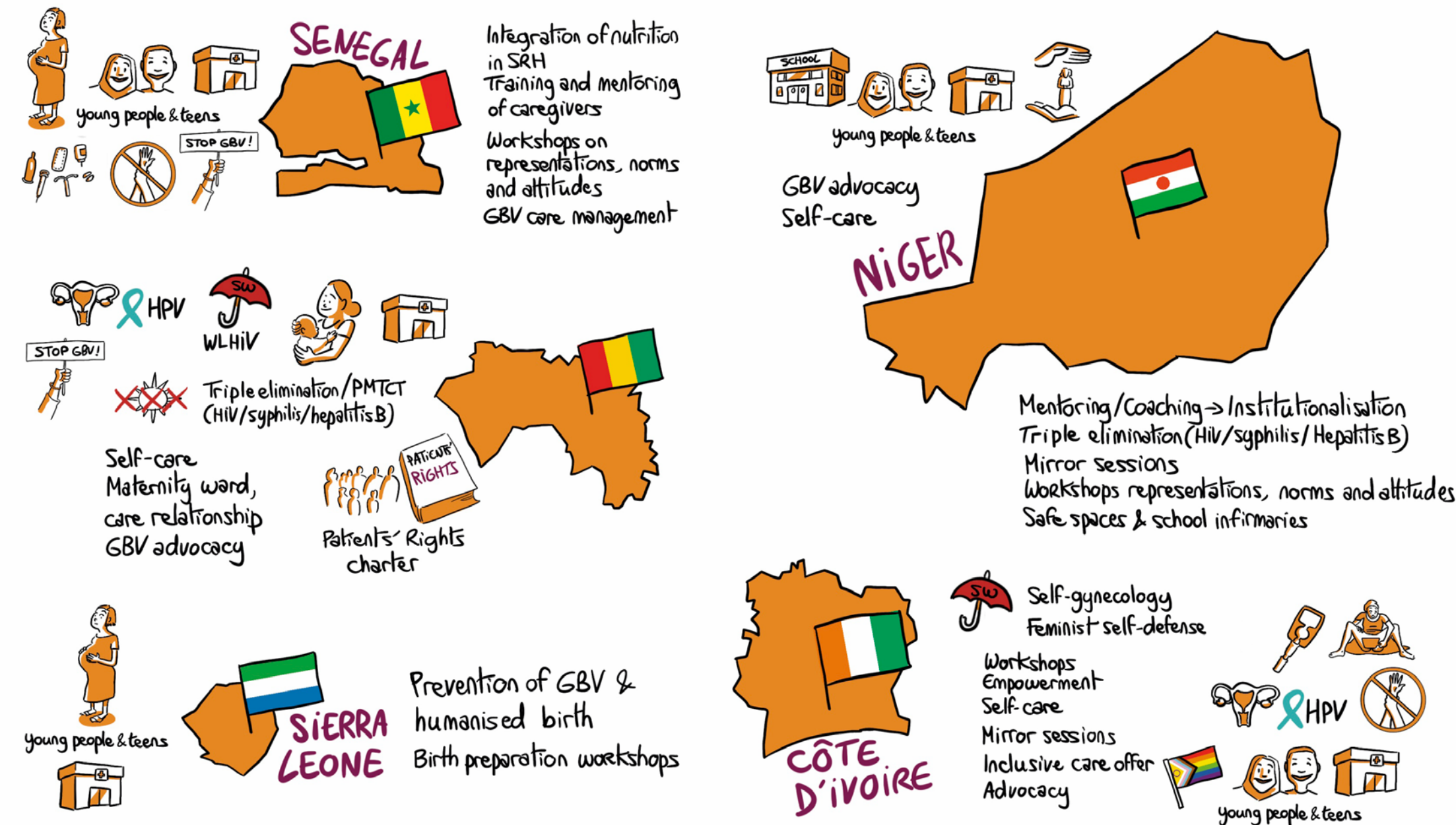
This booklet was written following discussions between the Solthis SRHR project teams and our partners in Côte d’Ivoire, Guinea, Niger, Senegal and Sierra Leone at an experience-sharing workshop held in Conakry in September 2024. This was financed by Agence Française de Développement. Mathieu Letellier, an illustrator and graphic facilitator, was there to capture these rich moments of sharing.



The great history of SRHR at Solthis



Project mapping



DEVELOPING TAILORED APPROACHES FOR ADOLESCENTS AND YOUNG PEOPLE



In West Africa, adolescents and young people still have very limited access to SRH services and interventions tailored to their needs. There are a range of obstacles that prevent them from exercising their rights. In addition to the usual barriers, socio-cultural factors, gender inequality and social norms often have a negative impact on sexuality outside of marriage or expressions of sexuality at a younger age. Consequently, adolescents and young people are exposed to sexually transmitted infections (STIs), the impact of early pregnancies, and gender-based violence (GBV).

Solthis is working in Niger to improve access to SRH for adolescents and young people. At community level, Solthis is working with the Nigerien organisation, Lafia Matassa, to roll out awareness-raising sessions on SRHR in schools and safe spaces in communities. These initiatives aim to empower young people and to combat gender inequality. They are part of a positive vision of SRH and a health promotion approach, enabling people to gain greater control over the determinants of their health, and as a result improving their own health.



We don't necessarily have the knowledge within our families, and we can also get the wrong information from social networks. Even menstruation is taboo. Very few parents are able to talk to their children about this and sexuality.

Amina, community manager at Lafia Matassa for the LAHIYATA project in Niger

Within healthcare settings, we help care providers to be more inclusive during sexual and reproductive health (SRH) consultations to tailor them to the specific needs of young people and adolescents. Our work takes place in both centres dedicated to adolescents and young people and in general health facilities. We also support school infirmaries where SRH projects are not well developed despite being essential to provide young people with access to prevention interventions and better information.



Watch our video :
Project Lahiyata: using school
infirmaries to reach young people



In schools, everything needs to be done or redone. School infirmaries are dilapidated, staff are not trained, and services are underutilised. The infirmaries are infirmaries in name only. It's a challenge we're trying to overcome with difficulty, but we're finding that the more progress we make, the more we see the importance of what we're doing, and that's what matters most.

Dr Balarabé, medical officer for the Lahiyata project in Niger.



PREVENTING AND RESPONDING TO GENDER-BASED VIOLENCE



Gender-based violence (GBV) is rooted in deep-seated gender inequalities in society, and is both a serious human rights violation and a major public health issue. According to the WHO, [33% of women in Africa \(compared with 27% worldwide\)](#) were subjected to sexual and/or physical violence by an intimate partner or another person in 2018. GBV has many consequences, at both physical and psychological levels.

In Senegal, the [SANSAS project](#), implemented by Solthis, specifically targets adolescents and young people who are particularly exposed to GBV. In response to violence, the project has supported the development and implementation of a referral system for holistic medical, psychosocial and legal care. In the health facilities we support, we have trained medical staff in the medical management of physical and sexual violence, initial psychosocial support and counselling for survivors.



Watch our video :
Project SANSAS in Senegal:
Care pathway for victims of GBV



During the diagnosis with the health facilities at the start of the project the issue of GBV emerged as a priority. Violence among teenagers is common, but they don't come to health facilities for help. There are major cultural barriers. Often the person who raped them is a relative, an uncle or a close neighbour. So everyone is afraid to talk about it. With the project, we have strengthened the capacity of health care providers to better identify survivors, care for them and refer them.

Françoise Ndiaye, medical referent for the SANSAS project in Senegal

Combatting GBV also relates to particularly vulnerable groups, such as sex workers. In Côte d'Ivoire, the [POUVOIR project](#) offers feminist self-defense workshops focusing on sharing physical and verbal self-defense strategies in pairs. These workshops are run in partnership with the Sex Work Self-defense Group (SWAG), an organisation of sex workers based in Paris. The approaches they use have been tested based on real-life situations that sex workers might encounter, for example responding to physical violence or preventing the escalation of situations of verbal abuse.



Watch our video:
Training health workers on GBV –
SANSAS project in Senegal



These activities rely heavily on the involvement of people affected, particularly peer educators from partner organisations, who are best placed to raise awareness among the target groups.



In Côte d'Ivoire, we have trained peer educators to identify and refer cases of gender-based violence in communities of cis and trans sex workers. They have also been trained in self-defense techniques to improve their personal safety. The POUVOIR project also provides comprehensive support for survivors in partnership with other organisations, while raising awareness to reduce underreporting, which is often linked to fear or lack of knowledge about rights.

Kady Kourouma, medical officer for the POUVOIR and AGIR projects in Côte d'Ivoire.



Because when you know verbal self-defense strategies, it can calm so that the situation doesn't escalate. Sharing these verbal strategies really impressed me during the workshops. Others in the group liked the more physical exercises. Learning how to hit someone in the chin and lifting your foot up high to hit someone in lower body.

Testimonial from a workshop participant in Côte d'Ivoire

PREVENTING AND MANAGING UNINTENDED PREGNANCIES



Worldwide, almost [half of all pregnancies are unintended](#). Lack of information, insufficient access to quality contraception services, social and cultural norms relating to reproduction, gender inequalities, sexual violence and reproductive coercion¹ are all factors that contribute to unintended pregnancies. These pregnancies have a profound effect on the future and well-being of young girls and women.

In Guinea, unintended pregnancies in schools pose a major challenge to girls' education and health, particularly due to clandestine abortions. [A study \(in French\)](#) by the National Coalition of Civil Society Organisations for Family Planning, in collaboration with Solthis and the Ministry of Health and Public Hygiene, reveals that between 2021 and 2023, 21% of the girls surveyed had become pregnant. Of these pregnancies, 73% were unintended. The study highlights several factors contributing to this phenomenon, including GBV and a lack of knowledge about sexuality and existing contraceptive methods.



Parents who influence the girl, who dominate the girl and who ask her to marry the man, if she doesn't do it, they will either disown her, or chase her away, or the family won't help her. And sometimes, the girl is forced to accept even if she doesn't want to.

Individual interview with a priest, Guinea

In Niger, unintended pregnancies also represent a public health problem, where access to contraceptive services remains a major issue, and [contraceptive usage is only 11.4%](#).



In my context, most pregnancies are unintended, often due to a lack of access to family planning, particularly among young people. Talking about the sexual and reproductive health of adolescents without addressing unintended pregnancies leaves a major gap. Young people need us to talk about their sexuality without taboos so that these situations can be better prevented.

Dr Balarabé, medical officer for the LAHIYATA project in Niger

As part of the [LAHIYATA project](#), the prevention and management of unintended pregnancies was identified as a priority area by healthcare workers, from the diagnosis phase onwards. As the country has no specific training module on issues surrounding unintended pregnancies, the project has enabled the development of a dedicated training toolkit that covers all aspects of support, including psychosocial considerations.

¹ The term reproductive coercion refers to behaviours of control and force committed with the aim of interfering with or directing the contraceptive and reproductive trajectory of the other partner.



INTEGRATING MATERNAL HEALTH INTO OUR SRHR STRATEGY



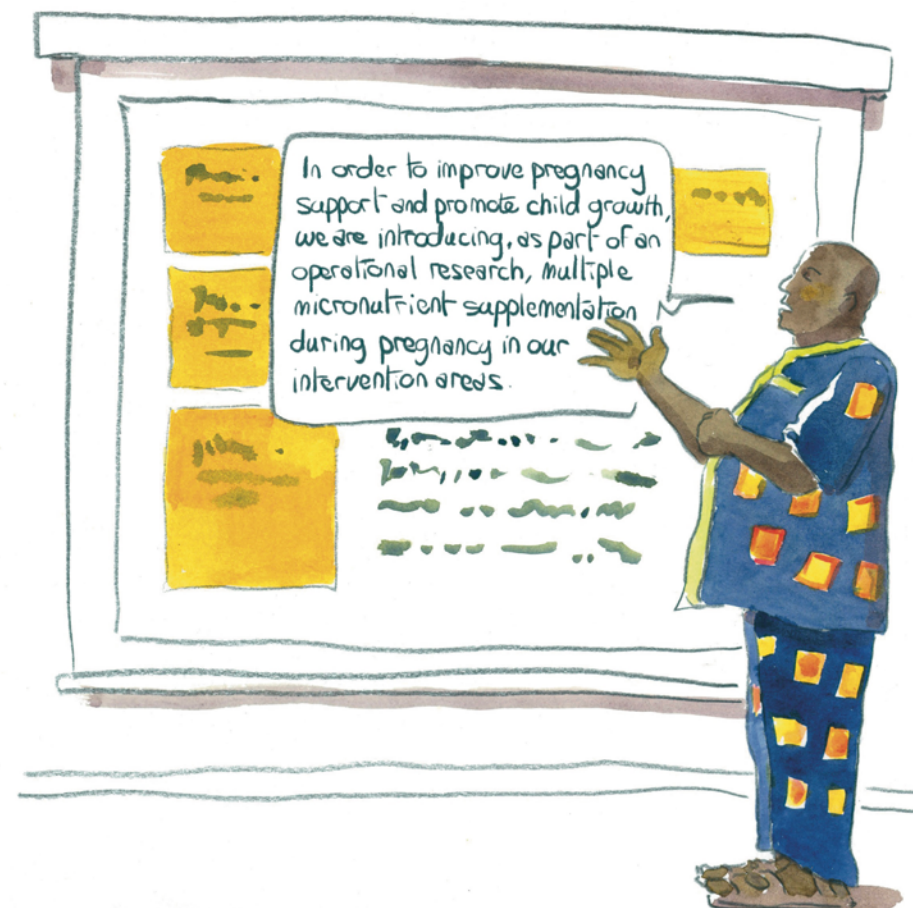
Despite significant progress, West Africa still accounts for [a large proportion of maternal deaths on the continent](#), and progress to date is slowing down. Consequently, key indicators remain well below the targets set for achieving the Sustainable Development Goals by 2030. However, most maternal and infant deaths could be prevented by providing integrated services during pregnancy, childbirth, and the postnatal period.

Since 2023, the SANSAS project in Senegal has included maternal health issues by supporting the country to improve the quality of care and to roll out its strategy for integrating maternal health, family planning and nutrition services. As part of this, the project is supporting efforts to introduce multiple micronutrient supplementation for pregnant women, through operational research, in order to reduce the rate of maternal anaemia and improve birth outcomes.



Providers are motivated by the integration of SRH, mother and child health and nutrition, convinced that this will strengthen health indicators, particularly for young people. With the transition from iron supplementation to micronutrient supplementation, we aim to better support pregnancies and promote children's growth. A feasibility study is underway to support this transition and prepare for a move to scale, enabling more complete supplementation with 15 minerals and vitamins essential for the health newborns and mothers.

Dr Simon Hambarukize, medical manager for the SANSAS project in Senegal



In collaboration with the health authorities, the project has also initiated interventions to improve the quality of care provided during childbirth. We are working to improve the skills of midwives in providing emergency obstetric and neonatal care. Our training courses include respectful maternity care, women-centred approaches and supportive communication during childbirth. Our ambition is for care to be provided with respect and dignity and to include emotional support for mothers. We have also set up workshops with carers to discuss perceptions of obstetric violence in order to prevent it more effectively. Our approach aims to improve the care relationship between patients and carers, and thus the experience of care and likelihood of engaging with SRH services in the future.



Efforts have already been made by the health authorities to roll out childbirth models based on respectful maternity care, but in our areas of intervention these initiatives need to be consolidated. Changing practices takes time and needs to be supported over the long term to really make a difference to the women are treated and supported during childbirth.

Françoise Ndiaye, medical referent for the SANSAS project in Senegal



Watch our video:
SANSAS Project in Senegal: Maternal and Child Health:
Effects of Integrated MNCH, PPFP and Nutrition Services

DEVELOPING SPECIFIC APPROACHES FOR ADOLESCENTS AND YOUNG PEOPLE



Uterine cervical cancer (UCC) is the most common cause of cancer death in Africa, reflecting global inequalities in access to healthcare. Yet it is highly preventable through vaccination and screening for HPV and precancerous lesions. Countries in Sub-Saharan Africa currently lack the resources to achieve [the targets set by the WHO](#): 90% of girls vaccinated before age of 15 – 70% of women screened before age of 35 and then before age of 45 – 90% of women with pre-cancer and 90% of women with cancer receiving appropriate treatment.

In Guinea, Solthis is supporting the recently created National Cancer Control Programme to develop and roll out a screening and management strategy for precancerous lesions.



Cervical cancer should not be killing so many women around the world. In my country, many women are affected. This situation is unacceptable. We have to act quickly.

Dr Marie Doré, medical officer for the SUCCESS II project in Guinea

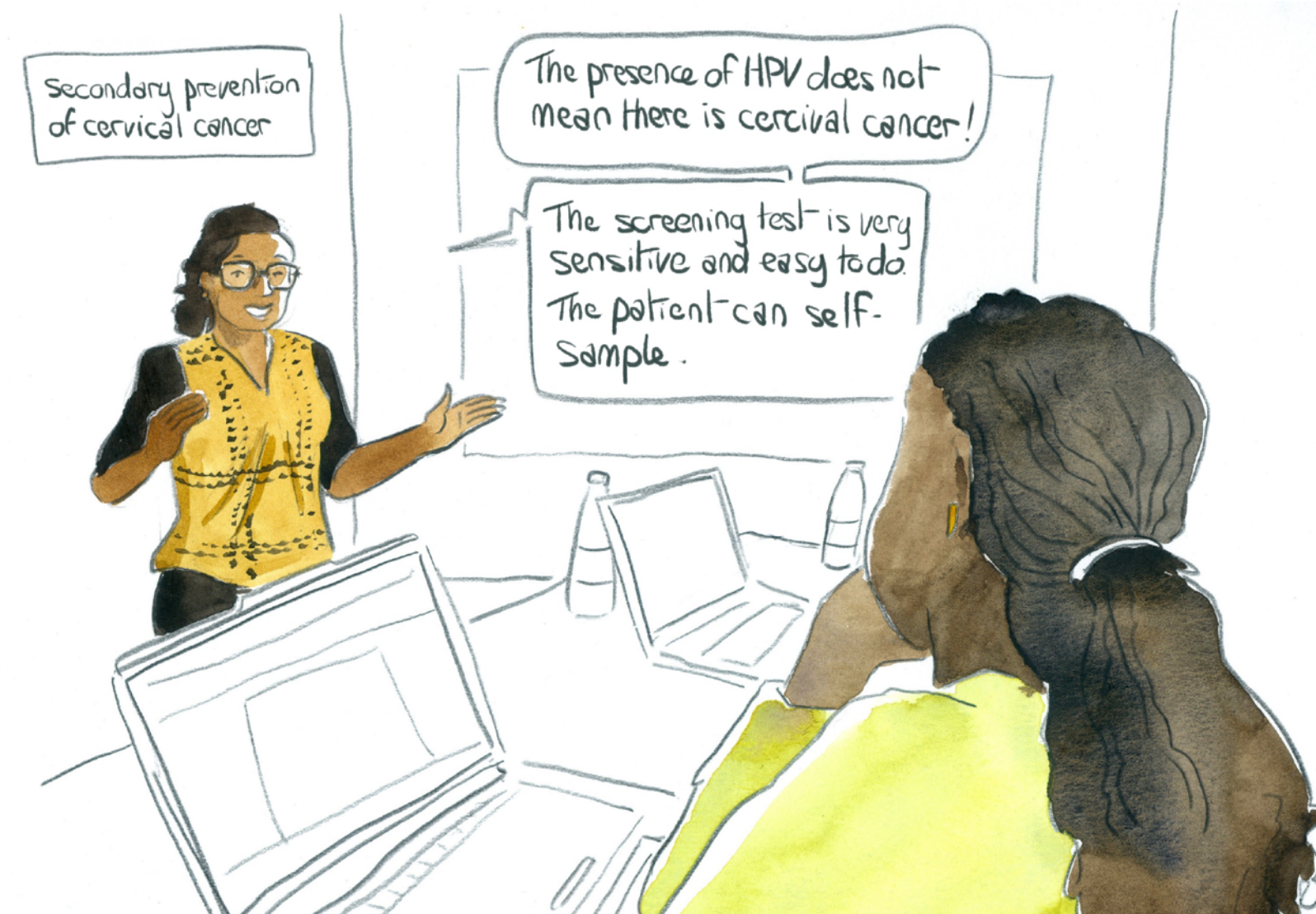


The [SUCCESS II project](#) is enabling HPV testing to be introduced directly into communities across the country, through the roll out of self-sampling and a broad-based community awareness and health education strategy. We are also rolling out HPV tests at our partner healthcare facilities and building the skills of healthcare workers to treat pre-cancerous lesions. The project targets women in the general population, sex workers and women living with HIV, who are particularly at risk of developing UCC. It delivers tailored interventions to reach people who are the furthest from care.



The SUCCESS II project in Guinea is designed to ensure the sustainability of the interventions. Projects often come and go without being scaled up. Here we are supporting national programmes directly, working on the development of tools that will be nationalised, and training a pool of national trainers who will be able to monitor and disseminate the project's achievements.

Dr Marie Doré, medical officer for the SUCCESS II project in Guinea



FIGHTING STI / HIV



Since its creation in 2003, Solthis has been actively involved in the fight against HIV and STIs in West Africa. Our interventions aim to provide differentiated testing and care, with a particular emphasis on self-testing. We also work to reduce stigma by promoting the sharing of HIV status and engaging peers. We have a particular focus on the psychosocial aspects of both prevention and care. Finally, we are strengthening prevention of mother-to-child transmission (PMTCT), care for children and adolescents, monitoring of co-morbidities and access to innovative services.

In Guinea, Solthis is working to improve the prevention of mother-to-child transmission (PMTCT) of HIV, where only 36% of exposed infants benefit from early diagnosis. The [IPOP project](#) is introducing an easy-to-use machine (GenXpert) that enables healthcare workers to carry out their own viral load tests for mothers and neonatal diagnosis for infants. This approach, implemented in Conakry's largest maternity hospital, aims to optimise preventive treatment for exposed infants and ensure rapid screening for those infected, thereby improving their chances of survival.



In Guinea, Solthis, through [the triple elimination of HIV, syphilis and hepatitis B \(TRIO\) project](#), is integrating the fight against gynaecological and obstetric violence into its overall approach to improve care, particularly for women living with HIV who are particularly exposed to stigma. The project is helping to build the advocacy capacity of organisations working in the field of obstetric violence.

We are training them on obstetric violence so that they can convey common messages and raise awareness of the issue, while supporting care providers to implement practices that respect patients' rights. For women living with HIV, who can face double discrimination linked to HIV and violence, the TRIO project is working to reduce their vulnerability. Awareness-raising activities enable women to identify and understand GBV, while targeted advocacy interventions seek to eliminate discrimination within public and community health facilities.



Working on obstetric and gynaecological violence means creating a virtuous circle: less violence, more visits to health centres, better monitoring of pregnancies and essential care such as vaccinations at birth.

Dr Younoussa Sidibé, coordinator of the TRIO project in Guinea



Watch our video (in French):
**Projet IPOP en Guinée – Éviter la transmission
mère-enfant du VIH**



IMPROVING THE RESPONSE TO MENSTRUAL HEALTH



Menstrual health means complete physical, mental and social well-being, not simply the absence of an illness or infection, in relation to the menstrual cycle. It is therefore a matter of health and rights, and not just a question of hygiene. Despite growing awareness of the importance of menstrual health, many menstruating women continue to face taboos, lack information and education about menstruation, and lack access to sanitary protection and the appropriate sanitary facilities.

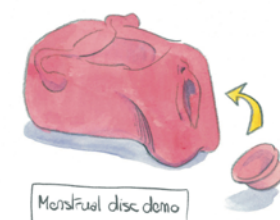
In response to the need for information about menstruation, Solthis, in partnership with [OH WOMAN](#)[®], has launched a version of the game of the same name in West Africa, which has been adapted and co-created with young people. Inspired by awalé, a traditional West African game, OH WOMAN[®] offers a fun and effective approach to raise awareness among adolescents and young people about anatomy and menstrual health using a «true or false» card game, which provides comprehensive detailed answers.



Watch our video:
**OH WOMAN in an
adapted version**

The game is a taboo-free way of discussing menstrual health issues with girls and boys alike. It provides an opportunity to revisit questions about anatomy, explain exactly what menstruation is, what is normal and what is not, etc. The game helps to deconstruct preconceived ideas and negative representations, such as the idea that periods are dirty.
Fatoumata Konaté, empowerment coordinator for Solthis in Guinea

Solthis is also working to enable access to menstrual protection adapted to people's needs. In Côte d'Ivoire, female sex workers face difficulties in managing their periods in safe conditions. During their periods, they are more vulnerable to bacterial vaginosis, which increases the risk of an STI. This is due to harmful intravaginal practices when continuing sex work during menstruation. With this in mind, Solthis has introduced a menstrual disc that can be used during intercourse to reduce harmful intravaginal practices. To raise awareness of its use and of menstrual health issues more generally, Solthis provides women with 3D anatomical boxes to help gain a better understanding of their bodies and take ownerships of their anatomical knowledge.



Menstrual disc, doreo



The amazing
handmade
anatomical box!



PROMOTING SELF-CARE AS A CATALYST FOR SRH EMPOWERMENT



Self-care interventions are recognised by the WHO as particularly promising approaches [for improving people's health and well-being](#). By allowing more options and autonomy, self-care is a powerful catalyst for empowerment around SRH. It also makes it possible to decentralise care more effectively and reach people who are particularly remote from services. There are many different approaches to self-care, ranging from self-support and self-awareness to self-testing and self-management.



As part of the SUCCESS II project, which aims to prevent and treat cancer, women are offered vaginal self-sampling for HPV screening to facilitate and expand screening directly to the community level, without having to go to a health facility.



The special thing about self-sampling is that it's very simple. Women are more at ease, there's no need for an invasive examination, and they can take the sample wherever they want if they feel comfortable. This part of the screening test makes the work easier and also means we can reach more women. A woman may be reluctant to have certain tests, but when she takes the sample herself, she's more confident and more willing to do it, so it's really excellent.

Dr Marie Doré, medical officer for the SUCCESS II project in Guinea

The POUVOIR project in Côte d'Ivoire delivers workshops on self-gynaecology. They are organised in single-gender spaces for women, to promote comfort and confidentiality. They are structured to provide time for experience sharing among peers, so each participant can share a little about her experience. These sessions also provide medical information, facilitated by a midwife. Getting to know your body better is an essential prerequisite for physical autonomy. This helps to redress the balance of power between service users and health professionals, because when people know their bodies well they can be more active in their SRH care and better able to assert their rights and make their own choices.



Watch our video:
POUVOIR project: autogynecology
workshops for sex workers




There are a number of things I like. In particular, the women's circle. It's a time for women to talk to each other where they can get a lot out of each other, at least for me. Interacting like that boosts your self-esteem. So much so that I've shared things that I've experienced, things that I hadn't explained to more than two people, and I really don't know by what magic, but I felt that in this setting, with these women, I was able to share my story.

Marie Laure Aman, empowerment manager for the POUVOIR project in Côte d'Ivoire.



The ideal project

Based on lessons learned and experiences shared during these workshops, our teams have set out what the 'ideal project' for teenagers and young people looks like. An inclusive project that puts people at the heart of interventions, that is part of a positive and inclusive vision of SRH and that aims to contribute to transforming social gender norms in relation to SRHR.

Target: Teens and young people (with an inclusive approach) 



We held 2 sessions with
young people and
sex workers.

The target groups were
healthcare providers
and SRH beneficiaries.

We watch the film
together and
then share
experiences!

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