

Running title: What role for women's organizing regarding sexual, reproductive, and newborn health in the current era?

*This commentary is being authored by the COPASAH SRH hub as well as other academics and practitioners working in the field of social accountability. It will describe how women's groups are described and addressed in global health discourse especially in the context of sexual and reproductive health, and then go on to problematize this approach from the perspective of women's health and rights activists/groups. We will focus, in particular, on how understanding "women's groups" as a technocratic input or intervention masks underlying power dynamics and lessens the transformative potential of women's organizing for health rights accountability.*

## I. Background

"Women's groups" as a vague construct, are vaunted for **their** potential role in the proliferating global health and development frameworks guiding resource allocation in the post-MDG era. [We can get examples from EWEC, SDGs, PMNCH strat plan, Essential indicators, [WHO recommendation on community mobilization through facilitated participatory learning and action cycles with women's groups for maternal and newborn health](#), others? Summarize]. In general, these strategies work from the assumption that women's group can be a program effectiveness via two main routes:

- 1) Women's groups can benefit from formal participatory mechanisms to feed into governmental policy and programs, making them better reflect the priorities of poor women and their communities.
- 2) Women who participate in community-based women's groups can increase their health literacy and entitlement knowledge and their self-efficacy, directly improving their utilization of health services and their health.

Yet, while many strategies make vague and generalizations regarding the role so-called women's groups can play, there are several trends that undercut the potential of women's organizing and that imperil the funding and political space available to women's groups. As actors in the international women's health and rights movement, we seek to explicitly name and engage these trends, putting them on the agenda for decision makers in global sexual, reproductive, and newborn health.

## II. Instrumentalization of women's groups

Instrumentalization driven by several related factors, including: 1) the dominant methods of generating evidence in global health and, 2) the elision of induced and organic participation and organizing.

- 1) Methods of generating evidence in global health: RCTs with limited time frames, black box causality, assumption that change is linear, and need to keep intervention static and hold context constant. This is not how the world works. Particularly challenging when the intervention is not a clinical intervention, but women's groups. Have been several studies using women's groups to improve newborn outcomes in South Asia. Women's groups are not a pill; to understand political contestation and change, we need to understand the dynamic interplay

between these groups and the bureaucracy and/or political leaders [cite, COPASAH case studies, Michael Woolcock on RCTs, Jonathan Fox on failure to include social movements thinking and learning in discussions on accountability, others]

- 2) Elision of induced and organic participation and organizing. The use of a generic term like “women’s groups” masks diversity. For example, there are enormous differences among groups started for the series of RCTs conducted to see if participation in community “women’s groups” led to better pregnancy outcomes. Some of these groups included Freirean style conscientization; others did not. However, all of these RCT groups can be described as “induced participation.” Induced participation entails turning a process of organic change into policy. This means making manageable, bureaucratically defined entities with budgets, targets, and using salary to motivate staff to be agents of change (Mansuri and Rao). This is quite different from organic organizing. Organic women’s groups started voluntarily by women are often characterized by self-motivated leaders who work tirelessly and creatively, adjusting their areas of focus and strategies based on changing conditions and opportunities. While groups that are intentionally formed among the most marginalized may avoid the problem of ‘elite capture,’ they may still lack the dynamism and first-view knowledge by organic groups (Mansuri and Rao).

Both the methods of generating evidence and design of induced and organic participation and organizing can depoliticize what maybe a very political project. In their planning and execution, RCTs ignore contextual factors, typically resulting in less effective interventions, and failure to capture factors that are integral to campaign success or failure. Induced efforts may – by design – fail to engage the political determinants of women’s subordinate position and marginalization in health care encounters. In contrast, organic participation may deliberately engage structures of power. Participation is quite threatening to those who enjoy privilege and power – including political agents, civil bureaucrats, and NGOs in the local field (Mansuri and Rao). [More from the Thinking and Working Politically literature]

### **III. Shrinking civil society space, increasing nationalism and politicization of sexuality and reproduction**

As they have always been, sexual and reproductive health and rights are politicized in global and national fora. This politicization is exacerbated by the rise of right-wing nationalism in many countries. Manifestations: the Global Gender Rule, more examples from countries where the authors live.

*Starting list of reports to draw from:*

- *Standing Firm, Women- and Trans-Led Organisations Respond to Closing Space for Civil Society* <https://www.hrfn.org/wp-content/uploads/2017/07/201707-Standing-Firm-Mama-Cash-UAF-report.pdf>
- *Human Rights Council, Thirty-fourth session, Report of the Special Rapporteur in the field of cultural rights A/HRC/34/56*

#### IV. Lack of funding for organic women's groups

The funding that exists for women's organizing is not always conducive to supporting women's movement building. The funding is often based on a log-frame model that funds 2-3 year project cycles.

*Starting list of reports to draw from:*

- *Donor support to southern women's rights organisations: Key findings*  
(<https://www.oecd.org/dac/gender-development/OECD-report-on-womens-rights-organisations.pdf>)
- *Resourcing for resilience: lessons from funding women's rights movements*  
[http://www.civicus.org/images/SOCS2015\\_ES1020\\_ResourcingforWomensRights.pdf](http://www.civicus.org/images/SOCS2015_ES1020_ResourcingforWomensRights.pdf)

#### V. Call to action

To come from authors. This will likely call for greater acknowledgment of diversity in women's group, a focus on supporting movement building rather than instrumentally organizing grassroots organizations, etc.