OXFAM
Canada

IMPACT BRIEF

OXFAM CANADA'S Sexual and Reproductive Health and Rights (SRHR) Programming

2018-2025

Photo: Caroline Leal, Oxfam

In partnership with Canada

OXFAM CANADA'S SRHR PROGRAMMING is undertaken with the financial support of the Government of Canada provided through Global Affairs Canada

KEY IMPACTS

Over the past six years, Oxfam Canada has been implementing sexual and reproductive health and rights (SRHR) programming to increase bodily autonomy, agency, and enjoyment of SRHR by those least able to claim these rights, including women, girls, adolescents, and gender diverse people, in line with our SRHR Theory of Change.

Oxfam, HFHC Project: NAFEZA activist, Helena Virgilio, 19, updates her fellow SRHR advocates on the work she's doing in the town of Mocuba. Credit: Caroline Leal/Oxfam

Christine Ampon, Executive Director of SIKAP standing in front of the SIKAP office Photo: Caroline Leal/Oxfam

KEY IMPACTS detailed in this brief include:

- An **11% DECREASE** in teenage pregnancies between 2019 and 2024
- A **27% REDUCTION** in unmet need for family planning among adolescent girls aged 10-19 and a **29% REDUCTION** in unmet need for family planning among women aged 20 and older
- A **36% INCREASE** in the number of people who are confident about their knowledge regarding contraceptives
- A **25% INCREASE** in the number of community members who support women and girls' access to SRH services and information, ability to make contraception decisions, and bodily autonomy
- **5,720 HEALTH SERVICE PROVIDERS** who have undergone specialized training to provide gender-responsive, youth-friendly and comprehensive SRH services
- A **150% INCREASE** in the number of SRH clients served since 2021, reaching 157,079 people in 2023

WHAT ARE SRHR, AND WHY ARE THEY IMPORTANT?

GBV Watch Group of Buug, Zamboanga Sibugay pose for a group picture with PKKK staff. Photo: Basilo Pepe/Oxfam

Sexual and reproductive health and rights (SRHR) are a comprehensive, integrated, and interdependent set of civil, political, economic, social, and cultural human rights, recognized in international human rights treaties, consensus documents, and national laws in countries worldwide. SRHR include the right to freely make decisions about reproduction and sexuality, define one's own sexuality, and access sexual and reproductive health (SRH) services (e.g. counselling, contraception, safe abortion and post-abortion care, and the prevention and treatment of sexually transmitted infections (STIs) including HIV/AIDS), among other rights.[1]

At their most basic level, SRHR involve peoples' ability to exercise meaningful decision-making power over their health, bodies, and lives. In this way, SRHR are pivotal to achieving:

GLOBAL HEALTH

SRHR reduce maternal and infant mortality, avert cases of STIs, and improve child nutrition, among other health-related impacts.[2] In times of crisis and emergency, when people are at increased risk of violence or lack access to healthcare, SRH care can be lifesaving.[3]

SUSTAINABLE DEVELOPMENT

SRHR are crucial to improving not only health, but also education and economic outcomes. Early marriage and pregnancy, for example, can compromise a person's health, education, and employment opportunities. Investing in adolescent girls' physical, mental, sexual, and reproductive health, however, can result in economic and social returns up to ten times the investment.[4]

GENDER JUSTICE AND HUMAN RIGHTS

SRHR are fundamental to achieving bodily autonomy, which is at the heart of achieving gender equality and empowerment of all women, girls, youth, and gender diverse people.[5] SRHR are also related to and interwoven with multiple human rights, including the right to life, health, privacy, education, and to be free from torture and discrimination.[6]

Despite their benefits and importance, SRHR are some of the most challenging rights to achieve. Barriers to realizing SRHR are rooted in unequal gender power relations, stigma, and entrenched social norms, with ripple effects at individual, household, community, and policy levels.

HOW DO WE WORK TOWARDS THE CHANGE WE WANT TO SEE?

Atsede Bere meets with Nurse Bethlehem Feleke in the part of the health clinic Oxfam helped to rebuild, with funding from Global Affairs Canada. Photo: Petterik Wiggers/Oxfam

Oxfam Canada's SRHR programming aims to strengthen people's decision-making power and control over their health, bodies, and lives. This requires a comprehensive, rights-based approach to achieve sustainable and transformative change. We undertake this work through three interconnected, mutually reinforcing strategies:

SHIFTING SOCIAL NORMS, and increasing individual and community awareness and agency regarding SRHR.

We do this through activities such as:

- Awareness-raising and positive behaviour modeling through peer educators and community actors like faith leaders
- Strengthening community referrals for SRH services
- Working with schools to increase the availability of SRHR information
- Supporting the creation of community-based youth friendly spaces for peer dialogue and information sharing

STRENGTHENING THE PROVISION of comprehensive SRH information and services.

We do this through activities such as:

- Training health service providers in delivering gender-responsive and youth-friendly SRH services free from stigma and discrimination
- Strengthening health system management, governance structures, and quality improvement practices
- Facilitating community outreach
- Supporting supply-chain management of SRH commodities

SUPPORTING CIVIL SOCIETY ORGANIZATIONS, especially women's rights and youth-led organizations, in influencing SRHR-related laws and policies.

We do this through activities such as:

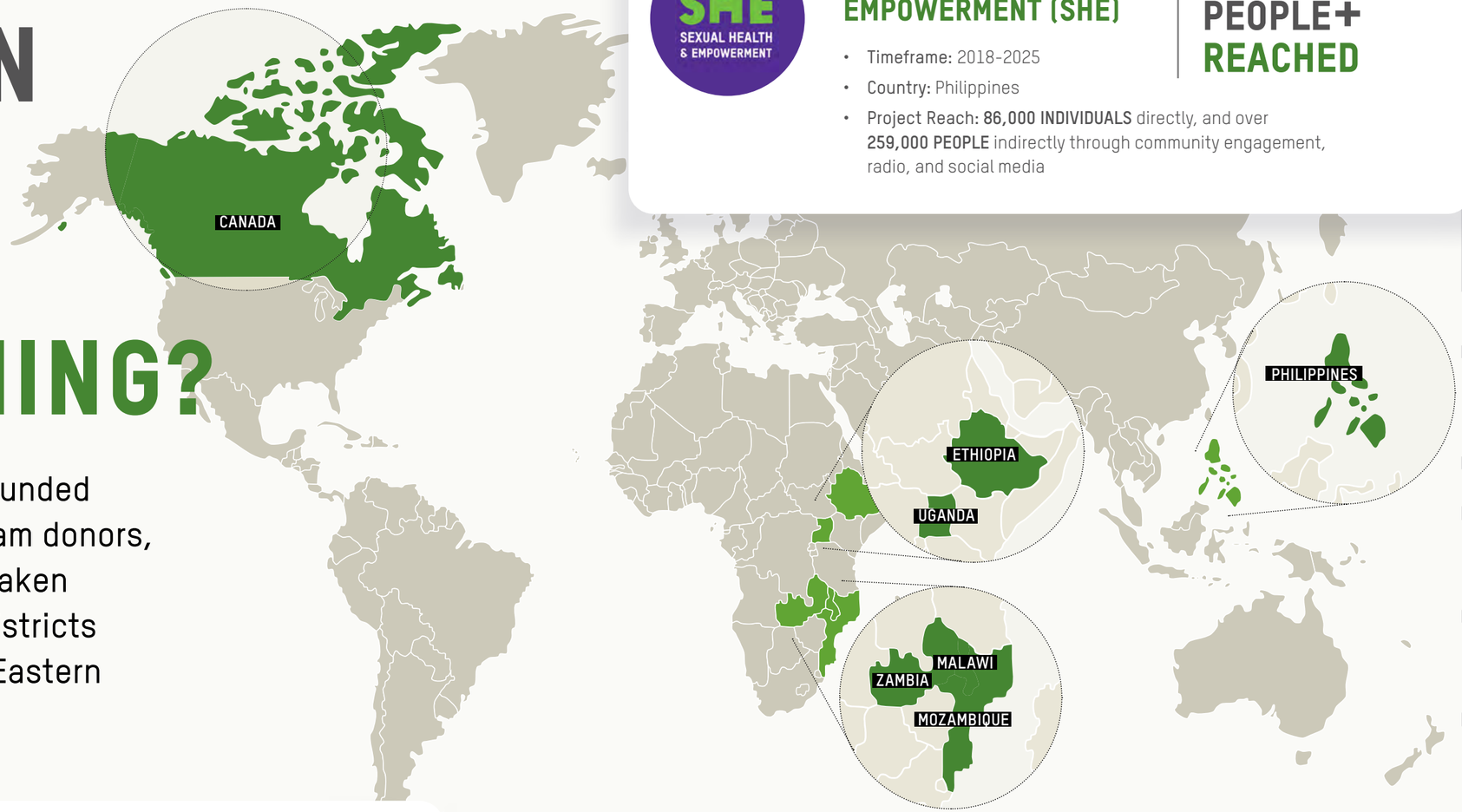
- Strengthening the capacity of women's rights and youth-led organizations to influence change
- Supporting partners in research, knowledge exchange, collaboration, and innovation on SRHR
- Promoting public engagement and mobilization on global and domestic SRHR issues

For more details on how we see change, see our theory of change.

Volunteers of the Sexual Health and Empowerment (SHE) Project in northern Samar facilitate a mentorship activity to train new peer educators how to discuss various sexual and reproductive health and rights issues in the community. Photo: Mark Saludes/FPOP

WHERE CAN YOU FIND OUR SRHR PROGRAMMING?

Through multi-year projects co-funded by Global Affairs Canada and Oxfam donors, we and our partners have undertaken SRHR programming in selected districts of countries in Asia-Pacific and Eastern and Southern Africa:



SHE SEXUAL HEALTH & EMPOWERMENT

SEXUAL HEALTH & EMPOWERMENT (SHE)

259,000 PEOPLE+ REACHED

- Timeframe: 2018-2025
- Country: Philippines
- Project Reach: **86,000 INDIVIDUALS** directly, and over **259,000 PEOPLE** indirectly through community engagement, radio, and social media

STAND UP FOR SRHR

STAND UP FOR SRHR (STAND UP)

173,225 PEOPLE+ REACHED TO DATE

- Timeframe: 2021-2028
- Countries: Uganda, Mozambique, and Canada
- Project Reach (to date): **34,645 INDIVIDUALS** directly, and over **173,225 PEOPLE** indirectly through community engagement, radio, and social media

HER FUTURE SRHR HER CHOICE

HER FUTURE, HER CHOICE:

STRENGTHENING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (HFHC)

1.4 MILLION PEOPLE+ REACHED

- Timeframe: 2019-2025
- Countries: Ethiopia, Malawi, Mozambique, Zambia, and Canada
- Project Reach: **353,111 INDIVIDUALS** directly, and over **1.4 MILLION PEOPLE** indirectly through community engagement, radio, and social media

OUR IMPACT

WHAT HAVE WE ACHIEVED?

Gilda, a young Mozambican activist, works with NAFEZA, a women's rights organization, on sexual and reproductive health and rights. Photo: Caroline Leal/Oxfam

After six years of implementing rights-based and comprehensive SRHR programming, evidence[7] indicates that our work has contributed to making a real difference in the lives of women, adolescent girls, and young people in project districts. This difference can be seen through a number of ongoing changes and shifts, such as:

REDUCING TEENAGE PREGNANCY AND UNMET NEED FOR FAMILY PLANNING

REDUCING TEENAGE PREGNANCY

Every year, roughly 21 million girls aged 15–19 in low and middle income regions become pregnant.[8] Teenage pregnancy contributes to serious health, social, and economic consequences for adolescent girls and their families - including increased risks of death for pregnant adolescents and their newborns.[9] Oxfam and partners work to support adolescent girls and young women in increasing their agency and ability to make informed decisions regarding if and when they would like to have children. Evidence[10] indicates that **OUR PROGRAMMING HAS CONTRIBUTED TO REDUCING TEENAGE PREGNANCIES BY 11% (FROM 19% TO 8%) IN PROJECT DISTRICTS** between 2019-2024. One of the ways we do this is through peer outreach and education, as shown through the story below.[11]

• • • Teenage pregnancies in project districts reduced by 11%

WHO ARE PEER EDUCATORS?

Peer educators play an important role in reaching out to fellow adolescents and young adults. They come from the same communities, share the same struggles, and understand the unique challenges of growing up in contexts where access to SRH education, healthcare, and information is limited. With proper training and support, they can act as bridges between young people and SRH information and services. Oxfam Pilipinas (2024), *SHE Rises: Stories of Change from People and Communities of the Sexual Health and Empowerment Project*.

Clockwise from top: Youth Peer Educators from San Isidro pose after their Peer Education Sessions. Photo: Oxfam Pilipinas • Peer Educators supporting a young woman at the Municipal Health Office in Cagwait, Surigao del Sur. Photo: Caroline Leal/Oxfam • Peer educators pose with IEC materials on teenage pregnancy. Photo: SIKAP. • Youth advocate Gilda Jacinto takes part in HFHC in Mozambique. Photo: Caroline Leal/Oxfam

IMPACT STORY

Mutinta* was a grade 8 student in Zambia; her family's financial challenges weighed heavily on her. Mutinta decided to get married and drop out of school, believing that marriage would relieve her family's burdens. Chanda, a peer educator working with the local health facility's outreach program, learned about Mutinta's situation and started visiting her regularly. Chanda provided Mutinta with information about SRHR, helping her understand the importance of her health, education, and future, while also educating her on the risks associated with early marriages and teenage pregnancies. Mutinta eventually left her marriage, returned to school, and continued her education under a scholarship. She is now training as a peer educator and actively advocates for SRHR in her community, and helps other young girls avoid early marriages and make healthier life choices.

*Photographs are shared with consent. However pseudonyms have been used for all stories to respect people's privacy, confidentiality, and anonymity, and identifying information has been changed.

A young woman in northern Ethiopia. Photo: Caroline Leal/Oxfam

DECREASING UNMET NEED FOR FAMILY PLANNING

Unmet need for family planning[12] refers to the percentage of women of reproductive age who are sexually active and want to stop or delay childbearing, but are not using any method of modern contraception. Worldwide, 218 million women have an unmet need for contraception, and unmet need is disproportionately high among adolescent girls.[13] Both SHE and HFHC worked on reducing unmet need for family planning, by increasing women and girls' access to a full range of short-acting and long-acting contraceptive methods, and empowering women and girls to make informed reproductive health choices. In addition to peer outreach and education, these activities included strengthening community referrals for SRH services, and working with schools to provide age-appropriate SRHR information, among other initiatives. Data from project districts promisingly indicates a **27% REDUCTION (FROM 30% TO 3%) IN UNMET NEED FOR FAMILY PLANNING AMONG ADOLESCENT GIRLS, AND A 29% REDUCTION (FROM 43% TO 14%) AMONG WOMEN AGED 20 AND OLDER**.

The BirBir health clinic provides sexual and reproductive health services for young people at this new building. Photo: Petterik Wiggers/Oxfam

IMPACT STORY

Mwayi, a 24-year-old youth club member in Malawi, took her sexual and reproductive rights into her own hands after participating in an HFHC peer-to-peer SRHR training session. "I am now free and happy," she says. "I am no longer scared of an unplanned pregnancy because I use contraceptives." She even got her boyfriend involved. He was initially reluctant to access SRH services at the local clinic, because in their community it is unusual for women to take a stand for their own sexuality, and myths and misconceptions about contraceptives and SRHR are widespread. Some believe that use of contraceptives can cause future infertility and birth defects, and that those who take them are promiscuous. The HFHC training session, however, inspired Mwayi to take a stand for her sexual and reproductive health. It also marked a turning point in her relationship. She says she is now "able to talk about how to manage our relationship as opposed to previously when I was so shy and thought he would harshly judge me for raising such issues, and I will continue to influence other youth to follow suit."

Mwayi, 24-year-old youth club member in Malawi, Photo: Oxfam in Malawi

• • • Unmet need for family planning reduced by 27% among adolescent girls and by 29% among women aged 20 and up

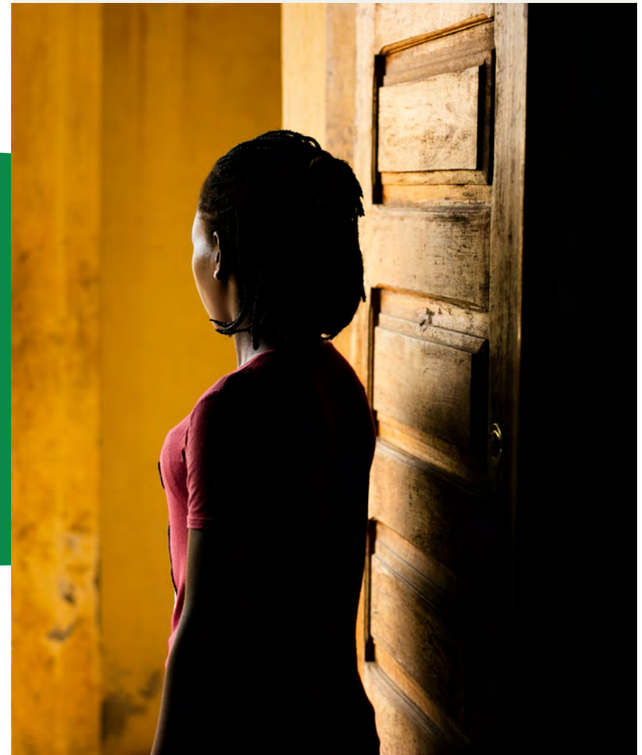
As shown through the stories of Mwayi and Anifa, myths around contraception are common in project communities, hindering women and adolescent girls' uptake of contraceptive care. Encouragingly, data suggests a **36% INCREASE (FROM 40% TO 76%) IN THE NUMBER OF INDIVIDUALS WHO ARE CONFIDENT ABOUT THEIR KNOWLEDGE ABOUT MODERN CONTRACEPTIVES**, indicating that awareness-raising efforts have been paying off. Data also suggests a 22% increase (from 27% to 49%) in the use of contraceptives in project communities.

• • • 36% increase in the number of individuals who are confident about their knowledge regarding modern contraceptives

IMPACT STORY

When she was just a teenager and still in school in Milange, Mozambique, Anifa became pregnant. She did not want to have a child so young, but she believed the myth that contraceptives lead to infertility. When she gave birth, she was forced to drop out of school to take care of her child. Like many young women, Anifa struggled to provide for her child without having completed her studies. Eventually, Anifa met HFHC community activists who had been trained in SRHR, who encouraged her to take part in a group session. The facilitators told her that many dangers she had heard about contraceptive methods were myths, and Anifa was able to use her newfound knowledge to help others. Today, she leads discussions about SRHR, sharing her skills and understanding with other girls in her community.

A young woman at a youth-friendly space in Mozambique. Photo: Caroline Leal/Oxfam



#SRHRisEssential Campaign on the International Day for the Elimination of Violence against Women

"Women are more aware of their rights and health services which they require and which they may not have – they now know that it is a right. For example, [...] women are accessing contraceptives more because of the high numbers of sensitizations regarding that service."

— DISTRICT FOCAL POINT, ZAMBIA.

INCREASING THE ENGAGEMENT OF MEN AND BOYS

Global evidence is mounting that working with men and boys is a key strategy for SRHR programming.[14] Their meaningful participation can lead to positive changes in their attitudes, perceptions, and behaviour regarding gender equality, which benefit women and girls and contribute to enabling conditions for fulfilling SRHR. Project partners engaged men and boys, particularly in SRHR dialogue and awareness-raising sessions. In Mozambique, for example, partners created safe spaces for young men and adolescent boys to discuss SRHR, while fostering conversations to challenge traditional gender roles, emphasizing women's rights, equal responsibilities in domestic roles, and promoting access to SRH services. On average, there has been a **14% INCREASE IN THE NUMBER OF MEN AND BOYS WHO SUPPORT WOMEN AND GIRLS TO EXERCISE THEIR RIGHTS**. Data suggests that there has been a consistent increase in the number of men and boys who support women and girls to exercise their rights to: 1) access SRH services and information, 2) decide whether, when and how many children to have, 3) bodily autonomy, 4) decide on one's own SRH.

• • • 14% more men and boys support women and girls to exercise their rights

IMPACT STORY

When Berhane married his wife Mihret she was 17 years old. Following the norms of the people in his community in Ethiopia, he pressured his wife to have a child at the age of 19, even though he was not prepared financially. His opinions began to change when he saw how much pain she experienced during labour and when he and Mihret struggled to feed their child on his income as a day labourer. But he felt the pressure from those around him for his wife to have more children, and began pushing Mihret to have another child. When he heard about a group being organized by Women Empowerment Action (WE-Action) in the HFHC project, he encouraged Mihret to join. The group turned out to be pivotal in their relationship. Mihret learned about family planning methods, and she encouraged Berhane to attend the group's family dialogue sessions, where he learned about family planning. Now, he is no longer pushing Mihret to have more children, and supports her decision to use contraception. He has even begun to tell his friends about maternal health and STIs.

Berhane, who supports his wife to use contraception, Ethiopia. Photo: Oxfam in Ethiopia

Clockwise from top:

Aberaw Mamo, 24, is a nurse who has worked at the clinic for eight years. He says that he and other staff are proud to provide confidential family planning and counseling and other services to young people. Photo: Petterik Wiggers/Oxfam

Embran, a peer educator and SRHR champion in Tawi-Tawi. Photo: Oxfam Pilipinas

A group of young men participating in Kulo Kabildo at Dimataling. Photo: PKKK

Luminto Toyontoc in Guminta village in Zamboanga Sibugay province southern Philippines. May 7, 2024. Luminto is a tribe leader of the Subanen, a tribe indigenous to the Zamboanga peninsula area and an advocate of women's rights. Photo: Basilio Sepe

FOSTERING COMMUNITY SUPPORT FOR WOMEN'S AND GIRLS' SRHR

Women's and girls' ability to exercise meaningful decision-making power over their sexual and reproductive health does not exist within a vacuum. Taboos and stigma often hinder access to SRH services, particularly for unmarried women and adolescent girls.[15] Community influencers – including community and religious leaders, teachers, and parents – can be powerful in shaping community members' attitudes and behaviours by changing social expectations, promoting positive social norms, and acting as supporters of gender equality and SRHR. Project partners engaged traditional, community, and religious leaders from the very start, approaching them with information about project goals to build relationships and get buy-in from the outset. For example, SHE partners worked with faith leaders to reinterpret religious texts in support of SRHR, and include SRHR in their sermons. The impact can be seen in an overall positive trend regarding attitudes towards SRHR. Data suggests a **25% INCREASE (FROM 50% TO 75%) IN THE NUMBER OF COMMUNITY MEMBERS WHO SUPPORT WOMEN AND GIRLS' RIGHTS TO: ACCESS SRH SERVICES AND INFORMATION; DECIDE WHETHER, WHEN, AND HOW MANY CHILDREN TO HAVE; BODILY AUTONOMY; AND DECIDE ON ONE'S OWN SRH**.

• • • 25% more community members support women's and girls' rights to:

- » access SRH services and information;
- » decide whether, when, and how many children to have;
- » bodily autonomy; and
- » decide on one's own SRH

"Now the traditional leaders, they are the ones [who…] will go and talk to the other headmen, those headmen will talk to the parents in the community, the parents will talk to their children, to their teachers to say 'let's now allow our children to be able to access our services.' Why? Because their children are getting pregnant and they are dropping out of school."

—PLANNED PARENTHOOD ASSOCIATION OF ZAMBIA (PPAZ), ZAMBIA.

Zagha, 13 and her father, Priest Aba, who went against child marriage norms and supported his daughter to stay in school. Photo: Caroline Leal/Oxfam

IP Consultation held September 2022 at Sumilao, Bukidnon on the Implementing Rules and Regulations (IRR) Drafting of RA11596. Photo: PKKK

IMPROVING SRH SERVICE PROVISION

Many factors can impact the uptake of SRH services, including the quality of health care and whether it is gender-responsive and youth-friendly; health service providers' technical skills; the availability of SRH medicines and commodities; and distance to health facilities. SHE and HFHC partners worked with a total of 98 health facilities (78 facilities in HFHC and 20 in SHE), to improve comprehensive SRH information and service delivery. Across these health facilities, **THE NUMBER OF SRH CLIENTS SERVED GREW 150% SINCE 2021, REACHING 157,079 IN 2023**.[16] The range of SRH information and services available at health facilities has also increased, where out of 98 project-supported health facilities, as of 2023:

- **31** more health facilities offer **GENDER-BASED VIOLENCE RELATED CARE AND COUNSELLING**
- **35** more health facilities offer a **BROADER RANGE OF SHORT AND LONG-ACTING CONTRACEPTIVES**
- **19** more health facilities offer **SAFE ABORTION SERVICES.**

• • • 157,079 SRH clients served at health facilities

IMPACT STORY

Lusungu is the Chief of a community level health committee established by Pathfinder International in Nagor, Mozambique. One day, he received a phone call that surprised him. Aya, a nurse at the maternity ward at Nagor Health Center, reached out to tell him that her health center was offering free, safe abortions. "I didn't really believe it," he says. "Because in the community everyone said that it was a crime and if you went to a health facility you would have to pay or give something." Indeed, most people in rural communities had not heard about Mozambique's revised abortion law that guarantees free access to abortion services. Aya had only learned about this during a training session with Pathfinder International. "I had heard of safe abortion but didn't know how to perform it," she says. Lusungu, though skeptical, decided to attend a training session himself. "I learnt that it is free and it is not a crime [...] I am informing my community now."

Lusungu, Chief of a community level health committee in Mozambique. Photo: Ângelo Xavier Valentim Marruo

Aya, a nurse at the maternity ward at Nagor Health Center in Mozambique, Photo: Ângelo Xavier Valentim Marruo

Bay Dangpanan Nan Cagwait, "The House of Refuge". Photo: Jhpiego

A healthcare worker in Dangcagan, Bukidnon discusses family planning outreach activities at her Rural Health Unit. Photo: April Ann Bulanadi

ENSURING THE AVAILABILITY OF SRH COMMODITIES AND ADDRESSING STOCKOUTS

We and our partners work to support SRH services within the public health system, to strengthen existing systems, avoid creating parallel structures, and better ensure sustainability. Working in the public health system in low- and middle-income settings entails specific challenges, such as frequent stock-outs of SRH medicines, commodities, and equipment. These stock-outs are in part due to supply chain management issues, particularly regarding contraceptives and (where legally available) safe abortion medications and supplies. Supply chain management involves systems for planning, managing and re-ordering medicines and supplies as needed. A key part of our SRHR programming is providing health facilities with technical assistance in supply chain management, in turn strengthening the consistent availability of SRH commodities, and ensuring that health facilities are better equipped to meet community needs effectively. Over the course of HFHC, for example, as a result of improved staff skills in stock management, **15 HEALTH FACILITIES THAT PREVIOUSLY EXPERIENCED FREQUENT STOCK OUTS HAVE NOW IMPROVED THEIR MANAGEMENT SUCH THAT THEY HAVE NOT HAD STOCK OUTS FOR OVER 6 MONTHS**.

• • • 15 health facilities with reduced stockouts of SRH commodities

Clockwise from top:

Staff from FPOP and Jhpiego and BHWs from San Isidro Rural Health Unit gather for a FamilyPlanning Day San Isidro, Northern Samar. Photo: FPOP

A trained health service provider injects a contraceptive at an outreach activity in Jabonga. Photo: SIKAP

Midwife Lakech Zenebe, 24, has worked at the BirBir Health Clinic in the maternal/child health section for a year and half. She says that on average the clinic handles about 22 deliveries per month, and about three of them might have complications. Photo: Petterik Wiggers/Oxfam

TRAINING HEALTH SERVICE PROVIDERS

Inadequate training, lack of privacy and confidentiality, and (perceived) judgmental attitudes from health service providers hinder both the provision and uptake of SRH services, particularly for adolescents and unmarried women.[17] Health service providers have been a key group for us to work with, in order to ensure high-quality SRH services. Through our programming, a total of **5,720 HEALTH SERVICE PROVIDERS HAVE UNDERGONE SPECIALIZED TRAINING TO OFFER GENDER-RESPONSIVE, YOUTH-FRIENDLY COMPREHENSIVE SRH SERVICES**, as shown through Limbani's story. Simultaneously, project partners and stakeholders have set up youth-friendly spaces within health facilities for safe, confidential SRH care. These two strategies have contributed to an increase in facilities that can offer youth-friendly services, where out of a total of 98 health facilities, **THE NUMBER OF HEALTH FACILITIES OFFERING ADOLESCENT-FRIENDLY SERVICES MORE THAN DOUBLED, FROM 40 TO 98**.

• • • 5,720 health service providers trained in gender-responsive and youth-friendly SRH services

• • • 98 health facilities offering adolescent-friendly services

IMPACT STORY

Limbani, who works with a local health centre in Balaka district, Malawi, has become the go-to person in his community for information on contraceptives and STIs. He says it is all because of an HFHC training session he participated in. In the past, he and his colleagues would be at a loss when adolescents and youth came looking for these services. The training session sought to give participants confidence in discussing SRH services and dispelling myths about contraceptives. It specifically aimed to make sure health workers like Limbani had the necessary skills to help adolescent girls and young women, who were often told that contraceptives were only for older people. "After we were trained, we now have the capacity and technical know-how of assisting young people," Limbani says. "Many young people come to get condoms, others come to get other long- and short-term family planning methods including getting treatment for STIs." Tiwonge, a 24-year-old who lives near Limbani's health center, says his initiative is what gave her access to contraceptives. "When we go to the facility," she says, "we usually ask for Limbani and he assists us accordingly and in a confidential way."

Limbani, health service provider, Balaka district, Malawi
Photo: Oxfam in Malawi

Project stakeholders in the Philippines similarly reported improved understanding of the need to provide SRH services in a respectful and youth-friendly manner, which contributes to greater uptake of SRH services.

"I had a lot of realization after the SHE trainings with Jhpiego. Before, I was judgmental to pregnant clients who did not observe birth spacing or who are too young to be in that situation [...] I would still advise them to come back after a month for a follow up checkup and they would never come back. After the training, I realized how wrong I was to reprimand and scold clients. Now, I have a more positive and welcoming attitude to all clients. I observed that more young clients are coming in for consultation, pre-natal visits, birth of their child, and vaccination of their infants. I feel that I gained the trust of my clients because I am more knowledgeable, and I deal with them with a positive attitude."

— NURSE, THE PHILIPPINES

Sarah, a Barangay Health Worker, from Bulusan, Sorsogon, Bicol. Photo: Caroline Leal/Oxfam

Nurse Dhay Jay inserts a PSI during a training in Bliss barangay, Buug, Zamboanga Sibugay. Photo: Rachaela Maruhom

Aurora, a Barangay Nutrition Scholar in San Rafael, offers seminars on effective contraception. Photo: Caroline Leal/Oxfam

ADDRESSING ISSUES OF ACCESS IN REMOTE AREAS

Project partners work in areas that are remote, rural, and/or hard-to-reach, which are often under-served and where people have to travel long distances to reach health clinics or hospitals. In order to facilitate access to SRH services, community awareness-raising sessions are commonly paired with mobile health clinics and outreach services, so that community members are informed about SRH services and their rights, and if they choose so, can access SRH services on the spot. This approach has been effective across all project contexts. As a result, **THE NUMBER OF PROJECT HEALTH FACILITIES CONDUCTING COMMUNITY OUTREACH AND MOBILE CLINICS INCREASED BY 18 (FROM 67 TO 85)**, so that prospective clients can access services closer to home.

• • • 18 project health facilities started conducting community outreach and mobile clinics

Anabeth Legaspo, a public nurse, discusses different forms of contraception at SHE partner SIKAP's community outreach activity in Caraga, Philippines. Photo: Erwin Mascarinas/Oxfam

The SRHR Caravan. Women reported learning about family planning methods, pregnancy prevention, and even how pregnancy occurs. Men reported that the AMDF learning sessions helped them to better understand, respect, and support their partners, as well as to respect people with diverse SOGIE. Photo: AMDF

ENHANCING ORGANIZATIONAL CAPACITIES OF WOMEN'S RIGHTS AND YOUTH-LED ORGANIZATIONS

Most of the advances in women's rights today are the result of sustained advocacy and actions by women's rights organizations and movements to raise public awareness about gender inequalities, pressure governments for change, and hold governments to account for implementation of laws and policies.[18] Organizations, however, often need support in strengthening their capacities to develop advocacy and influencing plans, better engage diverse groups, improve fundraising strategies, or other areas of their work. Since 2009, Oxfam Canada has viewed supporting capacity strengthening as central to our programming. We believe that women's rights organizations can become more effective agents of change when their own organizational structures, policies, procedures, and programming are democratic and gender just. We also believe that organizations best understand their own strengths and challenges, and are best placed to determine what they need to improve on to carry out more effective advocacy and programming.

In our SRHR projects, women's rights and youth-led organizations have used Oxfam Canada's *Capacity Assessment Tool for Sexual and Reproductive Health and Rights Programming*, a structured, self-assessment instrument that facilitates organizational dialogue and reflection on existing capacities in SRHR programming. The tool enables organizations to identify strengths, weaknesses, and gaps, as well as encourages collective reflection, analysis, and collaborative planning. A qualitative external evaluation in the Philippines found that the tool has significantly contributed to building the capacities of women's rights organizations. For example, one SHE partner identified financial accompaniment and training as an area where the organization's capacities could be strengthened. Finance,

Youth advocates speak up on community radio show in Mozambique. Photo: Caroline Leal/Oxfam

administrative, and project staff participated in a series of financial management trainings and received technical support, resulting in updates to finance policies, especially regarding internal controls, procurement processes, and financial monitoring and reporting tools. As a result of staff having increased knowledge and skills in financial management as well as increased commitment to stewardship and accountability, the organization's financial resources were better utilized, leading to an improved quality of programs and services.

> "It is a chain reaction: by establishing strong financial controls in our projects, we attract more donors and thereby more projects, which ultimately leads to more jobs and, consequently, more support for the community."
>
> - SHE PARTNER

ADVOCATING FOR SUPPORTIVE LAWS AND POLICIES

Key to ensuring the SRHR of women, girls, and young people, is fostering a supportive legislative and policy environment that enables access to SRH information and services. We partner with women's rights and youth-led organizations to build alliances and undertake sustainable, community-based advocacy to improve SRHR laws and policies. Shifts in legislative and policy frameworks take time, however, and changes in context can mean backsliding or new obstacles. Nevertheless, our partners have secured important advocacy wins over the course of our SRHR programming.

In Malawi, for example, HFHC partners worked closely with women's rights organizations and other partners to push for an increased allocation for SRHR in the national budget, having found, when they analyzed the budget in 2021-2022, that there was no specific SRHR budget line. HFHC and partners communicated these findings to Parliament, the women's caucus, the Ministries of Health, Finance, Gender, and other government departments and agencies, advocating for increased health sector and SRHR financing. This sustained pressure paid off when a 13% increase in the budget allocation for SRH commodities was secured in the 2023/2024 budget, followed by an increase in the national health budget from 8.5% to 12.2% for 2024/2025. Similarly in the Philippines, the continuous engagement of a network of women's rights organizations with local government units and community leaders resulted in significant advocacy achievements. For example, SHE partners in the Municipality of Lianga engaged local government units and trained women's rights organizations and youth leaders to lobby for government support of SRHR. As a result, three directives were adopted in Lianga, mandating the establishment of locally based adolescent-friendly youth centers by the government.

- Advocacy resulted in increased national budgets for SRH

- Advocacy resulted in government mandates for the establishment of adolescent-friendly youth centers

Diana Kathrine Fontamillas leading a discussion on the Safe Spaces Act of 2019 (or the "Bawal Ang Bastos Law") and Anti-Online Child Sexual Abuse and Exploitation of Children (OSAEC) Law of 2023 during the World Sexual Health Day Campaign with students at San Roque National High School Photo: Neal Roxas/Oxfam

CHALLENGES AND LESSONS LEARNED

SHE Peer educators from the different SHE areas in Mindanao with Oxfam SHE team, PKKK, SIKAP, UnyPhil-Women, AMWA, Jhpiego, WGNRR and UPCWGS during the 2nd batch of Peer Educators Summit in Davao City, January 18-20, 2023. Photo: Oxfam Pilipinas

Building on Oxfam Canada's experience of working to shift power relations, our programming takes a non-linear view of change, recognizing that work to promote, protect, and fulfill SRHR is complex. Over the past six years, we have come up against challenges and limitations. These include:

Working on contested or "taboo" issues in traditional and conservative contexts.

SRHR are highly contested, and issues such as safe abortion, youth sexuality, and LGBTQI+ rights are often particularly stigmatized. In prioritizing project districts with some of the poorest people or worsening SRHR trends, this has entailed working in communities where harmful traditional practices and norms regarding gender and sexuality often have deep roots. This has meant that in our approach, we and our partners have often had to look for "softer" entry points for SRHR advocacy and programming. For example, while we consider language such as "contraception" to be more rights-based than "family planning," the latter is language that often lands better in the communities in which we work (and even still, there can be resistance and pushback). We consider it important to follow the lead of local women's rights organizations, who know the local contexts and types of messages and approaches that are best suited to prevent or address backlash, while still looking for additional ways through which we can ensure rights-based language and framing in our programming and materials.

SRHR are prone to pushback or backlash.

Data suggests that although we have made clear progress on certain fronts, there has also been some backsliding, for example regarding men and boys' support for women and girls to be sexually active, enjoy pleasurable and safer sex, and choose whom and when to marry. This indicates that further work is needed, particularly with men and boys. Harmful norms, stigma, and backlash from conservative groups within communities persist. Continued awareness-raising, community engagement, and responsive programming will be vital to ensure that all individuals can fully exercise their rights and access the services they need. Retaining a focus on women and girls while expanding engagement with other actors will be important, in order to not lose gains already made with women and girls themselves.

Limitations in evidence regarding progress in promoting comprehensive SRH services and for diverse groups.

Our programming to date has primarily focused on improving the SRHR of women and girls, meaning that related data for tracking progress focuses on these groups. There is limited programming information and experience working with gender diverse people, and in turn there is no related data. Similarly, while our programming works to improve the availability of a comprehensive set of SRH services, in some cases our project monitoring has

A health service provider arranges progestin sub-dermal implants (a form of long acting reversible contraception) ahead of an outreach activity in Caraga, Philippines. Credit: Erwin Mascarinas/Oxfam

"It was difficult to rebuild this place," says nurse Bethlehem Feleke. Since re-establishing the sexual and reproductive health clinic, she says their data show a reduction in gender violence and teen pregnancy. Photo: Petterik Wiggers/Oxfam

only captured health behaviour regarding pregnancy and contraceptive use. Important issues such as consensual, safer, pleasurable sex and addressing LGBTQI+ people's needs were neglected. For future programming, we need to capture data beyond contraceptive use, such as for clients seeking care for STIs, including HIV, as well as for diverse groups beyond women and girls.

Suitability of evaluation and data collection methods for capturing changes in agency, norms, attitudes, capacity-strengthening, and advocacy.

Although our programming has shown promising signs of creating meaningful change, in some cases the data collection methods were not suited for capturing this change. As a result, the majority of our qualitative data has tended to be anecdotal in nature, drawing on partners' annual reporting. Evaluations more strongly rooted in qualitative methods and participatory and age- appropriate approaches could provide a more nuanced understanding of the impact achieved, as well as be more aligned with feminist monitoring, evaluation, accountability and learning (MEAL) principles (see below).

SRHR programmes need to adequately prioritize time, processes, knowledge management, capacity support, and resources in order to live up to feminist MEAL principles.[19]

In order to further embed feminist MEAL in future programming, partners require skills building and capacity strengthening on both MEAL and feminist MEAL. Additional time and financial resources are required to implement feminist evaluation methodologies, grounded in participatory approaches and qualitative methods.

A young woman receiving adolescent-friendly, gender-responsive counselling from a trained Health Service Provider at a Rural Health Unit. Photo: Caroline Leal/Oxfam

FemmeLab's "Lots of Landi, I know It's My Right" training toolkit is a practical guide for individuals and organizations who desire to raise the consciousness and capacities of young women in advocating, through media storytelling, the importance of positive sexual experiences in SRHR. Photo: Oxfam Pilipinas

"Saying Yes to Whose Pleasures? A Feminist Study on the Acceptability of Pregnancies for Young Women" and "Briefer on Teenage Pregnancy". Photo: Oxfam Pilipinas

The health clinic in Birbir was heavily damaged and looted in a conflict in the area in 2020-2021. Oxfam and Global Affairs Canada helped to fund replacement of some equipment. Photo: Petterik Wiggers/Oxfam

CONCLUSION

Understandably, further work is needed to fully overcome cultural and systemic barriers to SRHR across our project implementation contexts. For us, our experience has illustrated the importance of undertaking a comprehensive, multifaceted approach to SRHR programming, that includes engaging with communities, health systems strengthening, and an ongoing, holistic, and flexible approach to advocacy, while centering our primary target groups (namely women, girls, youth, and gender diverse people). It is also important to not shy away from working on what are often neglected areas of SRHR, such as comprehensive sexuality education, adolescent SRHR; comprehensive contraceptive care; safe abortion; and advocacy for SRHR.[20] In this spirit, we and our partners will continue our programming and advocacy efforts to ensure that all people and communities have the social, political, and economic power to enjoy their SRHR.

> "Now I know that it is our right to experience sexual pleasure and explore our sexuality as long as we are safe and it is consented."
>
> — MARIKIT, 21-YEAR-OLD PEER EDUCATOR, THE PHILIPPINES.

SRHR Training participant, Mozambique. "Me, My Body, My Rights" manual from Mozambican Oxfam partner Forum Mulher pictured here. Photo: Caroline Leal/Oxfam

OUR PARTNERS:

HER FUTURE HER CHOICE:

Ethiopia: Women Empowerment Action (WE-Action), Pathfinder International (Pathfinder)

Mozambique: Núcleo das Associações Femininas da Zambézia (NAFEZA), Pathfinder International (Pathfinder)

Malawi: Centre for Alternatives for Victimised Women and Children (CAVWOC); Network for Youth Development (NfYD); Family Planning Association of Malawi (FPAM)

Zambia: Planned Parenthood Association of Zambia (PPAZ); Women in Law and Development in Africa (WiLDAF); Southern Africa HIV & AIDS Information Dissemination Service (SAfAIDS)

Canada: Action Canada for Sexual Health & Rights (Action Canada)

SEXUAL HEALTH AND EMPOWERMENT:

Philippines: Al Mujadila Women's Assocation (AMWA); Davao Medical School Foundation, Inc. (DMSFI); Family Planning Organization of the Philippines (FPOP); FriendlyCare Foundation; Mayon Integrated Development Alternatives and Services (MIDAS); Pambansang Koalisyon ng Kababaihan sa Kanayunan (PKKK); Sibog Katawhan Alang sa Paglambo (SIKAP); United Youth of the Philippines Women (UnYPhil Women); University of the Philippines – Center for Women and Gender Studies (UPCWGS); Women's Global Network for Reproductive Rights (WGNRR)

International partners: Jhpiego

STAND UP:

Mozambique: Associação Moçambicana para o Desenvolvimento da Família (AMODEFA); Centro de Pesquisa em População e Saude (Population and Health Research Center) (CEPSA); Associação Lambda (Lambda); Associação Moçambicana da Mulher e Apoio a Rapariga (OPHENTA)

Uganda: Centre for Health Human Rights and Development (CEHURD); Femme Forte; Makere University School of Public Health; Reproductive Health Uganda

Canada: Action Canada for Sexual Health & Rights (Action Canada)

International partners: Guttmacher Institute, International Planned Parenthood Federation - Africa Regional Office (IPPF-ARO)

1 For a more detailed overview of the different components of SRHR and related SRH services, see: Ann. M Starrs et al. (2018), "Accelerate Progress—Sexual and Reproductive Health and Rights for All: Report of the Guttmacher–Lancet Commission," *The Lancet* (391): 2645–46.

2 Hernando Grueso et al (2024), *Investment in Effective Programmes for Adolescent Girls – Global and Regional Benefit-Cost Ratio Estimates*; Starrs et al (2018); Elizabeth A. Sully et al (2020), *Adding It Up: Investing in Sexual and Reproductive Health 2019*.

3 Inter-Agency Working Group on Reproductive Health in Crises (IAWG) (2018), *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*

4 UNICEF, (2023) *Adolescent Girls – The Investment Case*.

5 Oxfam Canada (2020), *Sexual and Reproductive Health and Rights Theory of Change: Increasing Bodily Autonomy, Agency, and Enjoyment of SRHR*.

6 United Nations Human Rights Office of the High Commissioner, *Sexual and Reproductive Health and Rights*.

7 As the Stand Up project is still underway, evidence in this brief is pulled from SHE and HFHC annual project reporting from partners, and from SHE and HFHC baseline, midline, and endline evaluations conducted by external evaluators.

8 World Health Organization (2024), *Adolescent Pregnancy*.

9 WHO (2024), *Adolescent Pregnancy*; Andrea Nove (2014), "Maternal Mortality in Adolescents Compared With Women of Other Ages: Evidence from 144 Countries," *The Lancet 2(3)*; Plan and UNICEF (2014), *Experience and Accounts of Pregnancy Amongst Adolescents*.

10 Data on teenage pregnancy at baseline, midline and endline is available for Malawi, Mozambique, the Philippines and Zambia. Due to a data collection error, the endline survey in Ethiopia did not capture data regarding the project's adolescent pregnancy indicator, entailing that there is no comparison available.

11 Pseudonyms have been used for all stories to respect people's privacy and confidentiality, and identifying information has been changed.

12 Oxfam Canada prefers to use the term "contraception" rather than "family planning." The latter term has problematic and neo-colonial roots in population control initiatives, and does not accurately reflect the reality and SRH needs of diverse groups. As a concept, however, "family planning" continues to be used in national, regional, and global measurement frameworks, such as in target 3.7 Sexual and Reproductive Health in the *Sustainable Development Goals*. In more conservative and restrictive settings where SRHR are highly stigmatized, the term is also often considered to be less likely to provoke resistance or backlash. As such, Oxam Canada strives to use the term on an as needed basis only, while working with partners to popularize more rights-based and inclusive language. For more information on the term "family planning," see Maria I. Rodriguez et al (2014), "Family Planning Versus Contraception: What's in a Name?", *The Lancet 2(3)*.

13 Guttmacher Institute (2020), *Fact Sheet: Adding it Up: Investing in Sexual and Reproductive Health in Low- and Middle-Income Countries*.

14 UNFPA (2017), *Global Sexual and Reproductive Health Service Package for Men and Adolescent Boys*; Eimear Ruane-McAteer et al (2020), *Gender-Transformative Programming with Men and Boys to Improve Sexual and Reproductive Health and Rights: A Systematic Review of Intervention Studies*.

15 Sully et al (2020); UNFPA (2022), *My Body, My Life, My World Operational Guidance: Module 1 – Adolescent Sexual and Reproductive Health and Rights*.

16 This analysis does not include health facilities in Ethiopia because of the Tigray conflict (2020-2022), which resulted in thousands of deaths and millions of internally displaced people. Health facilities were also damaged and became non-functional. HFHC efforts in Ethiopia focused on restoring these facilities in collaboration with the Ministry of Health and other external stakeholders.

17 Akinrinola Bankole et al (2020), *From Unsafe to Safe Abortion in Sub-Saharan Africa: Slow but Steady Progress*; Preethy D'Souza et al (2022), *Factors Influencing Contraception Choice and Use Globally: A Synthesis of Systematic Reviews*.

18 OECD DAC Network on Gender Equality (GenderNet) (2016), *Donor Support to Southern Women's Rights Organizations: OECD Findings*; Laurel Weldon et al (2020), Handmaidens or Heroes? Feminist Mobilization as a Force for Economic Justice.

19 Feminist MEAL is based on the understanding that transformative change in unequal gender and power relations is complex and non-linear. It challenges us to think differently about what is considered evidence, pushes the boundaries of how evidence is captured, questions who gives knowledge meaning and power, and promotes social transformation. Oxfam Canada (2020), *Feminist Monitoring, Evaluation, Accountability, and Learning*.

20 Future Planning Initiative (2019), *Addressing Neglected Areas in Sexual and Reproductive Health and Rights: Principles and Effective Practices*.

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Laura works in Mocuba, Mozambique, a place with a high level of premature unions, early pregnancy, and unsafe abortions. Activists like Laura, therefore, are pivotal to improving women's rights in the area. Photo: Oxfam in Mozambique

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