WILLIAM AND FLORA HEWLETT FOUNDATION
MEMORANDUM

To: Board of Directors

From: Dana Hovig and Larry Kramer

Date: June 28, 2021

Re: Global Reproductive Equity—Strategy Refresh

Sexual and reproductive health and rights (SRHR), and especially access to contraception and safe abortion, are critical drivers of women's health, wellbeing, and ability to achieve their aspirations in life. SRHR are essential to achieving gender equity and should be thought of as fundamental rights for all women and girls.[1] Yet millions of women around the world lack SRHR because of inadequate national commitments, inequities in access to contraception and safe abortion, and the absence of compelling and widely used narratives to overcome opposition to making SRHR available.

The foundation has been committed to advancing SRHR for more than five decades, both in the United States and abroad. Our work outside the United States has, for much of that time, been carried out under the rubric of our International Reproductive Health strategy, which we have renamed Global Reproductive Equity (GRE) to reflect both our increased focus on equity, rights, and justice, and changes in the SRHR field that included social, economic, and political considerations beyond narrowly defined health care services.

Over the past five years, our goal has been to increase access to family planning and safe abortion services while building support for reproductive health programs. Our work has focused in East Africa and Francophone West Africa (FWA), regions with some of the world's most extreme SRHR deprivations. We strengthened the field through a mix of core and project support for organizations working on service delivery, research, and advocacy. As part of these efforts, we established two sub-strategies: one to guide our work in FWA specifically, and another to strengthen in-country local advocacy. We also supported service delivery innovations in human-centered design and behavioral economics.

In May 2020, we launched a strategy refresh with a team of evaluation and strategy consultants from three firms: Afton Bloom, Niyel, and Evaluating for Equality. We relied particularly on Niyel, a group founded and based in East and West Africa, with extensive experience in both regions. We also established an external Advisory Group composed of experts from peer donors, multilateral organizations, NGOs, and research institutions based in the US, UK, East Africa, and West Africa.

Our approach was grounded in the Hewlett Foundation's guiding principles and a set of values we defined to guide both the refresh and new strategy, including equity, shared

[1] The term "Women" used here and throughout the document is inclusive of women, girls, trans, gender non-conforming, and intersex people

ownership, mutual respect, and adaptability. We applied these principles and values in a number of ways, including ensuring that all grantees were able to contribute to the evaluation via interviews, focus groups, and a survey. Along the way, we looked for synergies both within the GRE strategy and across the Gender Equity and Governance (GEG) program.

Our goal in the strategy's prior iteration was to "increase access to family planning and safe abortion services while building support for reproductive health programs." Based on our investigation and analysis, we have reformulated that goal in fuller terms to ensure that:

> *women and girls in East and West Africa, especially those facing the greatest barriers, are increasingly able to seek, access, and use comprehensive reproductive healthcare—including abortion care—to further their health, wellbeing, and life aspirations.*

The new goal statement is aligned with our previous strategy goal inasmuch as we will continue working to increase access to contraception and abortion care and to strengthen SRHR in East Africa and FWA. The reformulation is meant, however, to signal our commitment to a broader understanding of what this entails. As we will discuss at greater length below, critical changes include expanding our efforts to strengthen the SRHR ecosystem of national and regional actors and institutions in the countries where we are working. We will, in addition, explore new work around narratives to overcome opposition to SRHR in the region. And we will increase our activity in abortion care while prioritizing equity to ensure that increased access to contraception and abortion care accrue to all women in need.

Part I of this memo summarizes what we learned from the evaluation of our previous strategy. Part II provides an assessment of the current state of SRHR and outlines obstacles and opportunities for further progress. In Part III we lay out the refreshed GRE strategy, followed in Part IV by our plans for tracking progress and evaluating how well we are doing.

Part I: Looking Back –Evaluation Findings and Lessons Learned.

For the past five years, the articulated long-term goal of our International Reproductive Health strategy has been to increase access to contraception and safe abortion while building support for reproductive health programs. To guide that work, we further refined the overarching goal by articulating three strategic outcomes we hoped to advance over five years, the typical length of time until a strategy is refreshed:

- *Outcome #1*: To ensure no woman has an unwanted pregnancy, with a focus on FWA and East Africa.
- *Outcome #2*: To ensure no woman dies from an unsafe abortion.
- *Outcome #3*: To make reproductive health an integral part of broader development goals.

In pursuing these outcomes, we made $156 million in grants. Approximately 40% of those dollars supported service delivery, while 22% supported research and 38% supported

various forms of advocacy. Our strategy primarily focused on Outcomes #1 and #2 and largely moved away from Outcome #3 over time.

While all our grants went to support services, research, and advocacy—including our innovative grants exploring the utility of human-centered design and behavioral economics—a portion within each of these categories were focused on two, more specific sub-strategies: one to achieve gains in FWA specifically, a region with amongst the highest SRHR needs in the world; the other to strengthen local advocacy by promoting more equitable partnerships among African civil society organizations, intermediary funders, and the foundation. The FWA and local advocacy sub-strategies accounted for 22% ($34 million) and 14% ($22 million) of all grants, respectively.

In 2020, we conducted a retrospective evaluation of the previous five-years' work to identify lessons learned and inform our strategy moving forward. The evaluation looked across the whole portfolio and incorporated input from separate evaluations we had commissioned of our two sub-strategies and our grants supporting efforts to employ human-centered design and behavioral economics.

The evaluators found it difficult to assess how well we were doing. The strategy lacked an explicit theory of change, which facilitated ongoing adaptation based on continuous learning but deprived us of a baseline against which to measure whether and how our approach was or was not making a difference. And while the three outcomes used to guide our grantmaking were more concrete, they were too broad to provide measures of success or not.

Even though they were unable to assess relative achievement, the evaluators were able to identify several areas of significant impact:

First, the evaluation found that our approach to FWA—in particular, long-term, concentrated investments that leveraged a mix of philanthropic tools—had meaningful impact in the region. Prior to the launch of our dedicated sub-strategy for the region, FWA governments had shown scant commitment to SRHR, while international donors provided few resources to the region, despite the huge need, because its relatively small, French-speaking nations lacked strong relationships with large SRHR donors.

Hewlett's approach in the region had catalytic effects. Ten years ago, in partnership with other donors, national governments, and civil society, we help establish and launch the Ouagadougou Partnership (OP). The OP has brought leaders from nine FWA countries together with donors, advocates, and researchers to advance SHRH through a process that encourages both collaboration and competition to do better. The OP has also served as a focal point for additional investment in the region.

In addition to our support of the OP, we made grants to help major global organizations expand their work in FWA. We supported service delivery organizations to expand their reach and fill key gaps in FWA, including capacity-building for public sector providers and expanded access to long-acting contraception and abortion care. And we supported efforts to strengthen

civil society in the region: nurturing advocacy coalitions and senior religious leaders in support of SRHR. Finally, we invested in consumer research to increase our and our grantees' understanding of what women want and need.

Supported by our investment, FWA has experienced rapid progress. The base of contraceptive users has grown by 3.8 million over the past seven years, more change than in the previous 21 years—the fastest growing rate of contraceptive use in the world. The evaluation attributed this progress not only to our grant funding but also to activities "beyond the grant dollars," like recruiting new donors and convening relevant actors. The evaluation found, however, that continued support will be essential to sustaining these gains.

Second, the evaluation found that our Local Advocacy sub-strategy likewise had significant impact, though, here too, continued efforts will be needed if these gains are to be sustained. The sub-strategy focused on strengthening African SRHR organizations on the theory that they understand the challenges best, are closest to the issues, and can best hold African governments accountable to improve SRHR policies and increase domestic SRHR resources.

If, that is, they are properly resourced and enabled—which has not been the case and is what our strategy set out to rectify. The evaluation highlighted the complexity and difficulty of shifting power and resources this way—including our own challenge, as a U.S.-based foundation, in effectively channeling multi-year, flexible funding to small African organizations. The evaluation nevertheless recognized the important role Hewlett has played in testing new models of equitable partnership and encouraging peer donors and international NGOs to invest in a similar way.

Third, the evaluation found that our investments in promoting safe abortion had significant impact. Through support for product registration and distribution and healthcare worker training, foundation's grantees have contributed to a dramatic increase in the availability and use of medication abortion in East Africa and FWA. Our support for local advocacy also contributed to better abortion policy and implementation.

At the same time, the evaluators found that our efforts to promote safe abortion were not well coordinated, which limited our progress and hindered achieving impact at scale. A more integrated approach—e.g., concentrating grants to support related research, advocacy, and service delivery in specific countries or regions—will enable greater progress. The evaluation also recommended that the Hewlett Foundation consider increasing its support for abortion care, as there are few donors and the opponents of abortion are investing more and gaining momentum.

Fourth, the evaluators gave our support for service delivery innovations a mixed grade. As noted above, we invested in bringing into the SRHR space two new forms of innovation—human-centered design (HCD) and behavioral economics (BE). Our HCD-based efforts have seen some uptake in the field, but sustaining the particular efforts we launched and extending this approach to other matters has proved challenging. And while our BE-interventions had marginally positive effects, we could not say they were particularly more effective than other

social and behavior change programs. Based on these findings, we decided to sunset the BE portfolio last year and will phase out our HCD investments over the next two years (apart from some remaining involvement in the HCD Exchange, a global collaborative focused on sharing best practices).

Strikingly, while our strategy has focused on East Africa and FWA, only 42.6% of our grants were made directly in these regions, and many of these were project grants to international organizations rather than to organizations actually headquartered in Africa. Indeed, nearly a third of our total grantmaking over the past five years was in the form of GOS to international NGOs, for whom this funding constitutes a very small percentage of the overall budget. Considering these facts, the evaluation raised an important question about the extent to which grants to international NGOs—including especially our (usually preferred) GOS grants—actually align with our strategic goals and values or maximize the impact of the foundation's resources. Flexible support is generally preferable, but the evaluators recommended decreasing the amount of GOS we provide to international NGOs and giving more of these flexible dollars to local organizations in East Africa and FWA.

Part II: Looking Around—Assessing the SRHR Landscape

A. The State of Reproductive Health in 2021.

Alongside childhood vaccines, malaria prevention, and HIV/AIDS treatment, reproductive health is one of the great success stories in global public health. Rates of contraceptive use have risen and access to abortion care has improved across low- and middle-income countries over the past 30 years, with meaningful declines in unintended pregnancy, maternal mortality, and pregnancy-related morbidity. The biggest gains in contraceptive use have been in sub-Saharan Africa, where use of contraception among women of reproductive age grew from 13% in 1990 to 29% in 2019. Progress has, moreover, quickened in recent years, especially in Africa, which includes the ten countries with the largest gains in contraceptive use over the past decade.[2] Access to safe abortion care has also accelerated in the past decade, albeit to a lesser degree—due primarily to the increased availability of medication abortion.

Even with this progress, sub-Saharan Africa still has the least access to (and lowest use of) reproductive health services in the world. While the need for contraception is met for 78% of women worldwide, that's true for only 56% of women in sub-Saharan Africa. In Western and Central Africa, demand is met for only 37% and 24% of women respectively. Furthermore, access to reproductive health is profoundly inequitable along lines of age, wealth, and geography. For example, 43% of adolescents in low and middle-income countries say their need for contraception is unmet, compared to 24% of adult women in those countries.

Yet these same countries have the world's highest rates of maternal mortality, with West and Central Africa alone accounting for approximately 44% of global pregnancy-related deaths

[2] Burkina Faso, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Senegal, Sierra Leone and Uganda. Hewlett's strategy included a focus in four of these countries: Burkina Faso, Kenya, Senegal, and Uganda.

(while making up 7% of the world's population). According to the WHO, unsafe abortions are related to anywhere from 5% to 13% of maternal deaths globally in any given year, while adversely affecting the health and wellbeing of hundreds of thousands more women.

Given Africa's increasingly young population, the need for SRHR will only increase in the coming decades. But donor resources for SRHR have been stagnating and are likely to decrease over time. This combination of increasing need and decreasing funding have the potential to reverse the recent SRHR gains, as well as exacerbating inequality by imposing the greatest harms on low-income women and girls.

B. Opportunities and Obstacles.

While individual preferences and life aspirations determine how and when women and girls seek reproductive health services, their choices are impeded by at least three major external factors: (1) the strength or weakness of their nation's commitments to supporting services, as reflected in things like domestic spending, supportive policies, and legal frameworks for SRHR; (2) hostile or discouraging social and cultural norms and narratives; and (3) the actual availability of quality reproductive health methods and services. These three factors both intersect and interact, giving rise to both obstacles and opportunities for progress that our new strategy will seek to address.

1. National Commitments to SRHR.

Until now, the field has used both carrots (promises of increased funding) and sticks (naming and shaming) to influence African governments to improve SRHR. These efforts succeeded in inducing governments to make commitments to support SRHR, including by increasing domestic resources. And some governments, especially in Ouagadougou Partnership countries, have delivered on at least some of these commitments. But progress has been financed primarily with donor resources, and few African countries have increased their domestic spending for SRHR.

Nor is money the only relevant commitment a nation needs to make to support women's access to SRHR, which also depends critically on national and regional policy and legal frameworks. This is particularly true for safe abortion care. Since 2000, only 13 of sub-Saharan Africa's 46 countries have liberalized legal access to abortion care, and 92% of women in the region face moderate to extreme restrictions on obtaining an abortion. Even this limited progress has been hard won—requiring aggressive advocacy, legal challenges, and research linking access to abortion care to reductions in maternal mortality. Moreover, where abortion has been made formally legal for health, economic, or social reasons, it still is largely omitted from SRHR policies, plans, guidelines, and service provision. The result is that access to safe abortion care is deeply inequitable along multiple, intersectional dimensions, including geography, wealth, and other political, social, and cultural distinctions.

African governments do not feel much urgency or domestic pressure to support SRHR due to competing priorities, lack of acknowledgement of the potential social and economic

impact, and governance and health systems that perpetuate gender inequality. This may only become worse given growing global, regional, and national anti-SRHR movements linked to broader opposition to gender equity and the rise of nationalist movements around the world.

2. Social and Cultural Norms and Narratives.

Norms and narratives influence government policy, budgets, and political commitments, as well as individual and community attitudes and behavior. In West Africa, for example, there is widespread acceptance for using contraception to space births within marriage but not to stop having children altogether. In East Africa, efforts to make reproductive health services available to adolescents are sometimes framed as "destroying the innocence of children."

Such narratives shape the support (or not) of policymakers to promote SRHR, the willingness (or not) of healthcare providers to provide contraception or abortion care, and the quickness of community leaders and members to support (or censure) women's reproductive choices. More positive narratives around equitable decision-making in intimate relationships, women's bodily autonomy, and adolescent sexuality could provide a valuable foundation for sustainable change, yet few donors back efforts to support their development or even to combat anti-SRHR narratives. More exploration, innovation, research, and funding in this area is needed.

3. Reproductive Health Methods and Service Delivery.

Research has shown that "if you build it, they will come": the availability of safe and effective contraceptive and abortion methods, along with convenient, affordable and welcoming services supports demand for and increased use of contraception and safe abortion care, while poor quality options and services decrease demand and impede access. East Africa and FWA have increased service delivery by expanding reproductive health services, improving the quality of those services, and introducing new contraception and abortion methods that increase users' choices. The introduction of medication abortion, in particular, has yielded a step change in abortion access, as it does not require surgery and can be used by women discreetly at home (with the right links to information and follow-up care).

Unfortunately, these better options are presently available mostly to wealthier and more privileged women, and uneven, inequitable access remains a major problem in the region. It remains difficult for women with low incomes to find affordable or nearby services, especially abortion care, which is seldom included in public sector services and primarily available only in the private sector for a fee. Nor is wealth the only impediment: young and unmarried women continue to face stigma from healthcare providers who believe they should not be sexually active and so discourage use of contraception. The next wave of service delivery solutions will need to emphasize equity, use research to better understand and address women's preferences, and design new solutions for historically excluded women and girls seeking reproductive health services.

C. The Evolving Global SRHR Field.

The global SRHR field has changed significantly in recent years, and our strategy needs to change with it. Among other things, as noted above, donor funding for SRHR is expected to stagnate or decline, representing a major challenge for the field. Even at current funding levels, there is a $4.2 billion annual gap in resources for existing global needs for contraception and abortion care, with nearly half of that in East and West Africa.

At approximately $25 million in annual giving, the Hewlett Foundation is a small to (at most) medium-sized SRHR donor. This makes the landscape of other donors critical as we think about our potential impact and unique opportunities to advance SRHR.

Much of SRHR funding from Global North donors flows through international NGOs that operate in Africa (among other places). The Hewlett Foundation has done a great deal to strengthen these organizations over the years, with a long history of providing core support to grantees. These organizations have played a critical role in expanding reproductive health services in East Africa and FWA in the past, often working in close partnership with national governments. They have complemented public health systems by establishing private clinics, leading product registration and distribution, training service providers to improve quality of care, and strengthening supply chains. Global advocacy and research organizations have also received substantial donor funding, including from the Hewlett Foundation.

While the current Northern-centric structure of the SRHR field has contributed to expanding access over the past several decades, this is unlikely to be true going forward given significant changes in both the capacity of African governments and the expectations of those governments and their people. Rather than continued progress, continuing to work primarily through Northern institutions will increasingly serve as a barrier to sustained long-term SRHR progress in sub-Saharan Africa.

This recognition is driving a major change in our approach. Looking ahead, our theory of change includes a presumption that *local* SRHR ecosystems—meaning systems comprised of domestic leadership and domestic civil society, research, and advocacy organizations—will be critical to sustain SRHR progress and close remaining gaps. We are convinced that domestic pressure from local institutions, advocates, women's rights organizations, and feminist movements is the most effective route to increasing domestic resources for SRHR and establishing more supportive SRHR policies. We further believe that local actors will design more responsive and context-appropriate services and policies, as well as interventions better grounded in the needs and preferences of African women and girls.

Historically, decision making and priority setting in the SRHR field has been done *for* women and *for* African stakeholders, rather than *by* them. This has meant that those closest to the problems and needs have not been in key decision-making roles—often not informing, much less leading, the development and implementation of solutions. As we discuss in Part III, our new strategy aims to change that dynamic.

Part III: Looking Forward—Our 2021-2026 Global Reproductive Equity Strategy

A. Statement of the Goal.

Our landscape scan and evaluation confirm that the problem we have long sought to address—inadequate and unequal access to contraception and abortion care, especially in East Africa and FWA—remains critical. Accordingly, our goal for this next phase of work remains similar to what it has been:

> *To ensure that women and girls in East and West Africa, especially those facing the greatest barriers, are increasingly able to seek, access, and use comprehensive reproductive healthcare – inclusive of abortion care – to further their health, wellbeing, and life aspirations.*

The key difference is that, as restated, our goal places greater emphasis on addressing inequity and explicitly links SRHR to the broader wellbeing and life aspirations of women and girls.

B. Efforts to Advance the Goal.

As described earlier, the three main obstacles our new strategy aims to address are (1) inadequate national commitment to SRHR in East Africa and FWA, including insufficient domestic funding and weak policies and laws (especially for safe abortion); (2) a shortage of compelling and widely used narratives to overcome opposition to SRHR, change social norms, and sustain and accelerate progress; and (3) inequities in access to contraceptive and safe abortion services, particularly among young and low income women. To overcome these obstacles and advance our goal, the new strategy comprises four distinct, but interrelated efforts, described in standard philanthropic terminology as outcomes: (1) strengthening African organizations and movements to change their governments' support for SRHR and advance our other outcomes; (2) developing compelling narratives to build public support for SRHR; (3) reducing inequities in SRHR service delivery; and (4) expanding access to safe abortion care. We describe these in greater detail below.

Outcome 1: *Local ecosystems are strengthened to more effectively advance policies, systems, and practices that support SRHR for women and girls in East and Francophone West Africa.*

As explained above, we believe that sustaining and further improving access to SRHR in East Africa and FWA depends critically on national and local actors, who are the people best positioned to expand domestic support and influence African leaders to increase and improve resources for SRHR. Between the work we have been doing in local advocacy, the Ouagadougou Partnership, and the Hewlett Foundation's comfort making long-term, flexible investments, we are well-positioned to make a decisive shift in this direction. The importance, and difficulty, of doing so successfully are such, moreover, that we anticipate spending more than half of our grant dollars on this outcome over the next five years.

More specifically, we will make investments to strengthen African civil society organizations, feminist movements, and research institutions. These investments will be in the form of direct GOS where possible, and be channeled through Africa-based re-grantors where necessary. With these resources, African organizations will be able to strengthen their organizational capabilities to better represent the voices of otherwise excluded African women in national budgeting processes and SRHR policy debates. They will also be better positioned to advise ministries of health and other service delivery providers on how to best meet the needs and preferences of women and girls.

While our current Local Advocacy sub-strategy has given us experience in supporting African NGOs, supporting feminist movements in East Africa and FWA will be new. Like other major SRHR donors, we have come to appreciate the critical role of social movements in mobilizing public support (and pressure) for improved SRHR policies, budgets, and laws. Feminist organizations whose missions are broader than SRHR are particularly important given how factors like education and economic opportunity, gender-based violence, and gender norms affect women's SRHR needs and preferences (and vice versa).[3] Funding this way will integrate support for SRHR into the broader gender justice movement to advance women's ability to determine and realize their life aspirations. In the coming years, we will explore potential cross-strategy synergies in resourcing feminist movements and will also continue collaborating with peer donors in the $25 million Women's Fund Initiative (recently renamed Fenomenal Funds).

Research is another critical element of the African SRHR ecosystem, and we will make grants to African research institutions that generate useable evidence and actionable policy solutions. These investments will include building partnerships between researchers and consumers of research—policymakers, advocates, and movement leaders—to ensure the research addresses and responds to evidence gaps and policy needs they identify. Historically, the majority of donor funding for SRHR research has gone to institutions in the Global North, which have determined what gets produced. But African researchers have greater understanding of the local context and are able to be more responsive to local needs. The problem at present is that few African research institutions have dedicated SRHR research units, especially in FWA. By combining project and core support, we will enable these institutions to begin focusing on SRHR while enhancing their ability to receive more and better direct donor funding.

Our resources alone are obviously insufficient to build a healthy African SRHR ecosystem. Alongside grantmaking, we will work to influence bilateral and private donors, service delivery organizations, research and advocacy organizations, and professional associations to likewise shift funding and decision-making power to African stakeholders. Building on momentum from our previous strategy, we will model this change, respectfully transitioning our own funding and decision-making power to Africa-headquartered institutions and the Africa regional offices of international NGOs. This will include participating in a new donor community of practice we are co-funding focused on anti-racist, solidarity-centered approaches to funding SRHR.

[3] For similar reasons, feminist movements are an emerging investment area across four of the five GEG Program strategies.

Outcome 2: ***African narratives that promote SRHR and gender equity positively influence public support for reproductive health policies and programs in East and Francophone West Africa.***

Another new area of grantmaking will be designed to bolster African SRHR narratives. Compelling narratives are essential to advance and sustain SRHR progress. Despite significant concern in the SRHR field about growing anti-gender and anti-SRHR opposition movements, there has been limited attention—and few resources—dedicated to the African social actors who produce, circulate, and maintain supportive narratives about gender equity and SRHR.

Our work here will begin with a landscape scan of existing work and research on African narratives related to SRHR and gender equity, followed by a set of pilot investments. As this is a new area of grantmaking, we will be in learning mode and are likely at first to spend less on this outcome than the others. The learning agenda will focus on understanding when, how, and why different narratives influence public support for SRHR in East Africa and FWA. We will, of course, share what we learn with other donors and the SRHR field, partly to promote further investment. We will also work with the U.S. Reproductive Health team to identify opportunities for shared learning across our respective SRHR narrative portfolios.

Success in advancing these first two outcomes will strengthen the SRHR ecosystem in ways we believe will accelerate SRHR progress. It will not, however, guarantee that any progress is equitable. That is the purpose of our third and fourth outcomes, which seek to ensure that the SRHR agenda in East Africa and FWA includes the most excluded women and girls and most restricted SRHR services.

Outcome 3: ***Solutions to mitigate inequity in access to and use of contraception and abortion care are developed, tested, and have pathways to scale in East Africa and Francophone West Africa.***

While access to contraception and safe abortion care has expanded significantly in much of East Africa and FWA, new strategies are needed to reach the women and girls who face the largest obstacles, including women living in extreme poverty; young and unmarried women, who are often stigmatized for seeking contraception; and women who are disabled or have been displaced.

To achieve this outcome, we will continue working in FWA, with the aim of seeing the region continue catching up to other parts of sub-Saharan Africa and the world. An important element of this will be continued support for the OP's new 2030 strategy, which includes a focus on equity and lifting up countries that are behind in their family planning goals; an increased role for local civil society, especially youth and religious leaders; and a new network that will bring the local research community formally into the Partnership. In addition to funding locally based organizations, we will continue funding key global organizations to grow in FWA by shifting global GOS funds to their regional offices.

We will also support locally driven service delivery innovations to reduce inequities in access to contraception and abortion; these investments may build on our current work in SRHR self-care, as well as our HCD work to improve service access for youth. In the first year, we will identify existing or new service delivery innovations that can be implemented, funded, and sustained at scale, with an emphasis on partnerships with Ministries of Health to ensure local ownership and leadership. Innovations could include, for example, integration of contraception services with social protection or cash transfer programs that have expanded as a result of COVID. We may also explore community-based or telehealth models that can improve access to medication abortion services for rural or displaced populations. In parallel, we will invest in research about how to raise awareness, attention, and resources for equity-focused service delivery innovations.

In subsequent years, we may explore opportunities in other high-need regions adjacent to FWA, specifically Central Africa or Anglophone West Africa. Access to and use of contraception and abortion care in Central Africa (including Chad, Cameroon, DRC, the Central African Republic) are particularly low, much like the situation in FWA before the OP. Expanding our work into these nations will depend, however, on the availability of funds, staff bandwidth, and other possible opportunity costs.

Outcome 4: ***Safe abortion is legal and/or decriminalized in a greater number of East and Francophone West African countries and is accessible to more women and girls in these countries.***

Access to abortion care is limited in East Africa and FWA by restrictive legal and policy frameworks, especially for low-income women, young people, and other historically excluded populations. As mentioned earlier, abortion is also underfunded, with few active donors.

While our strategy to date has been intentional in funding research to understand abortion in restrictive environments, investments in advocacy and service delivery have tended to be either exploratory or opportunistic. Going forward, we will make more strategic, focused, and public efforts to catalyze support for safe abortion care as an integral component of SRHR in Africa. As one of very few global donors who publicly support abortion, we believe it is a timely moment to build on momentum from the growing availability of medication abortion and the repeal of the U.S. government's "Mexico City Policy" (which blocked U.S. federal funding for NGOs that provide abortion counseling or referrals, advocate to decriminalize abortion, or expand abortion services).

As part of this public commitment—modeled partly on our OP experience—we will invest in a new regional platform dedicated to safe abortion in FWA: the Safe Abortion Network, or *Centre ODAS* in French. The new platform will convene local champions for increasing access to abortion care to share knowledge and explore ways to collaborate. The platform will, like the OP, work to attract additional funding for abortion care while helping donors, implementors, and advocates build on each other's work and avoid duplication. In addition to supporting the Network's coordination unit, we will fund elements of Network member activities, including advocacy, service delivery, and research.

At the same time, we plan to continue supporting research, advocacy, and movement strengthening in-line with timely opportunities for progress in East Africa and FWA. We will develop a more detailed plan for safe abortion funding in the coming year—relying on trusted partners in the regions where we work to identify opportunities, recognizing that pathways to progress on abortion access vary across contexts and national and local efforts should be led by local actors.

Abortion care is the one place in our revised strategy where we anticipate supporting global organizations for global work. For while abortion is largely absent from existing global and regional compacts and frameworks, these can be leverage points to influence national abortion law and policy. Plus, global organizations have more freedom to work on abortion than local organizations in nations with restrictive laws and cultures. These global investments will complement and reinforce our work building national SRHR ecosystems, narratives, and equitable service delivery.

C. Major Strategic Changes.

Table I provides a summary comparison between our present and revised strategies, detailing what we are continuing to do, what we will be doing that is new, and what we will be winding down.

Table I: Summary comparison of 2014-2020 strategy vs. 2021-2026 strategy

Continuing/Deepening	New	Wind Down
• Provide core support to East and Francophone West African CSOs, social movements, and research institutions that seek to advance reproductive equity • Fund timely efforts to expand access to safe abortion in East and West African countries • Include safe abortion in the global and African regional SRHR agenda • Encourage and catalyze greater investment in	• Shift Hewlett and hopefully other donors' funding and decision-making power in the global SRHR field to African national stakeholders • Establish a new Safe Abortion Network to catalyze greater progress on safe abortion in Francophone West Africa • Fund innovations to improve equitable access to contraception and abortion care for women and girls who face the greatest barriers to access and use	• Core support to service delivery, research, and advocacy International NGOs and professional associations, with the exception of global NGOs focused primarily on safe abortion • Investments in human-centered design and behavioral economics • Investments in the broader global development agenda, with the exception of some continued focus on

SRHR from donors and governments in East and West Africa	• Amplify, and widely share African narratives in support of SRHR and gender equity	safe abortion and power-shifting

1. Underlying Assumptions.

Our new strategy rests on a number of key assumptions about what will drive further progress on SRHR. For example, we assume that many critical elements of reproductive health programming (e.g., new product development and introduction, supply chain and health system strengthening, etc.) will continue to improve with the support of other donors. We also assume that women's economic opportunities and girls' education, which have been improving steadily in the countries where we work, will continue to do so—underpinning and enabling further SRHR progress.

Additional assumptions are embedded in the theory of change behind each of our hoped-for outcomes. In Outcome #1 (strengthened African SRHR ecosystems), we assume that national governments will have sufficient resources to increase spending on SRHR, that national policymakers will respond to pressure from local SRHR and women's rights organizations, and that giving these organizations core support will strengthen their ability to advocate for shifts in SRHR policy and resourcing. We also assume that strengthened national SRHR ecosystems will attract additional resources.

For Outcome #2 (strengthened African SRHR narratives), we assume that influential media, social, and cultural figures are interested in and willing to produce and amplify narratives in support of gender equity and SRHR. We also assume both that these narratives will be amplified by others and, if so, that they will influence public support for SRHR.

For Outcome #3 (reducing SRHR inequities), we assume that there are cost-effective solutions that can improve equity in reproductive health services at-scale, that actors in other sectors will be interested in bundling SRHR information and services into their programs, and they have the resources to do so.

For Outcome #4 (safe abortion care), we assume there will be stakeholders interested in pursuing legalization and decriminalization of abortion via a more explicitly abortion-focused platform.

Finally, we assume that other donors will value our model of increasing funding for national SRHR ecosystems, adapting and transforming their grantmaking approaches accordingly. We assume that more powerful and influential national SRHR organizations, supported by compelling evidence of their potential impact in our areas of focus (that is, equity, narratives, and safe abortion), will attract more and better support from both public and private donors.

2. Risks.

The way in which the environment for SRHR evolves constantly is itself a risk for any strategy in this field, requiring constant vigilance and preparedness to adapt. There are, however, several identifiable risks to which we are paying close attention. Two of these pertain to broad developments, while another two are more closely tied to our work.

In the category of broad developments, we must worry about the long-term impacts of the COVID-19 pandemic on health systems and government budgets in East Africa and FWA, and about the trajectory of opposition movements.

- *Long-term impacts of COVID-19*: The pandemic could impact our strategy in a number of ways. With low access to vaccines, continued lockdowns are possible, which will impede grantee activity (e.g., advocacy, primary research) and divert attention to other issues. More important, COVID-19 has strained health systems and national government budgets in the region and made it more difficult for women and girls to access reproductive health services. The long-term implications of the pandemic remain uncertain, so we will need to closely monitor the evolving situation and accept that our grantees and partners may face continued COVID-related challenges for the next few years.

- *Trajectory of opposition movements:* The forces that have emerged in opposition to gender equity and SRHR are mostly funded and supported from outside the region, especially from the U.S. and Russia. They have been growing steadily in recent years, though the change in U.S. administrations may have slowed their progress. We will continue to track opposition movements along with our partners.

There is little we can do to mitigate these risks other than to watch attentively and respond as issues emerge. There are, however, several risks more closely tied to our work that we can and should take steps to mitigate:

- *Power and resources shifting:* Transitioning funding to local stakeholders too quickly will disrupt ongoing service delivery and other reproductive health work. We will mitigate this risk by working closely with grantees while moving slowly enough to allow them time to manage resourcing changes. A second risk is that other donors fail to follow our lead in supporting local organizations, either because it is too difficult administratively or because they do not believe it will be effective. To mitigate this risk, we will actively engage other donors on the power shifting approach while establishing platforms that make it easier to fund advocacy and research in the region and dedicating resources to developing evidence of the influence and impact of local organizations.

- *Failure to gain traction:* The major risk for our work to develop new narratives and expand access to abortion care is that these efforts may not gain traction and/or may face significant opposition, especially as Hewlett is a foreign actor. Such risks are, of course,

inherent in almost any work on sensitive topics. Our approach mitigates them in what we believe is the best way possible—namely, by having the work be developed and led by local stakeholders.

3. Roads Not Taken.

In defining our strategy, we considered but decided not to pursue several other options for advancing SRHR. We based these decisions on the findings of our landscape scan, on where we see our comparative advantage as a funder, and on consideration of Hewlett's values and the principles we believe should guide our work going forward.

First, most donors identify for themselves preferred service delivery solutions or models, pilot them, and then advocate to get them scaled. Hewlett has done this in the past. Going forward, however, we will instead make resources available for our local partners to choose the most promising opportunities, albeit within a set of prescribed criteria.

Second, we will not invest in areas that are already crowded with other donors or only indirectly related to SRHR. An example of the former is adolescent reproductive health programming, including sex education in schools. In the latter category, we considered whether investing in women and girl's mental health might lead to better SRHR outcomes. But this seemed like too much of a stretch for our limited resources and small team, especially given other priorities in areas where our expertise is greater.

Third, we decided not to expand our geographic focus, at least not in the early years of the strategy. We considered including Central Africa, which has among the world's least access to SRHR, but decided to wait. Working in these countries is incredibly difficult, and we have few existing grantees or other assets we can leverage in launching new work.

Finally, we will not seek to directly influence social and community norms and women's fertility preferences. While many donors invest in this sort of normative work, our aim is to enable women to seek, access, and use reproductive healthcare in-line with their preferences and aspirations, whatever these may be.

Part IV: Monitoring, Evaluation, and Learning

Our plan for monitoring, evaluation, and learning has four integrated elements:

- Our goal and outcomes, which define what we aim to achieve.
- Implementation markers to track progress towards our outcomes, some specific to the next 12–18 months, others to guide year-over-year assessments
- Learning questions to guide ongoing internal and external learning and reflection.
- An evaluation plan that lays out when and why we will undertake evaluation activities in-line with our outcomes, implementation markers, and learning questions.

The primary audience for these activities is the GRE team, which will use information to guide ongoing strategic adjustments. Secondary audiences include the Hewlett Foundation's leadership and board, which oversees and informs strategy adjustments; peer donors who work in complementary areas; and grantees, who are Hewlett's partners in making progress and whose work can benefit from ongoing and shared learning.

A. Goals and Outcomes.

To recap, the goal of our strategy is as follows:

To ensure that women and girls in East and West Africa, especially those facing the greatest barriers, are increasingly able to seek, access, and use comprehensive reproductive healthcare – inclusive of abortion care – to further their health, wellbeing, and life aspirations.

To advance this goal, we hope to see change in the next five years across four outcomes:

1. Local ecosystems are strengthened to more effectively advance policies, systems, and practices that support comprehensive reproductive health for women and girls in East and Francophone West Africa.
2. African narratives that promote SRHR and gender equity positively influence public support for reproductive health policies and programs in East and Francophone West Africa.
3. Solutions to mitigate inequity in access to and use of contraception and abortion care are developed, tested, and have pathways to scale in East and Francophone West Africa.
4. Safe abortion is legal and/or decriminalized in a greater number of East and Francophone West African countries and is accessible to more women and girls in these countries.

B. Implementation Markers.

We have identified several implementation markers to guide our ongoing monitoring of progress. We will examine the data for some of these markers annually and for some in planned evaluations (see subsection D below) to inform adjustments to the direction of the strategy, including collection of baseline data for the markers noted with a (*).

Outcomes	Implementation markers	Type	Source	BL
Local ecosystems are strengthened to more effectively advance policies, systems, and practices that support SRHR for women and girls in East and Francophone West Africa				
	Proportion of annual funding to African institutions directly through multi-year core support grants (GOS and program grants),project grants, and organizational effectiveness grants	Staff activity, year-on-year	Team tracking	*
	% of funding to INGOs that goes to HQ; % of funding to INGOs that goes to regional			*

offices; % y-on-y shift in funding from HQ to regional offices			
Proportion of *INGOs and intermediary/re-grantor* grantee partners adopting power shifting approaches[4]	ST outcome (baseline, mid-line, and end-line)	Grantee reports	*
Proportion of *research* grantee partners that develop and pursue a resourced and strategic plan for collaboration with evidence users			*
Proportion of *research and advocacy grantee* partners meaningfully engaged in regional or national SRHR policy and resourcing processes (e.g., costed implementation plans)			*
Annual budgets for top 20 African HQ SRHR grantees in Hewlett's portfolio are increasing		Landscape, team sensing	*
African **narratives** that promote SRHR and gender equity positively influence public support for reproductive health policies and programs in East and Francophone West Africa Grantee reports			
Research conducted on African narratives that promote SRHR and gender equity, including what they are, who promotes them, how they are promoted, and channels to shape public opinion and discourse in East Africa and FWA	Grantee activity, year-on-year Staff activity, year-on-year	Grantee reports	
# of touchpoints with peer funders to learn and share complementary investments to amplify African narratives that promote SRHR and gender equity and qualitative assessment of the extent to which these engagements contributed to target investments that led to narrative change		Team tracking	
Pilot investments	ST outcome, year-on-year	Grantee reports	
Increased public support for policies and programs due to shifts in narratives	ST outcome (baseline, mid-line, and end-line)	Grantee reports	*
Evidence base of progress in shifting harmful narratives exists to inform narrative and norms change programming, policies, and future donor investments		Landscape, team sensing	*
Solutions to **mitigate inequity in access to and use of contraception and abortion care** are developed, tested, and have pathways to scale in East and Francophone West Africa			

[4] This will require development of a simple "rubric" that includes customized questions for different types of grantees (e.g., global NGOs, regrantors / intermediaries) to be developed in partnership with an external evaluation partner

% increase in domestic financing for contraception and abortion care in OP countries (with a focus on lagging countries)	ST outcome, year-on-year (start from 2019 – 2020 data as baseline)	OP data	
Inequity in rates of demand satisfied for contraception among married/in-union women in East Africa and FWA countries[5]		Track20, PMA, OP annual reports	*
mCPR for FWA region, with a focus on priority countries with the greatest need			*
Number of new contraceptive users in FWA countries			*
Evidence of reduced inequity generated across Hewlett-funded projects	Grantee activity, year-on-year	Team sensing	
Partnerships to scale Hewlett-funded projects with evidence of reduced inequity			
Safe abortion is legal and/or decriminalized in a greater number of East and Francophone West African countries and is accessible to more women and girls in these countries			
Meaningful engagement in Le Centre ODAS (e.g., # of countries represented, # of gov't participants, value of participating as measured through qualitative interviews and conversations with members)	Grantee activity, year-on-year	IPAS annual reports	
# of SRHR donors dedicating resources to safe abortion in East Africa and FWA (measured by # of donors that join the Safe Abortion Network)			*
Abortion care ecosystem "strength" measure in East Africa and FWA	ST outcome, year-on-year		*
# of high-potential legal and policy discussions on abortion care catalyzed or supported by Hewlett-funded organizations in East Africa and FWA	ST outcome (baseline, mid-line, and end-line)	Grantee reports *(Developed with the evaluator and informed by grantees)*	*
# of abortion care policy "wins" in East Africa and FWA (e.g., decriminalization, legalization, elimination of restrictions)		IPAS, Team sensing through discussions with grantees on progress towards "wins"	
Number of safe, less safe, and unsafe abortion in FWA		PSI, IPAS reports (based on WHO data)	
# of legal and policy losses (e.g., criminalization, restrictions) on abortion care in East Africa and FWA	Tripwire	IPAS, PSI annual reports	

[5] Track20

C. Learning Questions.

We have formulated a set of initial learning questions to help us investigate the assumptions underlying our strategy and guide our plans for tracking and evaluating progress, evaluation, making sense of our efforts, and adapting them to changing circumstances. Key learning questions for the GRE strategy for the next five years include:

Overarching.

- How do the investments across all four outcomes work together and are they mutually-reinforcing?
- Are these the "right" pathways to achieve our overarching goal? What might be missing?
- How do we successfully operationalize a field-evolving philanthropic strategy (e.g., grantee and partner engagement, implications for staffing, travel, convening, communications)?
- What does it take to ensure that the strategy embodies the principles and values of reproductive equity in its approach, processes, and outcomes (grantmaking, beyond the grant, evaluation and learning) How can we effectively identify and mitigate biases and blind spots along the way?
- Where are there opportunities for cross-program (GEG) collaboration?

Outcome 1.

- What is needed for a sustainable, local SRHR ecosystem (e.g., what types of organizations, what types of connections or networks)?
- What is the role of donors to support ecosystem strengthening, especially to support a responsible shift of resources and decision-making power?
- What are the roles of feminist movements in advancing SRHR policies, systems, and practices as actors within and outside of traditional development structures?

Outcome 2.

- What are the mechanisms through which African narratives that promote SRHR and gender equity influence and shape public opinion and discourse in East Africa and FWA?
- What factors in the social context facilitate or inhibit the proliferation of these narratives and rejection of harmful narratives?
- How does this work relate to efforts to combat anti-gender and anti-SRHR opposition?

Outcome 3.

- What will it take to support countries in the OP that are further behind on reaching their goals?
- What have we learned about promising ways to address the intersecting inequities faced by marginalized populations?

Outcome 4.

- Where are the biggest opportunities for progress on abortion care in the next five years?
- What pathways are needed to make progress towards legalization, decriminalization, or policy change to broaden access to abortion care in East Africa and FWA? Who needs to be involved to drive progress and how did progress take place?
- To what extent and how can collective action (e.g., via the SAN) best support progress on abortion care?

D. Evaluation Plan.

Our evaluation plan includes three elements: (1) an annual reflection, (2) a mid-point evaluation in 2024, and (3) a five-year evaluation in 2026 to understand progress towards our goal and four strategic outcomes. To support these efforts, we will engage an external partner(s) to lead data collection and synthesis and facilitate team learning sessions.

We chose our outcomes in the belief that they would reinforce each other and address core gaps and barriers to progress. To assess how we are doing, then, we will need to pay close attention to their relationship to each other as well as our progress for each.

Our approach to learning and evaluation will be highly collaborative to ensure that our data collection informs both our own learning and that of our grantees and other partners. To that end, we will engage cohorts of grantees in learning sessions every 18 months, including a round of virtual meetings in 2021 to gather grantee input on our outcomes and implementation markers. (We also have regular conversations with each of our grantees at which we can and will encourage feedback and input.)

Also in 2021, we will collect and synthesize data to establish a baseline for our implementation markers. This is necessary to provide a marker for measuring change and progress and will serve as the foundation for our mid-point and final evaluations.

The 2024 mid-point evaluation will enable us to assess interim progress toward our four outcomes and inform adjustments to our strategy. It will rely primarily on our implementation markers, including assessments of staff and grantee activity, short-term outcomes, and tripwires, but it will also include questions about the overall strategy.[6] Key things we hope to

[6] For example: To what extent and how well does our funded work align with what we set out to accomplish? Are we making progress towards our intended outcomes? Are the assumptions we made about *how* change will happen bearing out? What contextual factors have facilitated or inhibited progress? Are we seeing evidence of our tripwires

learn through the mid-point evaluation include (1) guidance on how well we are doing in implementing the strategy, (2) insights from the field on impact and pathways to change, and (3) whether and, if so, how to adjust the strategy going forward. In short, the mid-point evaluation will help us better understand whether, how, and why change is happening (and for whom), as well as helping us identify blind spots in our approach.

The 2026 five-year evaluation will assess progress towards our outcomes against the initial baseline, providing a basis for the next strategy refresh. Unlike the mid-point evaluation, this time we will gather additional quantitative and qualitative data on key questions to be defined in partnership with grantees and other partners in the coming years.

and what are the implications for the continued implementation of our strategy? Were our assumptions about power shifting and pathways to power shifting correct?