POLICY PAPER

VIDC Global Dialogue

Sexual and Reproductive Health and Rights

Opportunities and Challenges for Austria's International Cooperation

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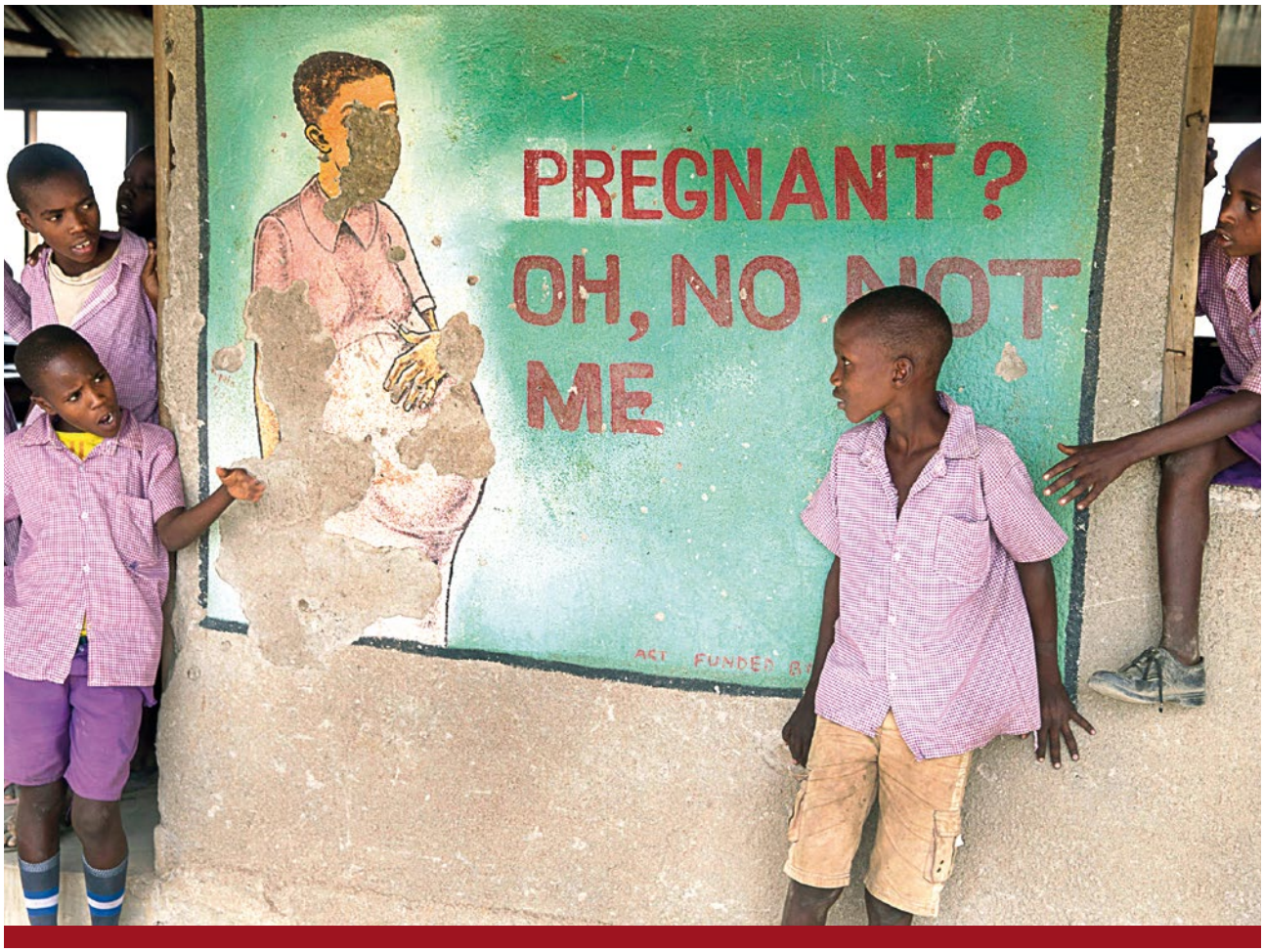

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Photo back cover: Youth to youth group performing sketches on SRHR and distributing condoms, Mombasa, Kenya
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TABLE OF CONTENTS

LIST OF ABBREVIATIONS

ADA	Austrian Development Agency
ADC	Austrian Development Cooperation
BZgA	Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung)
CHW	Community Health Worker
EC	European Commission
EU	European Union
FAZ	Frankfurter Allgemeine Zeitung
FGM/C	Female Genital Mutilation/Cutting
GAP III	EU's Action Plan on Gender Equality and Women's Empowerment in External Action 2021-2025, abbreviated Gender Action Plan III
GBV	Gender-Based Violence
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IAWG	Inter-Agency Working Group (on Reproductive Health in Crises)
IC	International Cooperation
IUNC	International Union for Conservation of Nature
IPPF	International Planned Parenthood Federation
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersexual, Asexual and all other non-binary definitions
LMICs	Low and Middle Income Countries (countries with low and middle national income)
MISP	Minimum Initial Service Package (for SRH in Crisis Situations)
NAPs	National Action Plans
NGO	Non-Governmental Organization
ODA	Official Development Assistance
OECD-DAC	Organization for Economic Co-operation and Development- Development Assistance Committee
SDGs	UN Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
UN	United Nations
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNSCR 1325	United Nations Security Council Resolution 1325
WHO	World Health Organization
WPS	UN Women, Peace, and Security Agenda

FOREWORD

When people tell their life stories, typically they highlight life-changing events and pivotal milestones. Frequently, these key moments are related to sexual and reproductive health and (related) rights (SRHR): having a child, not having a child, having another child or multiple children, having a child alone, as a couple, or as part of an extended family/community, coming out, being artificially inseminated, freezing eggs, donating sperm, using (gender-affirming) contraception, etc.

Being well informed about SRHR while young gives a person a strategic advantage in life. Removing the stigma from SRHR demonstrates how age- and needs-based sexual education can create a positive impact on the later stages of an individual's life; it affects whether people who do not fit heterosexual norms can live "freely" or "unfreely", the seriousness of the impact of sexually transmitted diseases on fertility and lifespan, as well as the level to which people without knowledge of SRHR can protect themselves from sexual assault. It also shows the importance of providing safe options for abortions — especially at a time when rape is a weapon of war — and how SRHR are crucial to addressing poverty, especially for young girls and boys.[1]

The four authors see SRHR as a crucial element of Austrian International Cooperation and are calling for the prioritization of SRHR in times of crises. The aim of this paper is to motivate all relevant actors and members of the Austrian SRHR Working Group to counter attacks on bodily, reproductive, and sexual self-determination by right-wing populist and conservative forces. The good practice examples outlined in this paper provide impetus for this.

Our sincere thanks go to the following SRHR experts, whose valuable feedback has been incorporated into the policy paper: Alissa Ferry of Plan International Germany, Johanna Marquardt, Katharina Riedlmair of the Austrian Family Planning Association (OGF), International Consultant for Gender and Humanitarian Aid Beatrix Buecher-Aniyamuzaala, Claudia Thallmayer of Women in Development Europe (WIDE) and Ines Kohl of Aktion Regen- Let women rise!

We appeal to all readers to work together to promote greater physical, reproductive, and sexual self-determination.

Janine Wurzer and Nadja Schuster

1 When gendered nouns, such as "women", "men", "girls", or "boys", are used in this publication, a non-binary perspective is applied, indicating the social recognition and inclusion of all gender identities (LGBTQIA+- Lesbian, Gay, Bisexual, Transgender, Queer, Intersexual, Asexual and all other non-binary definitions).

INTRODUCTION

> *"This (a redistribution of paid to unpaid resources) makes the moment of childbearing key to just about all feminist issues: unequal pay, women's poverty, dependency and underrepresentation in power circles."*[2]

> *"Patriarchal oppression is universal, permeates all societies, and is at the very origin of the erosion of autonomy and the control of girls and women's bodies and sexuality to the detriment of their enjoyment of sexual and reproductive rights."*[3]

This policy paper serves as an orientation guide for all Austrian International Cooperation (IC) stakeholders: policymakers, funding agencies, Austrian Development Cooperation (ADC) and Humanitarian Aid project staff, gender, sexual and reproductive health and rights (SRHR) practitioners, as well as feminist and diaspora actors.[4] It also aims to support members of the Sexual and Reproductive Health and Rights Working Group to take SRHR and its intersections into account during the development of programs and projects, as well as for development policy purposes.[5]

In this paper SRHR is positioned as a human rights issue — as it is by the European and Austrian IC — and the need for its prioritization has been made more apparent by the effects of the current COVID-19 crisis. Relevant approaches to be used to guide work in the field of SRHR are cited and concrete recommendations are given for actions that can be realistically implemented. The final chapter presents good practice models with significant potential for development.

This paper should be understood as complementary to the *Austrian Development Agency's Focus Paper on Sexual and Reproductive Health and Rights*[6] and the *European Commission's EU Gender Action Plan III (GAP III).*[7]

The ADA's current focus paper comprehensively discusses SRHR and its main sub-areas, as well as referencing intersecting topics and important international commitments. Thus, it represents a strong framework document for SRHR in the context of IC. The GAP III further elaborates the key objectives for SRHR and the thematically closely-related area of gender-based violence (GBV). The first two overall thematic objectives (impacts) are that:

"Women, men, girls and boys are free from all forms of gender-based violence in both public and private spheres, in the work place and online."

"Women and girls in all their diversity access universal health and fully enjoy their health and sexual and reproductive rights."[8]

In contrast to the reference documents mentioned here, a particular focus on the role of civil society and diaspora actors was used in developing the VIDC Policy Paper.

2 Klemm G. (2021): Die Vaterschaftshostie, in: Der Standard, 4./5.12.2021, (12/12/2022). This quote is translated from German.

3 Mofokeng T., UN Special Rapporteur on the right to health (2021): UN expert calls for full protection of sexual and reproductive health rights during the COVID-19 pandemic, OHCHR, 20 October 2021. (12/13/2021)

4 The term "International Cooperation" encompasses both development cooperation and humanitarian aid, while ensuring the aspect of cooperation remains in the foreground. Development processes should be determined primarily by local actors in the partner countries, rather than by the conditions and value systems of funding agencies.

5 The feminist Austrian SRHR Working Group is composed of approximately 60 members, including experts, governmental and non-governmental actors in the fields of IC and SRHR, as well as representatives of migrant organizations. It facilitates the exchange and transfer of knowledge through interdisciplinary networking and includes the gender unit of the Austrian Development Agency (ADA) and the Vienna Program for Women's Health. The working group is coordinated by VIDC Global Dialogue and sponsored by the ADA.

6 Austrian Development Cooperation (2021): Focus Paper on Sexual and Reproductive Health and Rights. (11/24/2021)

7 European Commission (2020): Gender Action Plan – putting women and girls' rights at the heart of the global recovery for a gender-equal world. (11/25/2021)

8 European Commission (2020): Joint Staff Working Document. Objectives and Indicators to frame the Implementation of EU Gender Action Plan III (2021–2025), p. 12, 16. (11/25/2021)

1. POSITIONING AND PRIORITIZATION OF SRHR

1.1 Sexual and reproductive health and rights – an important human rights issue

The international community has been committed to expanding and protecting SRHR for over half a century. Components such as maternal and newborn health care, prevention and treatment of HIV/AIDS and other sexually transmitted infections (STIs), as well as the provision of contraceptives and family planning services, have been met with political and social acceptance in most parts of the world. Some components however, such as comprehensive sexual education, safe and legal abortions (including in cases of rape), sexual health counseling and services, along with the right to self-determined, satisfying sexuality, regardless of sexual orientation, face significant opposition from conservative forces. The reproductive rights of LGBTQIA+ individuals are included among these. This resistance is primarily caused by perceived moral values and adherence to a traditional family model, without acknowledging the empirically documented social, gender-related, and familial sociological changes that have occurred in recent decades.

Various human rights documents have recorded subsets of SRHR. In 1968, the United Nations (UN) first recorded the "right to family planning" in the Tehran Proclamation.[9] A decade later, the *Alma Ata Declaration* emphasized family planning as part of primary health care.[10] Finally, the *Cairo Programme of Action* from the International Conference on Population and Development recognized sexual and reproductive health and self-determination as human rights.[11] The definition of reproductive health according to the *Cairo Programme of Action* is considered the "agreed standard" ("agreed language") of the UN, which must be protected from attempts to abridge its content.[12]

The Guttmacher-Lancet Commission also proposes an integrated definition of sexual and reproductive health and sexual and reproductive rights, which guides this policy paper[13]: "*Sexual and reproductive health is a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. A positive approach to sexuality and reproduction should therefore recognize the role of satisfying sexual relationships, trust, and communication in promoting self-esteem and overall well-being. Every individual has the right to make decisions about his or her own body and to access services that support that right.*"[14] SRHR also played a leading role in the Women's Rights Convention[15] and the Beijing Platform for Action.[16] Protection from gender-based violence was also addressed during the Istanbul Convention.[17]

The UN has finally agreed to implement the Sustainable Development Goals (SDGs) by 2030, which will incorporate several SRHR targets, including Goal 3.7: *"By 2030, ensure universal access to sexual and reproductive health care, including family planning, information and education, and the mainstreaming of reproductive health into national policies and programs."*[18] In GAP III, the EU affirms that SRHR *"are critical to women's and girls' right to self-determination,"* and advocates for a

9 UN (1968): The final act of the international conference on human rights, p. 14, 15. (11/06/2022)

10 WHO (1978): Declaration of Alma-Ata., p. 2. (12/12/2022)

11 UNFPA (1994/2014): Programme of Action. Adopted at the International Conference on Population and Development Cairo, 5–13 September 1994, 20th Anniversary Edition. (11/25/2021)

12 Definition according to the Cairo Programme of Action (p. 45): *"Reproductive health means a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in all matters pertaining to the reproductive system and its functions and processes."*

13 Guttmacher-Lancet Commission: an expert commission comprising 16 members from Africa, Asia, Europe, the Middle East, North and South America, with multidisciplinary expertise and experience in a wide range of SRHR issues.

14 Guttmacher Institute (2021): Accelerating progress: sexual and reproductive health and rights for all- Executive Summary. (12/12/2022)

15 UN (1979): Convention on the Elimination of All Forms of Discrimination against Women. (12/12/2022)

16 UN (1995): Beijing Declaration and Platform for Action. (11/06/2021)

17 Council of Europe (2011): Council of Europe Convention on preventing and combating violence against women and domestic violence. (12/12/2022)

18 UN (2015): Transforming our world: the 2030 Agenda for Sustainable Development. (11/05/2021)

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Street squad sexual education in a park, Louisiana, USA

human rights-based approach to the implementation of all SRHR sub-sectors.[19] Moreover, SRHRs have a significant leverage effect on fighting poverty: *"Our communities and countries can flourish only when every individual has the power to make decisions about their bodies and to chart their own futures,"* says Natalia Kanem, Director of the United Nations World Population Fund.[20]

As crucial as full access to SRHR is for societies, groups, and individuals, and despite the international community's comprehensive statements of commitment, to this day all SRHR subsectors continue to await full implementation. SRHR are human rights derived from international human rights treaties and principles, yet because many states have a limited view of SRHR, their implementation has proven to be fundamentally challenging. States often fail to recognize that SRHR offers leverage in the fight against (women's) poverty and is an interdisciplinary issue with multiple intersections. Also frequently ignored is the fact that the realization of sexual and reproductive rights is essential to the attainment of sexual and reproductive health, and that the different components are interlinked.[21] Furthermore, current crises, such as the COVID-19 pandemic, as well as international refugee and migration movements resulting from conflicts and environmental disasters, highlight and exacerbate major gaps, barriers, and inequalities in access to SRHR services. SRHR therefore demands the full attention and commitment of all IC actors.

19 See footnote 7.

20 UNFPA (2021): My Body is My Own. Claiming the Right to Autonomy and Self-Determination, p. 5. (11/05/2021)

21 See footnote 14.

1.2 Impact of the COVID-19 crisis on SRHR

Since the beginning of the pandemic, international experts have warned of the undesirable effects of COVID-19 pandemic containment measures on SRHR and called for preventive actions and fundamental improvements to be made in all SRHR sectors.[22] Measures such as curfews, pooling of health care resources, and the shifting of attention from societal problems to the pandemic, exposed vulnerabilities in social, political, and economic systems. This effect was particularly pronounced in countries with under-resourced, dysfunctional, or non-needs-based health systems. Services that were already inadequately resourced before the pandemic were further limited by the redistribution of funds to COVID-19 control measures.

Experts in Germany and Austria also reported that restrictions were imposed because of the pandemic; sexual education projects in schools were cancelled and access to safe abortions was made more difficult. Additionally, in some contexts, the pandemic also resulted in women becoming less publicly visible, with debates about women's rights being forced from the political agenda. The disruptions to formal political processes have also resulted in a shift to more informal political practices, which are often less accessible to female candidates who lack the necessary connections.[23]

The COVID-19 pandemic has exacerbated pre-existing challenges along all lines of inequality and discrimination. According to UNFPA estimates, 12 million women in low and middle income countries (LMICs) lost access to family planning in 2020 due to the pandemic, resulting in 1.4 million unintended pregnancies.[24] At the same time, birth rates in countries of the Global North declined.[25] The situation also deteriorated worldwide for children and adolescents, who prior to the pandemic already had less access to sexual and reproductive rights in comparison to adults.[26] LMICs project an additional two million cases of female genital mutilation (FGM/C) and an additional 13 million forced marriages of children and adolescents between 2020 and 2030, which would not have occurred without the pandemic. Reasons for these increases include intensified economic pressure on families and school closures, which pushed girls back into their home environments.[27] Girls with disabilities were particularly affected by increased barriers to accessing SRHR as a result of the pandemic.[28]

Health experts also anticipate that there will be a 30 percent increase in maternal and infant mortality as a result of the focus on pandemic containment measures.[29] This can be attributed to limited access to family planning services, pregnancy screening, and adequate obstetric care by trained midwives or in medical facilities, as well as inadequate or non-existent access to safe abortions.

It should be noted however, that even before the outbreak of the pandemic, approximately 810 women died each day in connection with pregnancy or childbirth.[30] Two-thirds of these preventable maternal deaths and 45 percent of newborn deaths occurred in countries affected by conflict, natural disasters, or both.[31] Particular attention should be paid to the prevention of teenage pregnancies, as pregnancy and childbirth were among the leading causes of death among 15 to 19 year-olds worldwide.[32] Other critical and effective interventions to reduce alarmingly high maternal mortality rates — especially among adolescents — include needs-based sexuality education (see

22 Ahmed Z. & Sonfield A. (2020): The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights. (11/05/2021)
23 Brechenmacher S. & Hubbard C. (2020): How the Coronavirus Risks Exacerbating Women's Political Exclusion. (10/25/2021)
24 UNFPA (2021): Impact of COVID-19 on Family Planning: What we know one year into the pandemic, p. 1. (11/05/2021)
25 FAZ (2021): Viel weniger Babys in Europa und den USA. (11/05/2021)
26 CARE (2020): Girl-driven change meeting. The needs of adolescent girls during covid-19 and beyond. (11/05/2021)
27 UNFPA (2020): Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. (11/05/2021)
28 UNFPA (2021): The Impact of Covid-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights. (11/05/2021)
29 Roberton T., Carter E.D., Chou V.B., Stegmuller Angela R., Jackson B.D., Tam Y., Sawadogo-Lewin T. & Walter N. (2020): Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. Lancet Global Health (Ed.), 12 May 2020. (11/24/2021)
30 WHO (2019): Fact Sheet on Maternal Mortality. (11/24/2021)
31 IAWG on Reproductive Health in Crisis (2020): Minimum initial service package for sexual and reproductive health: Advocacy Sheet. (11/25/2021)
32 WHO (2020): Adolescent pregnancy, fact sheet. (12/12/2022)

Twin birth at Sri Krishna Hospital, Bihar, India

Chapter 3.1) and access to safe abortion (see Chapter 3.3). These findings are derived from evidence-based practice, which the Guttmacher-Lancet Commission demonstrates with statistics.[33]

The situation is also deteriorating for displaced and refugee women and girls, who faced an increase in GBV during the pandemic. Even before the pandemic, access to family planning and maternal health interventions was almost non-existent for refugees.[34] As a result, women and girls in forced migration are among the most vulnerable in the areas of GBV and SRHR.

Two and a half years after the COVID-19 outbreak, the above figures indicate that universal access to SRHR — which the international community has committed to in numerous human rights documents, as well as in the SDGs — will, as a result of the pandemic, be unachievable; in fact, on the contrary, it has been significantly more restricted.

33 See footnote 14.

34 CARE (2021): Magnifying inequalities and compounding risks. The Impact of COVID-19 on the Health and Protection of Women and Girls on the Move. (11/05/2021)

2. KEY APPROACHES AND RECOMMENDATIONS FOR ACTION

2.1 SRHR as a priority in crises and in interaction with other sectors

SRHR is interlinked with many different sectors, including education, nonviolence, economic empowerment, adaptation to the climate crisis, and political participation. It is therefore not useful to assign SRHR exclusively to the health sector. This is once again evident in light of the COVID-19 crisis, as discussed in Chapter 1.2, in which pandemic response measures and restrictions across a wide range of key areas led to cuts in the provision of SRHR.

There is a growing body of research on the link between SRHR and climate change, the second major crisis of our time. For example, studies show that forced child marriage negatively impacts on economic growth, climate change mitigation, and climate adaptation.[35] A recent report by Women Deliver (2021) also shows that people equipped with knowledge and access to family planning methods and services are better able to cope with the changes brought about by the climate crisis.[36] Such knowledge enables people to become more resilient in crises, through the promotion of self-empowerment and participation. As a result of the climate crisis, the frequency of disasters and conflicts is expected to increase; it is estimated that 20 million people may be forced to leave their homes each year.[37] The Union for Conservation of Nature points to the direct link between environmental destruction and gender-based violence.[38] This makes it all the more essential to invest in networked health services and systems which reach small communities and strengthen the ability of those affected to engage in disaster preparedness and response strategies, as well as in peace negotiation processes and the formulation of recovery programs.

2.1.1 Recommendations

- Policymakers, funding agencies and civil society actors are called upon to consistently advocate in policy dialogue for measures to achieve SRHR in all sectors. Based on the aforementioned health indicators (see Chapter 1.2), which have drastically worsened as a result of the pandemic, awareness should have been raised that measures taken to combat the COVID-19 pandemic should not have jeopardized access to and availability of comprehensive SRHR services. The aforementioned actors should advocate — particularly in the context of (inter)national "post-COVID-19 recovery programs" — for the prioritization of measures that ensure inclusive and free access to, and the expansion of, comprehensive SRHR services. The recommendations of the Guttmacher-Lancet Commission (2021) for essential sexual and reproductive health interventions should be implemented, including in humanitarian settings, with vulnerable, marginalized groups and adolescents receiving special attention.
- Taking the priorities of the ADC into account, particular attention should be given to the processes of developing, implementing, and regularly reviewing National Action Plans (NAPs) on a) adaptation to the climate crisis (implementation of the UN Framework Convention on Climate Change) and b) women, peace, and security (implementation of UN Security Council Resolution 1325- UNSCR 1325, and follow-up resolutions) in IC partner countries. Austrian IC representatives and environmental organizations should advocate for the implementation of SRHR measures at UN conferences on both the climate crisis and on women, peace, and security, as well as in the context of the corresponding NAPs in IC partner countries.

35 New Security Beat (2015): Long in the Background, Population Becoming a Bigger Issue at Climate Change Discussions, 10 November 2015, the Blog of the Environmental Change and Security Program, Wilson Center. (02/25/2022)

36 Women Deliver (2021): The link between Climate Change and Sexual and Reproductive Health and Rights. An Evidence Review. (12/05/2021)

37 Oxfam (2019): Forced from home: Climate-fueled displacement. (12/12/2022)

38 IUNC (2020): Environmental degradation driving gender-based violence. (12/12/2022)

Workshop on contraceptive methods for Indian men, Bihar, India

- The recommendations of *The EU Action Plan on the Women, Peace, Security Agenda - Opportunities and Challenges for the Implementation of the Agenda in Austria* policy brief should be taken into account in the funding decisions of Austrian development policy.[39] Specifically, these are: *"the priority implementation of SRHR measures within the framework of international cooperation and humanitarian aid projects - in particular: (1) comprehensive and victim-centered support for survivors of sexual and gender-based violence, (2) menstrual hygiene management, (3) access to affordable contraceptives and safe abortion, (4) access to justice for violations of sexual and reproductive rights, (5) access to women's health services, especially maternal health services, (6) the need to transform gender norms, including men and boys, and promote 'positive masculinity'. The respective context-specific priorities must be defined in consultation with the women and girls concerned and representatives of civil society."*
- Despite its increasing relevance, life-saving importance, and interactions with other sectors, the field of SRHR remains internationally underfunded. Austrian IC therefore recommends the establishment of an annual "Call for Proposals" for civil society projects and programs dedicated explicitly to SRHR. Austria must provide additional, new Official Development Assistance (ODA) eligible funding in order to move closer to the long-agreed OECD-DAC target of 0.7 percent of gross national income (GNI).
- The implementation of projects, programs, and

39 Knipp-Rentrop K., Stachowitsch S. & Stieger J.M. (2020): Der EU Aktionsplan zur Frauen, Friede, Sicherheit Agenda – Chancen und Herausforderungen für die Umsetzung der Agenda in Österreich, Policy Brief, OIIP und CARE (Hg.), Jänner 2020, p. 7. (11/24/2021)

partnerships should be based on gender and diversity analyses in the development cooperation sector, as well as on rapid gender and diversity assessments in the humanitarian sector, which should take into account the interconnections between different categories (intersectionality). Funding agencies should require that the interfaces between the sector(s) of intervention and SRHR be identified in these analyses and assessments. In projects/programs/partnerships focusing on SRHR, the interaction with other sectors should also be considered. At these interfaces, cooperation with recognized SRHR experts and institutions should be facilitated in IC partner countries in order to strengthen the sustainability of the programs, projects, and partnerships.

- The use of at least 15 percent of ADC funds for peace building and humanitarian aid with the primary goal of gender equality should be reviewed at the annual review meetings of the Austrian National Action Plan on Women, Peace and Security.
- In line with the demands of the VIDC's study, *Refugee Women as Agents of Peace*, the application of the WPS agenda should also be extended to the domestic sphere.[40] Within the framework of the "Relief and Recovery" field of action, refugees and displaced persons should be provided with the lowest possible threshold and native-language access to SRHR information and services. The various diaspora communities in donor countries should be involved in developing these measures. All actors involved in the asylum process should receive specific training in SRHR to be equipped to respond accordingly in cases of sexual violence, as well as to provide access to comprehensive SRHR services. The involvement of representatives from the diaspora in refugee facilities, especially in the medical field, should be encouraged. In addition, educational measures in the field of SRHR should be included in integration courses for women, men, girls, and boys, in an age-appropriate manner.
- Furthermore, it is recommended to consider the demands of the *EU Action Plan on Women, Peace, and Security (WPS) 2019-2024,* with particular regard to the extension of the action plan to the domestic sphere, as well as to revise the Austrian NAP for the implementation of UNSCR 1325 accordingly.
- Austrian diplomats who are in the position to influence international peace negotiations should not accept delegations without female participants. The participation of women in peace negotiations increases the likelihood that gender-specific issues will be raised, especially where sensitive issues such as sexual violence as a weapon of war and the provision of adequate SRHR services in war zones are concerned.

2.2 Gender-transformative approach and men's and boys' engagement in gender justice

Pregnant women, mothers, and children are usually the focus of reports on SRHR, creating an impression that SRHR primarily affects women.[41] As early as the 1994 World Population Conference, there was a call for men to be more actively involved in reproductive health and family planning.[42] These efforts however have principally been limited to encouraging men in their role as supportive partners. Projects in this area often take an instrumental approach, focusing on the individual behaviors of men and boys, rather than considering structures and gendered power dynamics.[43] In this context, women and girls typically remain the primary agents of family planning.

Only through a gender-transformative approach and emancipatory pedagogy for men and boys, as well as for women and girls, *"which critiques all gender devaluation and the exaggeration of normative mascu-*

40 Kühhas B. & Möller M.L. (2020): Refugee Women as Agents for Peace. The UN Women, Peace and Security Agenda in the Context of Forced Displacement. Country Study Austria, VIDC (ed.). (12/05/2021)

41 At the same time, it should be pointed out here that SRHR is also about the realization of sexual and reproductive rights of men.

42 Drennan M. (1998): Reproductive health. New perspectives on men's participation. Population reports. Series J, Family planning programs. October 2018 (46), 1-35. (10/26/2021)

43 Ross J. & Hardee K. (2017): Use of male methods of contraception worldwide. Journal of Biosocial Science, September 2017 49(5), 648-663. (10/25/2021)

linity", can social change be achieved that brings clear improvements to the sexual and reproductive health of all.[44] If men and boys are actively involved in realizing gender justice and women's rights, power dynamics in partnerships, households, and societies can be broken down. As part of this process, gendered norms and gender stereotypes are examined and transformed, and structural and institutional frameworks are critically reflected upon, thus providing opportunities for improved access to information and SRHR services.

Intersectional emancipatory work with men and boys also highlights the simultaneities of marginalization and privilege. Thus, boys and men who are devalued as a result of racism and institutional exclusion may collect "patriarchal dividends".[45] For example, they can benefit from cultural norms and self-images that assign them more value, agency and decision-making power than girls and women.[46]

Gender transformation does not mean abandoning gender identities but rather acknowledging and embracing different needs and ceasing harmful practices, such as Female Genital Mutilation/Cutting (FGM/C) or the stigmatization of LGBTQIA+ people. Integrating new, enabling behaviors and attitudes such as "caring masculinity," along with promoting equality for all genders is central to implementing the gender-transformative approach. In this context, it is important to recognize "toxic" masculinity beliefs and behaviors as a leading cause of gender-based and sexualized violence, especially against women and girls and LGBTQIA+ persons.

2.2.1 Recommendations

- Political and civil society actors in IC are called upon to take up the issue of SRHR and non-violence as central concerns of all genders. This requires a national and international paradigm shift which incorporates more substantial commitments to include men and boys in SRHR issues. More intersectional studies and data on SRHR are needed, in which not only women and girls, but also men and boys, are asked about their needs, motivations, obstacles and challenges, along with an analysis of relationship patterns and power structures. By promoting and funding such studies, Austrian IC could contribute to narrowing this gap in global data. Based on the results of these proposed studies, ADC projects and programs could be developed which apply this gender-transformative approach and emancipatory, intersectional pedagogy.
- For combating gender-based violence, Austrian representatives should advocate for the ratification and implementation of the Istanbul Convention at European and international levels, as well as lobbying against the withdrawal of countries such as Turkey, Bulgaria, Hungary, Czech Republic, Slovakia and others.
- Recipients of Austrian IC should be obligated to address the prevention and handling of sexual exploitation, abuse, and harassment in the context of development cooperation and humanitarian aid within their organizations, as well as in cooperation with partner organizations.[47] Internal organizational concepts for gender sensitization and protection against violence, behavioral guidelines, as well as concrete complaint mechanisms should be defined and implemented. Budgets should be provided to cover essential resources required by partner organizations for their projects and programs.
- Feminist and development education work by civil society organizations is needed in to enable transformation, gender justice, and freedom from violence in societies in a sustainable way. This education should be improved and promoted within the framework of Austrian IC. Gender-transformative education and awareness-raising work is already being carried out by some diaspora organizations. Expanding the gender education capacities of additional diaspora organizations is equally recommended.

44 Walizadeh S., Scheibelhofer P. & Leeb P. (2019): Vermittlung interkultureller Genderkompetenz im Fluchtkontext. Erfahrungen aus der Arbeit mit geflüchteten Burschen und Männern aus Afghanistan in Österreich. Ein Handbuch, VIDC (Hg.). (12/11/2021)

45 Connell R. W. (2015): Der gemachte Mann. Konstruktion und Krise von Männlichkeiten. (12/11/2021)

46 See footnote 44.

47 OECD-DAC (2019): Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance. (12/11/2021)

2.3 Human rights-based and inclusive approach

As previously stated in Chapter 1, the implementation of SRHR is an essential human rights issue which promotes the achievement of gender equity. Current and past conflicts however demonstrate the extent to which reproductive and sexual rights are disputed and vulnerable. When restrictions on reproductive rights are presented as necessary population policies for example, this is considered a violation of human rights. Furthermore, nationalistic and religious fundamentalist arguments are used to deny women the right to self-determination over their own bodies. These are clear violations of sexual and reproductive rights and should be rejected. In many contexts, feminist movements, activists, and organizations working to assert sexual and reproductive rights are endangered actors who often risk their lives.[48]

Fundamentally, sexual rights are the rights of all persons to decide freely for themselves whether, when, with whom, and how they wish to experience sexuality, and includes the avoidance of sexual violence (rape, sexual assault, abuse). Sexual rights are not explicitly mentioned in human rights documents, however they are *"based on a set of sexuality-related legal entitlements that can be derived from the rights of all persons to freedom, equality, privacy, self-determination, integrity, and dignity".*[49] A human rights-based approach helps *"overcome stigma, improve access to services, and promote recognition of sexuality as a positive aspect of human life. Marginalized groups such as young people, transgender persons, sex workers, men who have sex with men, gay, lesbian, and bisexual people, child brides, and underage mothers especially need our support and understanding."*[50]

2.3.1 Recommendations

- When implementing projects and programs, it is crucial to incorporate a human rights-based approach, rather than merely using it as a justification in project applications. Putting a human rights-based approach into practice requires contextualized awareness-raising by local partners, as well as by experts on human rights in general, and on sexual and reproductive rights in particular. Supporting advocacy movements and networking with actors striving for inclusive access to SRHR, and against stigma and gender-based violence, is strongly recommended.
- The right to sexual education and positive access to sexuality for all should be defended by all actors in IC. Both are critical to the well-being and health of all people and are derived from human rights to freedom, equality, privacy, self-determination, integrity and dignity. For these rights to be realized, the right to universal sexual education is fundamental, and it is critical that this connection be incorporated in all IC activities. The *IPPF Declaration on Sexual Rights of 2009*[51] has been published in 22 languages and is a good guide for advocacy work on this issue, as is the *UNDG Guidance Note,*[52] and the *Standards for Sexuality Education in Europe of the BZgA and the WHO*.[53]
- Development education work in Austria and all partner countries is essential to promote broad support for human rights, to advance global efforts to implement the SDGs, as well as to address both the COVID-19 pandemic and the climate crisis. This education work needs recognition and increased funding, including grassroots funding for feminist and development civil society organizations and networks, as well as diaspora initiatives and networks.
- To fully exploit the development potential and extensive knowledge of diverse diaspora communities for IC, a funding program for diaspora organiza-

48 Council of Europe definition: In general, feminism can be seen as a movement to end sexism, sexist exploitation, and oppression and to achieve full gender equality in law and in practice. (12/12/2022)

49 International Planned Parenthood Federation (IPPF) (2009): Sexual Rights: an IPPF Declaration. (12/12/2022)

50 Ibid.

51 Ibid.

52 UNDG (2017): Sexual and reproductive Health and Rights. Excerpt from the UNDG Guidance Note on Human Rights for Resident Coordinators and UN Country Teams. (12/11/2021)

53 BZgA, WHO Regional Office for Europe (2011): Standards for sexuality education in Europe. Framework for policy makers, educational institutions, health authorities, experts. (12/12/2022)

Extra-curricular sexual education for marginalized youth, Uganda

tions under the ADC aligned with the priorities and capacities of these organizations is recommended. Diaspora communities have been successfully active as development actors in their countries of origin and other IC partner countries for decades and frequently understand the challenges better than international experts. In only a very few cases however do they receive ADC funds for their activities — and if so, only small amounts — meaning most work voluntarily. Their expertise, and the effectiveness of their activities and projects in the field of IC, should be recognized and they should be supported with state funds, as is already the case in some other European countries; including Denmark, France, Germany, Italy, and Switzerland.[54] Diaspora organizations and networks with experience in IC should be involved in developing a diaspora program.

2.4 Intersectionality and empowerment approach

Considering the needs of women and girls is a high priority in Austrian IC. Such an approach however does not always take the power dynamics, along with the systemic, intersectional patterns of discrimination and inequalities that shape the lives of women and girls, into account, but rather positions them as permanently vulnerable.[55] There is a clear difference between viewing women and girls as a "vulnerable" group on one hand, and, on the other, of understanding how patriarchal power structures shape their lived experiences; i.e., how gender interacts with other social categories such as age, disabilities, ethnicity, religious affiliation, education, sexual orientation, and economic status.

54 Shayan Z. (2021): Diaspora support programmes in development cooperation. Examples from Denmark, France, Germany, Italy, Switzerland and from the European level. VIDC (ed.). (11/25/2021)

55 Hilhorst D., Porter H. & Gordon R. (2017): Gender, sexuality, and violence in humanitarian crises. (11/06/2021)

"Colonialism has permeated patriarchy across regions and its legacy continues today through laws, policies, and practices that deny or restrict sexual and reproductive rights and criminalize gender diverse identities and consensual adult same-sex acts."[56]

The use of the category "women and girls" in some contexts has led to a lack of nuance in the multiple and intersecting forms of discrimination and inequality. Stereotypes about who is vulnerable and in what ways have dominated policy discussions.[57]

This is especially evident with regards to the needs of women with disabilities, for whom SRHR services — including family planning and antenatal care — are frequently inadequate or unavailable. Women with disabilities have faced greater barriers to accessing these services than women without disabilities, both during the COVID-19 pandemic and prior, while also being at greater risk of becoming victims of sexual assault.[58]

The quality of educational work and health services in SRHR is also determined by the level of participation of, as well as the sensitivity shown towards people with specific needs, people with different world views (and related beliefs about health/disease), as well as people with different gender identities. This is especially true for youth, who often do not feel welcome in healthcare institutions, as well as for LGBTQIA+ individuals and sex workers, who frequently face discrimination and stigma.

An intersectional and empowering approach strengthens the personal capacities (agency) of people affected by discrimination to understand — and, where possible, change — their situation. "Agency" means that those affected build the self-awareness and self-confidence to make and enact their own SRHR decisions. Structural conditions however, such as laws and social norms that block the implementation of SRHR, especially for disadvantaged groups, can only be changed collectively. Therefore, self-advocacy organizations and social movements that give affected people a voice in political processes are particularly important for sustainable improvements at a structural level.

2.4.1 Recommendations

- To enable empowerment, the engagement and cooperation of a wide range of actors at all levels is necessary — structural, institutional, civil society, and individual.
- Decision-makers are advised to engage in constructive dialogue with feminist development actors in Austrian civil society, as well as with feminist actors in IC partner countries, and to ensure their meaningful participation in strategic processes related to the orientation of IC programs. These processes must also be physically accessible and transparent, with relevant preparation documents made available in an understandable form. Similarly, representative participation of marginalized social groups, including persons with disabilities, youth, and LGBTQIA+, should be encouraged.
- Youth-specific SRHR service provision and educational work for the recognition of different SRHR needs, as well as on discrimination and stigmatization (e.g., of persons with disabilities, LGBTQIA+ persons, indigenous groups) should be included in Austrian IC projects and programs.
- The networking of IC and diaspora actors should be increasingly promoted. Structured dialogue will strengthen the capacities of all actors on the topic of SRHR.[59]

56 Mofokeng T., UN Special Rapporteur on the right to health (2021): UN expert calls for full protection of sexual and reproductive health rights during the COVID-19 pandemic, OHCHR, 20 October 2021. (12/13/2021)

57 Lokot M. & Avakyan Y. (2020): Intersectionality as a lens to the COVID-19 pandemic: implications for sexual and reproductive health in development and humanitarian contexts. (11/06/2021)

58 Ibid.

59 The Austrian SRHR Working Group, which is coordinated by VIDC Global Dialogue and supported by ADA, would like to contribute to this, especially with the help of this policy paper.

3. SELECTED KEY TOPICS AND GOOD PRACTICE MODELS

3.1 Providing needs-based sexual education for all

Sexual education is one of the most important measures for enabling sexual rights; for the prevention of unintended and teenage pregnancies, sexually transmitted infections and diseases (HIV/AIDS, chlamydia, human papillomavirus, genital herpes, genital trichomoniasis, gonorrhea, and others), as well as sexual violence. In many societies however, sexual education is discouraged, especially for children and adolescents, under the false assumption that early sexual education is associated with early sexual activity. Children's sexual development occurs in several stages that are "*linked to the child's overall development and developmental-specific challenges.*"[60] Sexual feelings, like other bodily and non-bodily functions, develop from the beginning of one's life. Sexual education distinguishes between child and adult sexuality, and sensitively accompanies the transition between the two, especially during puberty. For the aforementioned reasons, sexual education should begin in educational institutions as early as kindergarten and be offered continuously until school graduation, as well as in extracurricular educational opportunities. These should always be demand-oriented and adapted to the developmental phases of children, adolescents, and adults.

To cite a well-documented example, the Netherlands offers sexual education for primary school children (4- to 12-year-olds), which is considered an essential component of a well-rounded knowledge base on body, health, and responsibility. Children should know about their bodies, be able to talk about them, understand what and how their bodies change during puberty, understand the connection between emotionality and intimacy, and have access to physicality and partner relationships. Through needs-based, age-appropriate information and regular thematization, the topics of sexuality and reproduction are normalized, and an understanding of more abstract concerns, such as bodily integrity, also emerges. This helps protect against sexual assault and other nonconsensual acts.[61]

Sexual education also requires safe and gender-sensitive discussion spaces (separate and shared), as well as trained sex educators. Sexual education should promote critical engagement with stereotypical, gendered expectations about sexuality, raise awareness of the diversity of sexual orientations, and strengthen physical and mental health. The needs of marginalized persons, such as inter, trans, queer, intersex, non-binary, and persons with disabilities, should also be included in sex education programs. The peer-to-peer approach — an exchange among equals — is particularly beneficial for highly-marginalized individuals.

Needs-based, continuous, age-appropriate sexual education also makes it possible to destigmatize sexual relations and deal with sensitive issues such as Female Genital Mutilation/Cutting (see Chapter 3.4) and sexual violence in marriage in the long term.

3.1.1 Recommendation

Advocacy for needs-based sexual education can be taken up by all development and SRHR actors and involves communicating that comprehensive sexual education protects the health and rights of all people. Sexual education is also fundamental to the prevention of poverty, sexually transmitted infections and diseases, unintended pregnancies, and gender-based violence. Therefore, it should be available to all people and specific to age and target groups. A preventive approach should include the implementation of curricula on sexual education in all educational institutions, as well as the integration of sexual education into staff training in all educational institutions, including kindergartens, schools, after-school care, boarding schools, sports and leisure clubs, and music schools.

60 See footnote 53.

61 Forum Online, BZgA (2022): Der niederländische Ansatz: Mit der Sexualerziehung so früh wie möglich beginnen. (03/24/2022)

3.2 Expanding youth-friendly SRHR health services

In many countries, barriers to contraception, especially for young, unmarried people, are exceptionally high. In even more countries, legal options not to continue a pregnancy are non-existent or extremely restricted.

In addition to needs-based sexual education, youth-friendly SRHR health services are also required. Young people need age-appropriate information and easy access to contraceptives, as well as to sexual and reproductive health care services. Youth-friendly health services require specific attitudes, behaviors, and treatment from health workers. Barriers preventing adolescents from accessing sexual and reproductive services must be reduced. Health facilities should be designed so young people feel welcomed and understood, from the reception desk to the treatment room. Doctors and staff should treat young people with confidentiality, value neutrality, and openness; only then can young people openly address their concerns and fears and, where necessary, seek treatment, contraceptives, or other services. Language use also plays an important role. SRHR experts frequently use terms such as "contraception" and/or "family planning," which often do not appeal to adolescents. Therefore it is preferable for counseling centers and healthcare facilities to use expressions such as "first love", which correspond more appropriately to adolescents' lives.

3.2.1 Recommendation

In addition to needs-based sexual education, youth-friendly SRHR services should be promoted as part of international cooperation projects; a regular and specific call for projects in this area is desirable. Investment in preventive measures is essential, as it increases the developmental opportunities of adolescents (especially young women), reduces maternal and child mortality, and prevents high costs in the health sector, in particular for the treatment of sexually transmitted infections and diseases, complications during childbirth, terminations of unintended pregnancies, and care after unsafe abortions.

3.3 Enabling safe abortions worldwide

Abortions are a worldwide, everyday gynecological health service. Three out of ten pregnant women decide not to proceed with a full-term pregnancy. In the case of unintended pregnancies, as many as six out of ten end in abortion.[62] The number of pregnancy terminations is unrelated to whether people live in low or high income countries or whether access to abortion services is legal, or the overall quality of the health services. Restricting access to legal abortions does not reduce their frequency, rather it significantly increases the number of unsafe abortions.[63] Restricting the right to reproductive self-determination and bodily autonomy dramatically threatens the health and lives of women and girls. Currently, half of all unintended pregnant women worldwide are forced to terminate pregnancies under unsafe conditions. Improperly performed abortions result in 39,000 deaths annually.[64]

Sexual and reproductive health is frequently neglected during humanitarian crises and disasters. Often there is no, or only extremely limited, access to related health services, including contraceptives. At the same time, women and girls in particular are increasingly affected by sexual violence, which is systematically used as a weapon of war. Humanitarian programs therefore must provide access to reproductive health services, especially emergency contraception (morning-after pill) and safe abortions (see Chapter 3.5). In addition, active supporters and activists are needed in countries where abortions are prohibited or restrictively regulated. In Poland, where many Ukrainian women who became victims of rape during the war are confronted with a highly restrictive law on abortion, pro bono lawyers provide vital services by supporting these women to assert their rights to an abortion.[65]

Healthcare providers must ensure that provision of safe access to abortion is a priority, both in times of

62 WHO (2022): Abortion care guidelines. (12/12/2022)

63 Guttmacher Institute (2022): Unintended Pregnancy and Abortion Worldwide. (12/12/2022)

64 UNFPA (2022): State of the World Population 2022. SEEING THE UNSEEN. The case for action in the neglected crisis of unintended pregnancy. (12/12/2022)

65 Rutynowska E. (2022): Trapped women – a story of Poland's war on personal freedom, safety and dignity, published in VIDC online magazine Spotlight, June 2022. (12/12/2022)

© Nina Robinson/Getty Images/Images of Empowerment

Pro-choice clinic escort service outside Pink House, Mississippi, USA

peace and during crises. According to the WHO, a safe abortion is one performed using methods recommended by the WHO, carried out by a trained person, and takes the week of pregnancy into account. Care must be timely, cost-effective, low-threshold accessible, patient-centered, and safe. No one should be excluded from access.

3.3.1 Recommendation

To protect the health, lives, and right to self-determination of girls and women, public health services should provide universally affordable and safe access to abortion. Information about these services must be made available to all people at all times. Advocacy for sexual and reproductive health and rights includes the right to safe abortion. Austrian IC should promote safe and affordable access to abortion and related services in public health care, as well as conducting awareness-raising and educational work to remove the taboo surrounding the issue.

3.4 Prevention of Female Genital Mutilation/Cutting

Female Genital Mutilation/Cutting (FGM/C) refers to the circumcision or mutilation of the female external genitalia for non-medical purposes.[66] It is an extreme form of gender-based violence based on gender inequity. From a human rights and health perspective, FGM/C is a severe human rights violation that affects three million girls between the ages of 7 to 16 each year. As a further consequence, circumcised girls are often married off at an early age. This, in turn, often means teenage pregnancies, which then leads to girls leaving school. The subsequent lack of education hinders employment options and therefore the chance to earn a "dignified" income, thus creating total dependence on husbands or family members.

In the local context, Female Genital Cutting (FGC) is the predominantly used term. This severe violation of women's rights is often treated by affected societies as a rite of passage or initiation, and thus identity-forming.

66 WHO (2022): Female Genital Mutilation – Key Facts. (12/12/2022)

In most cases, values are also passed on together with the ritual.

For girls who are potentially affected, sexual education and empowerment are crucial to finding agency and solidarity. In Kenya for example, the creation of so-called "Safe Camps" has been very successful in the fight against FGM/C. These camps provide multifaceted awareness programs on menstruation and monthly hygiene, contraception, in addition to sexual and reproductive health. Institutional anti-FGM/C representatives and activists are involved in camp activities, in some cases along with the affected girls' parents and siblings. The camps are held during the circumcision season for potentially affected girls and are offered to the families as an alternative to circumcision rituals. When the camps are over, there is a formal ceremony to which families and local stakeholders are invited.

At a societal level, gender-transformative informational and educational work is needed to abolish FGM/C. The impetus for this transformation can come from the examination of the health and social consequences of FGM/C. In order to be sustainable, the majority of transformative work needs to happen within the affected communities; this includes the promotion of social acceptance of uncircumcised women, the provision of medical facilities to treat the physical ailments of circumcised women, providing economic alternatives for circumcisers and increased social security for communities, as well as supporting increased solidarity between circumcised and uncircumcised women.

At a structural level, it is essential to create legal frameworks which protect the bodily integrity and self-determination of women and girls. Where laws prohibiting FGM/C have been enacted, enforcement should be supported through awareness-raising activities in affected communities.

3.4.1 Recommendation

Awareness-raising and action to end FGM needs a holistic, context-specific, and community-based approach. Activities to combat FGM/C should be implemented in conjunction with other activities which strengthen the health, education, and development of affected communities. Long-term financial support from Austrian IC is necessary for civil society projects/programs to end FGM/C as a harmful practice, as well as to end all forms of discrimination against women in general. Partner organizations with broad socio-cultural knowledge of the affected regions should implement measures to end FGM/C.

3.5 Provision of SRHR health services in crises

During crises such as armed conflicts, natural disasters and resulting displacement, epidemics, etc., the normally pre-existing undersupply of SRHR health services and information, as well as barriers to access, are exacerbated (see Chapter 2.1). As a result of the partial or total breakdown of family and/or other social networks, economic activities, and public safety, there is an increase in the prevalence of sexual violence and sexual exploitation, including trafficking, rape as a weapon of war, etc., as well as forced marriages, child marriages, and teenage pregnancies. All of this leads to increased demand for sexual and reproductive health services, particularly in the prevention and treatment of sexually transmitted diseases (including HIV/AIDS), as well as the provision of access to contraception and safe abortions. The consequences of SRHR undersupply in crises are severe; over 500 women and girls die every day in humanitarian crises or fragile states in general from complications arising during pregnancy and/or childbirth.[67]

To ensure the provision of essential SRHR health services during crises, the Minimum Initial Service Package (MISP) — a package of essential SRHR health services that address acute SRHR needs — was developed.[68] Its advantage over other emergency interventions is that MISP can be applied within 48 hours of a crisis beginning without a prior needs assessment, as it was developed based on empirical data on SRHR needs in crises. In Colombia for example, MISP is being applied to ensure basic SRHR services for refugees from Venezuela, amongst whom are large numbers of pregnant women. Since the crisis began, access to contraceptives and sexual and reproductive health care services has declined sharply due to a precarious supply situation, which in turn has led to contraceptives and SRHR services becoming unaffordable for the majority of the population. As a result, the number of unintended pregnancies has

67 UNFPA (2022): 5 things you need to know about motherhood. (12/12/2022)

68 UNFPA (2020): Minimum Initial Service Package (MISP) for SRH in Crisis Situations. (12/12/2022)

Anti-FGM/C school program, Kenya

risen sharply. At the same time, there is no access to perinatal care. When fleeing to Colombia, or further to Ecuador or Peru, women and girls, as well as LGBTQIA+ people, are exposed to high risks of sexual violence, human trafficking, and sexual exploitation.[69] To address these acute needs, various humanitarian actors and service providers apply MISP, often in combination with other humanitarian aid services such as general health services, psychosocial and legal support for victims of violence, financial and material assistance, and/or onward transportation to a larger city where more comprehensive support can be provided.

3.5.1 Recommendation

SRHR services should be prioritized in times of crisis. Austrian humanitarian aid actors and nexus projects should support the implementation of the Minimum Initial Service Package (MISP). This can be done through raising awareness of SRHR as a priority in crises and by networking their activities with those responsible for SRHR and MISP to ensure that people with immediate SRHR needs can be referred to appropriate service providers.

Actors in the practical implementation of MISP must ensure equal access to information and services for all affected groups, including women and girls with disabilities, refugees and displaced persons, LGBTQIA+ persons, members of ethnic and linguistic minorities, and socially marginalized groups. This requires information and services be adapted to the specific access requirements of different groups; for example, barrier-free, non-discriminatory, multilingual, culturally acceptable, and so on.

Against the background of the high prevalence of protracted crises, in terms of ensuring access, it is appropriate to simultaneously promote the medium and long-term strengthening of national and

69 CARE (2020): An Unequal Emergency: CARE Rapid Gender Analysis of the Refugee and Migrant Crisis in Colombia, Ecuador, Peru and Venezuela. (12/12/2022)

local SRHR health services in crisis regions. Regular calls for tenders of Austrian humanitarian aid and development cooperation with a focus on SRHR are important, not only as a contribution to the development of essential, comprehensive SRHR health services, but also to strengthen the SRHR capacity of IC actors.

3.6 Promoting Community Health Workers

Since the outbreak of the COVID-19 pandemic, there have been many reports on the success of Community Health Workers (CHW): individuals who provide essential, primary, and mobile health services. CHWs visit patients regularly, directly in their homes, and disseminate health information in their assigned areas. As more than 70 percent of the world's health workers are female, it can be assumed that women also make up around two-thirds of CHWs. They work in preventative health care and are primarily trained in the areas of antenatal and maternal-child health. During the COVID-19 pandemic, fear of infection in institutions emerged as one of the most significant reasons for the reduced usage of SRHR services. Mobile services on the other hand have become more common in many countries and contributed significantly to the provision of regular health care for pregnant women, mothers, and newborns, as well as providing better information about COVID-19.[70]

CHWs make essential contributions to primary health care, especially in rural areas in the Global South. In many countries, such as Ethiopia and Nepal, there is a strong network of CHWs. Many work voluntarily or for little pay; they have a wealth of experience but are often under-supported by professional institutions and frequently do not have enough medical equipment.

3.6.1 Recommendation

Community health care providers have begun to network on different levels — including local, regional, and national — in order to achieve better framework conditions for their work. Their demands include greater recognition, better training, equipment and pay, in addition to regular technical supervision.[71] Practical experience shows that health care improves when these demands are met. Austrian IC should support both the networking and the demands of CHWs. The *WHO Global Strategy on Human Resources for Health Workforce 2030* can be used as an argumentation paper for advocacy.[72]

3.7 Networking with feminist initiatives

Women's rights and feminist organizations, as well as organizations of underrepresented and discriminated people with a feminist approach should all be considered as feminist initiatives. They work for the achievement of gender justice, for the enforcement of SRHR and for people's right to be able to life their lives in dignity and free from violence. Legal improvements for the social groups they represent are brought about primarily through their commitment, advocacy, and actions.[73] Violence results in high costs to health systems which could be significantly reduced through quality, universal prevention programs. During the COVID-19 pandemic, the United Nations Development Programme (UNDP) released alarming statistics about GBV: *"In 2020, 243 million women and girls suffered physical/sexual violence worldwide."*[74] This data highlights the importance of civil society efforts against violence.

On the issue of women, peace, and security, the diaspora network "Women for Peace in the Horn of Africa," was founded in Vienna in June 2021 with the support of VIDC Global Dialogue.[75] In addition to important

70 Ballard M. (2021), Olsen H.E., Millear A., Yang J., Whidden C., Yembrich A., Thakura D., Nuwasiima A., Christiansen M., Ressler D.J., Okoth Omwanda W., Lassala D., Palazuelos D., Westgate C. & Munyaneza F.: Continuity of Community-Based Healthcare Provision During COVID-19: A Multi-Country Interrupted Time Series Analysis. (11/25/2021)

71 Community Health Impact Coalition. (11/25/2021)

72 WHO (2016): Global strategy on human resources for health: Workforce 2030. (12/12/2022)

73 Htun M. & Weldon S.L. (2014): Progressive policy change on women's economic and social rights. Background paper for UN Women Progress of the World's Women. p. 3. (11/24/2021)

74 UNDP (2020): UNDP Brief: Gender-based violence and COVID-19. (11/24/2021)

75 VIDC (2021): Women for Peace in the Horn of Africa: Report on the diaspora networking conference in Vienna from June 10-12, 2021. (12/12/2022)

Community Health Worker provides information on family planning, Uganda

informational and networking activities in Europe, the experts involved make indispensable contributions to peace work and the fight against sexual violence in this conflict region. They also provide support to women's rights activists in the Horn of Africa.

3.7.1 Recommendation

Feminist initiatives, organizations, and networks, including those of diaspora communities, should be promoted and cooperated with, both in Austria and in IC partner countries. Networking opportunities and activities should be strengthened within the framework of projects and programs. Small project funding to support feminist initiatives and networks should be made available, including sub-grants within the frameworks of larger projects.

3.8 Creation of safe spaces

The creation of safe places, or safe spaces, is central to the promotion and implementation of SRHR and violence prevention. Typically, these are facilitated groups in which a moderator ensures that participants can exchange ideas confidentially and learn from each other. Such groups have proven particularly effective on the topic of SRHR, and have been held by youth clubs, exchange groups for young mothers, gender sensitization workshops, and support groups for women and girls affected by violence.

In these safe spaces — which are often women-only or men-only spaces — participants can build trust amongst themselves, along with developing supportive social networks which contribute significantly to the psychosocial well-being of all involved. Groups can be dedicated to a broad range of topics or focus on very specific issues.

A safe place can also be a counseling center, where interested and/or affected persons can obtain advice from experts or talk to other affected persons. Ideally,

counseling centers for socially stigmatized issues should be integrated into centers or institutions which offer a variety of services. Counseling centers for victims of gender-based violence and members of the LGBTQIA+ community often need to be protected by the police and should only be run by experts. The establishment of such counseling centers should only be included in program and project funding if long-term funding is secured.

3.8.1 Recommendation

A great deal of expertise has been built up worldwide in the field of violence prevention, protection, and support for survivors. IC programs and projects should support the networking of experts on the topic. It is equally important to promote the creation of safe spaces for the aforementioned groups.

3.9 Enhancing competence through intercultural tandems

The non-hierarchical work at an equal level of an intercultural trainer tandem, especially on sensitive topics such as SRHR, GBV and sexuality in general, has proven very successful. An intercultural tandem consists of a trainer from the so-called "majority society" together with a trainer with a migration background. This tandem partnership conducts, for example, gender training for a target group with the same migration background as the second trainer. The advantages of such a tandem are that trust can be built more quickly and work carried out in a culturally sensitive way, in the native languages of the people in crisis without external interpreters. The trainer can also take on the important role of a multiplier in her community beyond the training. The sustainability of such trainings is more likely to be achieved through the qualification and increased competence of the trainer with a migrant background, who is often also part of a migrant association, a diaspora organization or a community, than with a trainer (or two) from the majority society. The formation of intercultural tandems follows the emancipatory pedagogy approach, which assumes that *"people are constantly in processes of negotiation around divergent social positionings and cultural references."*[76]

3.9.1 Recommendation

Intercultural tandems for awareness raising on SRHR, gender and GBV should be promoted through Austrian IC and through the aforementioned recommended diaspora support program. Such approaches will also strengthen the competencies of diaspora organizations and migrant associations on these topics.

76 Walizadeh S., Scheibelhofer P. & Leeb P. (2019): Vermittlung interkultureller Genderkompetenz im Fluchtkontext. Erfahrungen aus der Arbeit mit geflüchteten Burschen und Männern aus Afghanistan in Österreich. Ein Handbuch. VIDC (Hg.).

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