

# TOWARDS A FEMINIST APPROACH TO CARE

*Promoting sexual and reproductive health rights for all*





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Thanks to the Solthis teams and partners from the SANSAS projects in Senegal, POUVOIR and AGIR in Côte d'Ivoire, PAJES in Guinea and JADES II in Niger.

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September 2023

**S**exual and reproductive health rights (SRHR) are **fundamental human rights**. They refer to the right to access comprehensive, quality sexual and reproductive health (SRH) services and interventions. People must be able to access **non-discriminatory, welcoming and non-stigmatizing care**, regardless of their sexual orientation, social status or disability.

Despite developments over the last two decades, Solthis is aware **that the rights of women and people in all their diversity are still too often denied**<sup>1</sup>. Although progress has been made on key sexual and reproductive health and rights (SRHR) indicators, results remain extremely fragile and well below the targets set by the Sustainable Development Goals. We are also seeing a decline in women's rights, the rise of religious conservatism and the failure to respect commitments made by governments, which are a threat to SRHR in many contexts.

part in medicalizing women's bodies, have contributed to the gradual exclusion of women from being involved in their own health, to the loss of some of their knowledge about their own bodies and to partly deny their ability to produce this knowledge themselves<sup>2</sup>. These practices continue to stem from deep-rooted gender inequalities in societies.

In West Africa, increased medicalization<sup>3</sup> of SRH issues (e.g. during childbirth) is at times coupled with disrespectful, abusive and/or non-medically justified practices.

**Solthis believes that positioning people as key stakeholders in their own health** is an essential catalyst for women's emancipation and gender equality. This involves valuing people's experience-based knowledge. Every single person, through their experience and background, has knowledge about their body, their well-being, their resources, and expertise around their own situation that deserve to be taken into account.

**Solthis advocates this approach with regard to SRHR access** and implements related projects in Senegal, Côte d'Ivoire, Guinea, Niger and Sierra Leone, with the support of a committed feminist civil society. Solthis believes that every woman and girl has the right to freely define her own sexuality, to freely make decisions about her own body, to have her bodily integrity and autonomy respected, and to have access to quality services adapted to her needs. Solthis' projects promote a holistic vision of SRHR and give priority to tackling gender inequalities<sup>4</sup>.

The organization is helping to rethink models of care for a more inclusive approach, adapted to the specific needs of users. Our feminist approach to care aims to contribute to rebalancing knowledge and power between healthcare teams and patients.

1/3

of women and girls only have the opportunity to make their own SRHR decisions in West and Central Africa (UNFPA 2021).

50%

of pregnancies are not a result of deliberate choice at the global level.

However, abortions are generally not easily accessible: although **60 % of unintended pregnancies result in abortions**, **45 %** of these are carried out in unsafe conditions:

39,000

women die every year as a result of unsafe abortions. (UNFPA 2022).

1 in 3

**1 in 3 women experience physical or sexual violence in their lifetime (UN 2020).**

In addition, **Solthis considers that sexual and reproductive health (SRH) services are not sufficiently adapted to the needs of women**. Some aspects of SRH, particularly in relation to sexual health, have long been neglected by interventions that focus solely on the reproductive component, and remain poorly integrated. In addition, when it comes to issues related to sexuality, value conflicts among some health staff, gender biases and the resulting negative attitudes continue to constitute significant barriers to access healthcare. The very history of gynecology and obstetrics, which took

« Solthis implements this feminist approach to go beyond a purely medical approach to sexual and reproductive health care, and to support women by facilitating the sharing of their knowledge and experiences, and through respecting their rights. »

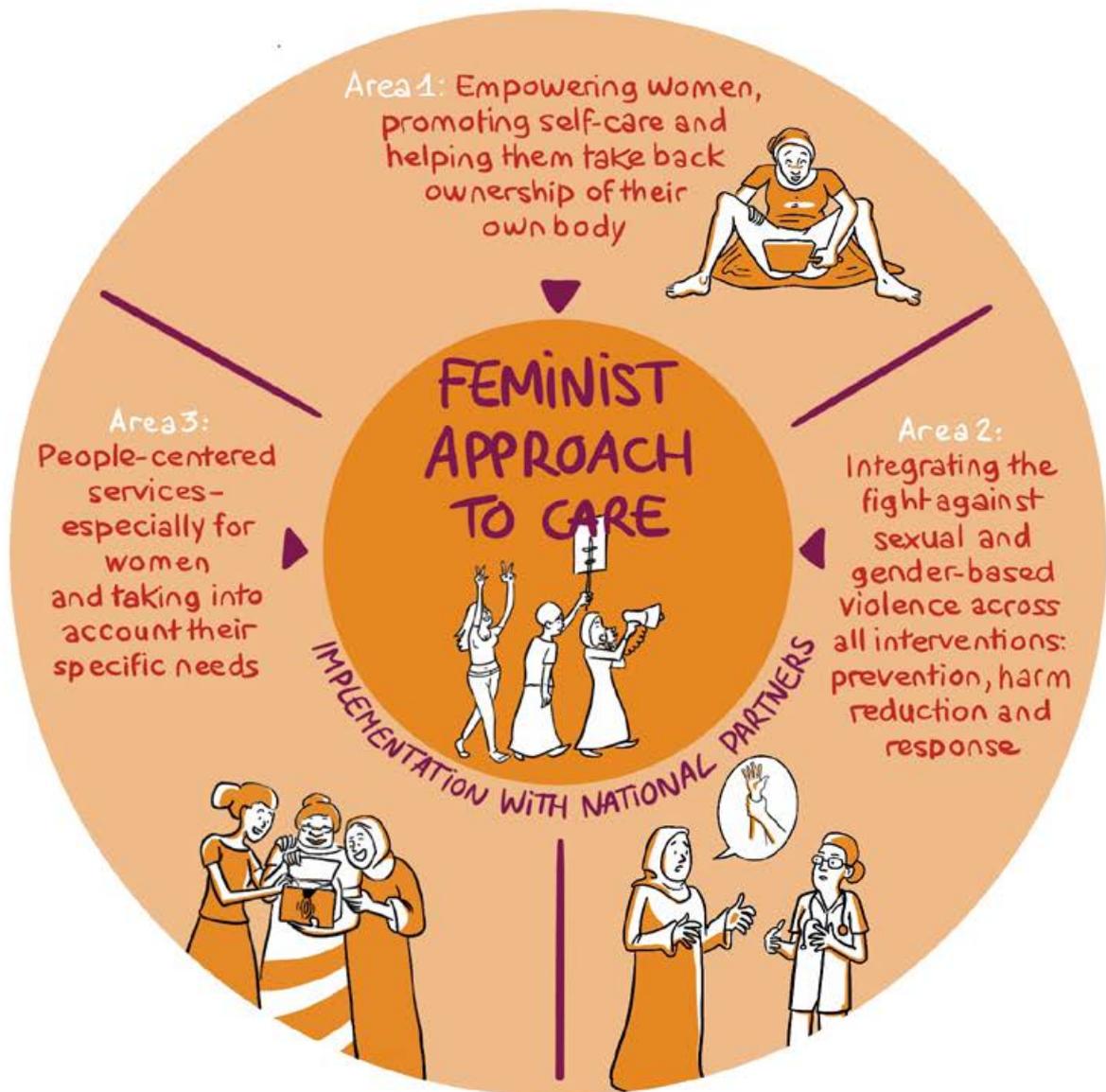
*D' Serge Breyse, Chief Executive Officer - Solthis*

1. In this document, we will use the term "women" to refer to people targeted by our approach to SRHR. Although some interventions also involve men, we choose to use the term «women» consistently, because we want to highlight the importance of better responding to their specific needs and because they are the priority target group for our interventions. By the term "woman", we mean all people who identify as women. Visibility of LGBT+ people can be found in sections that talk about specific interventions relating to this group.

2. Ehrenreich & English 2005, Gardey & al 2015, Dorlin 2006

3. Schantz, C. (2021). *L'ombre des violences obstétricales en Afrique de l'Ouest [The shadow of obstetric violence in West Africa] ID4D*; Hugon, A. (2005). *L'historiographie de la maternité en Afrique subsaharienne [The historiography of motherhood in sub-Saharan Africa]*, Open Edition Journals, pp. 212-229. <https://doi.org/10.4000/cliio.1466>

4. This vision is embodied in the organization's position statements on [SRHR and gender](#).



- INSPIRED BY -

**Principle 1:**  
Comprehensive positive vision of SRH

**Principle 2:**  
Taking into account intersectionality

**Principle 3:**  
Self-care

**Principle 4:**  
Bodily autonomy

**Principle 5:**  
Empowerment

## A FEMINIST APPROACH TO CARE IN SRHR PROJECTS

Different researchers and activist networks<sup>5</sup> have defined what a feminist approach to care means. Taking inspiration from this, Solthis bases its approach on the following principles:

- A **comprehensive positive vision** of SRH that addresses all individual needs and integrates all aspects of SRH.
- **Taking into consideration intersectionality**<sup>6</sup> in all interventions carried out. The term refers to people who are living different forms of discriminations and disadvantages, because of their identities (gender, sexual orientation, social status, ethnic origin, etc.).
- **Self-care** as allowing each and every to develop a critical approach to prevailing medical knowledge and to value knowledge based on their own personal experience. Self-care is also a powerful tool to reach the people who are furthest from care.
- **Bodily autonomy** as having the right to make decisions about your body and your future and having the autonomy to make informed choices.
- **Empowerment** as a political and individual process that allows everyone to take control over their own health and of their political, social and economic environment.

## HOW A FEMINIST APPROACH TO CARE IS REFLECTED IN SOLTHIS PROJECTS

**T**he organization is working to integrate these principles relating to the feminist approach to care into its various projects, in consultation with all stakeholders. This involves all stakeholders who play a role in health promotion: governments and institutions, health care staff, civil society organizations (CSOs), researchers, activists, but also all individuals, as key stakeholders in their own health.

Within interventions implemented by Solthis, this approach is structured around three complementary areas:

- 1 Empowering women, promoting self-care and helping them reclaim their bodies.
- 2 Integrating the fight against sexual and gender-based violence into all interventions: prevention, harm reduction and response.
- 3 People-centered services, especially for women, taking into account their specific needs, and with their collaboration.

5. See, for example, the work of Carla Pagano (<https://rosalux-geneva.org/fr/pour-une-approche-feministe-de-la-sante-globale/>) and the "Réseau québécois d'action pour la santé des femmes" ([https://rqasf.qc.ca/files/RQASF-Synthese\\_Cadre\\_PS\\_2009.pdf](https://rqasf.qc.ca/files/RQASF-Synthese_Cadre_PS_2009.pdf)).

6. Crenshaw, K. (2021). *Démarginaliser l'intersection de la race et du sexe : une critique féministe noire du droit antidiscriminatoire, de la théorie féministe et des politiques de l'antiracisme*. *Droit et société*, 108, 465-487. <https://doi.org/10.3917/drs1.108.0465>

## DEVELOPING ALLIANCES WITH NATIONAL PARTNERS PROMOTING A FEMINIST APPROACH TO CARE

In order to carry out interventions in each of these three areas, Solthis joins forces with national partners who share the principles of a feminist approach to care.

As a French NGO, Solthis works with its partners to explore the **relational and power issues** that can occur in the partnerships developed, in order to prevent them and ensure equitable collaborations.

Solthis therefore considers that it is crucial to promote the expertise of civil society organizations (CSOs) and of all local and national actors.

The objective is **to support local dynamics driven by the people involved**, rather than instilling external dynamics, to ensure projects are part of a sustainable framework that could lead to **behavior change**, the evolution of social norms and health systems, and access to sexual and reproductive health rights for all.

### In this regard, Solthis is committed with its civil society partners to:

- **Support the organizational empowerment** of CSOs promoting SRHR.
- **Develop alliances** with all types of organization (collectives, organizations, groups) promoting the fight against gender inequalities and representing the people concerned by the projects.
- **Carry out advocacy work to increase resources (financial and human) for these organizations, and support in accessing existing funding.**

### Our actions reflect our vision

● Solthis is committed **to supporting civil society organizations (CSOs) – in particular feminist CSOs**, those engaged in promoting human rights, and community organizations representing the people concerned by the projects - in mobilization for the evolution of public policies with a view to «driving transformations of oppressive systems that particularly

affect women, girls and LGBT+ people»<sup>7</sup>. This support can be that of operational and strategic collaboration on joint projects or organizational empowerment.

**Organizational empowerment is based on a supportive approach by members of Solthis teams.** This approach starts with participatory assessments of the respective needs and expectations to **foster a shared understanding and lay the foundations for a partnership in support of local initiatives.** Through these participatory methods, Solthis ensures that it provides real, tailored support to national actors, and **strives to avoid perpetuating top-down approaches disconnected from the needs of people.**

« Our approach with CSOs, using participatory assessments and planning, has very good results because CSOs are defining, identifying and guiding the needs themselves. This facilitates ownership and implementation. We are seeing CSOs take ownership of the project themes and it works very well. »

*D' Abdourahmane Sidibe, Project Manager - Solthis, PAJES<sup>8</sup> project in Guinea*

Finally, integrating the feminist approach into organizational empowerment processes is particularly significant in terms of gender issues. Integration happens through training or workshops focused on this theme, but it is also embedded in the way we work. Indeed, **social norms, roles and gender relations play out in workplace relationships and in spaces for collaboration, discussion or decision-making.**

7. For more information: [Solthis gender positioning paper](#)

8. The PAJES project aims to strengthen the empowerment of organizations and young people working on sexual health in Guinea. It is implemented with Ablogui, the Association of Bloggers of Guinea, the Coalition of Guinean Civil Society Organizations Committed to Repositioning Family Planning and the PNLISH (National HIV and Hepatitis Control Program). For more information : <https://www.solthis.org/en/projet/pajes-project-empowering-associations-and-young-people-committed-to-promoting-sexual-health/>

9. The SANSAS (Adolescent and Youth Reproductive Health in Senegal) project aims to improve access to reproductive health rights for young people and adolescents in Senegal, especially young girls, young women and vulnerable youth. It was set up by Solthis with a consortium of partners (Solthis, ENDA SANTÉ, LARTES, RAES, Equipop) in February 2021. For more information : <https://www.solthis.org/en/projet/sansas-project-sexual-and-reproductive-health-of-adolescents-and-youth-in-senegal/>

« In the workshops, we are seeing that the girls take notes, get cut off when they are speaking... There are still not enough issues being addressed at different levels in terms of power relations. »

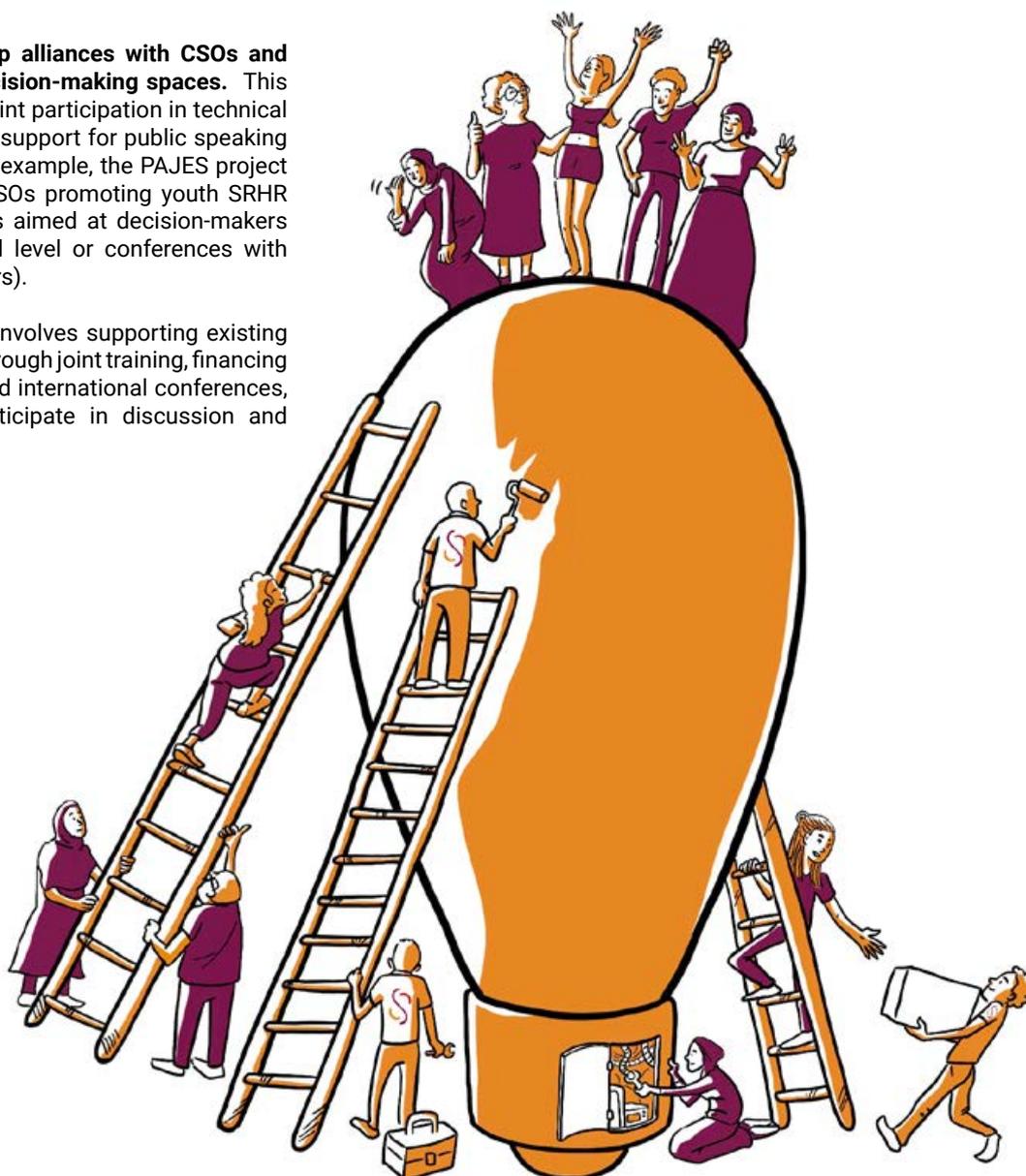
*Françoise Ndiaye, medical focal point - Solthis, SANSAS Senegal project<sup>9</sup>*

● **For small and medium-sized organizations, access to funding is crucial.** Solthis therefore strives to include support for resource mobilization in all of its projects, which can include supporting CSOs to submit proposals to several funding sources, for example. This support is linked to broader advocacy around localization of financial assistance that is more adapted to national CSOs.

Tools can therefore be developed by Solthis and its partners to help **deconstruct these relationships and establish more horizontal relationships in consultation and working contexts**: tools for measuring speaking times, identifying focal points with a monitoring role on managing speaking in meetings, non-mixed workspaces, etc.

● **Solthis aims to develop alliances with CSOs and promote their voice in decision-making spaces.** This can be achieved through joint participation in technical groups with institutions or support for public speaking or advocacy activities. For example, the PAJES project in Guinea supports two CSOs promoting youth SRHR in their advocacy activities aimed at decision-makers (advocacy forums at local level or conferences with speeches by women leaders).

Developing alliances also involves supporting existing alliances between CSOs, through joint training, financing participation in regional and international conferences, and inviting them to participate in discussion and sharing spaces.



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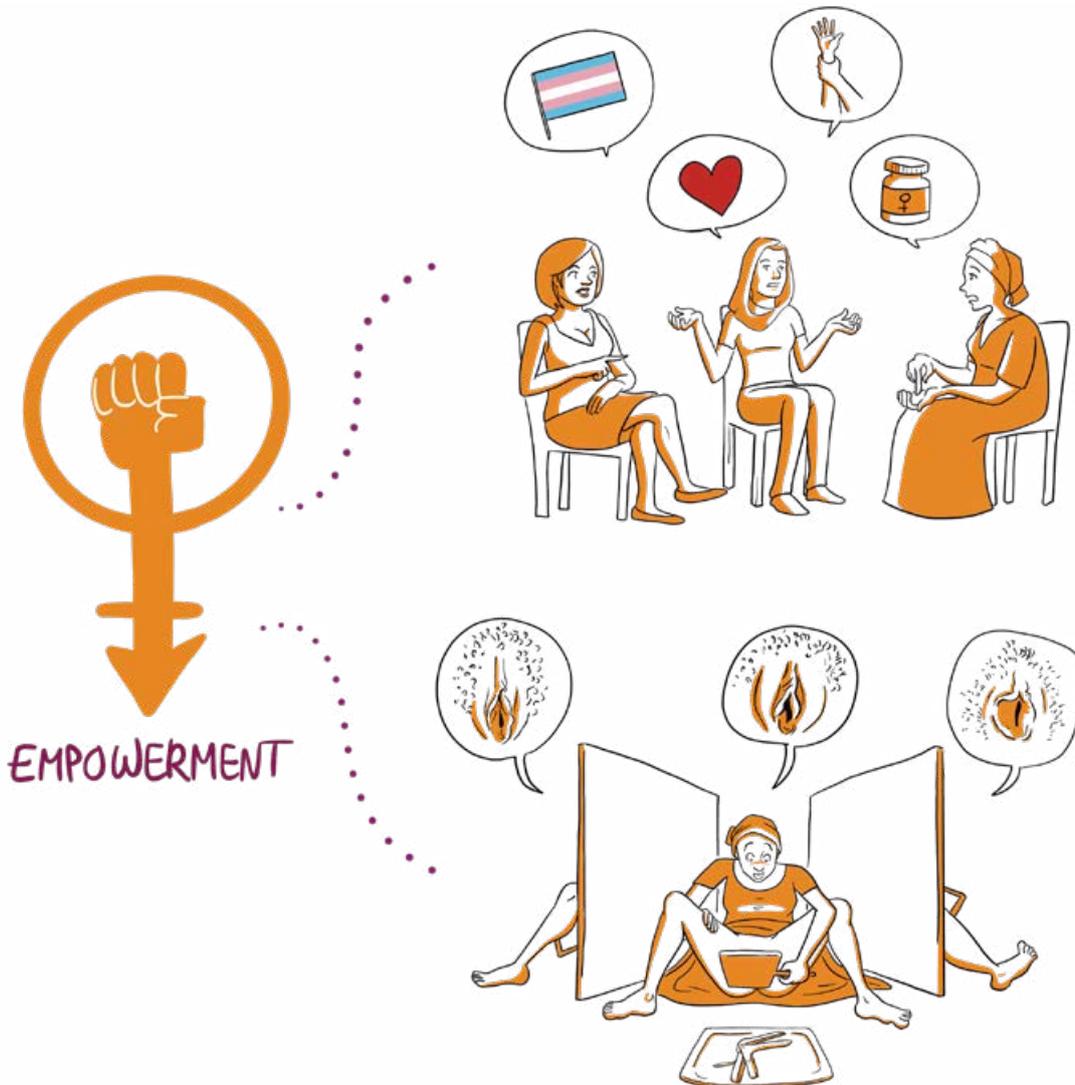
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## ACRONYMS

AY	Adolescents and youth
AY-SRHR	Adolescent and youth sexual and reproductive health and rights
BCC	Behavior change communication
CSE	Comprehensive sexuality education
FGM	Female genital mutilation
GOV	Gynecological and obstetric violence
HIV	Human Immunodeficiency Virus
HPV	Human papillomavirus infection
LGBT+	Lesbian, gay, bisexual, transgender, and other non-binary and heteronormative identities
HR	Harm reduction
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SWs	Sex workers
UNFPA	United Nations Population Fund
WHO	World Health Organization

# AREA 1

## Empowering women, promoting self-care and helping them reclaim their bodies



**T**he feminist approach to care involves valuing experience-based knowledge and working to strengthen people's agency. Solthis believes this is a process that is individual, collective and political. It involves self-realization and emancipation of individuals, valorization of groups or communities and social transformation<sup>10</sup>. This results in improving the technical skills of users, enhancing their participation and ability to speak up, and developing their critical awareness and self-esteem. With this in mind, Solthis and its partners are implementing interventions that enable women to regain their confidence and self-esteem, but also to collectively discuss structural inequalities they face (social inequalities, male domination) and how to fight them.

In this context, Solthis is committed to:

- Promoting the involvement and effective participation of the people concerned by the projects from project development through to implementation, and systematizing an intersectional approach (gender, sexual orientation, social status, etc.) to project implementation.
- Taking into account and valuing the experiences and viewpoints of women and minorities.
- Helping the people concerned reclaim their bodies and anatomical knowledge, in order to allow them to take control over their health, develop resources to maintain it and as a result make informed choices.
- Integrate self-care as a tool for empowerment and combating violence in care in all of its projects.

10. Bacqué, M., Biewener, C. (2015). *L'empowerment, une pratique émancipatrice? [Empowerment, an emancipatory practice?]* La Découverte. [https://doi.org/10.3917/dec\\_bacqu.2015.01](https://doi.org/10.3917/dec_bacqu.2015.01)

## Our actions reflect our vision

- **People who experience discrimination in access to healthcare are involved from the start of the project, are heard and given the tools to assess their needs and identify their priorities.**

We foster effective users' involvement with a view to empowerment through **community assessments**. For example, the **community assessment in the POUVOIR project in Côte d'Ivoire**, aimed to identify safe places, meeting places, places where sex workers gather, access to health, participant perception of power inequalities, etc. In these processes, **Solthis and its partners used intersectional analysis and participatory methodologies inspired by adult education and feminist methodologies**, which enable people to express themselves in an environment where they are not judged, and where efforts are made to set up safe spaces and deconstruct, as far as is possible, the power relations that can be played out between those present. These methods can take the form of group readings, talks, or group analysis sessions.

« *Everyone is on an equal footing in participating in discussions, without any hierarchy of knowledge. It is a way of ensuring that nobody takes power from the place they occupy within the group and nobody has a privileged position (age, origin, class...), including the facilitator and the participants, in relation to other people in the group.* »

*Marie-Laure Aman, empowerment manager – Solthis, POUVOIR<sup>11</sup> project, Côte d'Ivoire*

This is also the case in the SANSAS project, for example, which is implemented in Senegal, with the organization of collective analysis sessions of excerpts from the television series «C'est la Vie!» by the NGO RAES (ANSAS project partner in Senegal).

- **Information on knowledge and perceptions is gathered through these methodologies and then used to develop adapted approaches.** An example of this is the PAJES project in Guinea, where diagnostic work was carried out with young people aged 15 to 24. Co-creating adapted prevention messages, raising awareness of the legal framework, establishing non-stigmatizing and respectful care services, were prioritized based on the knowledge and perceptions expressed by young people. **Solthis therefore considers that knowledge and perceptions, particularly of women and people far from care, must be included in all of its activities and with all target groups** (community, health care staff, institutions).

- **Getting to better know your body is essential for bodily autonomy.** Solthis and its partners deliver **anatomical knowledge development activities that make it possible to develop a positive approach to SRH**. This helps to establish a better power balance between users and health professionals because when a person understands their body, they can be more active in their SRH care and more able to assert their rights and choices.

This can be seen in the POUVOIR project, in which Solthis and partners have initiated the integration of self-gynecology. Workshops bring together around ten participants and take the form of a discussion between peers, known as a women's circle. There is time focused on anatomy knowledge and time for gynecological self-observation for those who wish. **The aim of these workshops is to change women's relationships with their bodies and their perceptions of their bodies, that are often seen as being 'sick' or 'soiled', as well as to develop a new culture of women sharing knowledge and having discussions, to transform their skills into expertise.**

11. The aim of the POUVOIR project is to improve the sexual and reproductive health and rights of cisgender and trans sex workers in Côte d'Ivoire in an effort to strengthen their capacity to take action. It is implemented with several partners: COVIE, Arc en ciel +, Espace Confiance, the PAC-CI Research Program, and with the National Mother and Child Health Program (PNSME), National AIDS Control Program (PNLS) and Doctors of the World. For further information : <https://www.solthis.org/en/projet/pouvoir-improving-the-sexual-and-reproductive-health-and-rights-of-cisgender-and-trans-women-in-cote-divoire-through-an-empowerment-approach/>

« The aim of self-gynecology is to no longer have a complex about your body and to not feel that some genitals are more 'normal' than others. But it's not easy. It is even difficult for women to look at themselves. We tend to think that if we have a physical problem, the care providers are the ones able to look or touch. »

Marie-Laure Aman, empowerment manager – Solthis, POUVOIR project, Côte d'Ivoire

« It's strange to think that midwives and our sexual partners know our private parts better than we do. I thought only caregivers could use a speculum. I didn't realize what it looks like inside, it's pretty! I feel like I'm taking back control of my own body! »

Participant in a self-gynecology workshop, POUVOIR project, Côte d'Ivoire

● Solthis and their partners support women to access SRH self-care procedures for greater autonomy that can take different forms: gynecological self-observation, HIV self-testing, self-sampling for cervical cancer screening, self-injection contraception and even menstruation management devices (in the POUVOIR project, monthly discs are provided that can be used

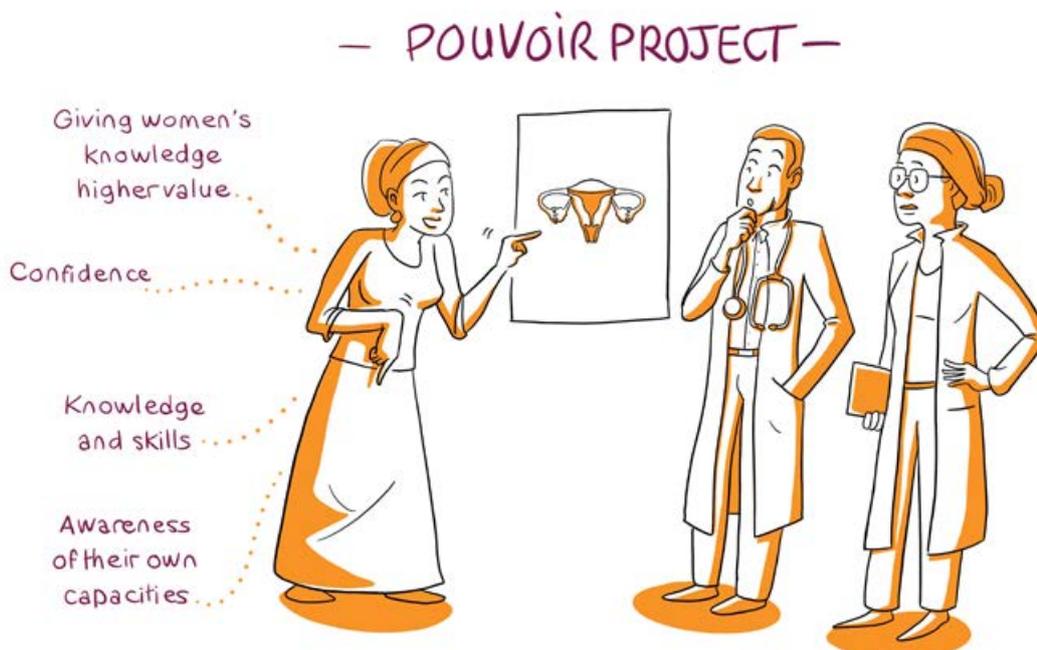
during sexual intercourse to allow sex workers to carry out their work more safely when they are menstruating and reduce risks relating to harmful intravaginal practices). Solthis sees all these interventions as ways of making women more in control of their own health, especially in contexts where there are high levels of stigma and violence in care settings.

« Who is better placed to talk about women's bodies than women themselves? »

Céline Bayac, empowerment and gender focal point – Solthis, technical department at head office

« Self-administered injectable contraception is available in the country but women are not supported to use it and have to come to the health center to receive their injections. As part of the project, we are working on health-care staff perceptions related to self-care and they are trained to support women who want to self-inject. »

D<sup>r</sup> Simon Hambarukize, Medical Officer – Solthis, SANSAS project, Senegal



# AREA 2

Integrating the fight against sexual and gender-based violence into all interventions: prevention, harm reduction and response.



**A**dopting a feminist approach to care necessarily involves recognizing and addressing sexual and gender-based violence (SGBV). Although there are many causes of violence and they vary depending on the environmental, institutional, societal and economic contexts, they result from gender inequalities and unbalanced power relations. The feminist approach to care encourages us to recognize this violence and its consequences and to act in a way that avoids them generating health inequalities, by both preventing them and responding to them in an adequate and appropriate manner.

The feminist approach to care is an approach that takes into account the social determinants of health, and the impact of the environment on people. While one in three women worldwide experiences physical or sexual violence from an intimate partner or someone

else, it is necessary to be aware of the patriarchal frameworks present in our societies, and the resulting health inequalities.

In this context, Solthis is committed to:

- Engaging the people involved in the projects to define and implement interventions adapted to their specific needs and realities.
- Promoting the implementation of multi-level approaches (individual, community and societal) that articulate the logic of prevention and reduction of the risks of violence and care interventions.
- Addressing the needs of survivors through people-centered services and multisectoral response approaches.
- Integrating empowerment tools into the fight against sexual and gender-based violence.

## Our actions reflect our vision

● In order to work on SGBV in a way that is adapted to the context and needs of people who are exposed to it, it is essential to start by analyzing the SGBV situation by involving those people **and asking about their needs and expectations in terms of prevention, support and care.**

In Côte d'Ivoire, the participatory community assessment carried out at the start of the POUVOIR project with sex workers allowed for a detailed **understanding of the contextual and socio-cultural realities and embedded the intervention logic in the realities** faced by sex workers. The **participatory mapping** exercise of safe places, workplaces, hook-up and meeting places made it possible to identify the points where they feel exposed to SGBV and to discuss the practices and potential actions to provide support or care, and distinguishing violence experienced in a personal context from a professional context.

Taking action on SGBV requires strong involvement of people affected by the issue during implementation. In this regard, the PAJES project in Guinea **actively involves adolescents and young people in co-creating prevention messages.** This includes designing violence prevention videos for use on social media, and audio and video magazines on SRHR, including the issue of SGBV, and discussions on SGBV during youth leadership days.

● **As one in three women worldwide experiences physical or sexual violence by an intimate partner or someone else, and in order to help reduce the inequalities generated by sexual and gender-based violence, among other factors, Solthis promotes an integrated response that supports survivors in terms of health.**

In its gender positioning<sup>7</sup>, Solthis recommends a series of interventions that are essential to respond to SGBV: **care and response, primary prevention** (taking action on the underlying causes of power relations that generate violence) and **specific interventions** focused on prevention and response to SGBV among certain categories of **people at particular risk** (young people and adolescents, sex workers, LGBT+ people).

« SGBV is integrated at several levels: in CSO training, mapping, work on referrals... It is also systematically integrated into empowerment activities and work around the perceptions of teams, health care staffs or target audiences and their family and friends. In terms of care provision, some programs integrate the establishment of medical care services, including a strong focus on ensuring services are welcoming and on the relation between health care staff and patients. »

*Mélanie Vion, community health and civil society organization focal point – Solthis, head office technical department*

Solthis supports the development of **care services for survivors of sexual and gender-based violence** and improves access to holistic care through the establishment of referral and orientation systems and establishing multisectoral partnerships. In Senegal, as part of the SANSAS project, resources have been allocated to cover costs related to the referral and care of survivors (medical, psychosocial care, emergency accommodation, etc.). In addition, trainings are held with teams from health facilities to **provide survivors with as many options as possible**, and to allow them to follow a **pathway of care that is responsive to their needs.**

« So far, we have supported more than 30 survivors of SGBV: sexual, physical and psychological violence. Violence is often perpetrated by someone close to you. There is often a long response time to provide care and we are really working to train caregivers to identify situations of violence more effectively. As part of the project, we supported young girls with disabilities, very young adolescent girls, people in situations of significant economic vulnerability, etc. Unfortunately, we know that these are factors that expose them to an increased risk of violence. »

*Aurélié Musca Philipps, SRHR focal point – Solthis, head office technical department*

● **Meeting the needs of survivors requires the provision of quality, people-centered care services.** These services, integrated into health facilities working with the projects, or provided by external facilities, are part of a feminist approach to care because they are **centered on survivors**. At any stage of care, the **person is put at the center of the decision-making** process: professionals inform the person about the health issues related to their situation, about the services available, offer them tailored support and seek their **informed consent** in all cases.

Solthis and its partners implement several interventions to ensure this availability of services: carrying out capacity assessments of partner health organizations and facilities, mapping existing services, integrating networks of actors involved in care, meeting with actors to set up collaboration and referral mechanisms, etc.

In Senegal, as part of the SANSAS project, resources have been allocated to cover costs related to the referral and care of survivors (medical, psychosocial care, emergency accommodation, etc.).

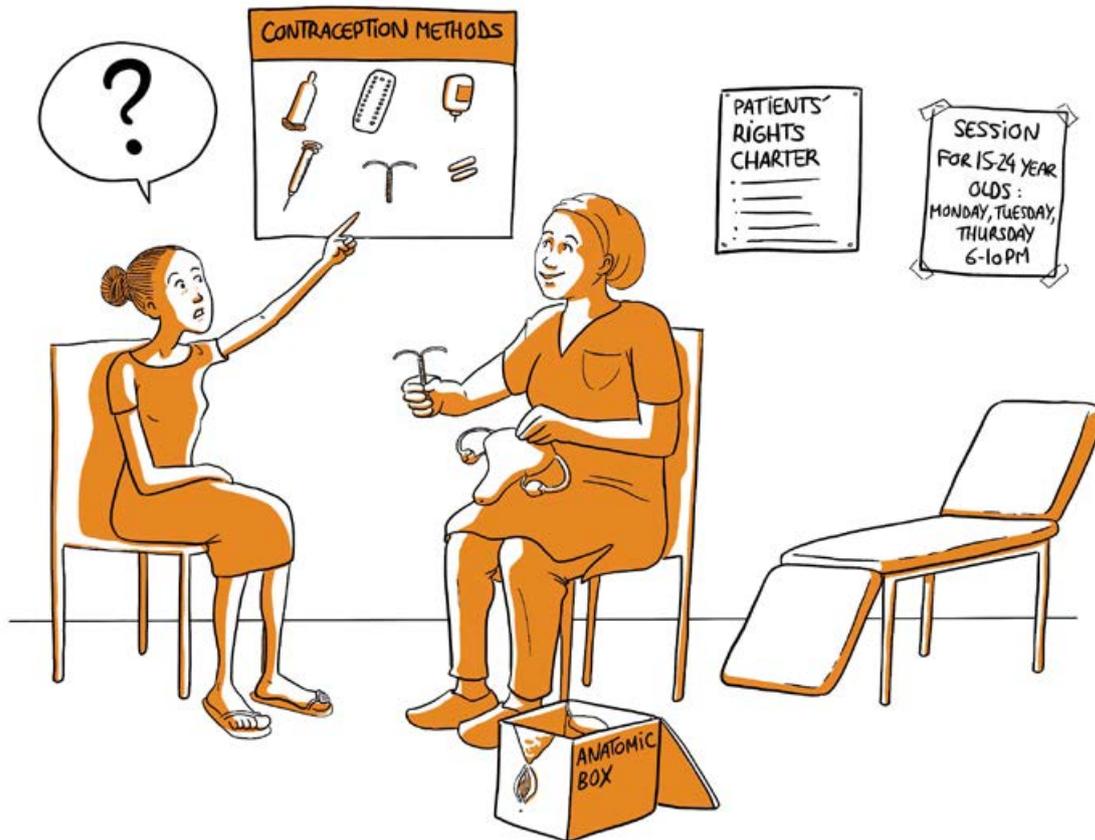
● Solthis is also exploring the possibility of **developing feminist self-defense, co-created with women involved and targeted by the projects, such as sex workers in Côte d'Ivoire**. The practice of strengthening self-esteem and self-confidence also helps to prevent and fight sexual and gender-based violence. Adapting feminist self-defense methodologies would **strengthen their autonomy, their ability to protect themselves and their freedom to move in public spaces and work in the conditions they want**.

« We have provided training for providers from health facilities, which is based on UNFPA protocols and guides, and which includes the key concepts related to SGBV: we discuss the different types of violence, work on perceptions related to patriarchy, rape culture, and how to support survivors in the first instance and give guidance. Level 2 training is being developed with a focus on medical care and support. »

*Gnima Coli, midwife  
- Solthis, SANSAS project, Senegal*

# AREA 3

People-centered services - especially for women - that take into account their specific needs.



**S**RH service provision is often generic and not sufficiently adapted to each person, which contributes to denying women's health priorities. Solthis believes that access to services adapted to their needs now requires a feminist approach to rethinking care. These reflections must be part of an integrated vision of services, which is why we deliver our interventions across a continuum of SRH care to support people at every stage of their lives, with each service being part of a set of interconnected components.

**In this context, Solthis is committed to:**

— Assessing and jointly defining needs with the people directly concerned by the project, respecting the ability of each person to identify their own priorities and define their health expectations.

- Supporting the implementation of welcoming, responsive and non-discriminatory services that integrate to the fight against gynecological and obstetric violence as an essential component on improving the quality of service provision.
- Promoting a positive vision of sexuality that is not limited to reproduction and reduction of disease risks, but that values everyone's resources and makes health part of an individual's overall well-being. Investing in areas that have often fallen behind (menstrual health, comprehensive sexuality education, safe abortion care, SRH of key populations, etc.).
- Encouraging greater involvement and empowerment of men, particularly around reproductive issues.

### Our actions reflect our vision

● In order to lay the foundations for its interventions, Solthis has developed a **participatory diagnostic methodology for service provision** that combines exploratory visits to services and time for discussion and reflection with healthcare teams and user representation groups. This process makes it possible to include everyone's point of view from the outset and to **create spaces for dialogue between caregivers and patients**, including people who are far from care. Promoting a holistic approach and taking into account **all needs** also involves asking questions about availability of the entire continuum of care and how it is articulated from community to health facility level.

These assessments go beyond simply evaluating technical aspects, to look at the care approach and the human challenges of care. They make it possible to better take into account gender relations and other social determinants of health that impact their quality.

## PARTICIPATORY ASSESSMENTS



« We started the assessment visiting intervention facilities to see the work environment and services. After the visit, we had discussions with adolescents and young people to identify challenges they face accessing services. We also met with community leaders to ask them how to improve access and service delivery, and identify bottlenecks. We asked professionals what they are lacking in order to be able to work effectively, their capacity strengthening needs... Now we have a roadmap for each component of service delivery: environment, services, quality. »

*D' Simon Hambarukize, Medical Manager – Solthis, SANSAS Project, Senegal*

● Working on **quality of care** involves ensuring that health care staff share **values and attitudes of respect, non-discrimination and caring**. This is why Solthis and its partners deliver workshops to discuss perceptions and change attitudes that aim to draw out the social attitudes, perceptions and beliefs of participants and to question them in order to deconstruct them. **These workshops therefore make it possible to positively influence attitudes and behaviors related to SRHR and address topics such as adolescent and youth sexuality, consent, rape culture and sexual and gender-based violence, gender, different forms of power, patients' rights**, etc. They are also an opportunity to address approaches to care, the issue of power relations between caregivers and patients, gynecological and obstetric violence and factors that promote this happening.

« Deconstructing beliefs is a process. Workshops and trainings have taken place, but it's when partners start to receive sex worker patients that they will need to assess how they welcome them on a daily basis. We know that it is not easy to break down beliefs that have been held for years! »

*Kady Korouma, medical focal point – Solthis, POUVOIR project, Côte d'Ivoire*

● **Solthis provides support around structuring caregiver services and skills development for more inclusive care and a more balanced approach to care.** Training provided to caregivers is designed to introduce, among other things, concepts from the field of sexology, **related to considering all dimensions of sexuality, including questions related to pleasure. This makes it possible to equip caregivers to tackle topics that are often overlooked.** In addition, carrying out needs assessments and developing training plans systematically questions services that often receive less attention (menstrual health, clinical management of violence, abortion care, etc.).

« *Adolescents and young people are ready for positive sexuality but are held back by their environment, taboos, parents and sometimes providers. We are working to remove these barriers, we are teaching providers to dialogue with adolescents and young people to promote positive sexuality.* »

*Kankou Diaby, midwife  
- Solthis, SANSAS project, Senegal*

These trainings also aim to improve caregiver knowledge around the specific needs of particular groups (e.g. sex workers, LGBTQ+ people, people living with HIV, adolescents and youth, etc.).

« *This training changed my view of sexual minorities and their needs. Solthis invited a trans sex worker to facilitate some sessions. She talked about her journey and her difficulties in accessing care. I was very surprised to hear it. Before that I had very negative perceptions of this group of people! We discussed how we should formulate our questions in consultations in a more open way. Now I feel more comfortable suggesting things that are more tailored.* »

*Midwife from a public health center supported by Solthis, POUVOIR project, Côte d'Ivoire*

With regard to health services related to pregnancy and childbirth, our interventions promote positive experiences of pregnancy, childbirth and parenthood, supporting caregivers towards **respectful childbirth practices**. It is a question of positioning issues of consent and the rights of people to have access to their bodies as essential prerequisites. These are all subjects that aim to **rehumanize the patient-caregiver relationship and prevent gynecological and obstetric violence**. These interventions are also an opportunity to involve men more effectively as active stakeholders in reproductive health issues by making them more responsible for pregnancy monitoring, childbirth arrangements or newborn care and postpartum contraception.

Providing services adapted to everyone means they need to be **restructured** based on people's needs and on ensuring greater respect for privacy and confidentiality. Sometimes simple changes, such as having **dedicated time slots for young people** that account for their time constraints, have been carried out in Niger (JADES 2 project) and Senegal (SANSAS project). This can also involve **establishing dedicated spaces**.

« *Before, I used to ask myself so many questions about how to approach young people, and I saw less than 10 young people per month and now I see more than 30. There are more youth-friendly schedules, like in the afternoon, which I had never thought of.* »

*Peer educator – Lafia Matassa, JADES 2 Project, Niger<sup>12</sup>*

12. The JADES project is being implemented in Niger, with partners Equipop and Lafia Matassa. It aims to improve the national SRHR context through rolling out an innovative approach that combines youth empowerment, social and political mobilization of key actors as well as strengthening sexual and reproductive health services in targeted areas. Following a first phase of the project implemented between 2016 and 2018, the project began a second phase from 2019 to 2022. For more information: <https://www.solthis.org/en/projet/jades-2-promoting-sexual-and-reproductive-health-among-adolescents-2nd-phase/>

## RECOMMENDATIONS

It is now essential to ensure that every woman and girl has the right to freely define her own sexuality, to enjoy respect for her bodily integrity, to be able to own her body and to have access to all necessary sexual and reproductive health services. Our organization is convinced of the need to develop comprehensive, rights-based approaches that aim to empower individuals and communities and transform gender norms. **In this context that we urge technical and financial partners, policy makers and civil society organizations to:**

- 1 Strengthen the capacity of health care staff for more inclusive care**, taking into account the specific needs of women.
- 2 Systematically integrate into SRHR projects a component on preventing and responding to gynecological and obstetric violence**, in particular through conducting research to better understand this phenomenon in the context of West Africa -the gynecological component in particular, which has not yet been well researched. Promote participatory approaches on these subjects that involve caregivers and patients to allow for the viewpoints of each group to be put into context, for more sustainable collective solutions to be identified.
- 3 Roll out approaches to prevent and combat SGBV that are cross-cutting** within each SRHR project and connect with existing stakeholder networks in order to propose holistic management models.
- 4 Promote self-care activities in SRHR** as a catalyst for women's empowerment and a harm reduction approach to SRH.
- 5 Develop activities promoting a partnership approach to care**, meaning a more balanced relationship between health service users and health care staff, and help creating spaces for discussion to rethink current models of care.
- 6 Increase financial support to all civil society organizations that engage in SRHR.**
- 7 Involve civil society organizations and service users**, especially women and girls, in the development and monitoring of public policies in this area.
- 8 Encourage better involvement and empowerment of boys and men on all SRHR issues**, as users of services, equal and responsible partners and agents of change.

## FOR MORE INFORMATION: RESOURCES TO EXPLORE

### ON THE FEMINIST APPROACH TO CARE

- Colard, F. (2019). Penser la santé autrement : vers une approche globale et féministe ? [Thinking about health differently: towards a global and feminist approach?] *Éducation Santé*, <https://educationsante.be/penser-la-sante-autrement-vers-une-approche-globale-et-feministe/>
- Mimeault, I. (2008). *Canadian Women's Health Network*. Changeons de lunettes : pour une approche globale et féministe de la santé [Let's change glasses: towards a global and feminist approach to health]: [https://rqasf.qc.ca/files/RQASF-Synthese\\_Cadre\\_PS\\_2009.pdf](https://rqasf.qc.ca/files/RQASF-Synthese_Cadre_PS_2009.pdf)
- Pagnalo, C. (2022). Pour une approche féministe de la santé globale [Towards a feminist approach to health], Rosa-Luxemburg-Stiftung : <https://rosalux-geneva.org/fr/pour-une-approche-feministe-de-la-sante-globale/>

### ON THE CONCEPT OF BODILY AUTONOMY

- UNFPA (2021) *My body is my own, Claiming the Right to Autonomy and Self-Determination*, State of the World Population Report. Available at: [https://www.unfpa.org/sites/default/files/pub-pdf/SoWP2021-FR\\_Report-v3261.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/SoWP2021-FR_Report-v3261.pdf)

### ON THE CONCEPT OF INTERSECTIONALITY

- Crenshaw K., (1989). *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*, University of Chicago Legal Forum. Available <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>

### ON SELF-CARE

- Who (2018), WHO Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights: : <https://apps.who.int/iris/bitstream/handle/10665/325721/WHO-RHR-19.14-fre.pdf?ua=1>

### ON POWER RELATIONS IN 'CONVENTIONAL' MEDICINE AND THE BIOMEDICAL MODEL

- Ehrenreich & English D., (1972). *Witches, Midwives and Nurses: A History of Women Healers*, Barbara, (United States) by L. Lame, Editions Cambourakis
- Gardey, D. In: Pestre D. & Bonneuil C. (2015). «Histoire des sciences et des savoirs, t. 3: le siècle des technosciences.» [s.l.] [History of science and knowledge, t. 3: the century of technoscience] *Genre, corps et biomédecine*: Seuil. p. 361-379. <https://archive-ouverte.unige.ch/unige:76416>
- Koehclin A., (2019). *La révolution féministe [The feminist revolution]*, Aurore Koehclin, Éditions Amsterdam

### ON GYNAECOLOGICAL AND OBSTETRIC VIOLENCE

- Schantz, C., Rozée, V. & Molinier, P. (2021). Introduction: Les violences obstétricales, un nouvel axe de recherche pour les études de genre, un nouveau défi pour le soin et la société. [Introduction: Obstetric violence, a new line of research for gender studies, a new challenge for care and society.] *Cahiers du Genre*, 71, 5-24. <https://doi.org/10.3917/cdge.071.0005>

### ON MEN 'S INVOLVEMENT IN SRH ISSUES

- USAID & Breakthrough action, (2021). Know, Care, Do: A Theory of Change for Engaging Men and Boys in Family Planning Available at: <https://breakthroughactionandresearch.org/wp-content/uploads/2022/04/Know-Care-Do-Engaging-Men-Boys-FR.pdf>

### ON INEQUALITIES IN HEALTH AND SRH

- COVID-19 and the gender health paradox*, Bambra C, Albani V, Franklin P, Scandinavian Journal of Public Health, 2021. Available at: <https://journals.sagepub.com/doi/full/10.1177/1403494820975604>.
- Seeing the Unseen: The crisis of unintended pregnancy*. UNFPA, State of the World Population Report 2022. Available at : [https://www.unfpa.org/sites/default/files/pub-pdf/EN\\_SWP22%20report\\_0.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/EN_SWP22%20report_0.pdf)

# TOWARDS A FEMINIST APPROACH TO CARE

*Promoting sexual and reproductive  
health rights for all*



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