



GEWEP III ANNUAL MEETING 2020

Sexual and Reproductive Health and Rights

By **Georges Nalenga**, Senior Program Advisor, SRHR



Session Agenda

1. Purpose of SRHR learning agenda
2. Global SRHR trends
3. SRHR in GEWEP III
4. Identify key SRHR learning questions- SRHR learning agenda



Objectives of SRHR annual meeting

- a. Have a common understanding among GEWEP III country offices and their implementing partners on the essential package of SRHR interventions;
- b. Discuss the key factors that are influencing the SRHR project within and outside GEWEP III, including needs, gaps and challenges;
- c. Identify topics/questions of SRHR learning agenda and make actions plan





Global SRHR Trends

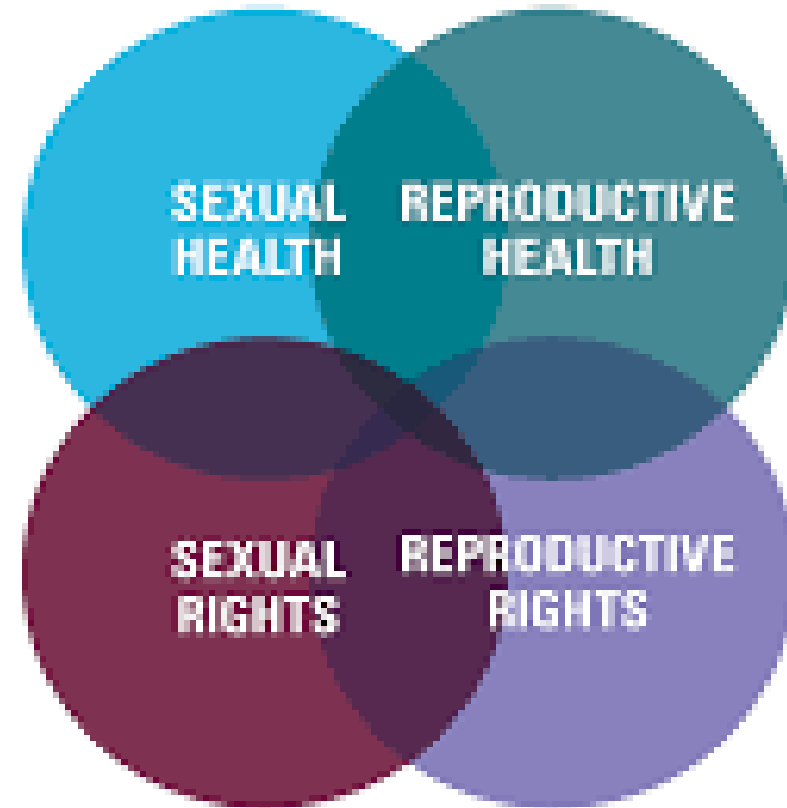


Integrated definition of sexual and reproductive health and rights*

- Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.
- Right to all persons to have control over and make free and informed decisions about their sexuality and reproductive life, free of coercion, violence, stigma or discrimination. Both women and men should be able to decide whether they want to get married, who they want to marry and who they have sexual relations with;
- Right to all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children, to have the information and means to do so, and the right to attain the highest standard of reproductive health.
- These rights apply to all people regardless of their sexual orientation or gender identity.

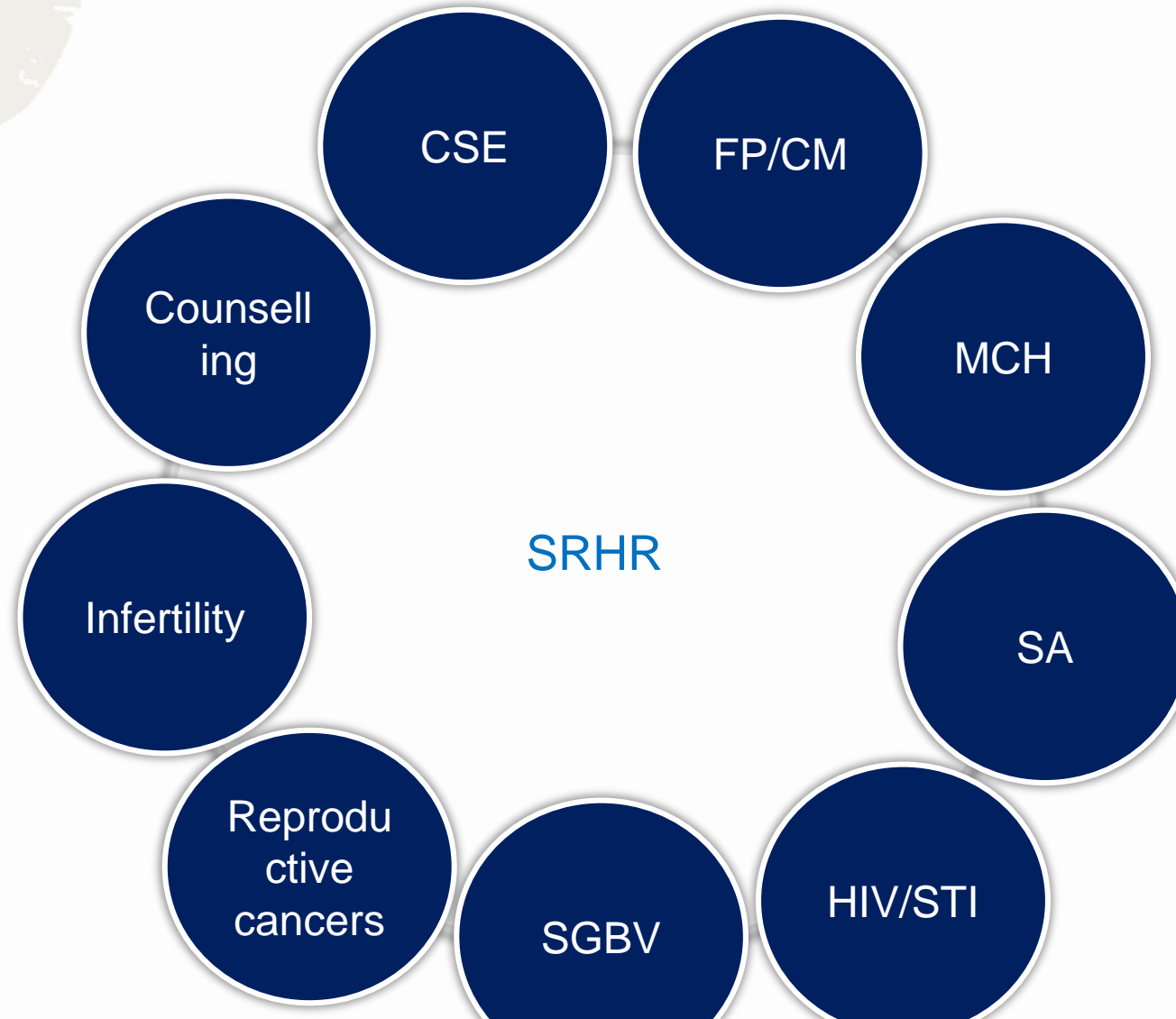
Sexual health	Sexual rights
<p>A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.</p> <p>Sexual health implies that all people have access to:</p> <ul style="list-style-type: none"> • counselling and care related to sexuality, sexual identity, and sexual relationships • services for the prevention and management of sexually transmitted infections, including HIV/AIDS and other diseases of the genitourinary system • psychosexual counselling, and treatment for sexual dysfunction and disorders • prevention and management of cancers of the reproductive system 	<p>Sexual rights are human rights and include the right of all persons, free of discrimination, coercion, and violence, to:</p> <ul style="list-style-type: none"> • achieve the highest attainable standard of sexual health, including access to sexual and reproductive health services • seek, receive, and impart information related to sexuality • receive comprehensive, evidence-based, sexuality education • have their bodily integrity respected • choose their sexual partner • decide whether to be sexually active or not • engage in consensual sexual relations • choose whether, when, and whom to marry • enter into marriage with free and full consent and with equality between spouses in and at the dissolution of marriage • pursue a satisfying, safe, and pleasurable sexual life, free from stigma and discrimination • make free, informed, and voluntary decisions on their sexuality, sexual orientation, and gender identity
Reproductive health	Reproductive rights
<p>Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.</p> <p>Reproductive health implies that all people are able to:</p> <ul style="list-style-type: none"> • receive accurate information about the reproductive system and the services needed to maintain reproductive health • manage menstruation in a hygienic way, in privacy, and with dignity • access multisectoral services to prevent and respond to intimate partner violence and other forms of gender-based violence • access safe, effective, affordable, and acceptable methods of contraception of their choice • access appropriate health-care services to ensure safe and healthy pregnancy and childbirth, and healthy infants • access safe abortion services, including post-abortion care • access services for prevention, management, and treatment of infertility 	<p>Reproductive rights rest on the recognition of the human rights of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children, to have the information and means to do so, and the right to attain the highest standard of reproductive health.</p> <p>They also include:</p> <ul style="list-style-type: none"> • the right to make decisions concerning reproduction free of discrimination, coercion, and violence • the right to privacy, confidentiality, respect, and informed consent • the right to mutually respectful and equitable gender relations

Sexual and reproductive health and rights must encompass four distinct and intersecting components



(Source: Guttmacher-Lancet Commission)

Essential package of SRHR interventions



Key SRHR interventions within each component*

Component	Key interventions
1. Comprehensive sexuality education (CSE)	CSE in and out of school/youth club; menstrual hygiene management (MHM); Use IEC materials that are age and culturally-appropriate in correct language
2. Counselling and services for modern contraceptive methods	Family planning; modern contraceptive focusing on long-acting reversible contraception (LARC) methods; counselling
3. Maternal and child health	Antenatal, childbirth by skilled attendance and postnatal care, including emergency obstetric and newborn care (EmONC)
4. Safe abortion services and treatment of the complications of unsafe abortion	Provide services for abortion and treatment of complication of unsafe abortion
5. Prevention and treatment of HIV infection and other STIs	PMCT, counselling, treatment of HIV and other STIs
6. Prevention and services for cases of sexual and gender-based violence	Identifying, mitigating risks of SGBV and provide services to survivors



Some figures on SRHR

- CSE not implemented in many Africa countries
- 20% of school days in a year are missed by girls due to menstruation
- Only 18 % of women aged 15-49 use modern contraceptive methods in Africa and 214 million of women lack contraceptive methods globally
- 21.6 million unintended pregnancies occur each year in Africa, 38% end in abortion. Only 4 countries: Cape Verde, South Africa, Tunisia and Zambia permit abortion without restrictions
- 533 maternal deaths per 100,000 live births in Africa, or 200,000 maternal deaths a year (68 %) of all maternal deaths worldwide.
- 37.9 million people were living with HIV in 2018 (25.7 million in Africa)
- 200 million women and girls have undergone FGM and each years over 4 million girls are at risk of undergoing FGM. 27 out of 31 countries are practicing it in Africa
- 12 million girls are married before the age of 18, each year
- cervical cancer accounts 22.2% of all cancers; 19 of 20 countries with highest incidence were in sub-Saharan Africa in 2018.
- 10% of infertility in couples, 32 % in some countries and tribes
- Same sex marriage are still criminalized in 69 countries (being lesbian or gay illegal); prohibited in Africa.
- Only 52% of married women can make their own informed decisions about sexual relation, use of contraceptive and health services



Key SRHR and UHC targets in the SDGs

- 3.1** By 2030, **reduce the global maternal mortality ratio** to less than 70 per 100,000 live births
- 3.2** By 2030, **end preventable deaths of newborns and children under 5 years of age**, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- 3.3** By 2030, **end the epidemics of AIDS**, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- 3.7** By 2030, **ensure universal access to sexual and reproductive health-care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- 3.8** **Achieve universal health coverage**, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- 5.2** **Eliminate all forms of violence against all women and girls** in the public and private spheres, including trafficking and sexual and other types of exploitation
- 5.3** **Eliminate all harmful practices**, such as child, early and forced marriage and female genital mutilation
- 5.6** Ensure **universal access to sexual and reproductive health and reproductive rights** as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing



SRHR underfunded sector

Reasons

- **Conservative governments** (culture-religion and ideology): do not prioritize SRHR (sensitive and controversial topic)
- Ex. the global gag rule policy* (Trump policy on SRHR)
- **Emerging issues**: ex Covid-19, war, climate change... Currently, Covid-19 is being prioritized than other health needs
- **Financial and resource constraints (poverty)**, Ex. . in Africa, **less than one-third of the population has access to sexual and reproductive health services** (2001 Abuja declaration of africa countries (15% of national budget to health) has never been implemented, budget to SRHR is deficit.

Some SRHR champions

- Canada, Germany, the Netherlands, Norway, Sweden, and the UK...



GEWEP III

- **GEWEP III in summary**

- 68 millions USD invested in 9 countries for 1.1 million women and girls for 5 years
- >50% budget to 39 local partners

- **3 global impact areas:**

- Women Economic Justice (all GEWEP countries)
- Engaging Men & Boys (all GEWEP countries)
- Strengthening Civil Society (all GEWEP countries)

- **2 country-specific impact areas:**

- Sexual and Reproductive Health and Rights (Rwanda & Mali)
- Resilience (Mali and DRC)

- **CARE Norway's strategy (draft)**

- **4 thematic priority areas:**

- Women Economic Justice
- Engaging Men and Boys
- Sexual and Reproductive Health and Rights
- Gender in Emergencies



SRHR in GEWEP III

- 2 out of 9 countries (Mali, Rwanda) with SRHR at outcome level
- 2 countries (Burundi and Niger) with SRHR at output level
- Budget: 13 876 054 NOK (7.8%)
- Pop in needs of SRHR: 336 305
- Direct reach: 256 300
- Gap (pop. not covered): 80 005 (23.7%)
- Fund gap: 24 001 500 NOK
- Full quality program: 100 000 000 NOK

SRHR	Mali	Rwanda	Burundi	DRC	Myanmar	Niger	Ahmed
Budget (NOK)	5 296 528	1 148 989	1 704 295	*	*	5 726 242	*
D. reach	69 300	30000	79 500	52005	25000	77 500	300
I.Reach							



SRHR CAPACITY BUILDING (Needs/Gaps within GEWEP countries)

SERVICES not covered yet

- CSE
- SGBV
- Abortion
- Reproductive cancers
- Infertility treatment
- Counselling and services for sexual health and well-being

Training needed

- Clinical management of rape
- Screening of cervical cancer
- MHM
- EmNOC
- HIV counselling and testing
- Training of trainers in MISIP in reproductive health services in a crisis situation



Discussion: what are the factors that are influencing SRHR within or out of GEWEP III in your country, including needs, gaps and challenges

	1) What is going well and should be documented?	2) What is not going well and should be improved or changed	3) What are we not sure about and need to be explored? (make a list)
Explanation of the questions	<p>Strengths (Things your CO does well; qualities that value SRHR from other projects; internal resources: materials, funds and skilled/experienced staff)</p> <p>Opportunities: you have demand and supply in SRHR; enabling environment (political will, policy, media coverage)</p>	<p>Weaknesses: things your CO lacks in SRHR; things other projects do better than SRHR; resources limitation;</p> <p>Threats: negative attitudes of customers vis a vis to your project, other innovative SRHR projects</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
Your answers			



Identification of key learning topics/questions

Guiding questions for developing a learning agenda		Some learning topics/questions for illustration
<p>Questions to ask yourself</p>	<p>Your answers</p>	<p>Examples of some SRHR learning:</p> <ol style="list-style-type: none"> 1. How to implement Comprehensive Sexuality Education (CSE) in Muslim countries 2. Use of SMS WhatsApp to disseminate information and education on SRHR 3. Can community score card improve quality of SRHR services among adolescents? 4. How has COVID-19 affected SRHR services delivery in my country? 5. Educating girls, reducing
<p>1. <i>What do you want to learn about in the coming years? (3-5 topics / questions)</i></p>		
<p>2. <i>For which purpose (objectives)?</i></p>		
<p>3. <i>how relevant is your learning topic to the needs/gaps in the field of SRHR? what are the problems to be resolved and the needs to be met? What is the added value of the learning (no similar study before)?</i></p>		



Template of SRHR Learning agenda

Learning topics	Types of learning (study, film, advocacy, documentation of evidence-based...)	At which level (local, national or cross countries (regional))	Budget	Partners involved	Audience	Channel used to share findings	Timeline	Responsible