

8th International Dialogue on Population and Sustainable Development

Making sexual and reproductive rights a reality: What does it take?

The Donor's Perspective:

KfW Entwicklungsbank (Development Bank) is the implementing institution of the German Government's Financial Cooperation programmes. Our involvement is in line with the principles of the German Government, which has made an international commitment to help achieve the goals set forth in the UN Declaration, in the Monterrey Consensus and in the Paris/Accra Declaration.

Sub-Saharan Africa is the regional priority of German Development Cooperation with about 40% of commitments from budget funds each year. Within our cooperation improving health care is one of the priority areas. We have a clear focus within our health projects support in Africa on reproductive and sexual health and rights of women and girls.

KfW Entwicklungsbank has been assisting the government of Burkina Faso in the fight against HIV/AIDS since the mid-90s adding support to family planning and against FGM in 2006 (totalling close to EURO 30 millions). GTZ has an equally long-standing support regarding family planning, action research for improved quality SRH services with a focus on young people and, since 2004, a programme on sexual health and human rights. The most active other donors with regard to SRHR in Burkina Faso are UNICEF, UNFPA, Netherlands and Denmark.

What individual leadership and contextual factors led to action?

What can other countries learn from Burkina Faso? First of all, it is **national ownership** that is crucial for all development successes. The fact that we have an organization like the one Ms. Sawadogo is representing, namely le Comité National de Lutte contre la Pratique de l'Excision (CNLPE) is already a clear sign of such a national ownership. At the same time, Burkina Faso was among the first African countries to ban FGM by law already in 1996. It is punishable by up to 10 years in prison and by substantial fines. Human Rights are assured by the constitution of Burkina Faso and there is even a Ministry for Human Rights. There is a similarly encouraging picture regarding HIV/AIDS: with a strong national lead through SP/CNLS and NGOs such as PROMACO. As concerns safe motherhood and family planning for all the **role of NGOs** such as ABBF, or Mary Stopes/BuF can not be over-emphasised. The opening up of the health sector to work with such civil society structures for instance in the framework of the health sector basket PADS is a positive sign.

In addition to that, it is of course also the **individual ownership** of the people in charge that carry the ideas of reproductive rights forward and make the whole effort successful.

What were obstacles to action? How were these overcome?

There are huge obstacles in each country and of course also in Burkina Faso. A human rights based approach comes to its limits where it clashes with traditional beliefs and practices and where social norms override individual rights. One alarming tendency that

we can see in Burkina Faso is that families tend to let their baby daughters be circumcised very early so that the cutting can remain unnoticed by the community. We also see families letting their girls being circumcised abroad where it is still legal. The only way to overcome these obstacles is the intensification of the dialogue with all groups of the society including religious leaders.

Has action improved health? Has it been sustained?

There are clear signs of improvements and we hope that they can not only be sustained but even improved further. Prevalence of FGM in Burkina Faso has dropped from 77 % in the 1990 to less than 50% among women 15 to 49 years old in 2005.

We also see other successes in Burkina Faso with regard to health indicators. Even though some of the MDGs will most probably not be met by 2015, Burkina Faso was able to reduce mother and infant mortality, HIV prevalence and contraceptive use considerably during the last years. A clear national leadership, focus on health issues and poverty reduction as well as political stability has made this progress possible. There is an urgent need now to concentrate further on the implementation of the national strategies and keep focussing on the set goals.

What were lessons learned? What are recommendations for others?

From our experience in Burkina Faso and other countries, we would like to propose the following recommendations:

- We need a **broad definition of sexual and reproductive rights** including the right to decide freely on all aspects of sexuality. These rights have to be made known both to the right-bearers and to those who are crucial for their realisation.
- **National ownership** is crucial for success and has to go beyond the formulation of strategies and laws. Their implementation is equally important and needs strong **partnerships** with civil society incl. private sector and international partners.
- We need to **intensify the dialogue** with all groups of society about sexual and reproductive rights. This has to happen at multiple levels starting from men and women in their communities, traditional and religious leaders, service providers and journalists to politicians and office bearers.
- We need to think in a **long term perspective**. Behavioural changes cannot be expected overnight and changes in social norms are hardly achieved within one generation.

Marion Kneesch, KfW Entwicklungsbank
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