SEXUAL & REPRODUCTIVE HEALTH & RIGHTS THEORY OF CHANGE

INCREASING BODILY AUTONOMY, AGENCY AND ENJOYMENT OF SRHR



This resource outlines Oxfam Canada's Theory of Change for its Sexual and Reproductive Health and Rights programming. A theory of change shows how we expect outcomes to occur over the short, medium, and longer term as a result of our work. In this document we outline how we understand SRHR; why we focus on SRHR; the ultimate aim of our SRHR programming; our Theory of Change for our work in this area; and highlights and best practices stemming from our SRHR programs.

WHAT ARE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)?

Sexual and reproductive health and rights (SRHR) are a comprehensive, integrated, and interdependent set of civil, political, economic, social, and cultural human rights. These rights are not "new" – they are already recognized in international human rights treaties, consensus documents, and national laws in countries around the world.^{1,2}

Among these **RIGHTS**³ are the right of all persons to:

- the highest attainable standard of sexual and reproductive health (SRH), including access to SRH services:
- make decisions concerning reproduction and sexuality free of discrimination, coercion, and violence;
- seek, receive, and share information related to sexuality;
- freely define one's own sexuality, including sexual orientation, gender identity, and expression (SOGIE);
- freely decide whether and when to have children;
- bodily autonomy;
- choose one's partner;
- · decide whether, when, and whom to marry;
- decide whether to be sexually active; and
- have a satisfying and safer sex life.

Comprehensive SRH **SERVICES** include but are not limited to:

- accurate, evidence-based, and non-judgmental information and counselling on SRH;
- access to a range of contraceptive methods;
- maternal care (including skilled antenatal, childbirth, and postnatal care);
- · safe abortion and post-abortion care;
- prevention, detection, and treatment of HIV/AIDS and sexually-transmitted infections (STIs), and of reproductive tract infections;
- prevention, detection, and treatment of reproductive cancers;
- prevention, management, and treatment of infertility;
- actions to eliminate harmful traditional practices such as female genital mutilation and child, early and forced marriage (CEFM); and
- prevention and counselling of gender-based violence (GBV).



WHY DOES OXFAM CANADA WORK ON SRHR?

At their most basic level, SRHR involve peoples' ability to exercise meaningful decision-making power over their health, bodies, and lives, as well as the wider social systems and enabling environment necessary for them to do so. Ensuring that all people have full autonomy and agency over their lives and bodies is necessary for improved health and education outcomes, as well as their freedom to participate in all aspects of economic life. 4 In this sense, realizing SRHR is fundamental to achieving gender justice, sustainable development, and fulfilling women and young people's human rights and wellbeing. Yet SRHR are some of the most challenging rights to achieve, particularly for adolescent girls and young women. This is largely because barriers to realizing SRHR are rooted in unequal gender power relations, stigma, and entrenched social norms, with ripple effects at individual, household, community, and policy levels.

"Women's rights are human rights.
This includes sexual and reproductive rights—and the right to access safe and legal abortions. These rights are at the core of our foreign policy. [...] Evidence shows that when women and girls are educated and have control over their sexual and reproductive choices, maternal and child mortality rates decrease and families thrive."

Global Affairs Canada, Canada's Feminist International Assistance Policy

¹ UNFPA et al. (2014). Reproductive Rights are Human Rights: A Handbook for National Human Rights Institutions, p. 21. Retrieved 12 March 2020, from https://www.unfpa.org/publications/reproductive-rights-are-human-rights.

² Asian-Pacific Resource and Research Centre for Women (ARROW). (2016). *Universal Access to Sexual and Reproductive Health and Rights in Asia: A Regional Profile*, p. 9-10. Kuala Lumpur: ARROW. Retrieved 12 March 2020, from https://arrow.org.my/publication/regional-profile-srhr-asia/.

³ For a more detailed overview of the different components of SRHR and related SRH services, see: Starrs, Ann M. et al. (2018). "Accelerate Progress—Sexual and Reproductive Health and Rights for All: Report of the Guttmacher—Lancet Commission," The Lancet (391): 2645—46. Retrieved 12 March 2020, from https://www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights.

Oxfam Canada. (2019). If We Want Women's Economic Empowerment, Then Let's Talk About SRHR. Retrieved 12 March 2020, from https://www.oxfam.ca/publication/womens-economic-empowerment-srhr/.

WHAT IS THE ULTIMATE AIM OF OXFAM CANADA'S SRHR PROGRAMMING?

Through our SRHR programming, our ultimate aim is

to increase bodily autonomy, agency, and enjoyment of SRHR by those least able to claim these rights, including women, girls, adolescents, and persons of diverse sexual orientation, gender identity and expression.

This goal requires addressing power imbalances and harmful social norms regarding gender and sexuality, eliminating structural and systemic barriers, and achieving long lasting and transformative change, from a comprehensive, intersectional, and reproductive justice approach. It also requires a focus on some of the most neglected areas of SRHR, such as adolescent SRHR, comprehensive contraceptive care, safe abortion care, and advocacy for SRHR.

DEFINING REPRODUCTIVE JUSTICE

Reproductive justice is when all people have the social, political and economic power to enjoy their right to bodily autonomy and sexual and reproductive self-determination. It is the realization of economic, social and cultural rights and freedoms, and the ability to make and exercise choices not limited by oppression, discrimination, stigma, coercion or violence. It aims to transform power imbalances and achieve systemic change.⁵

Women's Global Network for Reproductive Rights. Abortion Policy Paper. Retrieved 28 February 2020 from: http://wgnrr.org/resources-and-materials/policy-positions/ and Joint Civil Society Statement, 42nd Session of the UN Human Rights Council. International Safe Abortion Day, 28 September 2019. Personal correspondence. Also see Sistersong, Reproductive Justice, www.sistersong.net.



OXFAM CANADA'S SRHR THEORY OF CHANGE

WHAT IS OXFAM CANADA'S THEORY OF CHANGE FOR ITS SRHR PROGRAMMING?

To achieve the sustainable, transformative change needed to reach our ultimate aim, our SRHR programming is informed by the following overarching Theory of Change comprised of three interconnected, mutually reinforcing pillars of work:

PILLARS OF WORK

ILLAR 1

SHIFTING SOCIAL NORMS and raising individual and community awareness regarding SRHR.





STRENGTHENING THE PROVISION of comprehensive SRH information and services.





SUPPORTING CSOs, especially WROs and YLOs, in undertaking action, advancing rights related to SRHR, and influencing related policies.



OVERALL, OUR SRHR THEORY OF CHANGE IS GROUNDED IN THE FOLLOWING GENERAL PRINCIPLES:

- SRHR are fundamental human rights that are essential to advancing gender justice;
- While comprehensive SRHR programming should address both the provision and uptake of SRH services in an environmentally sustainable manner, it also entails more than just the provision of SRH services;
- Promoting feminist agency (that is, women's and girls' autonomy and meaningful decision-making power) is integral to achieving SRHR;
- Collaboration, participation, and learning are key to successful outcomes;
- Southern-based, grassroots CSOs particularly WROs and YLOs are key agents of change. As such, strengthening partner capacity to effectively promote SRHR is key to long-term sustainability;
- Meaningful advocacy and influencing for SRHR requires a rights-based, evidence-informed approach that
 places women and young people's voices and leadership at its core; and
- Advocacy efforts to advance existing SRHR laws and policies and efforts to shift attitudes, norms and behaviours are synergistic, and potentially mutually reinforcing in driving change. As such, these efforts are best undertaken at the same time.

Building on Oxfam Canada's experience of working to shift power relations, the SRHR Theory of Change takes a non-linear view of change, recognizing that work to promote, protect, and fulfill SRHR is likely to provoke backlash or attempts to push back or reverse previous gains – these results must be anticipated and managed.

PROBLEM

OXFAM CANADA'S SRHR THEORY OF CHANGE

ULTIMATE Increase bodily autonomy, agency, and enjoyment of SRHR by all rights-holders, particularly women, girls, adolescents, and persons of diverse SOGIE. GOAL **DRIVERS** Programming partners use the best available knowledge and evidence to mobilize attitudes and practices that shift social acceptance of SRHR, enable women, girls, and adolescents to safely access SRH services, **OF CHANGE** and ensure that SRHR is actively and effectively sanctioned at all levels of accountability. This drives change across multiple levels (individual, community, institutional, and societal) and with key stakeholders. **PILLAR THREE:** Supporting CSOS, especially WROs and YLOs in undertaking action, advancing rights related to SRH, and influencing related policies PILLAR ONE: Shifting social norms and raising community PILLAR TWO: Strengthening the provision of comprehensive SRH **PILLARS** awareness regarding SRHR information and services INTERMEDIATE Strengthen agency of women, girls, adolescents, Improve quality of comprehensive SRH information and services Improve effectiveness of CSOs, WROs and YLOs to advance SRHR and young people in exercising their SRHR GOALS Improve ability of WROs, Increase Improve attitudes Increase ability of Increase ability of health systems Increase organizational Increase capacity of Increase knowledge of how knowledge of in support of project participants to provide gender-responsive, and institutions to provide capacity of WROs, CSOs, WROs and YLOs to CSOs, YLOs, and alliances **IMMEDIATE** youth-friendly comprehensive SRH SRHR among SRHR amona and stakeholders gender-responsive, youthand YLOs to deliver generate knowledge to to undertake advocacy friendly comprehensive SRH GOALS women, girls, women, men, to seek out SRH services among health service effective programs influence policies and and promote SRHR on SRHR information and services practice on SRHR adolescents and girls, boys, information providers issues young people and influencers and services Health facilities have the technical expertise and capacity to deliver Critical mass of influencers (including community and religious Partner CSOs, especially WROs and YLOs have the skills, capacity, and resources to leaders, teachers, parents and youth) promote and model positive quality, comprehensive SRH services design and implement effective, innovative, sustainable programs gender attitudes and behaviours Health service providers are sensitive to the social dimensions of SRHR. WROs and YLOs expand their sphere of influence, creating alliances to influence Key influencers use new knowledge to take action in support and deliver SRH information and care with skill and sensitivity change and undertake coordinated advocacy/influencing **DRIVERS** of implementation Communities are exposed to public outreach on SRHR from health Programming mechanisms enable new knowledge and best practices to be shared **OF CHANGE** Women, girls, and their organizations are empowered to take service providers and used for continuous program improvement as well as strengthening advocacy leadership on SRHR and influencing efforts Women, girls, adolescents and young people know their rights and are empowered and supported to access quality SRH services Training women, girls, men, and boys on SRHR issues through Increasing capacity of health service providers to deliver quality gender-Self-directed organizational strengthening of CSOs, including WROs and YLOs, to awareness sessions, workshops, community dialogues and responsive, youth-friendly, comprehensive SRH services work in SRHR and undertake advocacy/influencing peer education Collaborate with healthcare units/facilities to strengthen health Research, including participatory action research, to generate evidence, knowledge and learning for programming, policy, and influencing, and support a community of Strengthen women and adolescent girl leaders in communities information management systems and health governance structures to understand and claim their rights practice among CSOs, WROs, and YLOs Supporting supply-chain management and provision **PROGRAM** Engaging influencers (community and religious leaders, teachers, of SRH commodities Convening and facilitating local, national, and/or international networks and **STRATEGIES** parents and youth) in behavior change communication strategies, alliances, both to strengthen peer-to-peer relations among CSOs, and influence Strengthening community outreach by healthcare professionals including SRHR public awareness campaigns and advocacy strategic decision-makers Supporting WROs and CSOs in undertaking advocacy and campaigning on SRHR Connecting women, adolescents and other marginalized groups to SRH services Improving SRHR mobilization and activism in Canada through SRHR awarenessraising, public engagement, and promoting Southern voices in Canadian SRHR advocacy initiatives Women, girls, adolescents and young people's lack of access Uneven capacity and technical skills among health providers to deliver Uneven capacity, technical skills and resources of local CSOs and WROs to design, to existing SRH services quality SRH services, including understanding of gender-responsivity implement and learn from SRHR programs and youth-inclusivity Negative social norms and stigmatization of women, girls, and Weak mechanisms for generating and sharing knowledge and learning Negative social norms and stigmatization of women and adolescents adolescents by communities Limited resources and opportunities for linkages and relationships across **BARRIERS** by service providers Political and cultural sensitivity around SRHR issues organizations and alliances Limited resources, capacity, and availability of existing health facilities Weak or uncoordinated advocacy and influencing among CSOs/WROs Lack of public outreach on SRHR by health care professionals Limited or weak implementation of SRHR laws and polices Resistance or pushback from conservative, religious and anti-rights movements

SRHR are human rights, though they are not universally protected, promoted, and fulfilled. The manifestations of these shortcomings include adolescent pregnancies; child, early, and forced marriage; unsafe abortions; high maternal mortality and morbidity; gender-based violence; and transmission of HIV and other STIs. These problems are compounded by age, socio-economic status, place of residence, gender inequality and lack of decision-making power, and cultural background. Despite international and national laws to protect SRHR, poor knowledge and implementation, along with deep-rooted gender inequitable attitudes, norms, and behaviours, contribute toward shortfalls in SRHR.

HOW DOES OXFAM CANADA IMPLEMENT ITS SRHR THEORY OF CHANGE?

Our SRHR Theory of Change takes an integrated and multi-faceted approach, acting on multiple levels (individual, community, institutional and societal) with diverse actors. We strive to achieve our ultimate goal through program strategies undertaken with key actors and influencers, also known as **DRIVERS OF CHANGE**, informed by the following assumptions:

PILLAR 1	PROGRAM STRATEGIES	ASSUMPTIONS
Shifting social norms and raising individual and community awareness regarding SRHR	 Training women, girls, men, and boys on SRHR issues Strengthening women and adolescent girl leaders in communities Engaging influencers in behaviour change communication strategies Connecting women, adolescents and other marginalized groups to SRH services 	 Improving communities, especially women, girls, adolescents' and persons of diverse SOGIE's awareness of SRHR will increase uptake of SRH services. Fostering women's leadership potential, including adolescent girls and young women, will support shifts towards positive norms that model gender equality. Engaging men and boys in support of SRHR can lead to changes in attitudes, norms, and behaviours. Including men and boys also mitigates the risk of backlash to the changes in SRHR that our programming promotes. Exposing influencers to more positive gender and sexuality-related norms, while providing opportunities to reflect on and discuss these norms with peers, will support attitude and behavioural change. These shifts in attitudes will eventually result in a "tipping point" related to changes in the social norms that underpin unequal access to quality, respectful SRH services and information, unmet SRHR, and broader gender inequality. Facilitating connections to services will help increase marginalized groups' uptake of SRH services.

PILLAR 1 IN ACTION

As part of efforts to shift norms and raise individual and community awareness, Oxfam's Sexual and Health Empowerment (SHE) project partners in the Philippines are undertaking trainings and stigma reduction workshops with local communities to address attitudes and/or misconceptions around gender and sexuality. This includes using activities like body mapping to identify individual sources of pride, shame, pleasure, or pain, and using these kinds of activities as an entry point to facilitate conversations about taboo but integral SRHR issues.



PILLAR 2 ASSUMPTIONS PROGRAM STRATEGIES • Improving the knowledge and skills of service providers in Strengthening Increasing capacity the provision of how to provide quality services can shift adverse attitudes of key **health** comprehensive service providers and behaviours among service providers, and in turn improve SRH information Collaborating with and services healthcare units/ facilities Supporting supply-

chain management

community outreach

and provision of

SRH commodities

Strengthening

by **healthcare**

professionals

the quality of SRH service provisions. Increasing the capacity of SRH service providers will improve the health system's ability to attract and maintain service users. Providing technical assistance to health facilities regarding

- health system management and governance will in turn help strengthen their ability to deliver quality, comprehensive SRH services. Increasing healthcare professionals' public outreach will
- increase awareness of and access to SRH information and services among target populations. It will also serve to counter perceptions of health facilities as "adverse" or "hostile" for underserved groups, such as young women, adolescent girls, or persons of diverse SOGIE.

PILLAR 2 IN ACTION

Across Ethiopia, Malawi, Zambia, and Mozambique, Oxfam's Her Future Her Choice (HFHC) project partners are working with local healthcare professionals in project implementation sites to define "quality of care" with communities, conduct mobile outreach on contraception services, and implement community health fairs, among other activities related to local SRH service and policy outreach.

PILLAR 3

Supporting CSOs,

especially

action,

WROs and YLOs

in undertaking

advancing rights

related to SRHR,

and influencing

related policies

PROGRAM STRATEGIES

Self-directed organizational strengthening of CSOs, including WROs and YLOs

- Research, including participatory action research
- Convening and facilitating local, national, and/ or international networks and alliances
- Supporting WROs, CSOS and YLOs in undertaking advocacy and campaigning
- Improving SRHR mobilization and activism in Canada

ASSUMPTIONS

- Strengthening the capacities of WROs and YLOs is critical to advancing sustainable, context-driven, long-term change.
 WROs and YLOs are best placed to determine what they need to improve upon to carry out more effective SRHR initiatives and work with their communities.
- SRHR programs, advocacy, and influencing are more effective
 if these efforts are evidence-based. Increasing the space
 for and use of research, best practice, and learning in
 SRHR initiatives is critical for undertaking evidence-based
 projects, advocacy, and influencing for SRHR.
- Alliance building (locally, nationally and globally) is integral
 to advancing and sustaining SRHR advocacy and influencing
 efforts (i.e. there is "strength in numbers"). Fostering
 strategic relationships with "friendly" decision-makers will
 also increase the impact of advocacy and influencing efforts.
- Full implementation and/or advancement of SRHR related laws and policies provides a more enabling context for women, girls, and persons of diverse SOGIE to realize their rights.
- Ongoing resistance or pushback from conservative, religious, and anti-rights movements requires ongoing investment in advocacy and action to protect SRHR-related gains, hold the line, and/or continue to advance SRHR in policy and practice.
- SRHR issues are global in nature, regardless of the
 income level or strength of a country's health system,
 and thus require collaborative solutions internationally
 and domestically across restrictive and less restrictive
 settings. Working with Canadian populations will help
 increase awareness of ongoing gaps and limitations to SRHR
 domestically, and receptivity and awareness of SRHR globally,
 which in turn will help sustain continued Canadian funding
 for SRHR initiatives domestically and globally.

PILLAR 3 IN ACTION

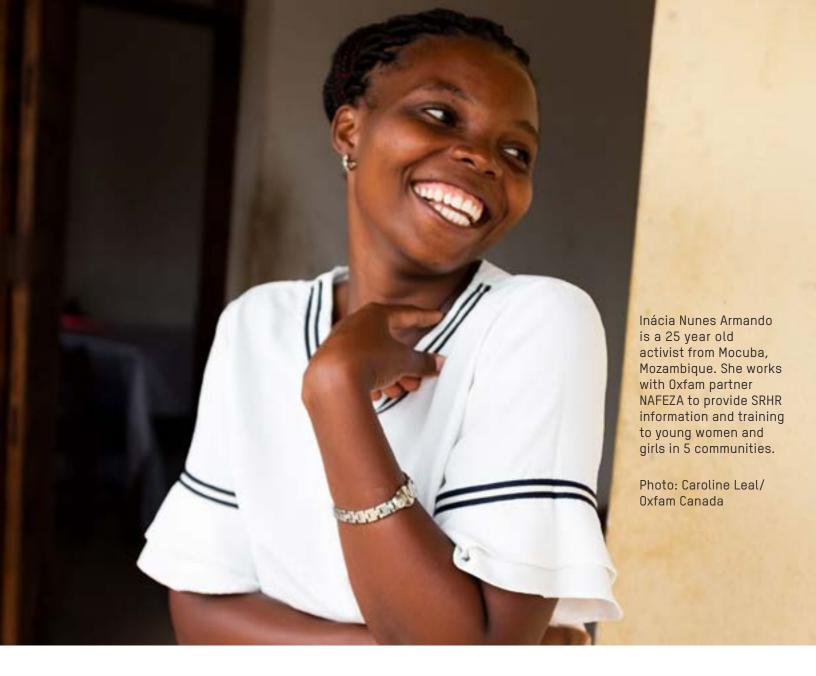
Oxfam's *SHE* partners in the Philippines are undertaking art action research initiatives, including photos, video documentation, poetry, paintings, and drawings as a means to creatively engage diverse constituents on stigmatized SRHR issues, and create an evidence base from which to inform SRHR advocacy efforts and help influence related policies.



Oxfam Canada works collaboratively with Southern-based, grassroots CSOs — especially WROs and YLOs — to plan, implement, monitor, and evaluate projects. These partner organizations are key agents of change in realizing visions of gender justice in their contexts. As such, Oxfam Canada works with them to strengthen their capacities to manage and sustain themselves, and effectively promote SRHR, in order to ensure long-term sustainability.

We will measure our success in achieving our ultimate aim, by assessing whether there is:

- A change in harmful social norms, traditional practices, and taboos regarding gender and sexuality;
- Improved information on and access to comprehensive quality SRH services;
- Improved meaningful decision-making power by women, girls, adolescents, and persons of diverse SOGIE regarding their health and sexuality;
- Strengthened capacity of WROs and CSOs, especially YLOs, to effectively advocate for SRHR in their communities, and influence legislative and policy change.





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For more information on our SRHR programming, visit: https://www.oxfam.ca/what-we-do/issues-we-work-on/ sexual-reproductive-health-rights/



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