**How to create spaces for working on Sexual and Reproductive Health and Rights?**

**Joint submission to the Consultation opened by OHCHR**

**30 September 2015**

1. **Presentation**

The Swedish Association for Sexuality Education[[1]](#footnote-1) – RFSU (Sweden), the Reproductive Health Association of Cambodia[[2]](#footnote-2) – RHAC (Cambodia), the Centre for Information and Counselling on Reproductive Health[[3]](#footnote-3) – Tanadgoma (Georgia), the Centre for Popular Education and Human Rights[[4]](#footnote-4)– CEPEHRG (Ghana) and the Centre for the Study of Adolescence[[5]](#footnote-5) – CSA (Kenya) hereby send their joint submission to the Office of the High Commissioner on Human Rights (OHCHR). The aforesaid organisations welcome the consultation on “How to create and maintain civil society space” and are pleased to provide particular input on spaces for civil society working on sexual and reproductive health and rights in different countries and contexts.

1. **General overview**

The five aforementioned organisations – hereinafter “the CSOs on SRHR” or “the submitting group” – endorse the Human Rights Council and the OHCHR’s remarks the importance of certain elements playing a critical role for enabling civil society’s participation and work towards better respecting, protecting and fulfilling human rights in society. While these elements are common for all CSOs, the submitting group considers that CSOs working on the field of sexual and reproductive health and rights stand in a relatively disadvantaged position for undertaking their work, due to societal prejudices around sexuality and traditional gender roles, *inter alia*. Said perspectives have a differentiated impact in the CSO’s work, from fundamental opposition to SRHR-related topics to questioning the outreach of the work on SRHR. Nevertheless, both kinds of opposition reduce the political space for CSOs working on SRHR. Finally, the political space for SRHR is even more obstructed by the fact that opposition to SRHR is found not only at the state, but also within the general opinion and sometimes even within other civil society organisations.

Based on the latter, the submitting group would like to emphasise the importance of recognising sexual and reproductive health and rights as human rights and, consequently, enabling international spaces and opportunities for working on developing a comprehensive international framework on SRHR, and fostering opportunities for holding states accountable for their international obligations on these important rights, as demanded by the most vulnerable population groups around the world.

1. **Strategies for creating and maintaining space for working on SRHR**

CSOs working on SRHR have overcome the lack of sufficient socio-political space by combining different strategies, depending on the topic, the socio-political context and the legal framework, as described below:

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| Challenge | Strategy |
| Wide-spread social prejudices on SRHR, sexual education, LGBT, gender roles and family planning, *inter alia* | Communicate effectively how SRHR implies better protection of widely accepted topics, such as prevention of gender and sexual violence, early and forced marriages and pregnancies, prevention of infections and diseases, etc. |
| Religious influence on society and particularly on state agents, politicians and law-enforcement officials | Creating and maintaining constructive dialogue with religious, political and social authorities, at both the national and the community level, focused on common problems and interests, such as lack of access to health services, maternal mortality and morbidity, etc. |
| Legal restrictions to the exercise of SRHR and/or the work of CSOs on SRHR | Continued advocacy towards Governments and focus on fact-based political positions. Constructive dialogue based on problems and evidence-based information, not on political positions |

In general terms, the submitting group has been successful in creating and maintaining certain political and social spaces for undertaking activities concerning sexual and reproductive health and rights, despite usual social and political opposition. Successful strategies have included

* Using communicational tools, like popular information and social media, where possible, for gaining social support, using socially accepted topics as entry-points for additional disputed topics
* Targeting key community members for overcoming social opposition to “controversial” topics
* Focusing on the existing relationship actual needs – SRHR – human rights depending on the context, networking with other SRHR organisations as well as CSOs organisations in general at national and international level
* Providing services to specific target groups with a views of promoting the exercise of SRHR-related individual rights and the demand for such services (which in its turn becomes a political demand in the long run)

More information on strategies used in each country included in this joint submission is provided below:

***Cambodia:***

RHAC has succeeded in profiling the organisation as a reliable scientific source as a way of pushing forward SRHR issues in Cambodia, targeting service recipients but also health care professionals. This profile has contributed to gain spaces as special advisors to governmental health agencies, fostering the advancement of SRHR within the national political agenda. At the same time, RHAC has also focused on networking at the local level, through community and social workers, in order to spread knowledge on SRHR at the grassroots levels. Both strategies have contributed to creating a strong legitimacy of the organisation, being useful for its work on SRHR.

***Ghana:***

The strategy followed by CEPERHG for maintaining political dialogue on SRHR with relevant governmental and social stakeholders is to focus on networking as a means for sharing experiences and promoting SRHR-related activities. Since services are part of this organisation’s portfolio, networking has proven crucial for outreaching and broadening the population covered by its SRHR services.

***Georgia:***

Tanadgoma has succeeded in broadening social understanding for SRHR-related topics in a very conservative country by combining different approaches, including using undisputed topics as “entry-points” for addressing both the public opinion and the Government. For instance, this organisation uses to present its work on LGBT issues within the umbrella of HIV/AIDS-STI prevention. This allows the organisation to create a safe and comfortable environment for vulnerable population as well as it creates political opportunities for constructive dialogue with identified governmental officials. Finally, Tanadgoma has focused on domestic and international networking as a way of gaining support for SRHR in Georgia.

***Kenya:***

CSA has created and maintained constructive dialogue with governmental authorities by developing and circulating policy briefs and convening policy forums. CSA invites governmental officials to opening activities and hold keynote speeches. Through this strategy, CSA has achieved being included in groups analysing SRHR topics, including the task of revising “Youth Friendly” service guidelines in Kenya. By conducting research and collecting data on adolescents, CSA has gained a strong reputation allowing the organisation to hold political space for SRHR.

***Sweden:***

RFSU has consolidated its work as a CSO by combining political, scientific, service-delivering and communicational work in Sweden and internationally. By focusing in longstanding, but up-to-date sexual education activities, this organisation targets all ranges in the Swedish society, with a view of gaining and maintaining social support for SRHR. The use of mass media and innovative communicational strategies has been crucial for spreading key messages and mobilising social support to SRHR. RFSU’s legitimacy and expertise have, in its turn, contributed to create and maintain open political spaces towards the national authorities concerning both the Swedish domestic and international policy on SRHR.

1. **Examples of innovative material for reaching mass public on SRHR**

Some links to innovative strategies and activities for enhancing the work on SRHR are provided below:

* Sexpodden (RFSU – Sweden): Podcasts on sexual education for adults, where experts from RFSU talk about sex and relations, from health-related to politics-related issues on SRHR. Information and downloads can be found here: <http://www.rfsu.se/sv/Sex--relationer/Sex-genom-livet/Sex-for-vuxna/Sexpodden/Om-Sexpodden/>
* Mass media campaigns (RFSU – Sweden): Awareness-raising campaigns on SRHR-topics via rising social interests by innovative campaigns. Information and downloads can be found here: <http://www.rfsu.se/sv/Om-RFSU/Press/Pressmeddelanden/2015/RFSU-lanserar-nya-preventivmedlet-Gubbelax/>, and here <http://www.rfsu.se/tweeniebrud>
* World starts with me (CSA – Kenya): Innovative, computer based sexuality education program designed for young people aged from 12 to 19. It combines knowledge transfer, attitude development, sexuality education and HIV prevention with training in computer skills. Information can be found here: <http://www.csakenya.org/index.php/news/sexual-reproduction-health-education>
* Online counselling (Tanadgoma – Georgia): Web-based service for obtaining information and counselling on sexual health and rights in Georgia. Information can be found here: <http://new.tanadgomaweb.ge/?pg=11&cid=12>
* Workplace program (RHAC – Cambodia): Aimed to reach a large number of people through their workplace, RHAC takes the opportunities offered by private business and CSOs to improve sexual and reproductive health in the country. Information can be found here: <http://www.rhac.org.kh/?page=detail&ctype=article&id=604&lg=en>
1. The Swedish Association for Sexuality Education, RFSU, an organisation holding consultative status before ECOSOC since 1999, works for sexual and reproductive health and rights (SRHR) since 1933. Through education, advocacy and international cooperation, RFSU aims to improve everyone’s possibility to ”be, choose and enjoy”. Based in Sweden, RFSU actively works at the national and international level, running international programmes in 12 countries and participating in global processes. [↑](#footnote-ref-1)
2. RHAC provides SRHR clinic services to women, their partners, girls, LGBT and other specific groups such as entertainment workers, factory workers, and construction workers. RHAC is the leading CSE education in the country, working closely with the Ministry of Education. RHAC works also on family planning with the community, TB, HIV/AIDS and addressing financial barriers to health. [↑](#footnote-ref-2)
3. Tanadgoma seeks to improve the physical and mental health of the Georgian population through implementing prevention, educational, diagnostic and rehabilitation programs, as well as advocacy. Also, Tanadgoma provides technical support and expertise to improve capacities of the relevant organizations, communities and other stakeholders. [↑](#footnote-ref-3)
4. CEPEHRG addresses the Ghanian LGBT community and thus provides SRHR services for gay men and women. This is carried out through community peer education and referral services to health centres for treatment and recommended testing/screening. [↑](#footnote-ref-4)
5. The Centre for the Study of Adolescence (CSA), is an independent, non-partisan, non-profit organisation, which both creates andpromotes a coordinated approach to understanding and managing adolescent health and related issues in Kenya, through research and advocacy. Based in Nairobi, Kisumu, Bungoma and Mombasa, CSA is implementing sexuality education programmes in over 500 schools in five provinces in nya, reaching 60,000 students annually. CSA is actively engaged in collaboration and network activities. CSA is member of the SRHR Alliance in Kenya, West Kenya Consortium, ASRHR technical working group and ASRHR network. [↑](#footnote-ref-5)