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# Rights in Practice: What Makes a REAL Difference to Programs

## Meeting Report

November 10, 2018  
Kigali, Rwanda



## ACKNOWLEDGEMENTS

The meeting and this report represent the collaboration and collective thinking of long-time champions, practitioners, and students of Rights-Based Family Planning led by Lynn Bakamjian, Karen Hardee, Jan Kumar, and Karen Newman. The meeting exceeded all expectations because of their insight, expertise, brilliant organizational and presentation skills, and constant and ready support and because of the extraordinary contributions of the panelists and all participants in Kigali.

Family Planning 2020 is grateful to the many partners, from Washington to North Carolina and from India to Mozambique and all points across and in between, who shared partners, insights, and expertise from beginning to end. This enabled us to identify experts and practitioners from villages, remote clinics, townships, and cities who have developed powerful programs and approaches that respect and protect rights. These people were willing to take the time to travel to the Kigali Convention Center to share their experiences with all of us. Their understanding of the strength of rights in programming and their generosity in sharing their work, successes, and challenges made this day a full and rich one.

Sandra Jordan, Senior Advisor, Rights and Empowerment, Family Planning 2020

Jennie Greaney, Technical Specialist, Commodity Security Branch, UNFPA

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## BACKGROUND: THE ROAD TO KIGALI

Since the London Family Planning Summit in 2012, when concerns that the aspirational goal of 120 million more users of contraception could lead to programs that pressure women to use contraception

and raised the specter of coercive practices, Family Planning 2020 has established rights-based family planning (RBFP) as the foundation of the goal and fundamental to the work of FP2020, DFID, UNFPA, and the Bill & Melinda Gates Foundation.

Since 2016 FP2020 has conducted annual global consultations to explore and advance our understanding and practice of RBFP. The first, the *Consultation on Realizing Sustainable Programming for Rights-based Family Planning*, was hosted by the International Planned Parenthood Federation (IPPF) in their London headquarters June 9-10, 2016.



Thirty representatives from donor organizations, technical assistance agencies, and research groups focused on the practicalities of applying the rights-based approach to advance progress in programming. The meeting was characterized by frank discussions to clarify concepts and explore such issues as how to empower women and girls to utilize their rights and how to engage communities in the effort. The report can be found at [https://www.familyplanning2020.org/sites/default/files/FP2020\\_Rights-Based-Family-Planning-Consultation-FINAL.pdf](https://www.familyplanning2020.org/sites/default/files/FP2020_Rights-Based-Family-Planning-Consultation-FINAL.pdf)

A second meeting in 2017, also hosted by IPPF, focused on developments and needs in RBFP programs. *Rights, The Unfinished Agenda*, built on the outputs of the Second Family Planning Summit for Safer, Healthier, and Empowered Futures that ended earlier that week to take stock of the gains since the 2012 Summit, and to use the learnings to advance and update the RBFP agenda. The 2017 meeting report [https://www.familyplanning2020.org/sites/default/files/London\\_2017\\_Consultation\\_Report.pdf](https://www.familyplanning2020.org/sites/default/files/London_2017_Consultation_Report.pdf)

This 2018 meeting in Rwanda provided an important breakthrough in our understanding of rights in programming as it gave the stage to those working in country, who acted on the need for programs that were founded in rights for them to successfully meet clearly defined needs for specific populations. Global development actors present learned by the individual experiences and programs and discovered what embedding respectful, equitable care looked like and what tools were needed to get it done. The day was designed to explore the foundations of the RBFP approach, improve common understanding of the concepts, share program learnings, and to build on the body of evidence that shows RBFP can significantly improve programs, uptake, and women's and girl's satisfaction. This third meeting did all this, and more. It became a testament to human will, perseverance, and the desire to help others.



## EXECUTIVE SUMMARY

### OBJECTIVES, PARTICIPATION, AND FORMAT OF THE MEETING

Family Planning 2020 and UNFPA *Rights in Practice: What Makes a REAL Difference to Programs*, was a community conversation among those engaged in SRHR programming and services and who work in rights based programming, inclusive of quality of care and the person-centered approach. The approach was to help broaden the network of people engaged in this work, to connect them with each other, and to expand understanding of the challenges, approaches, and positive outcomes that result. The agenda can be found in Annex 1.

#### Meeting Objectives

- Exchange examples and updates on successful programs and advocacy related to rights in family planning and across the SRH spectrum
- Identify what has worked and why, and understand the benefits and challenges of implementing a rights-based approach
- Review even the most successful programs to see how they can become even more rights-based and client-focused through application of principles into practice
- Develop recommendations and actions for advancing rights-based approaches at individual, community, policy, and programmatic levels

#### Participants

Meeting participants included human rights lawyers, clinic directors and practitioners, advocates, youth representatives, country development partners and foundations, researchers, midwives, and activists. They described their work, offered recommendations and guidance for others, and defined how the rights-based approach advanced their goals. The work represented covered a large array of programs and practice across a broad spectrum of sexual and reproductive health services, with each one identifying what has worked and why, what hasn't and why. These diverse actors joined the cross-continent conversation, each learning and sharing their understanding of what makes a program rights-based, why they think this is important, and to learn best practices from each other how to "rights size" already promising programs. Since the meeting, an even more important outcome has evolved: the gathering created a network of committed people who are now sharing their experiences and solutions.

The full list of participants and their biographies can be found in the attachments at the end of the report.

#### Format of the Meeting

Throughout the day, attendees and presenters learned rights-based programming is not one size fits all: It requires consideration of specific client needs whether the clinic is in a busy urban area, a humanitarian setting, or in a program reaching populations marginalized by locale or by physical ability. We heard that rights-based programs must be implemented with strong understanding of and respect for community norms; awareness of country policies and laws (and the knowledge and willingness to change them); the degree to which program champions must promote rights literacy among individuals and the community; and that programs must be fluid enough to surmount any challenges. Each presenter provided insights that significantly improved understanding of what makes a rights-based program and shared the many pathways to achieve a rights based approach.

To start the day, speakers and participants were asked to consider a few questions as they heard individual and program experiences.

- Why are rights important to programs, but more importantly, to people? How can we advance knowledge and understanding of the fundamental right to participate in the decisions about one's own life?
- What is the role of the health system in advancing peoples' rights to comprehensive, respectful care, and counselling that guarantee voluntarism and informed choice?
- How can donors and program designers ensure rights are embedded in programs going forward?
- How do we advance rights at the community, individual, and policy levels so that women and girls know and own their rights in a supportive policy environment that ensures these programs will be readily available and accessible?
- How can program designers, project managers, and others advocate for bigger changes both within their projects or organizations to impact more people over time?
- How do we share and expand our learnings to truly amplify change?
- How can we work better in challenging environments?

All present actively interrogated the approaches, shared how they would do similar work, and identified what the Sexual Reproductive Health and Rights (SRHR) community needs to do to be truly rights-based and inclusive of quality- and person-centered care.

Overviews of each of the panel presentations as well as the agenda, biographies of the participants, and contact information are included in the annex of this meeting overview.

## MAIN OUTCOMES OF THE MEETING

There was consensus among participants on numerous issues and agreement on key areas for action going forward. This summary review offers a flavor of the discussions triggered by the presentations.

- The rights-based approach, with its focus on quality- and client-centered care, among principles, offers clients a much-improved experience and better access to quality programs and comprehensive counselling.
- Despite operational challenges, there is a strong need to design or refine programs with a client focus if we are going to reach all people who desire FP and other SRH services.
- Linking to International agreements, understanding local laws, and advocacy across the SRH spectrum can and will advance individuals' human rights if women and girls – the client – are the central focus of the program.
- Where supportive and enabling environments exist, we must take full advantage; where they don't exist, we must make policy changes and changes at the community level where and when we can to achieve progressive realization of rights.
- To improve rights literacy of clients, their families, their communities, and among policy-makers, we should use lay terms rather than the language of human rights treaties, to be successful.
- Taking full advantage of supportive environments to advance rights-based programming and rights literacy is important.

- Designing programs around the needs and stated desires of the client will almost inevitably lead to a rights-based approach.

## KEY FINDINGS

The day's pacing provided the space that allowed participants to explore how even highly successful programs could become even more rights-based and client-focused and to identify the obstacles to success, which include the lack of understanding of and resistance to rights concepts and language.

Solutions were varied and largely focused on improving rights literacy at all levels, greater engagement with other sectors, more focused advocacy, and the need to push for new ways of working. The group challenged donors, governments, program implementers, advocates, and themselves to incorporate rights in all their work.

Among the specific actions discussed and recommended:

### Enhance and increase community education and social accountability.

- Engage community members in monitoring programs (e.g., community scorecards) and create community demand for quality information and services (e.g. a social accountability task force that identifies gaps and supports providers.) Increased focus on social and behavior change communication to change social norms.
- Develop new, and improve existing, partnerships with other sectors and other actors both within and beyond the health sector (e.g., HIV/AIDS, the humanitarian community, judges, parliamentarians, religious leaders, police, youth, environmental/conservation groups).
- Create advocacy asks and opportunities to promote rights. Everyone should take part in the conversations related to national and global needs and initiatives and demand legal accountability using treaties, conventions, and laws to uphold human rights in the courts. Citizen engagement was also encouraged through the use of such tactics as community scorecards to monitor client satisfaction and hold clinics accountable.
- Increase outreach to the underserved and marginalized populations. There was a strong call to think beyond serving women and girls and to more actively engage with boys and men, marginalized populations such as the disabled or those living in humanitarian or crisis situations, intersex people, and others.

TO IMPLEMENT RIGHTS-BASED FAMILY PLANNING, WE NEEDED TO START WITH OUR OWN HOUSE/CLINIC.

JACKSON CHEKWEKO, REPRODUCTIVE HEALTH UGANDA

### Increase Programmatic Change at all levels.

- Even when women understood their rights and could demand better, more respectful treatment, the providers often are neither trained nor empowered in how they can improve the client experience. Governments, donors, the private sector, and implementing agencies should accept the responsibility for raising clinic standards, offer more provider training, and demand respect for clients.
- Program evaluation is needed that systematically applies a rights-based framework.
- Define success in terms of positive client experience, not just numbers served.

## Improve How We measure Success

- Given that data and measurement and evaluation are primary drivers for program improvements, there was concern that innovations in measurement are not keeping pace with evolving programs. Participants called for developing measures that focus on equity and quality of services, recommending the addition of rights-specific indicators to routine program monitoring and evaluation (e.g., good counseling, clinical safety, method choice, provider attitudes and behaviors, etc.) will allow program designers and implementors to see where their efforts are falling short.

## Rights are not just a program concept, they are a program must.

- More effort is needed to incorporate rights as a central element in all development discussions and activities, from health systems strengthening, working with the private sector and from Universal Health Coverage and the SDGs.
- Language matters, the group agreed, and called for framing quality/rights in ways that are acceptable and easy to understand by every intended audience. This could include stressing the need in terms of health, in terms of quality and person-centered care, and avoiding stigmatizing language.

## Donors were challenged to change how they work.

- Among the recommendations were: streamline funding, break down silos across initiatives and sectors, move away from CYP (couple years protection) reporting, and fund more research and monitoring and evaluation to build the evidence base.
- Actively seek ways to bring more cohesion to the funding landscape by reducing parallel, uncoordinated efforts within and across sectors, failing to adequately address equity, reduce promotion of specific methods (e.g. LARCs, Sayana press) rather than focusing on a broad method mix in all clinics and setting, and concentrate on ensuring a broad range of methods to women when and where they need them and improve counselling for all methods.
- Increased investments in advocacy for supportive policies.

PROGRAMS NEED TO DESIGN SERVICES WITH THE CLIENT AT THE CENTER AND HOLD OURSELVES ACCOUNTABLE TO CLIENTS.

EFFIOM EFFIOM, MSI

Ultimately, the group agreed that advancing rights must go beyond the clinic and address the lives of girls and women as they are actually lived by the clients, which makes integrated programming a must if we are to address the complex reality of peoples' reproductive lives. A few areas were singled out for attention: address the needs of the many underserved or marginalized communities, reach out to those in humanitarian and conflict settings, and work in environment and climate change. Expanding work in such areas as gender based and intimate partner violence and male engagement, they agreed, will alleviate reproductive coercion for or against family planning or certain methods and help change community norms.



## SUMMARY OF PROCEEDINGS

### Opening the Day

The meeting began with remarks from the co-sponsors of the consultation, Family Planning 2020 and UNFPA.

Beth Schlachter, Executive Director of FP2020, welcomed participants, noting a meeting on rights is a great way to start the week of the ICFP. She stressed that rights are central to the goals and vision of FP2020. She noted she looked forward to hearing about the array of community programs that have seen the need for and importance of programs that reinforce rights, efforts that are most welcome given that FP2020 is a global effort that supports the rights of women and girls to decide - freely and for themselves - whether, when, and how many children they want to have. Ms. Schlachter closed by noting that FP2020 was designed as a partnership and works closely and collaboratively with governments, civil society, multilateral organizations, donors, the private sector, and the research and development community - not to mention the many service providers, human rights lawyers present in the conference center, to expand access, availability, and affordability of contraception.

Dr. Ayman Abdelmohsen, Global Operations Lead, Commodity Security Branch, UNFPA, agreed the meeting was a fitting way to begin the ICFP conference. He noted that UNFPA is the UN agency for sexual reproductive health and rights (SRHR), so linking family planning with human rights has been UNFPA's mandate since the 1968 Universal Declaration on Human Rights. The International Conference on Human Rights proclaimed the basic right of parents "to determine freely and responsibly the number and the spacing of their children" (para. 16). This right has guided family planning programming and was the cornerstone of the 1994 International Conference on Population and Development (ICPD).

Both spoke about the ambitious and aspirational goal for Family Planning 2020 to attract 120 million more women and girls to use contraceptives by 2020, adding that the focus on new users provided a means, not an end. The means ensures women enjoy human rights and reproductive rights. It is not just about delaying pregnancy but about women being able to make informed decisions about their fertility. If we believe that family planning is a human right, we need to focus on those who are underserved, both geographically and socially. Equitable access to quality services is our goal.

### Keynote Presentation

**Keynote speaker Tom Mulisa, Executive Director of the Great Lakes Initiative for Human Rights and Development and Lecturer at the University of Rwanda** underscored the

importance of human rights conventions in supporting political and social change. He outlined the process by which he employed these conventions to change laws, noting that while they are a starting point in the political process, but the end point lies with community action and advocacy. In his keynote, he took the group through the process of using human rights protocols to change unfair laws, improve programs, and advance community understanding of their rights.



Mulisa transformed the lives of women in Rwanda by using human rights protocols, rights literacy, advocacy, and activism to guarantee their reproductive rights. He challenged a provision in Rwanda’s penal code that required a woman to get a court order to get an abortion, using Rwanda’s 2003 agreement to The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, better known as the Maputo protocol, which guarantees comprehensive rights to women including the right to take part in the political process, to social and political equality with men, improved autonomy in their reproductive health decisions, and an end to female genital mutilation. Given Maputo supersedes national laws, he spearheaded a multilevel campaign designed to empower rights holders and duty bearers at all levels - from women parliamentarians to young girls living in remote, rural areas. To do this, he partnered with the National Women’s Council, an organization responsible for advocacy, capacity building, and social mobilization that operates under the guidance and supervision of the Ministry of Gender and Family Protection. They worked with him to explain the Maputo Protocol to all stakeholders. At the same time, he began testing the Protocol in court so once the challenges to Article 14 started, there was legal precedence. Ultimately, they convinced a judge to order hospitals to provide counseling and abortion using evidence that showed large numbers of women were in prison because of abortion and underscoring this was a crime of poverty. This evidence also was used with the Ministry of Health to back the ministerial order to implement the new penal code.

While rights conventions are vital, Mulisa stressed the need to discuss these conventions and protocols in simple language. Rural women, he explained, didn’t know the “Maputo Protocol,” but they understood when the underlying goal was explained simply and couched in terms that showed the impact on their health. To promote rights literacy for rights holders, he and his team wrote and talked about rights by packaging it in the local language and simplifying the

THE ROLE OF RIGHTS AWARENESS IN TREATY REPORTING (INCLUDING ALTERNATIVE OR SHADOW REPORTS) THAT INCLUDES SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS LITIGATION CAN BE AN INFLUENTIAL TOOL FOR ADVANCING WOMEN’S RIGHTS AND AUTONOMY.

concepts. Avoiding such language as “you have a right to health”, they couched it as a way to reduce maternal deaths. Mulisa underscored the importance of knowing your own country’s laws, codes, and judges – and to do a lot of preparation before going to court in order to make compelling arguments to convince the judge. He also advised the participants to use information and legal decisions from other countries as supporting evidence for cases.

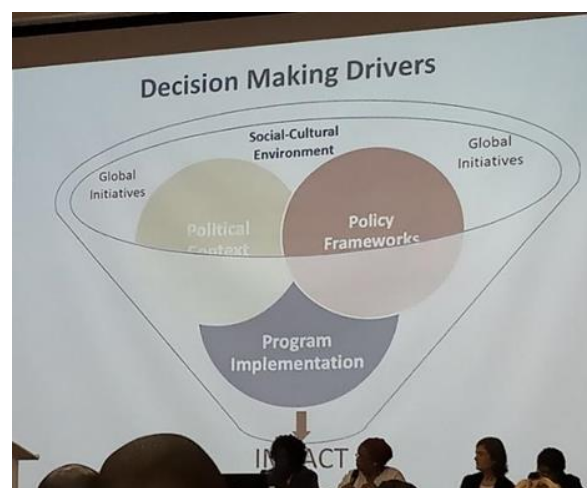
## Panel Discussions

### What Slows Success: Addressing the Challenges

Building on Mulisa’s approach to changing laws, the day’s first panel drew on their diverse experiences to highlight how policy and programmatic challenges to service delivery were overcome through advocacy, rights literacy training at the individual and community level, and advocating for policy changes to bring about realization of RBFP programming. From changing laws and reaching the hard to reach in Zimbabwe; responding to political and social challenges to reproductive health in Tanzania; identifying transformative ways to make SRHR youth programming a reality; and breaking down the obstacles facing SRHR in humanitarian and conflict settings, panelists showed how a comprehensive approach to RBFP can overcome barriers.

**Edinah Masiyiwa, Women’s Action Group (WAG), Zimbabwe**, successfully changed discriminatory laws for the disabled, fought to end gender based violence, promoted sexual and reproductive health rights and prevention of HIV, and identified and changed laws that disadvantaged disabled women and other hard-to-reach and marginalized populations. Citing negative social norms and funding shortages as two of the biggest challenges in Zimbabwe, Masiyiwa said WAG pushes for participation among all spaces where decisions are made: WAG was at the table when the Ministry of Health wrote the proposal to the Global Fund for AIDS, TB and Malaria to secure the inclusion of girls and women; led efforts to pass the 2007 domestic violence act that protects women and girls, and worked closely with community and social gatekeepers, including traditional chiefs, to influence social norms and address issues such as early marriage and rape.

Strong evidence-based advocacy was key to advances in Tanzania. **Halima Shariff, Advance Family Planning Tanzania**, said that targeting the right key decision makers to address specific issues has been the best strategy. An example was a successful campaign that convinced the nation’s leading private health insurer to begin covering the costs of modern contraception to reduce the high costs of paying for health care for pregnant women. Shariff noted the importance of remaining positive and acknowledging progress to encourage people to keep working in challenging policy environments.



She stressed the importance of asking, “How well does the political environment support policy frameworks to support program implementation? What is the environment doing to facilitate or hinder implementation?”

Moving to advocacy for program improvements, **Manasa Priya Vasudevan, YP Foundation**, noted that it is “hard to do evidence-based advocacy that acknowledges that youth are sexual beings.” She challenged the audience to think outside the box, saying, “We need to move beyond school-and health facility-based youth programs and into the community to reach women and girls, boys, and young people who are non-binary, transgender, or intersex. We have lost the capability to speak in language that addresses all stakeholders.” She concluded, “As human rights experts, we understand oppressors and oppressed, but we need to address the big elephant in the room - unmarried adolescents and youth are still omitted from mainstream programs. We need to evolve from a focus on self-determination and start mining data that supports intersectional programming.”

Like Masiyawa, **Jennifer Schlecht, Family Planning 2020**, has used the plight of individuals to drive new ways of looking at SRHR in humanitarian and conflict settings. In 2017, 32 million women and girls were living amid weak health systems and facing risks ranging from gender based violence to unintended pregnancy. She said, “As we think about the rights of these populations, we need to ask are we reaching sex workers, adolescents, the disabled, and other marginalized populations and then we must consider equity and quality of services. Such advocacy for improved conditions takes place at the global level; the international humanitarian community, which is founded on the principle of neutrality, sees rights as an external agenda. To date, they have succeeded in getting method mix and choice included into the interagency field manual and the minimum services package (MISP) and that these principles have been made more explicit in global documents.”

### How Do Donors Ensure Quality in their Programs?

Multiple donors attending the meeting as participants and audience members engaged in a discussion launched by a provocative question posed by Tamara Kreinin, Packard Foundation: How are donors ensuring quality in their programs? The donors at the meeting discussed approaches to RBFP and quality of care as they debated how language can impact the perception of a program and how efforts to improve systems, financing, services, and communications with clients are being used to improve the quality of care.

Kreinen noted that quality was a way to get rights into the Packard strategy, saying that language is important, but so is the intent of language. She raised several important issues for consideration. For instance, long acting methods are good, but can they also lead to coercion in postpartum family planning programming and post-abortion care? How do we talk about this meaningfully? Women have a right to know what is happening to their bodies. We need to look at circumstances of a woman’s life and empower her.

**Jane Hobson, DFID**, shared the Department’s approach and agreed with Tamara’s comments about language, saying that quality resonates better than rights in DFID’s work, adding that health systems strengthening is also important to bring into the conversation as that can address both quality and stigma.

**Beverly Johnston, USAID**, talked about the agency’s expectations for implementing partners to measure results and outlined the ways USAID works on quality of care in their family planning programs not only

within program design, using WHO standards, but also ensuring their partners and staff are part of the discussions and works with colleagues to address health systems issues. USAID’s focus as an agency is on learning, adaptation, and innovation – always trying to learn and what to do next.

**Megan Crisfield, JHPIEGO**, shared information about the Global Implant Removal Task Force, a consortium of 20-plus partners, donors, and implant manufacturers who convene regularly with the goal of delivering clear evidence and best practices to solve for problems in implant removal services. She noted donors are asking for these measures of removal, which puts an expectation that this is something implementing partners and programs are accountable for.

Following was a lively discussion that included several requests of the donors:

- Increase resources for governance issues to catalyze rights,
- Hold governments accountable for who and how they serve,
- Clarify whether donors have the expectation that solving problems in implant removal services is something partners and programs are accountable for, and
- Be flexible in seeking metrics and indicators for measurement given that rights and results can be mutually reinforcing.

The room agreed that policymakers and donors must be accountable, but we all need to work to shift norms so that access to reproductive health is considered a routine part of health services.

Talk Show Chat: [What Are Rights in A Results Based World?](#)

Immediately following the 2012 London Family Planning Summit, Marie Stopes International (MSI) convened an event that challenged the Summit’s goal of 120 million more women and girls using contraception by 2020 by asking “what are rights in a results based world?” This follow-up session was updated to ask: Do we have the answer in 2018? Speakers from MSI, JHPIEGO, IPPF, PSI, and IPAS responded, calling for a sound measurement agenda to show the efficacy of the rights-based approach, one that also allowed time to explore the needs of women and other issues that impact accessibility to determine how best to incorporate rights and quality into program design.

**Effiom Effiom, MSI Nigeria**, focused on the challenges to success, including government restrictions and limited health service availability, and asked: What language do we use so we can get people to come to

us? When you have the woman in front of you, what will it be like when she goes home? What are her choices? The client experience is important. Programs need to design services with the client at the center and hold themselves accountable to clients. Programs also need to protect providers who are working in difficult situations. What accountability measures need to be in place for programs and for providers?

## HOW CAN WE PROMOTE RIGHTS WITHOUT CHALLENGING THE STATUS QUO IN TERMS OF GENDER?

### MEETING PARTICIPANT

**Angela Mutunga, JHPIEGO**, told two stories about what it is like to be a woman in Africa to humanize the experiences many women have. Her first story centered on a woman named Miriam, who, when she went to a facility, was provided with her method of choice. Yet her husband threatened to chop off her



hand when he saw it, so she had it removed. In tracking her story, we can ask: Did we achieve numbers? Yes. Did we raise the mCPR? Yes. But what about the rights of Miriam? Angela also talked about her own experience with difficulty getting access to implant removal. Again, Kenya got numbers, but she did not get quality, rights-based care.

**Heidi Quinn, IPPF**, noted that to get programming right, you need to know what the needs are and go where the needs are high. Community Health Workers, for example, are faced with how to serve the communities in delivering implants – some use *tuk tuks* to get services to the poor, or land cruisers to get long acting methods to remote areas. Ensuring value for money requires streamlined, cost-effective services and for communities to know about the services. The hard to reach are just that - hard to reach, and more expensive to reach. That is an important programming decision.

**Dr. Dorothy Balaba, Populaton Services International (PSI)**, established and developed one of Uganda’s leading social franchises “ProFam,” which offers high quality and affordable reproductive and maternal health services to Ugandan women. She said her story showed challenges that were similar to the others: How do we balance rights and high quality care and get these services to communities? Serving hard to reach locations demands the same trained providers, and availability of commodities, and a broad method mix. If these are issues in urban areas, imagine the problems in the more distant locations. However, she noted that PSI tells its teams that if they don’t report any issues/ complications/ complaints they will be audited, because these are non-negotiable parts of their program. Programs must have budget for strong client communications and follow up. And PSI puts the system in place to help this happen.

**Hauwa Shekaruau, Ipas Nigeria**, described the work being done to legalize abortion in Nigeria, which is legal only when the life of the woman is in danger, but even then, services aren’t available. To expand access to the services that are available, Ipas has been working with the police for six years, training them on human rights, using VCAT (values clarification and attitude transformation) workshops that encourage participants to explore their assumptions about abortion and examine their role in ensuring women’s safe access to abortion care broke the ice. Together they began to strategize on how to work collaboratively and after that the providers were able to provide services. “We have shown that we are saving lives, Hauwa said. Ipas has also used international instruments, although they have found that when you go in and start talking about rights, rights, rights, the policymakers and others shut down. Instead they focus on health and other needs and then infuse rights issues into the discussion.

## Accountability - How Do We Self-Check Rights in Our Programs?

Program representatives described how they ensured that all people receive respectful, quality services that promote informed choice, particularly in difficult environments and when working towards difficult objectives. The result was a range of readily adaptable and adoptable approaches including community and policy education and engagement and improving understanding of exactly what a “rights-based approach” is.

**Dr. Milly Kaggwa, PACE Uganda, a PSI affiliate** that has introduced a harm reduction model in a restrictive environment regarding abortion,

with post-abortion care and postpartum family planning as the only possible services. They found that training providers about what is legally acceptable has made a difference in their attitudes about giving information on abortion. The comprehensive harm reduction model delivered through peer-led and community-based strategies has been effective.

**Abebe Shibru, MSI/Zimbabwe** said that they are trying to get a good conceptual idea of what a rights-based approach means and how to incorporate it into programs. MSI conducts policy advocacy on the issues of the disabled and those who have experienced gender based violence, engages directly with the people to understand how to address the issues, and uses a model of positive deviance.

**Patience Mgoli Mwale, CARE/Malawi** described programs that provide a platform for women in villages to voice issues so the programs, in turn, can address accountability and rights. They bring the community and providers together to talk about issues. They also take issues to a higher level when needed. Men have also participated in their programs.

**Sylvia Ouma, Family Health Options Kenya (FHOK).** Her project, ARCHES, is concerned with the issues of women reporting intimate partner violence (IPV) and men coercing women to not use family planning or to only use certain methods. One study showed that 82% of women were facing reproductive coercion. Through ARCHES, providers were trained on values clarification and family planning method provision, including discrete provision. ARCHES has increased reproductive autonomy and promoted attitude change among providers, improved quality of care, increased uptake of contraception, and reproductive autonomy for women.

**Kabiswa Charles, Ecological Christian Organization, Uganda** described the HopeLVB model households that serve as role models for others in their communities that are part of Population Health and Environment (PHE) programming. They are now being used in other projects across sectoral boundaries to meet the integrated needs of communities. The Ecological Christian Organization has found that taking an integrated approach is more acceptable and they have incorporated rights and accountability into the program with messaging that targets the communities’ ways of thinking.



## Panel Discussion: Yes, We Can. Rights-Based Approaches that Have Made a Difference

This panel focused on outcomes of programs that explicitly incorporated a rights-based approach to family planning. These examples from Uganda, Nigeria, Ethiopia, and Kyrgyzstan show that rights literacy is needed from the grassroots to the grassstops so providers and government know what to deliver and clients know what to demand. Training for providers is crucial as are efforts to educate clients so they can better understand their rights. There is need to provide strong and ample opportunities for client feedback to ensure clinic accountability. The panelists shared that where community support was difficult, community-wide education that included men was crucial to success. They also stressed that all services must be rights-based, from commodity security to provider training to opportunities for feedback that would be acted upon.

THE KEY FINDING WAS THE NEED TO WALK WITH THE COMMUNITY – THEY ARE KEY.

BATHSHEBA HALID

**Jackson Chekweko, Reproductive Health Uganda (RHU), Uganda** presented RHU’s experience implementing a rights-based activity in Uganda, work done through the Sustainable Networks Project. This work began in 2015 with Uganda’s CIP which included good language on rights and brought with it questions on how to operationalize a rights-based approach. They identified a need for a policy/ facility/ community level framework for rights-based family planning and an action plan for the country. The interventions implemented included a Ministry of Health (MOH) national action plan at the policy level and rights-based family planning at the facility level in three districts and including RHU clinics as well as MOH clinics. Jackson described the “amazing” results: They sensitized providers and supervisors saw a shift in thinking among providers and clients promoted male engagement. Within a short time, men started accompanying women to the clinic, stockouts dropped as commodities were moved from areas with overstocks to areas in need. Jackson quoted the chair of RHU saying, “Now that we have launched the rights-based approach, even if I retire, I know we will continue with a focus on choice, dignity, and stocks.”

**Bathsheba Halid, Palladium,** described an intervention implemented in Kaduna State Nigeria that also built out of Kaduna State’s CIP that also had rights in it. Palladium implemented a package of rights-based interventions for 12 months in 15 facilities in Kaduna State and tested it for impact on health and rights against eight control facilities. Palladium conducted a baseline and endline survey using a measurement tool that was developed jointly with the Evidence Project and used also in Uganda. Numerous steps were undertaken, with strong results.

At the service delivery points, Palladium built capacity on rights, developed facility-level action plans, trained supervisors, and provided support and mentorship by: conducting a three-day training to correct providers’ misconceptions about family planning; developing client materials on rights and a poster titled “Know your rights;” adding a community component to promote rights literacy to address barriers that extend beyond the facility; sensitized the community on family planning and rights by working with community stakeholders, religious leaders, and women’s and youth leaders; and increased male involvement given they were decisionmakers. Facilities began improving privacy and confidentiality, requesting client feedback, and working on measures so the community could hold facilities accountable and Facility Health Committees and the clinics and health facilities met regularly to address issues. As a

result of the integrated and broad-reaching interventions, contraceptive use increased, providers recognized their responsibility for treating clients well, privacy and confidentiality improved, men's attitudes changed as they recognized the rights of women, client feedback increased, and supervisors had improved understanding about how they can improve their programs and services.

**Daniel Keftassa, Harmee Education for Development Association, Ethiopia**, talked about his organization's social accountability in a polygamous area of the country in which family planning uptake is low. They started work in 2016 on community mobilization, but realized in polygamous families, the status of wives is determined by the number of children they have. In this setting family planning is challenging and what family planning services that do exist are weak, with poor treatment of clients and lack of information on side effects. They used social accountability tools to make services accountable. They established committees to look into services in facilities. At first it was difficult for the community to be demanding since that isn't part of the culture. They had to promote accountability and help communities ask for quality services.

**Dr. Meder Omuzakov, UNFPA Assistant Representative Kyrgyzstan**, presented on UNFPA's experience supporting rights-based programming in Kyrgyzstan. Availability of contraception is low in Kyrgyzstan so a commodity security plan has been developed. They have trained 100 providers on a rights-based approach to family planning, but there is a need both for more method choice and more training. UNFPA has worked to promote policy change and funding for contraceptives and has worked with the media to write about family planning. The country has a draft plan that includes expanding coverage, access to a range of contraceptives, and funding. They are working to get contraceptives on the list of essential medicines. UNFPA sees a need in Kyrgyzstan to ensure that no one is left behind.

## WHY IS THE TERM "RIGHTS" STILL AN ISSUE IN THE 21ST CENTURY WHEN ALL COUNTRIES ARE SIGNATORIES TO THE INTERNATIONAL TREATIES THAT AFFIRM HUMAN RIGHTS? WHY DO WE STILL HAVE CHALLENGES WITH GIVING WOMEN AND GIRLS ACCESS TO SERVICES?

### MEETING PARTICIPANT

### What have we heard?

Participants reviewed key learnings and questions using a word cloud to show which rights principles had been most frequently mentioned during this meeting. These included quality, accessibility, equity, and non-discrimination. These were followed by informed choice, availability, autonomy, accountability, and participation. The two principles least mentioned were empowerment and acceptability.

One participant asked if we have trouble with the word *rights* because of gender and power dynamics. Are "rights" sensitive but the same issues framed in health language makes it ok? Another participant reflected that power is never given, it is taken. One participant asked how we can promote rights without challenging the status quo in terms of gender and concluded we cannot. A rights-based approach should also be gender transformative. Another picked up on the notion of being disruptive asking if Sayana Press, which gives women the ability to have a three-month method they can administer themselves, is our disruptive path in family planning.

Participants self-selected into five groups to discuss ways forward in incorporating rights into programming at policy, service delivery, community and individual levels. Their discussions focused on: youth-focused programs that advance rights (Moderators: Jennifer Amadi, 120 under 40 & Knit

Together and Monique Long, PMNCH AYC); How communities and men can be agents for rights (Moderators: Christopher Hook, Promundo and Kabiswa Charles, Eco, Uganda); Integrated SRHR programs; reaching the hard to reach such as marginalized and displaced populations; and challenging the status quo - how civil society can play a role through advocacy. After discussion, the groups presented their key actions, shown in Appendix 3.

## Results and lessons

- Taking a rights-based approach shifts thinking and behaviors of clients, service providers and community members
- Taking a rights-based approach helped to resolve stock-outs in Uganda
- Focusing on one program level is not sufficient; need to address issues and engage stakeholders at the policy, service delivery and community levels
- Engaging community leaders (women, youth, religious) is crucial- yielded many positive results (engaged men and gained their support for FP and their wives' rights, raised women's awareness of and demand for their reproductive rights, raised support to improve facilities) in Kaduna, Nigeria
- Engaging men is also essential, as they are the key decision makers. But we have to safeguard against going overboard and compromising women's rights. The gender transformation approach may be the missing element.
- Taking a rights-based approach led to increased contraceptive use in projects in Nigeria and Ethiopia
- Governments need to ensure adequate funding so that no one is left behind

## Parting observations

- There is a lot of great, creative work and success to celebrate and learn from.
- There is no single path; consider program focus, client needs and challenges, context
- You don't need to use rights jargon to protect and fulfill human rights
- Much can be done with limited resources
- Being deliberate in applying a rights lens helps identify and address gaps
- We can advance human rights through progressive realization

## Participants take homes

### 1. *What did you find new or surprising?*

- Reflecting on the fact that the linkages between FP/Climate change are in this space Surprised that these came up without a lot of critical thinking to grapple with the history behind population control. I am conflicted but think we should embrace this collaboration in the right way. Be bold and own it/measure it in a way that engages with the past and puts rights at the center.
- What was new for me and helpful, was to hear the country perspective and colleagues who shared stories about couples coming into clinics and the man insisting that the method be removed. What does the provider do – we counseled and tried to convince them, but in the end the providers removed it for safety issues. The end of the story was that she came back and got an implant.
- When we get to the local context and it is a lot harder than a black and white issue.
- CSOs are good at holding governments accountable, but we should also be held accountable – who will check the checkers?



- Importance of intersectionality
2. *What did you find most inspiring?*
    - Different experiences in different countries – how can we connect all of these?
    - Inspired by India colleague about pushing for CSE in Rwanda. Implementation part has been a problem; the experience from India – called it life-saving skills – gave it a different name but include the same content.
    - Manasa made a provocative point to think about intersectionality
    - Very fruitful discussions – how to take this to our contexts. Very inspiring.
    - So inspiring to see five midwives at one small group table and four were men. That’s great
    - Listening to different countries/models that are working/need to document and share across to learn from one another as there is no magic bullet
    - No business as usual – we need to be disruptive. Rights holders need to claim their rights
  3. *What action do you intend to take as a result?*
    - Need for CSOs to sit down and set priorities and come up with concrete actions
    - We can meet and see what has been done. We must all evaluate ourselves and the enabling environment to consistently and constantly ensure equitable services are being provided.
    - Re the availability of contraceptives, we have left this issue to service delivery and government. From today I am going to double check the availability/accessibility of EC (for those in the informal sector).
  4. *What challenges do you anticipate?*
    - The challenges will be that the whole framework for FP is a governmental framework and CSOs working in partnership with the government.

## CLOSING REMARKS

**Beth Schlachter** closed the day noting that this has been an incredible meeting that has given a lot of food for thought about a direction for the move forward for the FP2020 partnership. Learning opportunities like this are critical. This is what FP2020 is all about.

**Therese Karugwiza**, Gender and Rights Specialist, UNFPA Rwanda thanked FP2020 for co-hosting this inspiring learning event with UNFPA. She noted the how useful and inspiring the examples from programs that work and commended them for their contributions to the field. She also expressed appreciation for the insights into the gaps in programming and the challenges at the policy level. She noted that this pre-meeting set the tone for the whole conference and that rights are the platform on which we need to build the big global agenda to 2030, with its principle of leaving no one behind.

**Sandra Jordan**, Senior Advisor for Rights and Empowerment at FP2020 from FP2020, added that we need to become a Community of Action; we need to continue working and sharing our results together, and we need to keep reaching out to bring more people into the circle so we can keep moving forward together.

## ATTACHMENTS

1. **Key Recommendations on the Way Forward for Integrating Rights into Selected Topics**
2. **Concept Note for the Meeting**
3. **Agenda: Rights in Practice: What Makes a Real Difference to Programs**
4. **Participant Lists**
5. **Participant Bios**

<b>Key Recommendations on the Way Forward for Integrating Rights into Selected Topics</b>				
Topic and Recommendations	Level			
	Policy	Service Delivery	Community	Individual
<b>Youth-focused programs that advance rights</b>				
<ul style="list-style-type: none"> <li>Engage and empower youth-led community/CSOs to attend UN events and keep government accountable</li> </ul>	X		X	
<ul style="list-style-type: none"> <li>Collect data on youth (married and unmarried)</li> </ul>	X			
<ul style="list-style-type: none"> <li>Multisectoral approach to reach youth through other sectors – e.g., integrate family planning into entrepreneur programs</li> </ul>	X			
<ul style="list-style-type: none"> <li>Talk to youth about their life goals</li> </ul>			X	
<b>How can communities and men can be agents for rights?</b>				
Multilevel programs are best for interventions to tackle the engagement of men and boys – need to put these things all together/comprehensive approach to engage all levels of system				
<ul style="list-style-type: none"> <li>At individual level, needs to be a mindset shift at an early age to address harmful gender norms via CSE at policy level to integrate at all levels in education system. CSE must include conversations about gender norms</li> </ul>	X			X
<ul style="list-style-type: none"> <li>At community level, targeting/seeing men as users of SRH products not just as ancillary. For example, Rwanda had an increase in vasectomy users in the late 1980s through users testifying about their experience as an advocacy platform</li> </ul>			X	
<ul style="list-style-type: none"> <li>At facility level, more gender sensitive clinics. Support couple-focused interventions, more engagement of men in discussion around fertility and FP</li> </ul>		X		
<b>Integrated SRHR programs</b>				
<ul style="list-style-type: none"> <li>Health care providers to provider human rights-based SRH services, communities need to ask for such services. Need to work with the communities to empower them and to ensure that this system is sustainable. Integrate evidence-based approaches in service delivery</li> </ul>			X	
<ul style="list-style-type: none"> <li>Health care providers do not have good understanding of what a rights-based approach is – build rights literacy and practical skills throughout the inservice/pre-service training system</li> </ul>		X		
<ul style="list-style-type: none"> <li>We have good policies that integrate a human rights-based approach, but when it comes to implementation, we don't see this happening in practice. To use implementation science/accountability approaches to see that policies become practice.</li> </ul>	X	X		

<b>Key Recommendations on the Way Forward for Integrating Rights into Selected Topics</b>				
Topic and Recommendations	Level			
	Policy	Service Delivery	Community	Individual
<b>Reaching the hard to reach: marginalized and displaced populations</b> (level not specified)				
The hard to reach represents a lot of different groups. The discussion focused on intersectionality and groups we have failed to reach				
<ul style="list-style-type: none"> <li>Keeping people at the center in program design and accountability – ensure their engagement</li> </ul>				
<ul style="list-style-type: none"> <li>Donors must mandate that we reach the hard to reach. There needs to be a level of investment and commitment for that reach to happen. It is more expensive to get to the hardest geographic</li> </ul>				
<ul style="list-style-type: none"> <li>Data systems are broken to document current reach: need segregated data and must focus on accountability system</li> </ul>				
<b>Challenging the status quo - how civil society can play a role through advocacy</b> (level not specified)				
<ul style="list-style-type: none"> <li>Civil Society should break the silence; we should be accountable. Civil society holds the government accountable; in order to improve we must make ourselves accountable and then hold ourselves accountable.</li> </ul>				
<ul style="list-style-type: none"> <li>Advocating for more investment in demand side – without reducing investment in the supply side</li> </ul>				
<ul style="list-style-type: none"> <li>One limitation is that FP is still regarded as a health system issue – it is also an economic and development issue. This means that we have to involve others who will be the game changers in changing the priority for FP. Family planning as a livelihood issue – those organizations working on livelihood should be engaged</li> </ul>				
<ul style="list-style-type: none"> <li>We have to use all professional medical associations to hold service providers accountable</li> </ul>				

# CONCEPT NOTE

RIGHTS IN PRACTICE: WHAT MAKES  
A REAL DIFFERENCE TO PROGRAMS



SATURDAY, NOV. 10, 2018

8:30 AM – 5:30PM

CONFERENCE CENTER ROOM AD12

KIGALI, RWANDA

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Family Planning 2020 and UNFPA are co-hosting a November 10, 2018 consultation on rights-based family planning and SRH programming. The meeting, which precedes the International Family Planning Conference, will spotlight in-country programs that illustrate both why adopt a rights-based programming and how this can improve quality of care, enhance client satisfaction, and lead to greater use and lower discontinuation rates. The findings also are relevant for all sexual and reproductive health(SRH) and general health program outcomes.

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## OVERVIEW

As the 2012 London Summit that launched the Family Planning 2020 partnership ended, civil society expressed concern that the Summit's ambitious goal - enabling 120 million more women to access family planning by 2020 - could lead to practices in service delivery that run counter to voluntarism. In response, FP2020 established a common understanding of 10 rights principles as they relate to family planning to ensure FP2020 and its partners embody and espouse the ideals grounded in existing rights agreements and frameworks. These principles are:

- Agency/autonomy
- Availability
- Accessibility
- Acceptability
- Quality
- Empowerment
- Equity & non-discrimination
- Informed choice
- Transparency & accountability
- Voice & participation

The principles are underpinned by the WHO guidelines on *Ensuring Human Rights in the Provision of Contraceptive Information and Services* and the joint UNFPA and WHO implementation guide that sets out core minimum actions that can be taken at different levels of the health system to ensure a strong client focus with the goal of improving satisfaction with family planning counseling and services that are comprehensive, reflect voluntarism and informed choice, and respect the client's needs.

### WHERE ARE WE NOW?

The Kigali consultation is designed to be a community conversation. The day includes a mix of panels, chat sessions, and break outs to encourage discussion and full engagement by all participants. By sharing experiences in implementation, client needs, and overcoming challenges inherent in a rights based approach, we aim to promote a sustainable network for further exchange of ideas and discussion, so people can learn and draw inspiration from each other.





RIGHTS IN PRACTICE: WHAT MAKES A  
 REAL DIFFERENCE TO PROGRAMS  
 10, NOVEMBER 2018  
 08:30 AM – 05:30 PM GMT+2

Time	Agenda Item	Speaker/Moderator
8:30 – 8:35 am (5 minutes)	Opening	Karen Newman, <i>Meeting Facilitator</i>
8:35 - 8:45 am (10 minutes)	Welcome	Beth Schlachter <i>Executive Director, FP2020</i>  Dr Julitta Onabanjo, <i>Regional Director for East and Southern Africa, UNFPA</i>
8:45 – 9:00 am (15 minutes)	Purpose and Review of the Day	Karen Newman, <i>Facilitator</i>
9:00 - 9:20 am (20 minutes)	Keynote Address	Tom Mulisa, <i>Executive Director of the Great Lakes Initiative for Human Rights and Development</i>

<p>9:20 – 10:05 am (45 minutes)</p>	<p>What Slows Success? Addressing the Challenges <i>Objective: Understanding the challenges to ensuring rights in complex or difficult situations</i></p> <p>Reaching the hard to reach and ensuring access for all.</p>	<p>Karen Newman, <i>Facilitator</i></p> <p>Panelists: Edinah Masiyiwa, <i>Executive Director, Women’s Action Group, Zimbabwe</i></p>
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	<p>Responding to political and social challenges to reproductive health</p> <p>What are rights in SRHR youth programming</p> <p>Delivering Rights and SRHR in Humanitarian and Conflict Settings</p>	<p>Halima Shariff, <i>AFP Tanzania</i></p> <p>Manasa Priya <i>YPFoundation/ FP2020 Reference Group</i></p> <p>Jennifer Schlecht, <i>FP2020</i></p>
<p>10:05 – 10:20 am (15 minutes)</p>	<p>How do donors ensure quality in their programs?</p>	<p>Tamara Kreinin, <i>Packard Foundation</i></p>
<p>10:20 – 10:35 am (15 minutes)</p>	<p>Coffee Break</p>	

<p>10:35 - 11:20 am (45 minutes)</p>	<p>Talk Show Chat: What Are Rights in A Results Based World? <i>Objective: Balancing rights of the client with the need to quantify results</i></p>	<p>Karen Newman, <i>Facilitator</i></p> <p>Panelists:</p> <p>Effiom Effiom, <i>Nigeria, MSI</i></p> <p>Angela Mutunga, <i>JHPIEGO, Global</i></p> <p>Heidi Quinn - <i>IPPF, London</i></p> <p>Caroline Bakasa <i>PSI Malawi</i></p> <p>Hauwa Shekaruau, <i>Ipas Nigeria</i></p>
<p>11:20 - 12:05 pm (45 minutes)</p>	<p>Talk Show Chat: Accountability - How Do We Self-Check Rights in Our Programs? <i>Objective: From program directors to providers to those striving to reach the hard to reach, how do you ensure all people receive respectful, quality services, and informed choices? The people on this panel work in difficult environments and work towards difficult objectives.</i></p>	<p>Karen Newman, <i>Facilitator</i></p> <p><u>Panelists</u></p> <p>Milly Kaggwa, <i>PSI Uganda</i></p> <p>Abebe Shibru, <i>MSI/Zimbabwe</i></p> <p>Patience Mgoli Mwale, <i>CARE/Malawi</i></p> <p>Sylvia Ouma, <i>FHOK Arches/ IPPF</i></p> <p>Kabiswa Charles, <i>Ecological Christian Organization, Uganda</i></p>

<p>12:10 – 12:50 pm (40 minutes)</p>	<p>LUNCH</p>	
<p>12:50 – 1:50 pm (45 minutes)</p>	<p>Panel: Yes, We Can! Rights-Based Approaches That Made a Difference <i>Objective: Reviews of Successful Programs</i></p> <p>Operationalizing rights in family planning programs - Observations and lessons from Uganda</p> <p>Operationalizing rights in family planning – Observations and lessons from Kaduna State</p> <p>Social Accountability in Ethiopia</p> <p>Perspectives from UNFPA Kyrgyzstan and their experiences in advancing rights based programming</p>	<p>Lynn Bakamjian <i>Facilitator</i></p> <p>Jackson Chekweko, <i>RHU/ Uganda</i></p> <p>Bathsheba Halid, <i>Palladium, Nigeria</i></p> <p>Dr. Daniel Keftassa, <i>Harmee Education for Development Association, Ethiopia</i></p> <p>Dr. Meder Omuzakov, <i>UNFPA Kyrgyzstan</i></p>
<p>1:50 – 2:20 pm (30 minutes)</p>	<p>What have we heard so far? An assessment of the discussion</p> <p>Description of Break Out Sessions</p>	<p>Lynn Bakamjian <i>Facilitator</i></p>

<p>2:20 – 3:30 pm (70 minutes – includes break)</p>	<p>Break Out Discussions <i>Participants will choose which of the five thematic groups they would like to join in discussion about how they can improve programs through a rights-based lens and that is inclusive of all people and all SRHR programs.</i></p> <p>Youth-focused programs that advance rights</p> <p>How can communities and men be agents for rights? Integrated SRHR programs</p> <p>Integrated SRHR programs</p>	<p>Jennifer Amadi, <i>120 under 40 &amp; Knit Together</i> Monique Long, <i>PMNCH AYC</i></p> <p>Christopher Hook, <i>Promundo-USA</i> Kabiswa Charles, <i>Eco, Uganda</i></p> <p>Faustina Fynn-Nyame, <i>PSI</i> Hauwa Shekaruau, <i>Ipas Nigeria</i></p>
	<p>Reaching the hard to reach: marginalized and displaced populations</p> <p>Challenging the status quo -how civil society can play a role through advocacy</p>	<p>Edinah Masiyiwa, <i>Women’s Action Group, Zimbabwe</i> Abebe Shibru, <i>MSI Zimbabwe</i> Jennifer Schlecht, <i>FP2020</i></p> <p>Mande Limbu, <i>FP2020</i> Jonathan Rucks, <i>PAI</i></p>

<p>3:30 – 4:15 pm (45 minutes)</p>	<p>The Way Forward</p> <p><u>Objective:</u></p> <ul style="list-style-type: none"> <li>• Rapid report back and discussion of ideas and action generated by the breakouts</li> </ul>	<p>Rapporteur from each group</p>
<p>4:15 – 5:00 pm (30 minutes)</p>	<p>Synthesis: Key Themes and Take-Homes</p>	<p>Facilitator: Jan Kumar</p>
<p>5:00 - 5:30 pm (30 minutes)</p>	<p>Concluding Remarks</p>	<p>Tamar Khomaridze, <i>UNFPA Eastern Europe</i></p> <p>Ramatu Daroda, <i>UNFPA , East &amp; Southern Africa</i></p> <p>Beth Schlachter, <i>FP 2020</i></p> <p>Sandra Jordan, <i>FP2020</i></p>





RIGHTS IN PRACTICE: WHAT MAKES A  
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10, NOVEMBER 2018  
*PARTICIPANT LIST*

**Participants**

- Sono Aibe • Iradukunda Leon Fidel
- Jennifer Amadi • Herbert Mgamije
- Kathryn Andersen • Daphrose Nyirasafahi
- Kabiswa Charles • Meuler Omurzakov
- Jackson Chekweko • Sylvia Ouma
- Megan Christofield • Ilse Pelkmans
- Raffaella Dattler • Anne Pfitzer
- Gasasira Bahizi Ernest • Manasa Priya Vasudevan
- Shiza Farid • Ngarukiye Sekanyange
- Faustua Fynn-Wyame • Hauwa Shekarau
- Jennie Greaney • Angeline Siparo
- Charles Hagenimaba • Martyn Smith
- Ntibimenya Janvier • Okoye Stanley
- Beverly Johnston • Almouner Talibo
- Nazir Jusup • Karugwiza Therese
- John Lopsteich • Caitlin Thistle
- James Mulili • Jean Marie Vianney Niyonkuru
- Elizabeth Murphy • Etobssie Wako
- Greysmo Mutashobya • Christina Wegs
- Angeline Mutunga • Pamela Williams
- Lucia Laojo
- Monica Kerrigan



**RIGHTS IN PRACTICE: WHAT MAKES A  
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10, NOVEMBER 2018  
*PARTICIPANT LIST*

**Presenters and Facilitators**

- **Beth Schlachter**, Executive Director, FP2020
- **Dr Julitta Onabanjo**, Regional Director for East and Southern Africa, UNFPA
- **Karen Newman**, facilitator
- **Halima Shariff**, Director, AFP Tanzania
- **Edinah Masiyiwa**, Executive Director, Women's Action Group
- **Tamara Kreinin**, Director of the Population and Reproductive Health, Packard Foundation
- **Tom Mulisa**, Executive Director, Great Lakes Initiative for Human Rights and Development
- **Milly Kaggwa**, Director of Programs, Population Services Uganda
- **Abebe Shibru**, Country Director, Population Services Zimbabwe
- **Patience Mgoli Mwale**, Project Manager, CARE - Malawi
- **Kabiswa Charles**, Director, Programs, Ecological Christian Organization, Uganda
- **Jackson Chekweko**, Executive Director, Reproductive Health Uganda
- **Bathsheba Halid**, Palladium
- **Dr. Daniel Keftassa**, Harmee Education for Development Association (HEFDA)
- **Alex Omari**, MSI, Kenya
- **Chris Hook**, Consultant, Promundo
- **Tshego Bessenaar**, Director of Southern Africa Programs, Ibis Reproductive Health
- **Mande Limbu**, Manager, Advocacy and Civil Society Engagement, FP2020
- **Jonathan Rucks**, Senior Director Policy and Advocacy, PAI
- **Jan Kumar**, Consultant
- **Karen Hardee**, Senior Fellow, What Works Association
- **Tamar Khomaridze**, Sexual and Reproductive Health Adviser for Eastern Europe and Central Asia, UNFPA
- **Ramatu Daroda**, UNFPA East & Southern Africa
- **Jane Hobson**, Senior Adviser, DFID





## Participant Bios

### **Irakunda Adolphe – Student, University of Rwanda**

Irakunda Adolphe is a student at the University of Rwanda, in the Department of Biology, he has served as a scout, class representative and president of financial saving club. At university, Irakunda is the vice president of EPDS Rwanda (Experiment and practices development of science in Rwanda) and has created the 350 Business Group, aiming to get small businesses started. From the organization comes the idea of 350 Health that will mostly deal with family planning and family health; aiming to provide needs of pregnant women and post-birth care; services will include: nutrition, professional advice, mental preparation.

### **Jennifer Amadi - MSc Gender and Women Development**

Jennifer Amadi is a reproductive health advocate. She holds BSc in Health Education from Nnamdi Azikiwe University Awka, Nigeria and certification in sexual and reproductive health and rights advocacy (SRHR). She is a London School of Hygiene and Tropical Medicine (LSHTM) Women Leaders in Global Health Scholar and a winner of 120 Under40 – New Generation of family planning young leaders. Over the past four years, Jennifer has led initiatives on cutting edge issues on gender and sexual reproductive health and rights in Nigeria through advocacy and community engagements – from contraceptives social marketing; training of family planning providers; advocacy on domestic vaccine/family planning financing and elimination of female genital mutilation (FGM). Jennifer is a loud voice for unhindered, uninterrupted access to reproductive healthcare services and supplies both at the national and international spaces, inspiring policies and local actions. Currently, co-chair, Reproductive Health Supplies Coalition (RHSC) Youth Caucus, a Women Deliver Young Leader alumni class of 2016; and founder [www.knittogetherinitiative.org](http://www.knittogetherinitiative.org) where she currently serves as the Program Advisor

### **Kathryn Andersen - Vice-President and Chief Scientific and Technical Officer, Ipas US**

Kathryn is Vice-President and Chief Scientific and Technical Officer at Ipas where she sets Ipas's strategic technical direction and research agenda in support of the organizational strategic plan and mission. She leads Ipas's work to understand and advance human rights and key issues in abortion and contraception care; such as building evidence and legal support for women's self-use of medical abortion, measuring abortion quality, as well as abortion care for women experiencing GBV and women in humanitarian settings. Her teams develop and implement strategies that build evidence to strengthen Ipas's impact and ultimately, to increase women's and girls' access to safe abortion. During her eleven-year tenure at Ipas, Kathryn previously managed significant research activities at Ipas and provided technical support and guidance to researchers across the organization. She has

extensive experience in research, monitoring and evaluation to Ipas programs across south Asia and Africa. Kathryn also serves as an adjunct assistant professor in the Department of Maternal and Child Health at the School of Public Health at the University of North Carolina at Chapel Hill and as Consulting Editor for Research Methods for the Journal of Midwifery and Women's Health. Kathryn has an MS in Biostatistics, Ph.D. in Maternal and Child Health, University of North Carolina at Chapel Hill.

#### **Lynn Bakamjian, MPH - Consultant**

Lynn has 40 years of experience in global family planning and reproductive health programming with a focus on expanding contraceptive choice and quality of care. Since 2011, she has worked as an independent consultant with a variety of global NGOs, USAID and foundations on strategy development, program design and evaluation, and to advance quality of care and rights-based approaches for family planning. Prior to that, she was with EngenderHealth and led the USAID ACQUIRE and RESPOND cooperative agreements to expand access to client-centered family planning, with a focus on LARCs and permanent methods. She has a Master of Public Health degree from Columbia University and has worked in more than 25 countries worldwide.

#### **Christopher Hook – Consultant, Promundo-US**

Christopher Hook is a professional consultant, currently working with Promundo-US, the Johns Hopkins Center for Humanitarian Health, and on a team developing the 2019 UNFPA World Population Report. Chris' professional strengths are developing, managing and analyzing public health interventions at the intersection of gender, masculinities, and health. Chris previously worked for Save the Children in the United States, Somalia, and northern Uganda, and before that he spent three years managing social norms research programs on behalf of the USAID's Bureau for Global Health. Chris received his MSPH from the Johns Hopkins Bloomberg School of Public Health in 2016, and has Bachelor's Degree in French and International Relations from Kent State University.

#### **Jackson Chekweko - Executive Director, Reproductive Health Uganda**

Mr. Jackson Chekweko is a demographer by profession and a statistician by background. Currently, Mr. Chekweko is the Executive Director of Reproductive Health Uganda (RHU), an affiliate member association of the International Planned Parenthood Federation (IPPF). He has over 20 years' experience working in Sexual Reproductive Health and Rights and is a passionate sexual rights advocate. Jackson started his career in 1996 leading a community program which pioneered the campaign to eradicate Female Genital Mutilation (FGM) in eastern Uganda. After a short implementation period, this FGM campaign won the UN population award in 1998. He is the former chairperson of the Uganda Family Planning Consortium (UFPC) - a network of all the major INGOs and Local NGOs implementing Family Planning in Uganda; and the chairperson of the Sexual Reproductive Health and Rights Alliance Uganda. Jackson is also the current president of the Association of Chief Executives of Member Associations of IPPF Africa Region (ACEMAAR).

### **Megan Christofield - Technical Advisor (Family Planning), Jhpiego**

Megan Christofield, MPH, is a Technical Advisor for Family Planning at Jhpiego, where she supports the organization's global family planning portfolio, particularly in the areas of program design, advocacy, and innovation. Since 2013, she has supported contraceptive implant introduction and scale-up efforts in ten countries. She holds an MPH in Women's and Reproductive Health from the Johns Hopkins Bloomberg School of Public Health and is a Returned Peace Corps Volunteer (Uganda).

### **Bethan Cobley – Director of Policy and Partnerships, Marie Stopes International**

Bethan has worked with Marie Stopes International for over six years and is currently Director of Policy and Partnerships. She oversees the Advocacy Team coordinating support to country programs to remove the policy restrictions which limit access to SRHR; whilst also ensuring that the solutions and learning from our service delivery expertise influences global norms and standards. Bethan's technical background is in human rights, women's health and governance; and she has previously worked with Oxfam, Christian Aid, International Alert and One World Action. She has lived and worked in Sri Lanka, the Philippines, South India and Bangladesh.

### **Effiom Effiom – Country Director (Nigeria), Marie Stopes International**

Effiom Effiom joined MSI in 2014 after serving as the country director of a social enterprise, Riders for health. He possesses varied experiences from the private sector. Both experiences ignited his interest in the use of private sector principles to positively influence the way non-government organizations are managed and how social innovations can effect real social change. Effiom is a graduate of Oxford Business School and a trained pharmacist. Under his leadership MSI in Nigeria has expanded from delivering 500,000 to 4 million CYPs a year and the program is now reaching women and girls in some of the most volatile and fragile regions of the country.

### **Rwozi Emmanuel - Student, University of Kigali**

Rwozi Emmanuel is a second-year student at the University of Kigali. Passionate about women's rights and creating national policy to protect them, Rwozi wants to use her personal experience to advocate for the rights of women in her country.

### **Gasasira Bahizi Ernest – Student, University of Rwanda**

Gasasira Bahizi Ernest is a student at the University of Rwanda and the CEO of Brer Health Ltd, and a member of Medical Student Association of Rwanda. Gasasira is a future doctor and an aspiring entrepreneur.

### **Jay Gribble – Deputy Director for Family Planning and Reproductive Health, Health Policy Plus (USAID)**

Jay Gribble, ScD brings more than 30 years of experience to the field of international family planning, bringing expertise in policy, research, and communication. As Deputy Director for Family Planning and Reproductive Health on the USAID-supported Health Policy Plus project, Gribble provides oversight of a broad portfolio that includes costed implementation plans development and execution, development and applications of policy models to generate support for family planning, and the work on the linkages between family planning and other health and development issues. Gribble is involved in other FP initiatives, including the High Impact Practices in Family Planning Technical Advisory Group, where he has served as lead author on two HIP briefs (finance and commitment). Gribble has also authored a variety of peer-reviewed and project publications on issues related to family planning, including contraceptive security, youth, and the demographic dividend. He is an avid user of social media, blogging on a range of reproductive health issues. He holds undergraduate degrees from the University of Texas at Austin, and masters and doctoral degrees from Harvard University.

### **Charles Hagenimana - Volunteer Ophthalmic, Gitwe Hospital**

Hagenimana Charles is a volunteer at the ophthalmic clinical offices at Gitwe Hospital. He has been a student at the University of Rwanda and participated in community outreach carried by his university which is known for testing for non-communicable diseases. Hagenimana has an advanced diploma in ophthalmology and his work in the clinic has exposed him to patients of different socio-economic status various conditions, many of which are eye illness related to diabetes and other treatable diseases. To overcome these challenges, Hagenimana has worked to organize community visits promoting advocacy and education.

### **Bathsheba Halid - State Midwife Mentor, Palladium**

Bathsheba Halid began her career as a Nigerian Registered Nurse/Midwife at the Ahmadu Bello University Teaching Hospital in Zaria, Kaduna State. Subsequently, she became a Community Health Officer and a family planning teacher and provider. In 2005, she was appointed as Reproductive Health Coordinator within the State Ministry of Health in Kaduna, where she served until 2015. She was awarded the Civil Service Merit award in 2009 by the Kaduna Government. In 2016, she joined the Voluntary, Rights-Based Family Planning project in Kaduna, where she led intervention activities across project facilities and communities across the state. Currently, she is the State Midwife Mentor for Palladium's MNCH2 project.

### **Dr. Karen Hardee – Senior Fellow, What Works Association**

Dr. Karen Hardee is Senior Fellow at the What Works Association and President of Hardee Associates, LLC. Her work spans family planning and reproductive health, rights-based programming, gender, global development and climate change, policy and program development, evidence synthesis, research and evaluation. She was previously director of



the Evidence Project at the Population Council, a USAID-funded project to strengthen Family Planning/Reproductive Health Programming through Implementation Science. She has also been director, Center for Research and Evaluation, senior fellow and deputy director of the Health Policy Project at the Futures Group (now Palladium), visiting senior fellow at Population Reference Bureau, vice president for Research at PAI, senior advisor at John Snow, Inc., principal research scientist at Family Health International (now FHI360), and presidential management fellow at USAID and the U.S. Bureau of the Census. She has been PI on programmatic studies, including on rights-based family planning. Dr. Hardee holds a Ph.D. from Cornell University's Population and Development Program and has published extensively.

### **Kelsey Holt, ScD, MA - Assistant Professor (Woman-Centered Contraception), University of California, San Francisco**

Kelsey Holt, ScD, MA, is a social and behavioral scientist with multi-disciplinary training and both qualitative and quantitative expertise. She holds a Doctor of Science (ScD) degree from the Department of Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health, where she also completed a postdoctoral research fellowship in the Department of Global Health and Population. She holds a master's degree in medical anthropology from the University of Colorado at Denver. Dr. Holt is an Assistant Professor within the Program in Woman-Centered Contraception at the University of California, San Francisco. Her research focuses on two main themes: 1) documenting individuals' preferences for and experiences with reproductive health care and improving quantitative measurement of patient experience; and 2) identifying evidence-based approaches to improving reproductive health care services that take into account individual, interpersonal, health system, and policy related factors. Dr. Holt and colleagues developed and validated the client-reported Quality of Contraceptive Counseling (QCC) Scale in Mexico as a tool for ensuring quality and fulfillment of human rights in family planning services. Dr. Holt also conducts quantitative and qualitative research with health care providers. Most recently, she and her colleagues conducted a nationally representative survey of primary care physicians in the United States about their training, practices, and opinions related to abortion provision, pregnancy options counseling, abortion referral-making, and contraceptive care. Dr. Holt is also leading new work in the United States to develop a framework for person-centered reproductive healthcare that takes into account structural factors.

### **Pacifique Iraguha – Student, University of Rwanda**

Pacifique Iraguha is a student in the University of Rwanda and is currently focused on tutoring primary school students at their home as a part time job. Despite not having work experience in tutoring, Pacifique overcame it by focusing raising funds to help solve daily student problems including restaurant fee and other accessories. She also overcame not having basic materials like books and used internet resources to compensate and facilitate tutoring. This allowed her to increase her student base by more than double. While tutoring is her current job, she is also pursuing her studies in agriculture to which she hopes to have a career in the future.

### **Ntibimenya Janvier - Teacher and Caregiver, Early Children Development and Family ECD&F**

Ntibimenya Janvier is fourth year University student in Monetary Economics in University of Rwanda, college of Business and Economics. He joined Early Childhood Development and Family in 2018, as Teacher and Monitoring of ECD&F programs to the population in Gatenga sector, Kicukiro, Kigali. Moreover, supporting people to implementing programs in society. He is a teacher and caregiver to the children in ECD&F Gatenga. He understands the importance of right and empowerment of family planning because he is directly connected to the society (small families and households in my society). He is quick learner, hard worker and like to support other people to live better.

### **Beverly Johnston, United States Agency for International Development (USAID) - Office of Population and Reproductive Health**

Beverly Johnston is the Chief of the Policy, Evaluation, and Communication Division in USAID's Office of Population and Reproductive Health. As a member of the Office senior staff, her work supports the goals and objectives of the Office, contributing to the reduction of unintended pregnancies and improvement of family planning behaviors. Ms. Johnston provides direction and priorities of action for the Policy, Evaluation, and Communication Division's functional areas including preparation and dissemination of information related to family planning policy, advocacy, finance, and governance; social and behavior change; knowledge management; population, environment and development, gender; and measurement. Before assuming her current position in 2013, Ms. Johnston served for several years as the Office's Senior Policy Advisor. She has worked on global health and family planning/reproductive health issues for over 25 years. Prior to her positions with USAID, Ms. Johnston conducted global health policy research for the Futures Group (now Palladium) and Population Action International. She also served as a US Peace Corps Volunteer in northern Ghana. She holds a master's in public health degree with a concentration in International Health Policy from the George Washington University and a bachelor's degree in Physical Anthropology from the University of California, Davis.

### **Munezero Joseph – Community Score Card**

Munezero Joseph is a recent graduate from the University of Rwanda in College of Medicine and Health sciences with bachelor's degree in Biomedical Laboratory Sciences. He is the co-founder and vice chair person in charge of Mobilization and Community out Reach in Association of Rwanda Medical Laboratory Students (ARMELS). He is the Public relation Officer in I AM ABLE FOUNDATION (IAF). Since 2014-2018 he did clinical placement in Hospital settings Teaching Hospital, provincial Hospital and National Reference Laboratory. Joseph is passionate in medical laboratory diagnosis field and community health. He has involved in developing the projects such as Medical Professional Lab Week Rwanda (MPLW), Kids and youth Talents detection and career development. During his final academic studies, he also completed his research work on "Prevalence of Trichomonas vaginalis and associated risk factor among pregnant women."

### **Kaja Jurczynska – Demographer, Palladium**

Kaja Jurczynska is a Demographer at Palladium, where designs and implements family planning activities, provides technical assistance to country programs, and develops demographic- and family planning-focused analytical models. She most recently led the creation of the new Family Planning-Sustainable Development Goals (FP-SDGs) Model, which quantifies the boost contraception offers toward realizing the goals. She led the Kaduna-based Voluntary, Rights-Based Family Planning project, a two-year program focused on implementing and evaluating a rights-based approach to family planning across the state. Finally, Kaja has served as the Country Manager—and technical lead—for the Health Policy Plus (HP+) project in Nigeria, as well as its predecessor, the Health Policy Project (HPP).

#### **Kiki Kalkstein – Senior Policy Analyst, Pathfinder**

Kiki Kalkstein is Pathfinder’s DC-based advocacy expert, improving US and global health policy environments by influencing and informing policy and appropriations decisions. Kiki also represents Pathfinder in coalitions across a spectrum of global health issues and co-chairs the Youth Health and Rights Coalition. She joined Pathfinder in 2013. Before Pathfinder, Kiki worked at the Center for Health and Gender Equity (CHANGE) where she advanced gender equality by shaping public discourse around sexual and reproductive health and rights and influencing the US government policies. She studied public health at the University of California, Berkeley.

#### **Dr. Daniel Keftassa, PhD - Harmee Education for Development Association**

With over 40 years of experience in development work as researcher agronomist and university instructor, consultant and technical advisor to local and international civil society organizations Dr. Daniel Keftassa is the founder, board chairperson and technical advisor of Harmee Education for Development Association (HEfDA), a local civil society organization in Ethiopia. He serves as a technical advisor for the project on “Enhancing political and financial supports for quality Family Planning and Reproductive Health services in Ethiopia. In 2016-2017, HEfDA was supported by David and Lucile Packard Foundation and Coalition of Christian Relief and Development Association (CCRDA).

#### **Charles Kabiswa – Programs Director, Ecological Christian Organization**

Charles Kabiswa is the Programs Director for Ecological Christian Organization (ECO) and has 14 years’ experience in developing and implementing programs that address interconnectedness of the environment, population growth, governance women’s empowerment, human rights, sustainable livelihoods within East Africa. He has directly worked and promoted PHE integrated approaches like Health of People and Environment in the Lake Victoria Basin (HoPE-LVB). Developed 5 documentaries communicating links, approaches and solutions to population and environmental issues. He has registered success in advocating for integration of Family Planning and Population dynamics in key national and regional Policies and frameworks like the Uganda Climate Change Policy and Act, Uganda Nationally Determined Contributions (NDCs) and the East African Community and Uganda PHE strategy, among other policies. Charles has written five papers linking

Population, Environment, SDGs and Climate Agenda. Charles Holds a B.A. in Social Sciences, Master's Degree in Development Studies and a Master's Degree in Project Management.

#### **Dr. Milly Nanyombi Kaggwa - Programs Director, PSI (Uganda)**

Dr. Kaggwa is a medical doctor, management practitioner and transformational leader with over 15 years of experience managing and implementing Sexual and Reproductive Health (SRH), Family Planning and HIV prevention, care, and support programs in Uganda. She has over 10 years of experience in clinical Quality Assurance (QA) and has provided technical assistance throughout East and Southern Africa and some parts of Asia, including Ethiopia, Malawi, Kenya, Tanzania, Nigeria, Somaliland, Uganda, Zambia, Laos and Cambodia. Currently working as the Programs Director at PSI/Uganda and as the Quality Assurance Regional Lead for East Africa, she provides leadership oversight and technical assistance to all PSI Uganda programs and partner organizations. Under her leadership, PSI Uganda has achieved remarkable success in building public and private sector capacity in LARCS, PAC service provision over a nine-year period that has led to a 30-fold increase in IUD insertions in 60 supported public health centers. This was achieved through promotion of sexual reproductive health rights, using a harm reduction model, and focus provision of high quality of services. As a result, we have seen an increase of IUD insertions in supported public facilities from 2,154 (2014) to 187,562 (2017). Between 2016 and Aug 2018, youth 24 years and below were 28% of family planning clients, 42% of PAC clients and 41% of PACFP clients. The wealth quintiles of clients at network clinics was 14% poorest; 10% second poorest; 13% in 3rd quintile and the rest in the top two wealthiest quintiles (27% in 4th quintile and 37% in 5th quintile).

#### **Tamar Khomasuridze – Sexual and Reproductive Health Adviser, UNFPA (Eastern Europe)**

Tamar Khomasuridze is UNFPA Sexual and Reproductive Health Adviser for Eastern Europe and Central Asia, based in the UNFPA Eastern Europe and Central Asia Regional Office, Istanbul, Turkey. She is a medical doctor with more than 25 years' experience in the field of sexual and reproductive health, as a clinician, researcher, program adviser and manager. She holds a PhD in reproductive health. At present, she is responsible for technical and managerial support to the UNFPA sexual and reproductive health research program portfolio in Eastern Europe and Central Asia and leads the Women's sexual and reproductive health cluster of the UNFPA Eastern Europe and Central Asia Regional Office. She is a member of several interagency working groups, scientific committees and boards, including the editorial board of the magazine *Entre Nous*. She joined UNFPA in 1999 and worked in technical and managerial positions, where she developed several innovative programs and strategic frameworks, which are recognized nationally and internationally. These include sexual and reproductive health mobile teams for underserved regions, youth-friendly sexual and reproductive health services in Georgia, a breast and cervical cancer screening program in Georgia, a reproductive health initiative for youth in the South Caucasus, the Black Sea Coalition for Breast and Cervical Cancer Prevention and prevention of sex- and gender-based violence in the South Caucasus. She has coordinated many national, regional and global

meetings and conferences, including South Caucasus youth health forums and festivals (2006–2013), UNFPA high-level conferences and forums for youth sexual and reproductive health (2006–2009) and a UNFPA global meeting (2010).

### **Tamara Kreinin - Director, Population and Reproductive Health, The David and Lucile Packard Foundation**

Since 2012, Tamara has led the Packard Foundation's grantmaking efforts to advance sexual and reproductive health and rights for women and youth. Prior to joining the Foundation, she served as the executive director of Women and Population at the United Nations Foundation, the president and CEO of SIECUS in New York, and the director of state and local affairs at the National Campaign to Prevent Teen Pregnancy in Washington, D.C. Anchoring her deep roots in the South, she previously started and ran three nonprofits in New Orleans and Louisiana: the New Orleans Council for Young Children, Agenda for Children, and SHIELD, an initiative to prevent child abuse. Tamara has traveled the globe as an advocate and public policy advisor on sexual and reproductive health and rights, and she is a passionate voice for social justice.

### **Jan Kumar, Consultant**

Jan Kumar focuses on healthcare program design, family planning and a rights-based approach to reproductive healthcare. In her long tenure at EngenderHealth she established and grew the informed choice and rights program, managed several global programs (Knowledge Management, Informed Choice, Client Perspectives, Post-Abortion Care) and led national service delivery programs in Egypt, India, Jordan, Turkey and Uganda. She has co-authored numerous counseling, informed choice and rights-based programming resource documents, and for several years taught program planning and evaluation in NYU's graduate program for public health.

### **Elie Kwizera, IYAFP Rwanda**

Elie Kwizera is with a Confucius Institute, protocol, Gender and sustainable development activist, peace building and conflict management activist and training activist, designer, human right activist National youth council coordinator at sector level, Social media and communication officer at IYAFP Rwanda. He is a member of organizations such as International youth alliance for family planning Rwanda, Video producer at Bahoneza health tv and story writer at Bahoneza.rw. Elie has a formal certificate in video production and film making obtained from Kigali International Art College. He has completed a professional internship of teaching Languages and has served as an English and Kinyarwanda teacher at G.S Sheke. He was also previously a student at Kigali international Arts College in Video production where he attended a workshop entitled empowering future healthcare providers to fight against abortion and its complications organized by ICFP Rwanda. He is currently a National youth council coordinator at sector level since 2017. Elie is currently acting as a social media and communication officer at IYAFP Rwanda

### **Mande Limbu – Advocacy and Civil Society Engagement Manager, Family Planning 2020**

Mande Limbu is the Advocacy and Civil Society Engagement Manager for Family Planning 2020. She is a policy and advocacy professional with 10 years of experience shaping policy agendas and advocacy strategies to improve reproductive and maternal health. Her expertise lies in successfully leading national and global advocacy campaigns to influence prioritization and financing of family planning and maternal and child health programs. Mande has previously worked as a senior advisor for global policy and advocacy at White Ribbon Alliance in Washington, DC and director of sexual, reproductive and maternal health at CARE Tanzania. She holds a JSD from Cornell University and LLM from Georgetown University. Originally from Tanzania, Mande is fluent in Swahili and English

### **Edinah Masiyiwa - Executive Director, Women’s Action Group (WAG)**

Edinah Masiyiwa is the Executive Director for Women’s Action Group (WAG). WAG is an organization that promotes and defends women’s rights in Zimbabwe. Edinah has over 20 years of program design, development, management, monitoring and evaluation (M&E) and organizational assessments experience in Zimbabwe. She has designed, developed and managed complex programs on SGBV, SRHR, and has engaged traditional leadership and communities on harmful cultural practices. Has vast experience in these program thematic sectors: community stabilization, community engagement; civil society strengthening and mobilization, human rights, institutional reform, good governance, gender equality, economic development, small infrastructure; humanitarian aid, health, HIV/AIDS, organizational/institutional capacity strengthening, emergency food aid, livelihoods, water and sanitation, urban emergencies, internally displaced people assistance, peace building/conflict transformation, gender-based violence. Edinah has strength in advocacy as she has led SRHR related advocacy.

In 2018 Edinah received an award from SAfAIDS in recognition of the work she is doing in promoting gender equality and women empowerment in Zimbabwe. Edinah has also served in different boards such as the Zimbabwe Family Planning Council. Currently Edinah is a member of the Country Coordinating Mechanism for the Global Fund representing the women’s sector.

Edinah holds an Advanced Certificate in Sexual and Reproductive Health and Rights from Lund University, Sweden. She also holds a Master of Science in Development from the Women’s University in Africa and a bachelor’s degree in Adult Education from the University of Zimbabwe. Her background is general nursing. She also has a diploma in midwifery.

### **Tom Mulisa - Executive Director, Great Lakes Initiative for Human Rights and Development**

Graduated with an LL.B at the faculty of law of the University of Rwanda and Diploma in Legal Practice at ILPD in Rwanda, Tom completed his LL.M in Human Rights and Democratization in Africa at the Center for Human Rights of the University of Pretoria. Tom also completing a Phd at the faculty of law at Uppsalla University in Sweden. Tom is a lawyer



by profession and advocate of the high court of Rwanda, a member of the East African Law Society, a lecturer of Comparative Constitutional law at the faculty of law of Uppsalla University and Lecturer of Constitutional law and International Human Rights Law at the school of Law of the University of Rwanda. He has worked with the School of Law of the University of Rwanda 's legal Aid Clinic Head of the Human Rights and HIV/ Aids Unit. And as an Oxford Constitutional law researcher for Rwanda, he has served as an externa Examiner for the LL-M in Multidisciplinary Human Rights at the Center for Human Rights of the University of Pretoria. Tom is a member of the association of University based legal Aid Clinics in East, central and Southern Africa and a member of the Africa group of lectures on constitutional law. Currently, Tom works as the Executive Director of Great Lakes Initiative for Human Rights and Development (GLIHD) that does public interest litigation, advocacy and Human Rights Monitoring in Rwanda.

### **Angeline Ngina Mutunga – Senior Program Advisor (Family Planning), Jhpeigo**

Angela Mutunga is the Africa Region Advocacy Advisor (from Jan. 2017) for the Advance Family Planning (AFP) initiative of the Johns Hopkins Bloomberg School of Public Health, Gates Institute, based at Jhpiego-Kenya. AFP's advocacy efforts aim to increase financial, policy and political support for family planning in line with the goals of FP2020 in over 10 countries. Prior to her current Africa region portfolio, Angela was the East Africa Regional Program Advisor for AFP since August 2013. Angela takes lead in coordination of voices from the South advocacy activities, working with diverse Africa and global partners and broader coalitions. Particularly, Angela facilitates use of the AFP advocacy portfolio, diffusion of best practices in advocacy, advocacy knowledge management and skills building, and tools innovations. She works closely with all AFP partners in Kenya, Tanzania, and Uganda to identify opportunities for in country advocacy strategies, in pursuit of the countries fulfilment of FP2020 commitments. Prior to joining AFP, Angela was the Country Director for Family Care International (FCI), Kenya Office, where she held several positions of increasing responsibility since July 2001. Angela poses over 18 years' experience in RH/FP advocacy, human rights approaches to RH, social accountability, research, management training for health sector and quality assurance methodologies. Angela's experience goes beyond RH/FP, has been an accountant with over 15 years' experience serving in various finance and administration positions.

### **Patience Mgoli Mwale – Community Score Card**

A Master's Degree holder, with bias in research, Patience Mgoli Mwale is a passionate development advocate who believes in women and girls empowerment to bring positive change. This can only be done if their agency builds, systems and structural changes are affected to allow empowerment of knowledge, skills, necessary tools and platform to question things that matter. Recently, Patience has been supporting the day-to-day implementation and evaluation of the Community Score Card in Malawi for improving health service delivery and demand creation. Patience has also provided capacity building and training on the CSC to other organizations within Malawi and sharing CSC experiences at FP2020- CSO International Forum held in Malawi in 2017. However, for the past 13 years, Patience has been managing projects and change processes; and developing partners,

networks and staff to provide leadership in a range of development contexts Going forward, Patience is continuing to generate evidence for learning in Family Planning as a whole and advocating for CSC acceleration, as a rights-based process. She will also be supporting the R&D Lab, including overseeing the day-to-day execution of the FP model the team will be testing: linking the CSC process and evidence from the local level to district and national level advocacy initiatives.

### **Karen Newman - Consultant**

Karen is an international advocacy, policy and development professional with more than 25 years' experience managing sexual and reproductive health and human rights projects and programs across the globe. She has published widely on the connection between sexual and reproductive health and rights and human rights and has an extensive background in generating strategic planning and change management within non-governmental organizations throughout Europe. A past Chair of the World Health Organization Gender and Rights Advisory Panel, and inaugural member of the FP2020 Rights and Empowerment Working Group, Karen has taken leading media, policy and advocacy roles, including working with different governance committees to advance policies on a range of controversial issues, and negotiating at key international and UN conferences related to sexual and reproductive health and rights. She has also addressed parliamentary hearings on the subject of population dynamics and sustainable development, and has won pro-choice debates at Oxford, Cambridge and London universities. Since establishing her consultancy in 2003, Karen's client base includes a range of global and UK-based governmental and non-governmental organizations. Her technical skills combine sexual and reproductive health and rights, HIV/AIDS, gender, human rights and sustainable development, including expertise in the emerging discourse on the links between population dynamics and climate change. She has significant training, media, monitoring and evaluation, and advocacy expertise. Her program management expertise spans the project development cycle, from project inception through fundraising, implementation, monitoring, evaluation, report-writing and completion, and she has recently completed work on a Bill and Melinda Gates Foundation-funded framework to "hardwire" respecting and protecting human rights into the way that family planning programs are designed, implemented and evaluated.

### **Alex Omari – Marie Stopes International (Kenya)**

Alex Omari currently works at Marie Stopes Kenya. Alex does research in Reproductive Health Public Health and Primary Care; his current project is 'What Works - I own my Future.' A professional with a strong public health education background, with a keen insight into the needs of the population Alex has the ability to research and identify issues or problem areas and form innovative solutions. He is involved in youth reproductive health advocacy and health research in order to address health disparities among different populations; specifically women and youth. Alex aims to develop a professional researcher in addressing health disparities among different population cadres and upholding the spirit of volunteerism and service to humanity.

### **Dr. Meder Omurzakov - Assistant Representative, UNFPA**

Dr. Meder Omurzakov, UNFPA Assistant Representative, has 18 years of professional experience in health and development programs. Meder has been working in UNFPA since 2010 as Assistant Representative. Prior joining to UNFPA Meder worked as a national program officer in the WHO country office, as a program manager in the US based NGO “Project HOPE” and as a surgeon in National Surgical Center. Meder holds a Medical Doctor degree (1995) from the Kyrgyz State Medical Institute and Master's Degree in Health Administration (2007) from the University of North Carolina (2007) at Charlotte, the USA.

### **Sylvia Ouma – Nurse, Family Health Options Kenya (FHOK)**

Sylvia Ouma is a nurse with 7 years of experience in clinical service working in various hospitals and is currently I am working with Family Health Options Kenya (FHOK). Her current and main work focuses is on provision of SRH - Sexual and reproductive Health services, FP – Family planning service, YFS - Youth friendly services, ANC – Antenatal services.

### **Anne Pfitzer - Family Planning Technical Team Leader, Maternal and Child Survival Program (MCSP)**

Anne Pfitzer is a public health professional with over 20 years of program design, implementation, and evaluation experience for health service delivery and human capacity building. She is now the Family Planning Technical Team Leader for the USAID-funded global Maternal and Child Survival Program (MCSP).

### **Heidi Quinn - Executive Director, WISH (DFID) International Planned Parenthood Federation**

Heidi Quinn has over 25 years of experience as a global health professional, specializing in sexual and reproductive health (Qualified nurse and midwife, MSc Reproductive Health & Family Planning) and international aid, including the management of large global consortium projects for varied donors. She has a strong track record in strategic planning, technical design of the scale up projects of sexual and reproductive health throughout Africa, Asia and Latin America including large volume delivery of family planning , HIV services and voluntary male circumcision services. This work has included stable and humanitarian environments managing consortiums and coordinating with partners and national governments, combining her medical experience in service delivery, training, audit, medical policy development to achieve project and health outcomes.

### **Jonathan Rucks - Senior Director Policy and Advocacy, PAI**

Jonathan is responsible for the development and management of advocacy strategies to inform and influence public policy at the federal level in the United States, at the global level, and in developing countries to increase political and financial support for sexual and reproductive health and rights. Jonathan has more 15 years of experience in sexual and reproductive health and international development. Prior to joining PAI, Jonathan worked for Pathfinder International, a major U.S. government implementing partner, and prior to that, he spent eight years working in the House of Representatives for both Representative Jan

Schakowsky and Representative Jim Oberstar. Jonathan earned a master's degree in Strategic Security Studies from the College of International Security Affairs at National Defense University in Washington, D.C. He also holds an undergraduate degree in Political Science and English from St. John's University, Collegeville, MN.

### **Halima Shariff - AFP Tanzania**

Halima is an accomplished Tanzanian media specialist, and communication and strategist with more than 30 years of experience. She has more than two decades of experience and knowledge in smart advocacy and public policy in sexual and reproductive health. Halima is co-chair of the Reproductive Health Supplies Coalition Advocacy and Accountability Working Group.

### **Hauwa Shekarau - Country Director (Nigeria), Ipas**

Hauwa is a distinguished Chevening Alumnus, a gender advocate, human rights activist, a professional Mediator and Conciliator and a lawyer with over twenty- five years' post-call experience in women and child rights advocacy, conflict resolution, social research, sexual and reproductive health and rights. She obtained her first-degree training in law from the Ahmadu Bello University, Zaria Nigeria in 1991 and had her Law School professional training at the Nigeria Law School, Victoria Island, Lagos. She was thereafter called to the Nigerian Bar on 16th December 1992. In 2006, she won the British Government Chevening Scholarship and proceeded to London where she trained and obtained a post-graduate law degree in Law and Development from the School of Oriental and African Studies (SOAS) of the University of London in 2007. She is a registered member of the International Bar Association, Institute of Chartered Mediators and Conciliators, Association of Women in Development (AWID), Nigerian Bar Association and a Life member of the International Federation of Women Lawyers (FIDA).

Hauwa has served in different leadership positions at the International Federation of Women Lawyers (FIDA Nigeria) including being the National President between (2012-2015), where she was responsible for providing leadership for the professional organization which has State branches spread all over Nigeria. FIDA is a voluntary not-for-profit organization of women lawyers committed to the promotion, protection and preservation of women and children's rights, through the provision of pro bono legal services. She has served as a board member of several NGOs including ActionAid International Nigeria and Nigeria Women Trust Fund. She currently serves on the Board of several other NGOs including the League for Human Rights.

Hauwa currently works as the Country Director of Ipas Nigeria an International Non-Governmental Organization that works to promote women's health as well as advance their reproductive health and rights where she leads the Country Team as they work both nationally and in states spread across different parts of the country.

### **Abebe Shibru – Country Director (Zimbabwe), Marie Stopes International**

Abebe has 20 years of experience in rural community development and public health care programs. His impressive career includes position in IntraHealth International/USAID, US Peace Corps Ethiopia Office, ActionAid International Ethiopia and Catholic Church Health care programs. Abebe Joined Marie Stopes International Ethiopia in May 2010, holding positions as Director of Communication, External relation and research, Director of Programs, Director of Strategy and Development and Deputy Country Director. Currently, he is serving as a Country Director for Population Services/ Marie Stopes Zimbabwe. He holds an MPH, an MBA specialized In Health Services Management, a BSc, and an Advance Diploma in Comprehensive Nursing. He is also a CSOs focal point for FP2020 Zimbabwe program.

Under his leadership, Zimbabwe Marie Stopes Program is undertaking a rights-based approach of family planning program; and on yearly bases the program is reaching out an average of 500,000 women, and girls. The poor, adolescents, People with disability as well as women living in hard to reach area are the main target for Marie Stopes Zimbabwe family planning program.

#### **Jacques Ngarukiye Sekanyange - Executive Director, EJO TWIFUZA-Rwanda**

Jacques Ngarukiye Sekanyange is the Executive Director of EJO TWIFUZA-Rwanda, a Local NGO which means "Striving for the Future". We promote right to information on Sexual and reproductive health among youth and right to health by fighting against malnutrition and other often neglected conditions in the community.

#### **Jay Silverman - Professor of Medicine and Global Public Health and Director of Research for the Center on Gender Equity and Health, University of California, San Diego**

Jay Silverman is a Professor of Medicine and Global Public Health and Director of Research for the Center on Gender Equity and Health at the University of California, San Diego School of Medicine. For the past twenty years, he has led multiple research programs, including development and testing of community and health service-based interventions to reduce gender-based violence and improve reproductive health. He has published over 200 peer-reviewed studies and co-authored an award-winning book, *The Batterer as Parent* (Sage, 2002 and 2009) on these topics. Dr. Silverman is currently PI on two Bill and Melinda Gates Foundation-funded studies of gender equity and family planning, an evaluation of an adaptation of ARCHES (a clinic-based intervention to reduce reproductive coercion and IPV so as to increase FP use and reduce FP discontinuation) with women and girls seeking FP services in Nairobi, Kenya (in partnership with IPPF and FHOK) and a clustered RCT to assess effects of Reaching Married Adolescents, a community-based program developed and implemented by Pathfinder International to promote FP use among married adolescents and their husbands in rural Niger, as well as a series of related studies on autonomy and decision-making with this population.

#### **Olive Uwamariya – CARE International**

Olive Uwamariya is a Rwandan citizen, feminist and activist whose passion for women and girls issues stems from her country's history of inequality and injustice against women and

girls. Since 2009, she has worked in the development sector focusing on policy advocacy for women's issues in Rwanda and in the Great Lakes Region of Africa. She currently works with CARE International in Rwanda where she engages with civil society groups in Rwanda, Ethiopia and Uganda to lobby and advocate for women and girls' issues with focus on violence against women and girls, adolescent sexual and reproductive health and women's leadership. She also engages with key Government institutions to build strategic partnerships and lobby on behalf of CARE impact groups. Olive holds a master's degree in global affairs from the University of Buckingham, UK. Her Twitter handle is @uwaolive

### **Manasa Priya Vasudevan - Program Manager, KYBK YR**

Manasa is a feminist activist who is passionate about the theory and praxis of social justice, especially in the context of urbanization and datafication. She has undertaken research and advocacy on issues at the intersections of information communication technologies and social justice, primarily in the area of internet governance. She has actively engaged with international multi-sectoral movement building and strategy, both online and offline. Manasa holds a master's degree in gender, media and culture from the London School of Economics and Political Sciences. At TYPF, she manages the Know Your Body, Know Your Rights program. Prior to this, she worked at IT for Change in Bengaluru.

### **Barinzi Jean Marie Vianney – Nurse-Midwife, Masaka District Hospital**

Barinzi Jean Marie Vianney, is a Nurse-Midwife at Masaka District Hospital whose responsibilities include delivering babies, providing antenatal and postnatal advice, care and support to women, their babies, their partners and families and other services of reproductive health. As Midwife who is working in maternity Barinzi realized that women are not using family planning because false information about family planning and lack of partner support in using methods. Barinzi started program of visiting health centers and community health post of Masaka District Hospital catchment area to work with health workers by empowering them by true information about family planning. Barinzi also realizes the importance of encouraging men to accompany their wives when they go to the hospital for any service or during the process to gain further understanding about family planning.