

Change Starts With Us

Mama Cash grantee Namibia Women's Health Network
reflects on the ingredients for impact



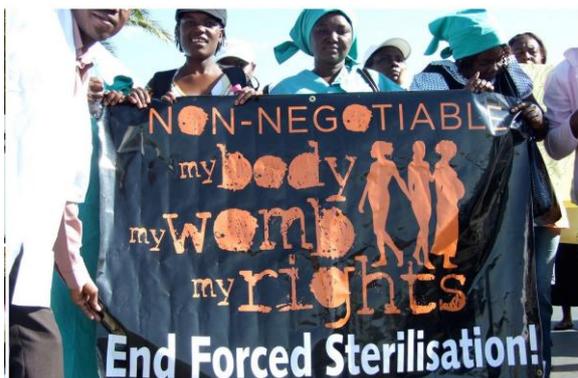
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Change Starts With Us

By Esther Vonk for Mama Cash
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Founded in 2008 by 14 women living with HIV, the Namibia Women's Health Network (NWHN) is a membership-based organisation which aims to empower women affected by HIV/AIDS. It provides information, education, and builds capacities of women living with HIV. NWHN also works with the national and local government, and civil society organisations to address the most pressing issues facing HIV positive women in Namibia. NWHN has over 2000 members across all fourteen regions of Namibia.



The challenge

According to Namibian law, HIV testing, sterilisation, and abortion may only be performed with a person's informed consent. Forced sterilisation violates rights guaranteed under the Namibian constitution and Namibia's obligations under international and regional law. Nevertheless, coerced and forced sterilisation were long common practice in the country. Women faced many obstacles that prevented them from reporting such cases, including lack of awareness about the law and human rights, stigma connected to being HIV positive, and lack of confidence that reporting a case would result in remedy.

In 2008 the International Community of Women Living with HIV/AIDS conducted a participatory study of 230 Namibian women

which found that the majority experienced violations of their rights and discrimination in obtaining health care services. Forty women—almost 20%—reported forced or coerced sterilisation. Participation in the study—and its alarming results—helped inspire the founding of Namibia Women's Health Network.

Drastic change

In its first year the Namibia Women's Health Network, along with a coalition of Namibian civil society organisations, launched the Campaign to End Forced Sterilisation. The campaign developed in response to alleged cases of forced and coerced sterilisation of HIV positive women in Namibia's public hospitals. Information about the practice emerged at the Young Women's Dialogue in Windhoek, Namibia: three young women reported being enrolled in a programme for the prevention of vertical (mother to child) transmission of HIV, undergoing arbitrary sterilisation while delivering their children via caesarean section. Fact-finding research and investigation carried out by both Namibia Women's Health Network and the International Community of Women Living with HIV revealed that a significant number of women living with HIV from disadvantaged and poor communities had been coerced or forced into sterilisation in three state hospitals. The lack of informed consent was evident in most cases: the women were not presented with complete, accurate, and appropriately conveyed information about the procedure, nor given an opportunity to opt out.

Immediately after the cases of alleged forced and coerced sterilisation had emerged, NWHN and its partners called on the Namibian government, particularly the Ministry of Health and Social Services (MoHSS), to stop the practice immediately and formally communicate with all hospitals proscribing sterilisation without informed consent. When it became clear that lobbying alone would not bear concrete results, the coalition decided to take the issue to court. In light of financial and

capacity constraints, the coalition decided to file just three cases. In 2012 the Namibia High Court ruled in favour of the three women, but the government of Namibia appealed the decision. The cases were then sent to the Supreme Court of Namibia. Finally, in November 2014 the Supreme Court affirmed the High Court's decision: the government had wrongly subjected women living with HIV to coercive sterilisation.

The positive rulings by the High Court and the Supreme Court paved the way for legal action by other women who were sterilised without their consent.

Equally important, the rulings had an indelible impact on practices in hospitals. "The lives of women living with HIV have drastically changed," reports NWHN. "There is definitely a reduction of stigma and discrimination. The court cases have had huge impact. . . on how women living with HIV and our rights are perceived . . . on how we are treated in clinics. Clinic staff [became] aware and alert. Women mention NWHN and they immediately think of the court cases. Women report better treatment by medical staff as a result—this makes a huge difference." Coerced sterilisation of women living with HIV went from being a practice that was both common and silenced to a practice that is addressed and condemned publicly—recognised as a rights violation by women living with HIV, human rights defenders, mass media, and the justice system. No new cases of forced or coerced sterilisation have been documented since the ruling.

NWHN describes its partnerships, alliances, and supportive petitions from other credible organisations as essential to its success. They were key not only for getting the cases to court, but also for getting through all steps of the legal process. Because of the widespread support they received, the cases had to be addressed. They could not just 'disappear' and be ignored by the justice system, which often happens in Namibia. "The huge support for the cases from NWHN's membership, from partners and allies, and eventually from the media, created the pressure that was necessary," explains the group.

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Broader impact

In addition to putting a stop to forced and coerced sterilisation, the campaign increased public awareness in Namibia about rights and public health in general, empowering subjugated communities to assert their rights through legal means. Several women have since come forward with claims of rights violations

related to other medical issues, such as maternal and newborn health. Moreover, the campaign advanced the women's rights movement and sparked public dialogue about sexual and reproductive rights, as well

as HIV-related stigma and discrimination. An external evaluation confirmed that the campaign gave the affected women a sense of validation, broke their fear of holding the government accountable for infringing the right to health, and illustrated the critical role of social justice advocacy and community participation in asserting fundamental rights and freedoms. The campaign's positive impact was not only in terms of the legal victory, but also societal: it created a solid foundation for accountability of the government and set the stage for positive structural change in Namibia's public health system.

The impact of the campaign also reached beyond Namibia. Media attention helped raised international awareness about the issue. Similar investigations into cases of forced and coerced sterilisation were done in other countries, including South Africa, Kenya, Swaziland, Lesotho, Tanzania, Zimbabwe, and Zambia. In its 2012 report, *Robbed of Choice*, the African Gender and Media Initiative (GEM) in Kenya gave "special thanks to the Namibia Women's Health Network campaign to end the forced sterilisation of HIV positive women. The campaign set precedence and inspired the



movement of women living with HIV in Kenya to share their own experiences on non-consensual sterilisation.”

As NWHN describes it: “People support us. Media are reporting on our issues and cases positively and supportively. Ministries invite us on their committees. This shows norms are changing. Stigma has been reduced. Issues that were unspeakable are addressed.” The mere fact that more women are speaking out and revealing their HIV status and their experience of coerced and forced sterilisation signifies an important change in norms.

The movement of women living with HIV has also received support from the African Commission on Human and People’s Rights. In November 2013 the Commission adopted the Resolution on Involuntary Sterilisation and Protection of Human Rights in Access to HIV Services, condemning all forms of stigma and discrimination in terms of access to and provision of health services in the context of HIV. The resolution urges governments to fulfil their responsibility and confirms that coerced sterilisation is now seen as a rights violation in conflict with national laws and fundamental rights that are guaranteed under the African Charter on Human and Peoples’ Rights.

Speaking for ourselves

“The fact that we are an organisation formed, led, and made by women, girls and transgender people living with HIV—there would really be no other way to make the changes we want to see happen,” asserts the group. “How can we achieve justice if we do not speak for ourselves? Ending stigma and discrimination is a goal in itself. It always has been high on our agenda. Women joining NWHN, speaking out about their status and for their rights—in their communities as well as for a national public—is essential in achieving this goal. The fact that women do this, that the network has created the space for women to feel safe enough to do so, shows us we are achieving our goal.”

According to the group, its feminist approach has been critical to its success. “Our feminism

has been the motor of the mobilisation of so many women, to grow our membership both in numbers and in strength. Women are engaged, own the network, and the work we do, the directions we are taking. Our feminism has also allowed for other feminists to connect with us, to reach out. And it enabled us to see the connections, to see beyond our own experiences, to form alliances based on issues with others. Our issues are issues that affect not just us. They go beyond identity, beyond health status. We want all women to live their lives free from violence, stigma, and discrimination. We want all women to access their sexual and reproductive rights.”

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“Discrimination in health care is definitely on the agenda now,” NWHN insists. “The sterilisation case was the most contested and therefore possibly the one that generated most attention. Since this turned out so positive, we benefit from it. This enables us to pursue our work to end other harmful practices, and to make sure women, girls, and trans* people living with HIV are part of decisions affecting them.”

An organisation with teeth

NWHN started as a small community-based organisation by and for women living with HIV. In a remarkably short time, it has grown into a national organisation with a membership of 2000. NWHN representatives now sit on various governmental committees and technical working groups such as the National Strategic Framework Committee, the Global Fund’s Country Coordinating Mechanism and Resource Mobilisation Committee, and working groups on sexual and reproductive health and rights, gender-based violence, and people living with HIV. Participation in these bodies means that NWHN is now influencing policy directly, pushing for the rights of women, girls, and trans* people living with HIV and AIDS. Government ministries can no longer afford to go around the network or around women living with HIV. As NWHN puts it: “We were children when we started, but now we have teeth. We are a force to be reckoned with that no one can go around.”

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The group was founded on the premise that meaningful change can only be achieved if the agenda for change is driven by the experiences of those concerned. Its network structure reflects this belief, and its membership is one of the organisation’s main strengths. NWHN is steered by 28 young women living with HIV, two from each of Namibia’s 14 regions. They act as ‘focal points,’ giving the group both a firm base and strong governance. The role of young women is key in the network: they also comprise the majority of the network’s board and staff. The board also includes one young trans* person.

In 2011 the steering committee of NWHN developed its first strategic plan, supported by Mama Cash. The strategic planning process helped the organisation identify strategies to achieve its goals, monitor progress, and know when to adapt strategies in the years following. Steering committee members employ their on-the-ground experiences and information to ensure that national-level advocacy and litigation are responding to the experiences and needs of women and girls living with HIV in the various local contexts.

“We have built a strong, outspoken, effective movement of women living with HIV, that’s for sure,” says NWHN. “On community level and on national level. . . we have become part of community strengthening systems and forge our places as feminists in leadership positions in the communities and nationally. But there’s more. The movement is broadening and strengthening. We are moving towards a feminist movement of women outside the mainstream—beyond women living with HIV only. I’d say we are the majority now. The others are the minority.” This has not always been the case. “When we started we had quite a number of women’s organisations on board. They supported us but as time moved on, many of them left us. This was especially at the time of the first court case on forced sterilisation—many women’s organisations did not want to associate with that. The topic was deeply controversial at the time. No one had dared to speak about it, and about the government’s responsibility. . . in public.” NWHN believes that these groups’ relationships with the government may have played a role in the

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problem: organisations that received government funding or were engaged in lobbying the government may have been afraid of jeopardising their efforts.



At the same time, other allies came on board, including young feminists, women with disabilities, lesbians, trans* people, and Mama Africa, the sex worker organisation. “The solidarity and support is firm. . . . The alliance that emerged has not only strengthened our impact, it has also helped us, and our membership, to see our struggle as one that extends beyond women and girls living with HIV. We are all working towards the same thing: we want to live our lives free from discrimination and violence. We want to make our own decisions. We want to speak and be heard. We want to make decisions [about things] that affect us. . . . When we started we thought about the stigma attached to HIV. In the course of our work, lesbians and bisexual women in our network spoke out, not only about their HIV status, but also about their sexuality. Then transgender people living with HIV joined. This is how it works: we see the connections, we learn. No one should be facing stigma—not based on their HIV status, not based on anything. . . .”

Role of Mama Cash

“Change does not happen overnight,” asserts NWHN. “It happens step, by step, by step. It is important that we know there will be hindrances and challenges on our way. What matters is that we know how to overcome these challenges. . . [to] find and adopt our strategies to achieve our goals.” Mama Cash has played an important role in enabling NWHN to do this. “By providing core support, support for the strategies we believe will achieve most,

Mama Cash provides us with a platform to decide our priorities,” states the group. “This is empowering. The flexibility to change plans when the situation changes, when an opportunity arises, is extremely important.”

“Mama Cash also helps us to critically look at what we do and to evaluate ourselves,” says NWHN. “The questions that are part of the application and evaluation process, the calls with the programme officer—this has been incredibly helpful. It helped us reflect, helped us to look at what we need to do, how to achieve our goals. It was Mama Cash that supported us to engage in our first strategic planning process in 2011, at a time that was right for us—the network had grown, we had representation and vivid local networks in all regions, and a huge national campaign underway. Being able to engage in a thorough planning and strategising process with all steering committee members helped to ensure that our goals and strategy are relevant for and reflect the priorities of women living with HIV throughout the country, and that our membership supports the strategy.”

Having already achieved so much, NWHN is optimistic about the future: “Our fight for emancipation goes on.

Our fight for emancipation goes on. We shall never quit until our goal is met.

With support from allies like Mama Cash, we are going to endure and to become stronger and stronger until we have our full freedom as feminists and as women, girls, and trans people living with HIV. We shall never quit until our goal is met.”

From 2010 to 2016, Namibia Women’s Health Network has been awarded grants totalling €108,000 from Mama Cash.

[This story of change is based on documents NWHN submitted as part of Mama Cash’s monitoring and evaluation during the grant periods; the organisation’s annual reports; progress review conversations conducted over skype; and an interview with Jennifer Gatsi Mallet of NWHN. All quotes are Jennifer’s. The original case study was researched and compiled by Esther Vonk.]



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