

Building Robust SRHR policy: A Multi Stakeholder Perspective

Hosted by: Asia Safe Abortion Partnership and Haiyya

Date: 28th May, 2018, 5:30 – 7:00 pm | **Venue:** Hauz Khas Social, New Delhi, India

There is a rich trove of data that documents the social, cultural, and religious mores that impedes women's access to available healthcare. These norms influence what services are available, who is considered a legitimate seeker of care, and what choices are supported by the healthcare system itself. Given this, it is clear that writing a policy is not sufficient to ensure reproductive justice. Comprehensive sexual and reproductive health and rights (SRHR) policy must take into account the specific barriers to access that women face, and account for them in intervention design.

Given this context, the [Asia Safe Abortion Partnership](#) (ASAP) and [Health Over Stigma](#), Haiyya's SRHR Campaign, are collaborating to call attention to the norms that make sexual and reproductive health services inaccessible to women. In particular, the Health over Stigma campaign stands up for unmarried women who are more susceptible to stigma, moral policing, or outright denial of services. The focus of the collaboration was to find a way to bridge the gap between women who need healthcare and doctors who are willing to, and able to provide sensitive care, and find ways to build this intervention into institutional practice.

About the Asia Safe Abortion Partnership

The Asia Safe Abortion Partnership (ASAP) is a network that seeks to advocate on behalf of those who are seeking access to safe abortions. The only safe abortion advocacy network in Asia, ASAP seeks to create a forum for experience sharing, capacity building and strategizing, to build South-South collaborations and ensure that voices from our region are heard and represented in global spaces.

About Haiyya

[Haiyya](#) is a Delhi-based organisation that specialises in community organisation and mobilisation. They run grassroots campaigns on issues that need immediate political attention to build community power and challenge status quo within and outside communities. In addition, they are committed to building a community of organizers across India introducing community organizing and campaigning skills to youth and opening safe spaces for dialogue on issues of immediate concern.

To this end, ASAP and Haiyya organised a multi-stakeholder meeting on the 28th of May. The date of the meeting was chosen because of its significance as the International Day of Action for Women's Health. The International Day of Action for Women's Health is commemorated on the 28th of May, every year. The day is marked by activists, advocates, and allies as a day to take action and stand up for sexual and reproductive rights for what they are: an indivisible and inalienable part of our human rights. Although the campaign initially focussed on preventing maternal mortality and morbidity, and called attention to significant gaps in the research data on women's health, it has since expanded to address issues such as the feminisation of poverty, access to safe and legal abortion, health sector reform and more.

The meeting was envisaged as a forum to bring together different players in the SRHR sector to enable dialogue across stakeholder groups. Convened with the objective of identifying action gaps between *available* services and *accessible* services, the meeting was designed as the first of many in an on-going engagement with the participating stakeholders.



After a round of introductions, the meeting began by stating the goal for the evening's brainstorming, defined as:

- To map health systems and service providers, with a view to identifying key issues and gaps in current sectoral work,
- To identify actions to improve access to healthcare services for women.

As participants articulated their expectations from the meeting, a common theme that emerged was that the issue service provision is often neglected in SRHR discourse, which focuses on awareness and rights for women. Even as there is a need to encourage conversation about SRHR, which remains taboo in most communities, there is also a need to have similar conversations with health care providers and create practical frameworks to ensure that healthcare is both available, and accessible.



Having established a context for the evening's discussion, participants were encouraged to reflect on their professional experience, and share with the group what they felt was *the central challenge* to accessing healthcare for unmarried women. Although the challenge identified in each response was varied, they could be categorised within the following framework:

- Lack of awareness and medically sound knowledge impacts how women negotiate with physicians and other healthcare providers. This puts them at the doctor's mercy in terms of how they deal with their own bodies. Further, a lack of open conversation about sexual and reproductive health – both at home and in schools – means that women are unable to access the information that they need to make informed decisions. Stigma around women's sexuality stifles conversations about women's health, and this impacts how women use the health care system and for what kind of intervention.
- Moral policing by the healthcare system means that women are often at the receiving end of moral rather than medical advice from doctors. Given that the relationship between a doctor and a patient is one of an unequal power dynamic, women are unable to assert what they



require, especially when combined with a lack of information. This is furthered by the generally held understanding of healthcare as a service that is extended to women rather than a right.

- A lack of representation in decision-making also severely influences how systems are designed and who benefits from the interventions that are made. There is an urgent need to identify the contours of the sector and the demographic that has a stake, as well as the links between the two. Until this is done, the policy arena will perceive a lack of 'felt need' and not respond to the demands for SRHR.

The conversation was populated by perspectives from across the board, and often saw disagreements amongst participants about how to resolve particular challenges. Nonetheless, it was evident that everyone agreed that there were sizeable gaps in the system that needed addressing.

The animated discussion about these challenges and gaps provided the best segue into the group work that was the next activity for the evening. Participants were split into two groups and asked to come up with five action points to address the kinds of challenges that had just been discussed. Of these, three action points were to be addressed to policy-makers/legislators as what we would like to see as interventions, and two were for activists/advocates to ensure the effective implementation of these interventions.



Again, although there was some disagreement on how the exact nature of what each action point would entail, there were broad categories on which there was consensus. These were:

- Representation: Ensure women get a seat at the table at SRHR forums, policy-making/influencing spaces, and intervention design.



- **Education:** Apart from sensitisation and awareness to deal with the stigma associated with SRHR topics, there was a need felt for scientifically accurate information to be made available.
- **Improving service provision and implementation of existing policy:** Although drastic new measures are required to ensure comprehensive reproductive health, a good place to start is to ensure that existing measures are effectively executed. This includes the supply of health care products, meeting staffing requirements, and complying with current national/international guidelines and care best-practice norms.
- **System-strengthening and sustainability measures:** Safeguards to be put in place so that the accessibility of the system will not depend on a particular stakeholder group/individual. This could necessitate capacity building and skills training, but also procurement and management of existing infrastructure, effective monitoring and evaluation, etc.

The meeting concluded with a quick discussion on how to take these suggestions further in order to build them into a sustainable and meaningful platform for engagement. The idea of a Google Group where participants could share current updates from the field, brainstorm ideas, and exchange perspectives on effective action emerged. This was met with enthusiasm. The idea of a webinar series was also proposed to allow for a deep dive into issues that are not always adequately captured by conversations on SRHR, and require attention.



Appendix 1: Agenda

- Ice-breaker, Introductions, and Context Setting
- In your professional experience, what do you see as the challenge to effective health care access?
- MoHFW Role Play:
We've woken up in alternate universe where instead of cows, the government has decided that women's health is PRIORITY! As the newly constituted Ministry in charge, what are five action points that we would put on the table? Tell us what your feminist world looks like!
- Identifying priority issues for subsequent deep dives through webinars
Based on the process of framing these action points, on what issues would you like to spend more time having a discussion, threshing out nuance, etc.
- Concluding remarks and questions

Appendix 2: Participant List

Name	Organisation
Sudha Sinha	Congress Representative
Tanisha Chadha	Centre for Catalysing Change
Aarushi Khanna	The David and Lucille Packard Foundation
Sukriti Sharma	Pravah
Arunima Gurunani	The YP Foundation
Deya Bhattacharya	Women's Fund Asia
Medha Kalsi	TARSHI
Ramya Anand	TARSHI
Lezerine Mashaba	Activate SA
Veenu Kakkar	Independent Activist
Shreya Mudgal	Pravah
Sukannyaa Lahon	Pravah
Anushree Rana	Medical Students Association of India
Renu Arya	The YP Foundation
Mishika	Lawyer
Dr. Anand	Charakh Palika Hospital, NDMC
Dr. Neha	Private Practitioner – Gynaecology.

