

11 JOURNEYS

TOWARDS ADVANCING THE HEALTH AND RIGHTS
OF WOMEN, ADOLESCENT GIRLS AND CHILDREN

Short Analysis | January 2023

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TOWARDS ADVANCING THE HEALTH AND RIGHTS OF WOMEN, ADOLESCENT GIRLS AND CHILDREN

At a time when key human rights are increasingly at risk¹, especially sexual and reproductive rights, sharing inspiring journeys to advance rights are especially important in eliciting hope. In 2019, the Government of Canada announced a [historic commitment](#) to advance the health and rights of women, adolescent girls and children around the world. This announcement was followed by a [call for proposals](#) from Global Affairs Canada with an initial investment of CA\$325 million to advance sexual and reproductive health and rights (SRHR). Canadian organizations were invited to develop initiatives using **human rights-based approaches** to improve “the quality of, access to, and demand for integrated health services and information for women, adolescents and children at the community, health facility and health system levels”. These aspects outlined are all essential to the increased enjoyment of sexual and reproductive rights that are based in large part on the human rights criteria of availability, accessibility, acceptability and quality². Therefore, in addition to other essential activities, projects funded under this call for proposals will advance reproductive healthcare services (as well as goods and facilities) that are “available in adequate numbers; accessible physically and economically; accessible without discrimination; and of good quality”³.



Mali. Photo: Santé Monde

Building on data provided by Canadian partner organizations, this short analysis aims to provide a **first overall portrait** of the [11 projects](#) funded by this initial call and announced in [November 2021](#).

As **multi-partner, multi-country and multi-sectoral endeavors**, each project is in the early stages of a journey to harness the immense power of partnership, experience and evidence-based approaches. Each project aims to reach ambitious outcomes that will make a difference in the lives of millions, especially adolescent girls and women, and marginalized populations who have historically lacked access to adequate sexual and reproductive health services.

11 INITIATIVES TO BE IMPLEMENTED OVER 5 TO 7 YEARS, ALL AIMING FOR:

“Increased enjoyment of health-related human rights by the most marginalized and vulnerable rights-holders, particularly women, adolescent girls and children...”⁴

A TOTAL CONTRIBUTION OF CA \$324,741,150

by the **Government of Canada**,
through Global Affairs Canada, a part of [Canada’s
10-Year Commitment to Global Health and Rights](#)

AND CA \$20,306,219

by 11 Canadian organizations and
their domestic and global partners.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS: FOUNDATIONAL TO THE RIGHT TO HEALTH

“The right to sexual and reproductive health is an integral part of the ‘right to the highest attainable standard of physical and mental health,’ enshrined in article 12 of the International Covenant on Economic, Social and Cultural Rights.”

(Guttmacher-Lancet Commission Report, 2018)

Together, these 11 projects cover priority areas of SRHR, especially areas recognized as neglected, or gap areas in international aid efforts. They tackle critical and sensitive issues such as **adolescent health, including comprehensive sexuality education (CSE)** (10/11 projects), **SRHR advocacy** (10/11 projects), **comprehensive contraceptive care** (7/11 projects), **gender-based violence** (6/11 projects), and **safe and legal abortion and post-abortion care** (3/11 projects). Abortion care is an especially challenging issue to address given current legal and political environments in several countries around the world.

“IT’S A PROJECT THAT SUPPORTS HUMAN RIGHTS. WHEN WOMEN AND ADOLESCENTS HAVE CHOICES IN TERMS OF THEIR SEXUAL AND REPRODUCTIVE HEALTH, THEY CAN ALSO CHOOSE TO COMPLETE THEIR SCHOOLING, EARN THEIR LIVING AND PARTICIPATE IN THE COMMUNITY OR POLITICAL SPHERE.”

Heidi Monk, Programme Manager, Oxfam-Québec
(Power to Choose Project)

To support this advancement of SRHR, 73% (8/11) of projects apply a strong focus on **Health Systems, Training & Infrastructure**, and all 11 projects include a focus on **Law, Governance & Public Policy** in order to create an enabling environment that is safe for women and girls to exercise their sexual and reproductive rights.



Cambodia, *TOGETHER* Project. Photo: ADRA/Green House Studio

MULTI-SECTORAL APPROACHES TO UNLOCK ACCESS TO THE RIGHT TO HEALTH

During the proposal process, partners were encouraged to demonstrate a “*multisectoral approach grounded in the social and environmental determinants of health, rights and well-being*”⁵.

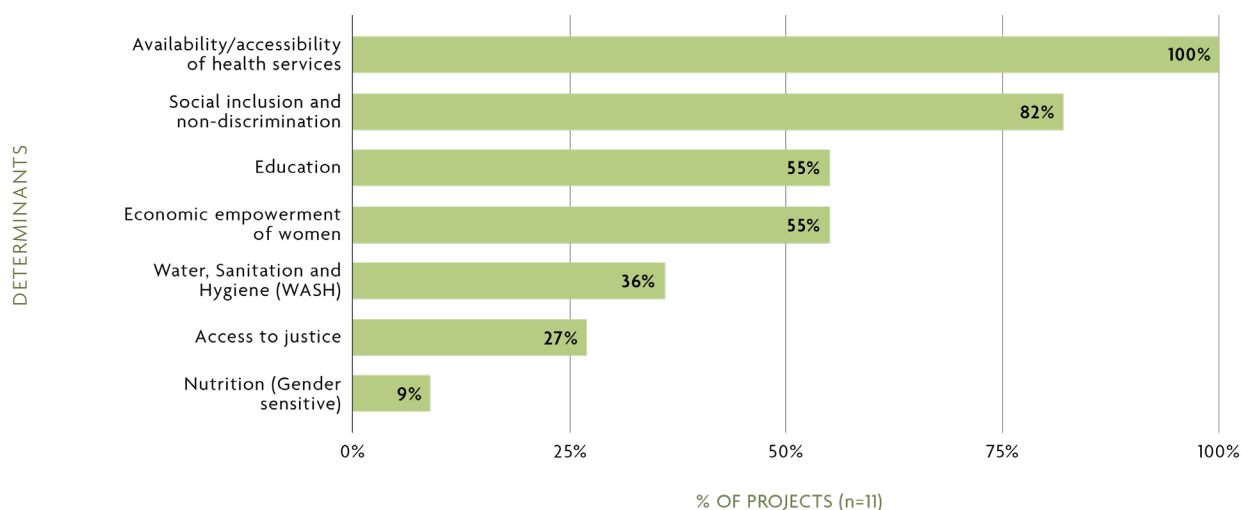
“Supporting national systems in the delivery of a comprehensive, multi-sectoral approach to SRHR addresses barriers and closes gaps in access to services at all levels within the health system, including in fragile, humanitarian and crisis contexts.”

Action Area Policy: Human Dignity (Health and Nutrition, Education, Gender-Responsive Humanitarian Action, Global Affairs Canada

Integrating a **social determinants of health lens** is central to ensuring equitable access to health services, especially sexual and reproductive health services⁶. **Multi-sectoral approaches**, as “*managed processes ... aimed at ... replacing ‘business as usual’ arrangements with intentional, innovative actions framed in a way that multiple sectors can contribute*”⁷, are recognized for their power to address social and other determinants that perpetuate health inequities. These innovative approaches provide the means to comprehensively address the complex realities and needs of women, adolescent girls and children. Approximately half of the advancements towards improving their health outcomes may be attributed to investments outside of the health sector⁸. Multi-sectoral approaches require coordination, innovation and advocacy.

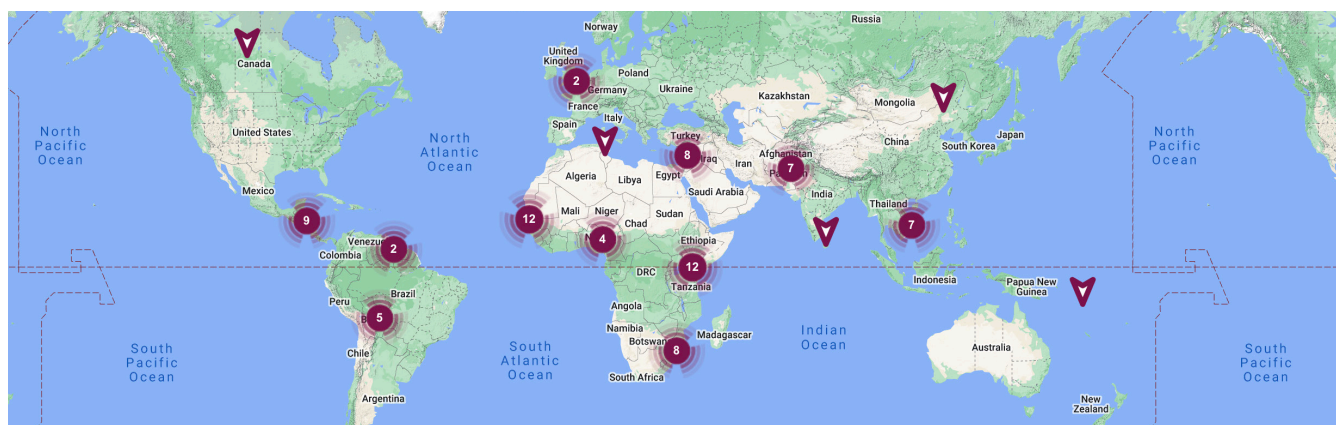
These are some of the key determinants of health addressed by the 11 Health and Rights initiatives:

% OF PROJECTS ADDRESSING...



While all 11 projects aim to improve the availability and accessibility of services, many (82%) focus on **social inclusion** to help remove barriers to increased enjoyment of the right to health and/or other determinants. For example, the [PLURIELLES](#) project brings together economic development, access to justice and health systems strengthening; the [iHEARD](#) project includes a strong focus on social inclusion and the power of education, especially for adolescents. When it comes to GBV, the PLURIELLES and [SRHR-Rwanda](#) projects strengthen capacity for women and girls' reproductive health by ensuring the access to “*multi-sectoral services to prevent and respond to intimate partner violence and other forms of gender-based violence*”⁹.

A WORLDWIDE COMMITMENT: 22 COUNTRIES OVER 4 CONTINENTS



Source: [CanWaCH Project Explorer - Health and Rights](#) Projects.

Most of the projects (9/11) are **multi-country initiatives** (up to seven countries). Each project is also **multi-level**, supporting healthcare services and advocacy at the national and decentralized levels, and more specifically within at least 33 Health Districts (or their equivalent) and at the grassroots level through community-based organizations and associations. In countries where several of these projects are being implemented, partners, coordinated by their national counterparts, will be seeking ways to strengthen collaboration and mutual support. For example, four of these projects are focused in **Uganda** ([SHE SOARS](#), [TOGETHER](#), [Stand Up](#) and [SHARE](#) Projects), two in **the Democratic Republic of Congo** ([Tumaini](#) and [Power to Choose](#)) and two in **Mozambique** ([Stand Up](#) and [SHARE](#)).

“YOUNG PEOPLE IN UGANDA FACE VARIOUS SEXUAL AND REPRODUCTIVE HEALTH RISKS. THE GLOBAL AFFAIRS CANADA FUNDED PROJECTS WILL HELP TO EXAMINE FACTORS ASSOCIATED WITH COMPREHENSIVE CATEGORIES OF SEXUAL AND REPRODUCTIVE HEALTH.”

Dr. Jessica Nsungwa, Commissioner in charge of Reproductive Health in the Ministry of Health, Uganda ([SHE SOARS](#), [TOGETHER](#), [Stand Up](#) and [SHARE](#) Projects)¹⁰

RIGHTS HOLDERS: WOMEN, ADOLESCENTS AND EQUITY-DESERVING GROUPS

In total, the 11 projects will reach at least **4,394,647** rights-holders in 22 countries, in both **rural and urban** areas (82% of projects), with **a clear priority for all projects on adolescents** (girls and boys), **girls** (45% of projects), **adult women** (82% of projects) and **adult men** (73% of projects). Engaging men and boys is critical for the empowerment of women and girls and gender equality¹¹. Adolescents are recognized as having little to no access to much-needed SRHR services¹², as their rights bring unique challenges to project implementers and policymakers who “*have to balance compliance with global commitments against cultural and religious opposition at home*”¹³. With these projects, adolescent rights will be supported through work with health systems as well as grassroots organizations - this support is recognized as crucial. For example, projects like the [SHE SOARS](#) initiative will support out-of-school girls, who are some of the most marginalized adolescents.

“IHEARD PROJECT HAS COME AT THE RIGHT TIME WHEN THE COUNTRY IS STILL GRAPPLING WITH ISSUES OF TEEN PREGNANCIES AND MARRIAGES AS WELL AS YOUNG PEOPLE BEING ABUSED.”

Judith Msusa, Director of Youth in the Ministry of Youth, Govt. of Malawi Aug 2022
([iHEARD](#) Project)

At a time when sexual and reproductive rights are being rolled back around the world and inequities persist - *across countries and within countries*¹⁴ - these projects are working to ensure that no one, especially those **experiencing vulnerability and marginalization**, is left behind. The **need to protect sexual and reproductive rights is greatest among the historically marginalized groups**, including:

- **Refugees** (45% of projects) and **Internally Displaced Persons** (IDP) (36% of projects), as particularly neglected populations, will benefit from these initiatives, including [Stand Up](#) and [Power to Choose](#). In contexts of insecurity where basic services are disrupted, as refugees and IDPs women face an increased risk of unwanted pregnancy, STIs and unsafe abortion¹⁵.
- **Persons with disabilities** are supported by 45% of projects, including [RESPECT](#), [TOGETHER](#), [SHARE](#) and [Power to Choose](#). This focus will contribute to increased access for populations whose needs are often neglected to varying degrees. Eighty percent (80%) of persons with disabilities live in low-income and middle-income countries of the world and disability is recognized as a strong determinant of health. Though governments are required, as signatories of the Convention on the Rights of Persons with Disability (CRPD)¹⁶, to recognize and protect their right to health, persons with disabilities are often subject to discrimination and other barriers to access to health services.
- **LGBTQ2I+ groups**: 45% of projects include LGBTQ2I+ persons among targeted populations, including in countries like Uganda and Ghana where they can face discrimination because of their sexual orientation or where it is considered **illegal**¹⁷. In addition to addressing this discrimination, LGBTQ2I+ persons have specific needs that are often not well understood by healthcare staff, requiring specific medical guidelines and training¹⁸.

IMPLEMENTERS & “DUTY BEARERS”: AN “ALL HANDS ON DECK” COMMITMENT

All 11 projects take a **multistakeholder/multipartner approach** in order to adequately advance the health and rights of women, adolescents and children in all of the countries supported. There is a general consensus that “*governments must do better at ensuring that everyone, including women and adolescent girls, realizes their right to sexual and reproductive health*”¹⁹. While **states** are the ultimate duty bearers accountable to all the people (rights-holders)²⁰ whose rights are protected by laws and international commitments, **civil society** plays a key role in advancing health and rights for all. These projects will provide opportunities for local-to-global connections between “*local and grassroots Canadians working to support SRHR advocacy with grassroots SRHR advocates globally*” to become more visible and tangible²¹.

- **11 reporting organizations (“implementers”)** partnering with the Government of Canada. These organizations bring a significant contribution, not only in funds, but also commitment, expertise and experience:

[ADRA Canada \(TOGETHER Project\)](#)

[Care Canada \(SHE SOARS\)](#)

[CODE \(iHEARD\)](#)

[Doctors of the World - Canada \(RESPECT\)](#)

[International Health Unit, University of Montréal \(Tumaini\)](#)

[L'AMIE \(SRHR Rwanda\)](#)

[Oxfam Canada \(Stand Up\)](#)

[Oxfam-Quebec \(Power to Choose\)](#)

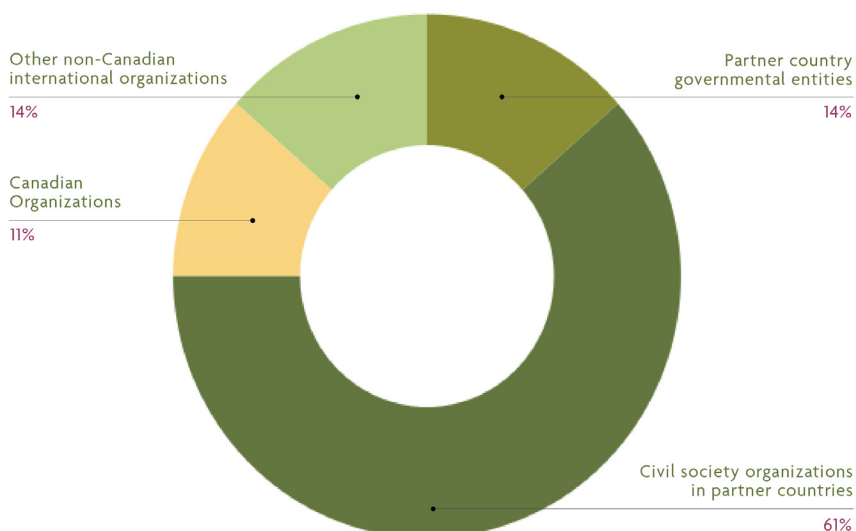
[Right to Play \(SHARE\)](#)

[Save the Children Canada \(FOUNDATIONS\)](#)

[Santé Monde \(PLURIELLES\)](#)

These organizations bring together a total of **at least 96 partners**. This **multipartner approach** involves local, regional, national and international actors, representing a diversity of sectors and stakeholders:

- At least **13 partner country governmental entities** representing national, regional and local authorities (health and other sectors).
- At least **59 civil society organizations in partner countries** (NGOs, associations, grassroots organizations, human rights and advocacy organizations, women’s groups and research institutions and a private sector entity).
- **11 Canadian** and **13 other non-Canadian** international organizations.



HOW WILL IMPACT BE MEASURED TO SHOW ACCOUNTABILITY?

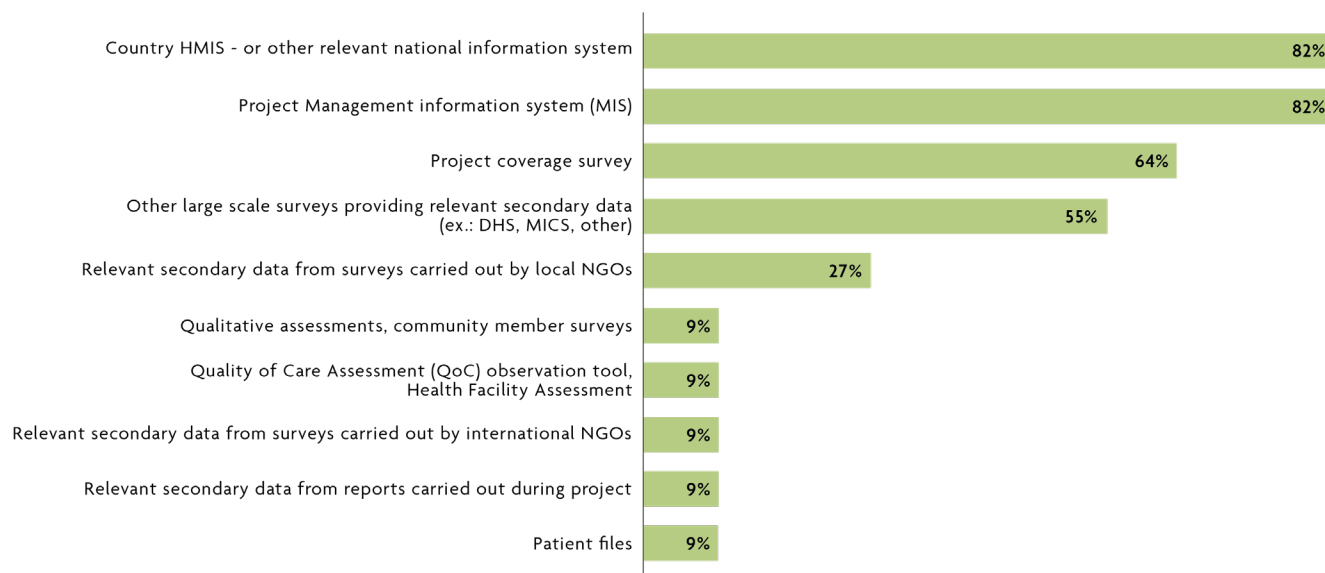
Measuring progress towards expected results will hold a number of challenges. Given the size and scope of each of these projects, partners will rely on **best practices** and explore new ways of looking at accountability with key stakeholders.

- **Diversified data sources requiring collaboration with key stakeholders.**

The results and impact of these 11 projects will be measured using a variety of data sources to support monitoring, evaluation, accountability and learning (MEAL) strategies. Data sources reported by respondents include not only coverage surveys (7/11 projects) and project reports, but also qualitative assessments and secondary data, including from surveys carried out by local as well as international NGOs. Leveraging relevant data that is already available is also recognized as best practice²².

Special emphasis will also be placed on data collected by country partners' **Health Management Information Systems (HMIS)** or other relevant systems (9/11 projects). HMIS is administrative data routinely collected, stored and analyzed by health systems in every country at all levels (facility, district, regional, national administrative levels), to measure health system performance, and to support planning, management and decision making in health facilities and organizations²³. This means that project teams will be **joining forces with national** governments to measure the reach and outputs of project activities that support access to quality services for rights holders: everyone, especially women, adolescents and children *"at the community, health facility and health system levels"*. This requires establishing careful partnerships with country partners and supports country ownership and strengthening the capacity of their data systems²⁴.

% OF PROJECTS USING...



- A number of changes will be measured, in the multiple areas covered by each project. When it comes **health services**, here are some of the indicators that projects will be using:

For **access/health service utilization**:

- *Number of visits for family planning services* (91% of projects).
- *Number of visits for abortion and/or post-abortion care* (36% of projects).
- *Number of women provided with treatment & management for sexual and gender-based violence* in targeted health facilities (5/11 projects, or 45%).

For **health systems strengthening and other capacity strengthening**:

- *Number of health professionals (women and men) trained on family planning and sexual health* (10/11 projects) and *on gender equality and human rights* (3/5 projects). This includes continuing education and professional development for health staff. Training is key to supporting the acceptability and quality of services.
- *Number of frontline workers* (e.g. educators, healthworkers, social workers, police officers, legal professionals) *provided with technical assistance for the delivery of age-appropriate psycho social treatment and support services for women and girls survivors of violence* (4/6 projects). In multisectoral approaches, focus is not only on health staff, but on the various actors along the continuum of care and services.
- *Number of health facilities supported* to provide sexual health and family planning services/to provide other relevant services (9/11 projects). This involves a variety of activities to improve the environment of care and support health staff to do a better job (training & capacity building, equipment, supplies, quality improvement, refurbishment).

“IN PROJECT TOGETHER, WE FIRMLY BELIEVE THAT SRHR ISN'T JUST ABOUT WOMEN'S HEALTH AND SERVICES BUT AN ESSENTIAL ELEMENT IN ACHIEVING GENDER EQUALITY AND PROMOTING WOMEN'S EMPOWERMENT. WHEN WE PROVIDE WOMEN AND GIRLS AN ENABLING AND SAFE ENVIRONMENT TO ACHIEVE AND ENJOY THEIR HEALTH-RELATED HUMAN RIGHTS, WE ENCOURAGE THEM TO REACH THEIR FULLEST POTENTIAL.”

Lovely Joy Alvar, Project Manager - ADRA Philippines

([TOGETHER](#) Project)

As these projects continue their journey over the next few years, we hope to continue to learn from them!

NOTE ON METHODOLOGY & ACKNOWLEDGEMENT

In August of 2022, CanWaCH invited the organizations leading each of the 11 Health and Rights for Women, Adolescent Girls and Children projects covered by this note to share key information, through a targeted outreach exercise using [CanWaCH's Project Explorer](#) standard data fields and a few new ones as a basis for data collection. All responded, and the data collected was complemented by data on these projects from the [Global Affairs Canada Project Browser](#). The data was compiled by members of the CanWaCH Team, downloaded in CSV format from the Project Explorer and used for some basic analysis, complemented by other information received from partners and relevant literature.

CanWaCH wishes to thank each data contributor!

For comments and questions about this note, please contact: impact@CanWaCH.ca.



ENDNOTES

- ¹ AWID (2021). [Rights at Risk. Observatory on the Universality of Rights Trends Report](#), in: Future Planning Initiative (2022). [Seizing Momentum to Further Canada's Global Leadership on Sexual and Reproductive Health and Rights](#).
- ² Kähler, L., Villumsen, M., Holst Jensen, M., Falk Paarup, P. (2017). [AAAQ & sexual and reproductive health and rights](#), The Danish Institute for Human Rights.
- ³ OHCHR, [Sexual and reproductive health and rights OHCHR and women's human rights and gender equality](#), (Accessed November 2022).
- ⁴ Global Affairs Canada (2019). [Call for proposals – Health and Rights for Women, Adolescent girls and Children](#).
- ⁵ Global Affairs Canada (2019). [Call for proposals – Health and Rights for Women, Adolescent girls and Children](#).
- ⁶ Mac-Seing, M., Zarowsky, C., Yuan, M. et al. (2022). [Disability and sexual and reproductive health service utilisation in Uganda: an intersectional analysis of demographic and health surveys between 2006 and 2016](#). BMC Public Health 22, 438 (2022).
- ⁷ Graham W J, Kuruvilla S, Hinton R, Veitch E, Simpson P J. (2018). [Multisectoral collaboration for health and sustainable development](#). BMJ 2018.
- ⁸ Every Woman, Every Child (2015). [Global Strategy for Women's, Children's and Adolescents' Health 2016-2030](#).
- ⁹ Starrs A., Ezeh A., Barker G., Basu A., Bertrand J. et al., (2018). [Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission](#), The Lancet, May 6, 2018.
- ¹⁰ [Canada announces support to improve health, rights of women, girls in Uganda](#), Nile Post, 31 March 2022.
- ¹¹ Among many sources: CanWaCH (2019). [5 Reasons Why Engaging Men and Boys is Important to Drive Progress for Gender Equality](#).
- ¹² Starrs A., Ezeh A., Barker G., Basu A., Bertrand J. et al., (2018). [Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission](#), The Lancet, May 6, 2018.
- ¹³ Watts G. (2022). [Nyovani Madise: shining a light on the social determinants of SRHR](#), The Lancet, June 9, 2018.
- ¹⁴ Future Planning Initiative (2022) [Seizing Momentum to Further Canada's Global Leadership on Sexual and Reproductive Health and Rights](#).
- ¹⁵ Starrs A., Ezeh A., Barker G., Basu A., Bertrand J. et al., (2018). [Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission](#), The Lancet, May 6, 2018.
- ¹⁶ WHO (2022). [Global report on health equity for persons with disabilities](#).

¹⁷ Cited in Government of Canada (2022). [The human rights of lesbian, gay, bisexual, transgender, queer, 2-spirit and intersex persons](#); see also: Human Rights Watch, LGBT rights. #Outlawed. [“The Love That Dare Not Speak Its Name”](#).

¹⁸ Starrs A., Ezech A., Barker G., Basu A., Bertrand J. et al., (2018). [Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission](#), The Lancet, May 6, 2018.

¹⁹ Save the Children (2022). [Sexual Reproductive Health Rights \(SRHR\) Policy Brief 2022](#).

²⁰ Kähler, L., Villumsen, M., Holst Jensen, M., Falk Paarup, P. (2017). [AAAQ & sexual and reproductive health and rights](#), The Danish Institute for Human Rights.

²¹ Future Planning Initiative (2022). [Seizing Momentum to Further Canada’s Global Leadership on Sexual and Reproductive Health and Rights](#).

²² CanWaCH (2022). [Technical Guidance Note on Developing Monitoring and Evaluation Plans for Global Health & Rights Programs](#).

²³ MEASURE Evaluation, [Health Management Information Systems \(HMIS\)](#); and Global Health Data Methods, [Health Management Information Systems](#).

²⁴ Global Affairs Canada (2021). Accountability Framework for Canada’s 10-year Commitment to Global Health and Rights.