

Forward with Health & Reproductive Rights in Africa



HEALTH AND REPRODUCTIVE RIGHTS



Participants at the AWDF Convening, 30 June 2015

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Acknowledgement

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The AWDF convened a roundtable meeting with some of our grantees and partners on 30 June 2015 in Arusha, Tanzania. We met to discuss the October 2014 evaluation of our Health and Reproductive Rights (HRR) Portfolio, and to identify strategies going forward. This report is a reflection of the key issues and conclusions at the convening towards transforming HRR for women in Africa.

The AWDF would like to thank all the participants who attended this convening for engaging vibrantly in the discussions and recommendations to help us take our HRR work forward and achieve greater impact. Finally, our sincerest appreciation goes to our donors, Bill & Melinda Gates Foundation, for supporting this event and The African Capacity Building Foundation for supporting the publication of this report.

February 2016



Health and Reproductive Rights Portfolio convening

‘If we want to see change, we need to make our own agenda. We need to support each other in crafting what we consider to be the most critical issues in relation to our reproductive rights. What is the framework we want to see other people pushing?’

‘The AWDF is counting on the incredible expertise and experience in this room to help us develop a coherent agenda on women’s SRHR for inclusion in the global development framework. The SDGs are being finalised in September 2015 and we need to be part of that process.’ – Theo Sowa, CEO AWDF

The AWDF convened a roundtable meeting with some of our grantees and partners on 30 June 2015 in Arusha, Tanzania. We met to discuss the evaluation of our Health and Reproductive Rights (HRR) Portfolio, which was completed in October 2014. The evaluation gave us the opportunity to review the progress and challenges in civil society efforts to advance women’s sexual and reproductive health and rights (SRHR).

Following the evaluation, the objective of the meeting was to identify strategic interventions to help scale up and sustain our impact on the ground. We also wanted to identify more effective ways to influence policies around (SRHR) at local, national and regional levels.

Theo Sowa, chief executive officer of AWDF, noted when opening the convening that although there is consensus on the inclusion of a goal toward gender equality in the Sustainable Development Goals (SDGs), the decisions on focus areas do not take African women’s realities and strategic needs into account sufficiently. Women’s health, and specifically SRHR, has not been explicitly addressed, she said. She added it was imperative for AWDF to ensure that its work is relevant, strategic, and in concert with the efforts of other women’s rights organisations.

AWDF’s Health and Reproductive Rights Portfolio

The AWDF has been funding initiatives related to women’s HRR since 2001. We commissioned a desk evaluation of this portfolio in October 2014. Diagram 1 highlights our key focus areas and our five implementation streams at the time of the evaluation. We used the evaluation findings to reflect on the effectiveness and impact of the interventions we have supported across Africa. Our convening in June 2015 was another part of this reflection process. During the convening we identified current and emerging issues affecting women’s HRR to inform and strengthen AWDF’s grant making going forward.

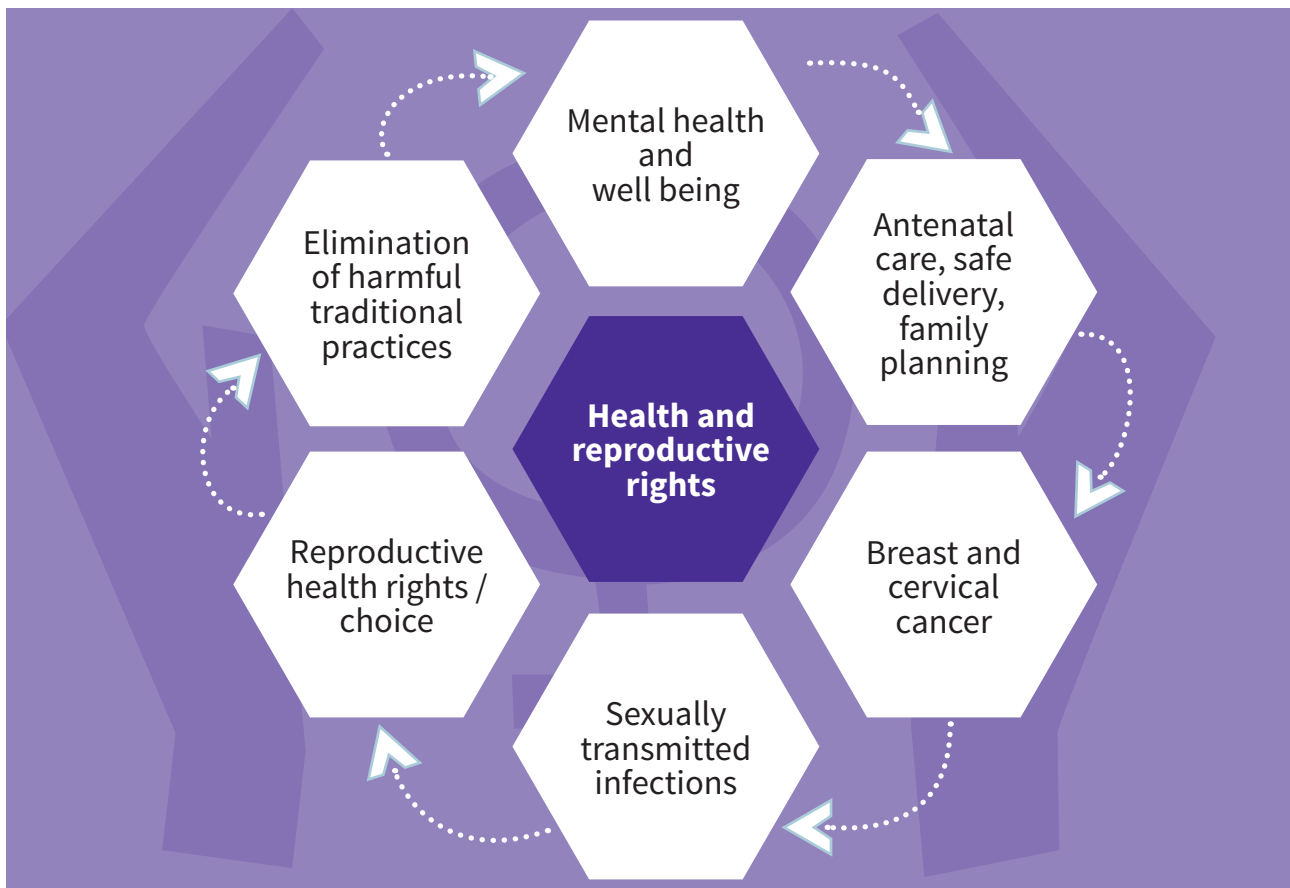


Diagram 1: AWDF's key focus areas in our Health and Reproductive Rights Portfolio

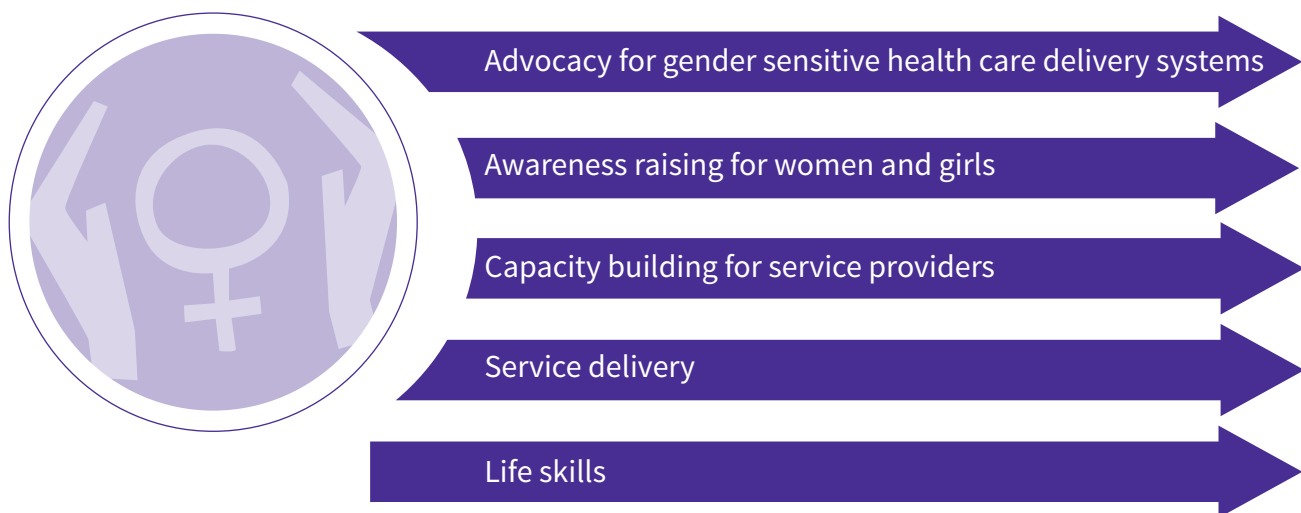


Diagram 2: The five implementation streams for the Health and Reproductive Rights Portfolio up to 2015

According to a recent UN Global Review Report, progress has been made in the implementation of the International Conference and Policy Development (ICPD) agenda. But we still fall short of the ICPD goal of sexual and reproductive health for all (United Nations, 2014).

International and national commitments have not been matched with action to improve the lives of people, particularly women, across the world. One of the starkest examples is the persistent pandemic of violence against women.

The HRR Evaluation: a summary

AWDF's capacity building specialist, Ms Nafi Chinery, presented a summary of the key findings in the evaluation report.

Key findings

- Health and reproductive rights is a relevant theme that both AWDF and women's movements need to prioritise.
 - Diseases that specifically affect women, as well as their sexual and reproductive concerns, have not been a priority for most African governments. The exceptions have been where they are related to safe delivery and infant mortality, or when there are public health concerns around communicable diseases, like HIV and AIDS. Even then, women are often treated as carriers and transmitters of disease. Women's rights are neither upheld nor promoted.
 - The AWDF and the small, often marginal women's groups we have supported under the HRR portfolio, have contributed significantly to some changes in this area.
 - Increased awareness and critical consciousness among women and girls have led to some claiming their rights, knowing and (re)claiming their own bodies, and demanding and seeking services when they need them.
- The underlying structural drivers of gender inequality remain in place. Socio cultural norms and negative traditional practices, religious beliefs, and insufficient investment have contributed to services being unavailable and women not having access to them where they are available.
 - Although the AWDF and our grantees are addressing unmet needs in some critical areas, including cancer screening and treatment and care, this is neither sustainable, nor affordable to provide.
 - More work needs to be done to support movement building. The AWDF has received the least number of applications in this thematic area; it only accounts for 4% of the grants we have awarded.

The AWDF HRR portfolio evaluation found that the work AWDF has funded is commendable and provides a good foundation for the future. However, it says the task ahead is challenging. Achieving AWDF objectives requires our organisation and our partners to strategically reframe and reposition this portfolio. We need to transition from the broadness of HRR to the specificity of sexual and reproductive health and rights (SRHR). Only this will enable us and our partners to be more responsive to women's diverse health needs.



Sexual and Reproductive Health and Rights

- Health and rights in sexuality and reproduction are an integrated package. The package includes:
- sexual and reproductive health services (family planning, maternity care, safe abortion, prevention and treatment of sexually transmitted infections and HIV, among others)
- comprehensive sexuality education
- protection of sexual and reproductive rights.

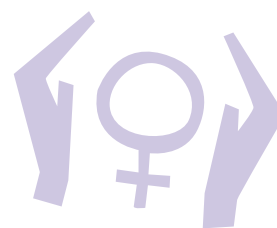
Making AWDF's SRHR niche stronger

The discussions during the AWDF's June 2015 convening on the 'what' and 'how' were proceeded by the application of a feminist lens to programming. Participants were tasked to identify the key elements required to support the realisation of women's SRHR. Diagram 3 shows these four elements.



Diagram 3: Key elements for realising women's SRHR

Going forward with SRHR



During discussions, participants shared diverse views on what should be included in future SRHR programming approaches, key areas of focus, and strategy. The points that follow are those the convening reached consensus on.

- We must recognise women's agency in creating:
 - an enabling environment
 - accessible SRHR services
 - availability and affordability of SRHR services.

The convening identified these points as critical for women to realise and enjoy their SRHR.

- We need to pursue a rights based approach to SRHR, with specific emphasis on:
 - empowerment of women and girls
 - sexual rights and freedoms, including the right to choice and not being discriminated against.
- We must have multilevel strategies and interventions. These include to:
 - advocate for policy reforms and implementation
 - address sociocultural barriers through awareness raising and community mobilisation
 - strengthen women and girls' capacity for self advocacy through education and skills building
 - amplify women's voices through movement building
 - develop capacity to promote accountability and strengthen health systems
 - improve knowledge management and communication to support evidence based advocacy and planning
 - strengthen women's leadership in the sector in order to influence public views, policy makers and policies.
- We need to forge partnerships with different stakeholders, including:
 - women and girls
 - government
 - policy influencers
 - gatekeepers of culture (elders, religious leaders)
 - men and boys
 - civil society networks and other social movements and donors.

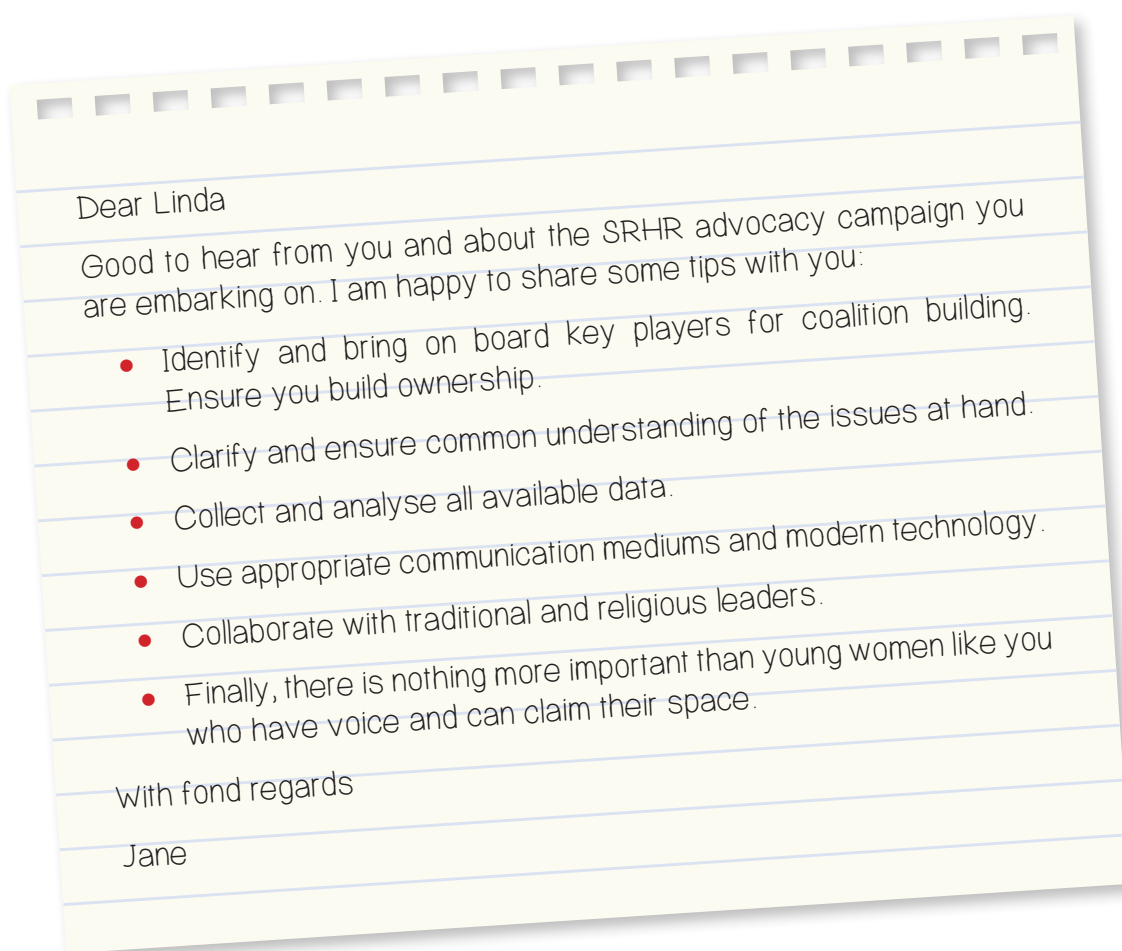
Priority areas within SRHR

As the discussion progressed, it became apparent that while the different dimensions of SRHR programming are important, we needed to identify areas where the AWDF could add value. This needs to be based on our feminist philosophy, resource envelope and comparative advantages. The following key points emerged:

1. There is a fragmented understanding of SRHR depending on where grantees and partners are coming from in their values and beliefs. We need to build capacity and a collective understanding of sexual rights and their relationship with issues of power and gender inequality.
2. AWDF should consider supporting aspects of SRHR which promote gender equality but do not receive sufficient attention from government. These include violence against women, fertility, access to contraception and safe abortion, prevention of STIs and HIV/AIDS, sexual identity and lesbian gay bisexual transsexual intersex and queer (LGBTIQ) concerns. There will be no progress if taboos are not tackled.
3. Voice, choice and knowledge are critical areas for both women and girls. But they aren't addressed adequately. Due to stigma, young women between 14 and 26 years old are often unable to access information and services for pregnancy monitoring for mother and child health, abortion, and treatment of STIs. We have to prioritise sexuality education so that young people have the information and skills they need to make safe choices.
4. Only a few organisations are engaged in influencing policy and doing advocacy. The AWDF must undertake a mapping exercise to identify where the money for SRHR is going, and which areas are lacking.
5. Sexual and reproductive health and rights are interrelated. This means we must have an integrated approach: we must advocate for rights and for service provision. Although the AWDF may not be directly involved in service provision, it should support advocacy efforts for critical areas such as accessibility. This includes, among others, the availability of skilled health workers.
6. Contentious issues, including safe abortion and sexual identity (LGBTIQ issues), have fragmented the women's movement. We need intellectual discourse and movement building around issues of SRHR and unequal power relations.
7. AWDF movement building on SRHR should include support towards strengthening advocacy skills, lesson learning, and sharing of strategies between grantees.

Important lessons for SRHR work

Following our plenary discussions, participants broke up into small groups. The purpose was to share practical experiences and lessons from their engagement with SRHR. Groups were asked to report back on their discussions in the form of a letter. We shared the letters in the plenary.



Group 1: Transforming the debate

Lessons from the activity

- We need to document our experiences so we can share lessons and experiences others can build on.
- Women's rights work has been badly affected by donor fatigue and lack of resources. It is becoming increasingly difficult to move issues from legislation into reality. We must seek new partners in the business sector to support women's rights work, specifically the social justice agenda.
- Advocates for SRHR should explore and leverage new mediums, such as popular culture (film, drama and music) and social media to challenge and dispel negative stereotypes and negative social norms and practices.
- Naming and shaming is an advocacy tool gaining in popularity. It might be effective to document cases of violence within religious settings and frame it within the context of fundamentalism.

Group 2: Lessons from a grantee

Dear sister Polly

Firstly, you have rights you can claim and advocate for. The issues around SRHR can be overwhelming. And yet our stories are our power, and women are powerful when we come together to realise our rights.

We know that when women are economically secure they are better able to access resources, services and power. They are more able to advocate for change to attitudes and laws. We know that the influence of faith and religion and of religious and faith based leaders, play a key role in our ability to access SRHR. We know that they have great influence around harmful traditional practices and stigma.

Knowledge, choice and voice are essential ingredients for you in your life, and for your sexual rights and reproductive health. Understanding the power of patriarchy will help you in your organising and work to advance women and girls' human rights. Patriarchy is a critical barrier. You will need to pay attention to this to shift power.

Claiming your voice and encouraging your sisters and friends to do the same is essential. You will then be able to work collectively as a movement of young women working to secure SRHR for all girls and women in your lifetime.

Be bold in your vision and voice. Be fearless in your advocacy and actions so that other young women can do the same.

Transformative change is possible.

Love

Your sister, Dolly

Lessons from the activity

- Internal fear (fear of taboos and stigma) remains a serious obstacle to realising women's SRHR. We need to start conversations around SRHR within our own spaces.
- Women's agency and working as a collective is an important foundation for SRHR work. We need energy and sisterhood to support and sustain our efforts.
- Economic empowerment is key to the realisation and enjoyment of SRHR.
- Addressing power issues is critical to our work around SRHR. Power is core to choice and voice. Invisible power is shaping sexual and reproductive rights. Both state and religious fundamentalisms have narrowed the space for women's rights, particularly SRHR. It is important to engage with faith based organisations and cultural leaders. We must start by identifying the 'progressives' and building on commonalities.

Group 3: Setting the agenda

Dear Sister

I heard you are reviewing your HRR portfolio. Here are some ideas on the areas to consider addressing in your advocacy and programme work.

1. Areas of focus:

- sexual identities
- safe abortion and issues of choice
- the use of HIV and STI prevention to promote personal agendas
- sexual pleasure vs sexual problems
- poor infrastructure and weak health systems
- adolescent health: access to SRHR information in the form of comprehensive sexuality education (CSE) and services
- challenging fundamentalisms, both religious and cultural
- population control vs reproductive rights
- fit African women's SRHR into the global agenda without losing our identities.

2. Engage the wider Gender Empowerment and Women's Equality (GEWE) constituencies: popularise the Feminist Charter, and work with all generations separately and intergenerationally.

3. Expand spaces beyond our comfort zone, including online and offline spaces for dialogue.

Measuring our work: shifts within the next 5 years

A key challenge for the AWDF – and the women’s movement as a whole – has been measuring impact. In an effort to change the status quo, participants were tasked to identify feasible indicators against which progress on SRHR advocacy work in Africa should be measured. Below are some of the desired changes.

- Improve systematic documentation of experiences and generation of new knowledge. This should entail new language and messages, and new strategies and tools that are more transformative.
- To avoid duplication and wasting resources, the AWDF should ensure better coordination of the women’s movement/organisations.
- More capacity building and application of feminist ideologies to SRHR work.
- Better data collection to promote evidence based advocacy.
- Increase alliances with faith based organisations, including working with women who are already in those spaces (e.g. mosques, churches, temples).
- Move towards more strategic/cross movement organising (e.g. LGBTIQ, abortion, SRHR, feminist youth) and also towards a greater alignment and ability to articulate a broad spectrum of issues.
- Include core constituencies, like marginalised women, in decision making processes.
- Promote a vibrant and united African feminist movement committed to movement building.
- Support new forms of organising, including greater use of ICT to mobilise.
 - Lobby for women and girls’ access to SRHR services and information fully funded by governments in Africa.
 - Organise to get regressive laws around SRHR repealed.
 - Get a charter for African women’s self care adopted by women’s rights organisations (WROs) in Africa.
 - Create safe spaces for dialogue, reflection and healing.

The convening ended with participants identifying areas where they would like to see shifts over the next five years. We need:

- transformative feminist leadership
- to engage with a broader spectrum of allies
- effective communication, including greater ownership and control of the SRHR narrative
- mindsets that will transform patriarchy and raise a new generation free of stereotypes
- allocation of financial resources for the sector.

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Arusha, Tanzania, 30 June 2015

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