INTERNATIONAL WOMEN’S REPRODUCTIVE HEALTH STRATEGY

THE WILLIAM AND FLORA HEWLETT FOUNDATION

April 2014
A COMMITMENT TO ASSURING THAT FAMILY PLANNING AND REPRODUCTIVE HEALTH (FPRH) services are available for all is one of The William and Flora Hewlett Foundation’s most enduring philanthropic commitments. It began with Bill Hewlett’s early recognition that rapid population growth threatens the well-being of people across the globe. The Foundation’s subsequent investments have contributed to the field for three decades.

Over time, circumstances have changed, and we have learned more about how to achieve our goals. The Foundation is building on this experience by updating the strategy of the Global Development and Population Program’s international women’s reproductive health sub-component. Improving FPRH in sub-Saharan Africa is central to the Program’s overall goals of empowering low-income women and ensuring responsive and accountable government. This broader development perspective, combined with the Foundation’s willingness to take risks and long-term commitment to the field, have enabled us to work with capable, creative organizations to tackle some of the world’s most intractable FPRH issues. This is especially important where legal, policy, and capacity barriers have prevented the field from progressing.

The Global Development and Population Program will focus our work in reproductive health on three outcomes:

1. To ensure that no woman has an unwanted pregnancy. Our particular focus will be on Francophone West Africa and East Africa, where progress on family planning and reproductive health has been slow or stalled.

2. To ensure that no woman dies from an unsafe abortion.

3. To make family planning and reproductive health an integral part of broader development goals.

While we refer to sub-Saharan Africa, the Foundation concentrates on East and West Africa.
Outcome 1

TO ENSURE THAT NO WOMAN HAS AN UNWANTED PREGNANCY

OUR PARTICULAR FOCUS WILL BE ON FRANCOPHONE WEST AFRICA AND EAST AFRICA, WHERE progress on family planning and reproductive health has been slow or stalled.

Despite recent global attention to family planning, major barriers remain to women obtaining quality FPRH services in sub-Saharan Africa. The effects of these barriers are evident in the region’s fertility rates—Francophone West Africa has consistently posted the highest fertility rates in sub-Saharan Africa, where overall fertility rates are already much higher than in the rest of the developing world. In other countries, such as Ghana and Kenya, earlier success at reducing fertility rates has stalled. In response, the Program will make grants in support of policy reform campaigns to increase contraceptive use in these geographies, with the goal of enabling and empowering women to avoid unwanted pregnancies. As a first step to achieve rapid declines in childbearing, women must be able to access quality reproductive health services.

The reasons for focusing on Francophone West Africa are straightforward and compelling: it has the highest rate of unmet need for family planning services, the highest total fertility rate, the highest desired fertility, and the highest population growth rate in the world (World Bank 2012, USAID 2012). In addition, many women in the area lack choices regarding their fertility and reproductive rights. The FPRH field needs to significantly increase its commitment in the region.

For the purposes of this document, we define “quality” broadly, as the kind of FPRH service delivery needed to ensure that women can act on their desires for family planning. This includes providing access to a broad range of both short- and long-term contraceptive methods, eliminating social stigmas connected to seeking care, and having the opportunity to provide informed consent for all care choices. We believe that ensuring quality of care will support women’s rights, increase contraceptive use, broaden access to services, and reduce discontinuation rates.
The Program will also seek to ensure that no woman has an unwanted pregnancy in other countries in sub-Saharan Africa where progress has stalled. In these countries, wide disparities in access to and quality of basic FPRH services prevent further success. Two groups of women stand out in this regard: very poor rural women and young women (including young married women). While working to help women in these groups in particular, the Program nevertheless will maintain flexibility to support other promising ways to advance FPRH in these countries.

The Program will pursue the following sub-outcomes to achieve its goal of ensuring that no woman has an unwanted pregnancy.

**a) Test new tools to improve family planning service delivery.**

The Foundation will support new approaches to help the FPRH field advance its goals. To start, we have identified two approaches that have shown promise across development topics and could improve practices in the FPRH field—behavioral economics and design thinking.

Behavioral economics has much to offer the field of FPRH. As we know, sometimes people make decisions that run counter to their own interests, in spite of having adequate information and the capacity to make rational decisions. Research in behavioral economics can help us identify how to overcome these constraints, such as the tendency to ignore longer-term consequences when making decisions in conditions of uncertainty. The Program will support bringing together behavioral economists and FPRH practitioners to design better FPRH interventions—improving the counseling experience to make it more effective, addressing reasons why women discontinue using contraceptives, and identifying solutions to increase contraceptive uptake.

Design thinking (or human-centered design), provides a second new approach to improve the way quality services are delivered to women who need them. Rooted in empathy, design thinking begins with the perspective of users, asking what products or services might work best for them. The Program will support collaboration between design thinking firms and grantees, with the goal of making services more responsive to women’s needs, encouraging greater community engagement in FPRH topics, increasing the number of young people that use FPRH services, and more.

**b) Promote policies that increase equitable access to quality family planning services.**

Women who are young (below the age of 20) or who live in rural areas are being left behind, despite broader advances made in FPRH. Young women generally have greater difficulty obtaining FPRH services than older women, but this gap is especially pronounced in sub-Saharan Africa (Ortayli and Malarcher 2010). And it matters: given the young age structure in many developing
countries, enabling young women to delay the timing of their first birth, and increase the number of months or years between births, can have a major demographic impact (Bongaarts 1994, Bongaarts 2005).

Rural women also struggle to obtain quality services. The United Nations Population Fund (UNFPA) finds that “the poorest, least educated women in sub-Saharan Africa have lost ground” since 2000, despite the field’s success at reaching wealthier and better educated women (2010). Precisely because rural women are so hard to reach, funding is often spotty and lacks an appropriate emphasis on quality. Many funders emphasize the total number of services delivered, but because they are expensive to reach, rural women are often overlooked.

The Foundation will likely support grantees that pursue policy changes, such as allowing community health workers to provide injectable contraceptives. In addition to national-level policy campaigns, the Program will explore opportunities to improve sub-national policies.

c) Catalyze collaborations between national governments and public and private donors.

Both through direct relationships and working with non-governmental organizations, the Program will assist countries in coordinating external resources for FPRH, while promoting country ownership of FPRH strategies and goals. The most promising collaboration of this sort is the Ouagadougou Partnership, a group of nine Francophone West African governments, joined by private and public funders (including the Hewlett Foundation). The Foundation will help the Partnership succeed by working with governments and other donors to develop and execute fundable FPRH plans.

To promote country ownership of FPRH, the Program will work with civil society organizations in recipient countries to ensure that funding is spent effectively and build long-term support for quality services. These efforts will be coordinated with in-country efforts through the Ouagadougou Partnership.

d) Hold governments and providers accountable.

While the global transparency and accountability movement has grown substantially, it has placed little emphasis on FPRH. This has been true of our own work in the past, which has made transparency, accountability, and participation a core goal, but separate from women’s empowerment. By integrating the two goals of transparency and women’s empowerment in our grantmaking, we believe we can be even more successful.

To this end, the Program will work to hold governments and service providers accountable by using proven methods for securing transparency and accountability. Funding flows and service quality are often hidden or difficult to ascertain, particularly in sub-Saharan African countries. Transparency will increase the field’s ability to mine data for important historical lessons, help advocates
and citizens hold governments accountable for effective service delivery, and increase the field’s awareness of the need for quality services.

The Program will also test global and country-level mechanisms to improve accountability for the availability and quality of services. Globally, it will support organizations that use data to improve FPRH outcomes. At the national and sub-national level, the Program will help advocates establish grassroots support for holding governments and providers accountable to quality FPRH services.

e) Build capacity to advocate for better FPRH policies and implementation.

As the locus of decision making has shifted from donor countries to developing countries, strong institutions in sub-Saharan Africa have become the most important voices for FPRH. Thus, domestic resources are increasingly important to delivering quality social services in developing countries, a trend that will accelerate as donor funding stagnates. This makes building nascent capacity in sub-Saharan Africa of greater importance than strengthening the existing advocacy infrastructure in donor countries.

The Foundation will help expand advocacy capacity in sub-Saharan Africa primarily by supporting partnerships with experienced and established organizations. Most FPRH groups in developing countries have little experience just getting to the policy table, much less holding governments accountable. While workshops assist in building capacity, grantees need longer-term partners to help develop and carry out advocacy plans. These partnerships will link larger, savvier organizations with smaller, less experienced local groups to work on issues of joint concern.

The highly uncertain nature of policy work makes it hard to anticipate opportunities and requires grantees to respond quickly to opponents. This uncertainty places a premium on flexibility, which the program will provide through core support for skilled advocates, where permitted by law.

Finally, successful advocacy requires strategic communications. These skills could be much improved among many FPRH advocates in sub-Saharan Africa, who tend to have limited experience in developing strategic communications plans, identifying key audiences, and tailoring their messages to those audiences. There are a range of approaches to helping grantees build those skills, and the Program will work with grantees to select the most appropriate, depending on local conditions and the advice of the Foundation’s Communications and Legal departments.
Outcome 2
TO ENSURE THAT NO WOMAN DIES OF AN UNSAFE ABORTION

OPPOSITION TO SAFE, LEGAL ABORTION REMAINS A MAJOR BARRIER TO WOMEN IN MANY countries. The wide-ranging legal and cultural sanctions against those who attempt to terminate a pregnancy make it continuously challenging to serve women who want and need an abortion. The Hewlett Foundation has a long history of helping meet these women’s needs—and avoid unsafe and often deadly abortions. The Foundation’s legacy in this area will expand as it pursues the two following sub-outcomes: increasing access to safe abortion services and increasing the long-term availability of legal abortion.

a) Increase access to safe abortion services.

Only 3 percent of abortions in Africa are performed under safe conditions, leading to 1.7 million hospitalizations and 29,000 deaths annually (Guttmacher Institute 2012). This high incidence of unsafe abortion is both a major violation of women’s rights and a public health crisis.

Most major donors avoid this issue. Bilateral funding to support safe and legal abortion swings wildly depending on the changing domestic politics and economic conditions of donor countries. This is most clear in the U.S., where every presidential election risks a 180 degree shift in policy, including possible reinstatement of the global gag rule, which forbids foreign organizations that receive U.S. government funding from promoting or performing abortions—even with other funding. But foreign aid for FPRH is also under political attack in Northern Europe, where it must compete with many other priorities in stagnant economies struggling with budget cuts.

The Hewlett Foundation remains stalwart in its support for access to safe abortion. The Global Development and Population Program will work with organizations that train abortion providers to understand the current legal context in the countries where they work, so they can deliver safe, legal abortion services within that context. This entails providing appropriate counseling and a variety of abortion options, including medical abortion. In addition to working with organizations that focus on this approach, when and where appropriate, the Foundation will collaborate with organizations that provide quality abortion services.

The Program will also work with organizations that provide women with the knowledge and support to act on their decisions about reproduction. The Foundation will support organizations that work to reduce the stigma of abortion and the marginalization of women, both of which limit access to
needed services. This includes building relationships with influential individuals, such as traditional leaders, to increase their willingness to provide comprehensive abortion services.

b) Promote a policy environment for making safe abortion services available.

Few sub-Saharan African countries permit abortions for any reason other than preserving the life of the mother. This leaves a wide range of women without access to this basic reproductive right. It also greatly limits the Program’s ability to make abortion services safe and available as needed within current legal restrictions.

Fortunately, policy windows are opening in many sub-Saharan African countries. Judicious investments in research and advocacy could lead to abortion reform. The Foundation’s grantees have the opportunity to engage policymakers at the international, national, and local levels to ensure that every woman can make and act on an informed choice about abortion services. International advocacy for strong policy guidance—for example, from the World Health Organization—could set a positive starting point for campaigns at the national and local levels, where fair legal frameworks and adequate budgets are required to expand access to safe abortion services.
The Hewlett Foundation’s Global Development and Population Program provides a valuable vehicle for addressing this challenge. By integrating transparency and accountability into its efforts to ensure no woman has an unwanted pregnancy (Section 2), the Program is creating synergy across two fields that have historically missed opportunities to take advantage of their common interests. In particular, the Program is using research and policy investments to integrate FPRH into development goals in sub-Saharan Africa.

a) Expand research capacity to address locally relevant questions.

Building local research capacity is essential to providing an evidence base for ongoing FPRH advocacy and service delivery improvements. The Program will continue to provide core support to sub-Saharan African research institutions so they can expand beyond project work and develop strength in their central missions. The presence of strong research institutions also provides career opportunities for aspiring investigators.

The Program will also build the capacity to collect, manage, and analyze new data, as well as to take advantage of the wealth of available historic data, the use of which has been limited. This includes capacity to effectively communicate research findings to policymakers.

b) Establish policy links between FPRH and topics of growing societal interest.

Finally, the Program will integrate FPRH into development goals by building bridges to related areas of growing societal interest, such as climate change and other topics on the broader development agenda. The inclusion of FPRH...
topics in the Millennium Development Goals showed how important it is for the field to ground itself in broader issues. We will support organizations that are working to ensure that the post-2015 development agenda supports strong FPRH goals, as well.

* * *

The Hewlett Foundation has long been committed to advancing family planning and reproductive health in developing countries. After decades of learning and evolving, the Global Development and Population Program is pleased to capitalize on renewed momentum in the field. We are committed to contributing innovative solutions to tough problems, while continuing to help propel the field forward.