



8th International Dialogue on Population and Sustainable Development

**Making Sexual and
Reproductive Rights a Reality:
What does it take?**

October 5 – 6, 2010, Berlin, Germany

‘Ways to do things better’

POCKET SUMMARY



‘Ways to do things better’

This pocket summary summarizes the results of the **8th International Dialogue on Population and Sustainable Development, Making Sexual and Reproductive Rights a Reality: What does it take?**, held in Berlin from 5th to 6th October 2010. It involved expert participants from civil society organizations, the private sector and partner governments. It offers practical sexual and reproductive health and rights (SRHR) action advice in seven key areas and from on-the-ground experience in four countries.



ADVOCATING

1. Keep it simple.

The most compelling argument for family planning is often the simplest: because it is the right thing to do.

2. Identify new partners.

We spend too much energy talking to people who already agree with us.

3. Use new evidence as it becomes available.

We need always to look for new ways to advocate the importance and success of family planning, and its role in saving lives.

4. Build on your media strengths.

Not everybody can master all forms of media, but figure out which are your strongest shots and use them, then build your repertoire.

5. Counter opposing forces.

Most people see family planning as a non-issue, or support it. Don't let the opposition drive the conversation about it being controversial.



CLAIMING

1. Use strategic litigation

by national human rights institutions or commissions.

2. Strengthen their capacity

to perform functions such as advising governments on the implementation and domestication of international human rights standards.

3. Collaborate with health professionals

to explore the possibility of advancing human rights and sexual and reproductive rights using existing health system procedures.

4. Train, raise awareness and promote education on the right to health

including sexual and reproductive health, targeting civil society, health practitioners and communities.



MEASURING

1. Use the lens of sexual and reproductive health and rights to look at existing data

asking for examples, whether the data are sufficiently disaggregated.

2. Identify gaps

and complement them with other studies.

3. Enhance accountability.

Data should be used for making stronger arguments and keeping action on track. The participation of users is beneficial, particularly when feedback mechanisms are included.

4. Improve the links with international reporting mechanisms.

5. Strengthen capacities for measuring.

Offer more training in the use of indicators, sampling methods, reporting skills.



TARGETING

1. Create an enabling environment for empowering women/girls

to make informed decisions on their own sexual and reproductive health. Young women are the experts on their rights.

2. Develop services at the same time as you create demands and awareness

so that women and young people can claim their rights to sexual and reproductive health.

3. Address unequal power relationships directly.

Design and implement feasible, useful and supportive policy frameworks that address gender inequality.

4. Link with broader goals.

Ensure an inter-sectoral approach in addressing underlying causes e.g. poverty. Make sure education, employment, and economic development communities are all involved.



CHAMPIONING

1. Avoid the false dichotomy between human rights and population issues.

They are two sides of the same coin.

2. Link human rights arguments to other arguments.

3. Use the values of your intended audience

to frame your communications; for example, talking about 'safe sex' is more apt for youth, than 'family planning'.

4. Do not be satisfied with the status quo.

Support innovation, including development of new service models, and access to scientific progress.

5. Engage creatively with the private sector

to ensure access to new research and devices.



STRENGTHENING

1. Measure health system performance.

Use poverty and rights-based indicators. Utilization of services should be systematically tracked.

2. Involve people from marginalized groups in the management of programmes.

Ensure these people are identified and selected by the people they represent and where needed get training.

3. Strengthen service capacity.

For example, in advocacy and financial management.

4. Stop thinking the poor can pay.

A rights-based approach assumes everyone needs access. Expect to continue to subsidize these services. Fund programmes based on the services which succeed with marginalized groups.

5. Develop public-private partnerships with a potential for increasing access to services and improving quality of care. Beware, though, that sometimes donor funding means that governments switch their support and the services become less sustainable.

6. Use the health system as a channel to inform people about their rights to the highest attainable standard of health. Create demand for high quality services.



LINKING

1. Articulate sexual and reproductive health links to economic progress.

Improve understanding of the relationship between the right to health, health outcomes and poverty reduction.

2. Build on existing treaties and agreements

and make common cause with other development sectors.

3. Operationalize a rights-based approach to the Millennium Development Goals.

Empower communities so that they can hold policy makers to account for their existing commitments.

WHAT WE HAVE FOUND:

case studies from four countries

Whom to involve?

1. **Strong political commitment** at the top is a priority, for without it change will not happen or endure.
2. **Women must have leadership roles at all levels**, but men's involvement is vital for sustainable progress.
3. You have to **work together with all, including conservative circles** within the health sector itself, to combat the forces against you.

4. If you **get civil society working with you**, you have a longer 'reach'.
5. **Professional organizations should be involved** or initiatives will be weakened.
6. Sexual and reproductive health and rights (SRHR) makes obvious economic sense. **Involve decision-makers from the economic sector** for maximum support.
7. It helps to **involve representatives of other sectors** such as teachers at local schools and employers.
8. Particularly in conflict and post-conflict situations, work in partnership **with the authorities as well as remaining critical of government efforts** where necessary.
9. It is not only the message that matters, but who transmits better results. This may mean **working with traditional leaders** for results.

Match services to needs

10. **Strengthen demand (including awareness of rights) and provision at the same time.** Programme availability alone does not ensure utilization.
11. **National ownership matters.** Strategies and programming must be country specific; global evidence helps, but national work makes the difference.
12. **Materials need to be homegrown,** so that they cannot be perceived as western propaganda.
13. **Youth-friendly services are important,** with a willingness to push boundaries.

14. **Integrated services will achieve more** and are easier for women to access without risk of disapproval.
15. The **needs of vulnerable groups should be specifically identified** and responded to in a flexible way.
16. **Girls and young women often need childcare** for the children they already have, before they can take up opportunities for education, training or work.
17. A rights-based approach promotes **local responsibility**, and this empowers local communities.

18. An **evidence base is vital** in supporting the work we do, and in raising funds.
19. **Document processes and outcomes**, to inform policy and strategy.
20. **Capacity building** should include not only target groups such as women and the young, but also providers and institutions.

21. **If you tell your clients they have rights, expect them to complain.** Make sure that your staff is trained to respond to people who complain as an ally and not as a pain in the neck.
22. When you start work on sexual reproductive health and rights, you are committed to a **long-term perspective**.
23. You **need a supportive justice system** to hold someone accountable.

The International Dialogue on Population and Sustainable Development underlines the interdisciplinary importance of sexual and reproductive health and rights (SRHR) and population dynamics as key factors in achieving international development goals such as the Millennium Development Goals (MDGs). The conference series is designed to facilitate the networking of national and international players and encourage the exchange of information and experience.

The International Dialogue is an annual, two-day conference taking place in Berlin, jointly organized by the German Foundation for World Population (DSW), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, the International Planned Parenthood Federation (IPPF) and KfW Entwicklungsbank, in close cooperation with the Federal Ministry for Economic Cooperation and Development (BMZ) and with Bayer Schering Pharma AG.



German Foundation for
World Population (DSW)

www.dsw-online.de



Population Dynamics,
Sexual and Reproductive
Health and Rights

www.giz.de



International
Planned Parenthood
Federation

www.ippf.org



kfw
ENTWICKLUNGSBANK

www.kfw.de

In cooperation with



Bayer HealthCare
Bayer Schering Pharma

www.bayerscheringpharma.de



Federal Ministry
for Economic Cooperation
and Development

www.bmz.de

Imprint

Published and compiled by g+h communication, Berlin, Germany
Edited by World Health Communication Associates (WHCA) Ltd, UK
Graphic design by zum Weissen Roesl, Germany

Contact

Email: int.dialogue@gundh.com
www.dialogue-population-development.info