



# 30 YEARS OF PROGRESS



INTERNATIONAL WOMEN'S HEALTH COALITION

2013 ANNUAL REPORT





## A LETTER FROM OUR PRESIDENT



This year, the International Women's Health Coalition is celebrating its 30th anniversary. For the past three decades, IWHC has been a bold and independent voice for the rights of women and girls—especially the most marginalized and vulnerable.

We passionately believe that women and girls must have full and unfettered access to sexual and reproductive health information, education, and services, without discrimination, in order to fully realize their own potential. This is not only essential for building healthy communities, it is a fundamental human right.

We have transformed that passion into action every day for the past 30 years. We have supported the development of some of the most formidable women's groups and networks fighting for sexual and reproductive health and rights in Africa, Latin America, Asia, and the Middle East. In the face of tremendous opposition, we and allies successfully negotiated commitments from 179 governments to guarantee reproductive rights at the landmark International Conference on Population and Development held in Cairo in 1994. We continue to defend and expand these rights at the national, regional, and global levels.

Today, we are at a critically important moment in the fight against poverty and oppression as world leaders negotiate what will follow the Millennium Development Goals after 2015. The global debate on what this future development agenda should look like offers a unique opportunity to mobilize governments assembled at the United Nations to make sure women's and young people's rights and their health are a priority. By committing to and investing in efforts to achieve gender equality, countries can unleash the power of half the world's population to build a more peaceful, just, and sustainable planet.

We will continue to work in partnership with women's groups from around the world to make sure that governments address the needs of women and girls, and that the promises made at the UN become a reality in communities everywhere.

The work is challenging, but we are not alone. Thanks to the continued generosity of our donors and the dedication of our Board, staff, and colleagues, we have come very far. Together, we are an irresistible force for the rights of women and girls!

All of us at IWHC are deeply grateful for your support, interest, involvement, and generosity. We hope you will continue to stand with us for the next 30 years.

Thank you,

**Françoise Girard**





# OUR IMPACT

Since 1984, the International Women's Health Coalition has been at the forefront of the global fight for women's and girls' health and human rights. We began by investing in like-minded women leaders and their organizations around the world, supporting them to build just, healthy, and safe communities. We leverage the ideas and innovative programs of our local partners to influence international policies, programs, and budgets. In this way, our local investments have exponential impact.

Over time, we have helped build and strengthen more than 80 local organizations in 25 countries through mentorship, technical support, and more than \$20 million in grants. These partnerships are the backbone of the International Women's Health Coalition.

# STRENGTHENING LOCAL GROUPS

Our partners are working around the globe—from Peru to Pakistan, Kenya to Indonesia, Argentina to Cameroon. With our help, they operate programs that serve thousands of women and young people, and advocate for national and local policies that impact millions more. Our partners inform and empower their communities and provide essential sexual and reproductive health education and services. They work to reform laws and secure government funding for evidence-based programs that promote the health and rights of women and girls.

Highlights of our partner collaborations are at right.



*“IWHC’s support has been critical to growing our programs to give adolescents the sexual rights and health education and services they need. They helped us get funding from international donors like Anglo American. Together we are making a difference in Brazil.”*

**MARGARITA DÍAZ**

President of Reprolatina, Brazil

IWHC PARTNER SINCE 2006



**In Brazil**, we worked with Reprolatina to tackle an alarming rise in teen pregnancies in the city of Barro Alto as a result of an influx of mine workers at a newly opened nickel mine. Reprolatina quickly assessed the root of the problem: no sexuality education in schools, a lack of access to contraception including condoms, and no sexual health services offered to the miners themselves. Reprolatina worked with community members, educators, health care providers, teenagers, and mine company employees to integrate information about sexual health and contraception into school curricula and provide services to miners and to the community, with a special focus on adolescent girls. As a result, the percentage of births to adolescent girls dropped from 40 percent of all births in 2010 to 10 percent in 2012.

**In Bangladesh**, in one of our earliest partnerships, IWHC worked with government agencies and civil society organizations to design a five-year national health program that resulted in a 25 percent decrease in maternal deaths. We also supported a consortium of four nongovernmental organizations to train thousands of government healthcare workers to provide safe, early abortion services to 250,000 women annually. As a result, rates of abortion-related deaths and injuries were significantly reduced.

**In northern Cameroon**, where three-fourths of women aged 20-29 were married before they turned 16, we helped build an advocacy organization led by survivors of early and forced marriage. Since 2009, our partner APAD has empowered more than 150 survivors of early and forced marriage to become advocates for change, and educated more than 1,000 other girls about their rights through workshops across the region. APAD has also forged strong relationships with traditional and religious leaders who help educate parents about the consequences of early and forced marriage and encourage them to keep their daughters in school.

**In Pakistan**, our partner Aahung has become, with continuing IWHC support since 1999, a leading national and regional training center for educating youth about sexual health and human rights. Aahung has developed a groundbreaking sexuality education program that challenges harmful gender norms and teaches girls and boys about puberty, sexuality, gender discrimination, and peer pressure. Aahung's innovative student curriculum has been adopted by Muslim and Catholic school boards and implemented in more than 220 public, private, and charter schools in Karachi and across Sindh Province.

# SHAPING GLOBAL POLICIES

Our partners provide us with invaluable insight on their national and local realities. We use that expertise to shape our advocacy at the global level. Our staff plays an active role at the United Nations and in Washington, DC, to ensure that governments adopt policies and make investments that will have a positive impact on the lives and health of women and girls. Our close collaboration with local groups and our connections to policymakers have been instrumental in securing global commitments to sexual and reproductive health and rights.

Several accomplishments are detailed on the next page.



President Barack Obama signs the Violence Against Women Reauthorization Act, Thursday, March 7, 2013.



The landmark **International Conference on Population and Development**, held in Cairo in 1994, marked a turning point for women's rights and is widely regarded as a watershed moment for the sexual and reproductive rights movement. IWHC recognized the potential of this conference early on and mobilized hundreds of women from more than 50 countries to make their voices heard. We secured a place on the U.S. delegation and played a lead role in negotiating unprecedented commitments from 179 governments to put women's right to sexual and reproductive health at the center of population policy. We continued this momentum a year later at the **Fourth World Conference on Women** in Beijing, leading a successful campaign for governments to recognize that women's human rights include the right to control their sexuality.

As a U.S.-based organization, we hold our own government accountable and work with Congress and the Administration to shape U.S. foreign policy and foreign assistance. We are one of the key groups in Washington lobbying for concrete action to end child marriage worldwide. Thanks to our sustained advocacy with the U.S. Congress, the **Violence Against Women Reauthorization Act of 2013** mandated the U.S. government to develop a comprehensive strategy to prevent child marriage and to direct foreign assistance to programs in countries where this practice is prevalent. We are now pushing the State Department to act on this mandate.

In 2013, we helped train young activists and supported our local partners to participate in the **First Regional Conference on Population and Development in Latin America and the Caribbean** held in Montevideo, Uruguay. Thanks in part to the advocacy of our partners, the 33 governments of the region issued the most forward-looking document on sexual and reproductive health and rights ever agreed to in any diplomatic negotiation. The governments acknowledged that sexual rights and reproductive rights are essential for achieving sustainable development and social justice, and called on governments to amend restrictive laws on abortion.

In 2011, we collaborated with the top UN agencies working on health—the **United Nations Population Fund, UNAIDS, UNICEF**, the **World Bank**, and the **World Health Organization**—to galvanize political support for achieving maternal health by bringing services closer to where women live, including through training and supporting midwives in low- and middle-income countries. Our efforts generated political will among health ministers and senior health officials in seven countries with high rates of maternal and child deaths, namely Afghanistan, Bangladesh, the Democratic Republic of Congo, Ethiopia, Mozambique, Nigeria, and the United Republic of Tanzania. IWHC partners provided critical input by giving local examples of programs that have successfully helped to reduce maternal mortality.

# EMPOWERING NEW LEADERS

We are deeply committed to supporting young women to become the new champions of the global women's movement. We give young feminists the tools and training they need to advocate effectively with their own governments and at the United Nations. Through our Advocacy in Practice (AiP) workshops, we have empowered nearly 200 young people from 59 countries to become advocates for sexual and reproductive health and rights. Many of these young activists now lead civil society organizations or hold important posts in their governments.

At right are just a few highlights.



*"I got accepted to IWHC's Advocacy in Practice training in Hyderabad, India, and at the time sexuality education had been banned in 11 states in India. With the tools, information, and skills the incredible IWHC staff gave me, we were able to successfully challenge this ban... My experiences with IWHC reminds me that I am not alone."*

## ISHITA CHAUDHRY

Founder of the YP Foundation, India

PARTICIPANT IN IWHC'S INAUGURAL ADVOCACY  
IN PRACTICE WORKSHOP



**Oriana López Uribe** first participated in an AiP workshop in 2010. Today, she runs the Maria Abortion Fund in Mexico and is a member of the Technical Working Group on Youth for Mexico's National AIDS Program. She remains actively involved with the AiP process and has served as a co-facilitator during several AiPs, including during the Economic Commission for Latin America and the Caribbean held in Quito, Ecuador, in 2012. Oriana is also a member of RESURJ, a global alliance of young feminist activists seeking full implementation of international commitments to secure all women's and young people's sexual and reproductive rights and health by 2015.

**Ishita Chaudhry** was a passionate young activist when IWHC selected her to participate in our first official AiP training in 2007 in Hyderabad, India. She had founded the YP Foundation, a youth-led movement for social change in India, at the age of 17. The AiP workshop helped Ishita hone her passion into strategic advocacy and successfully connect to national and global policymakers. With our support, Ishita played a key role at the UN Commission on the Status of Women in 2008 and 2010, and at the UN Commission on Population and Development in 2012. She was selected to serve on the High-Level Task Force for the International Conference on Population and Development, a distinguished body of 25 leaders co-chaired by former Presidents Joaquim Chissano of Mozambique and Tarja Halonen of Finland. Ishita now participates in AiP workshops as a trainer for other young activists.

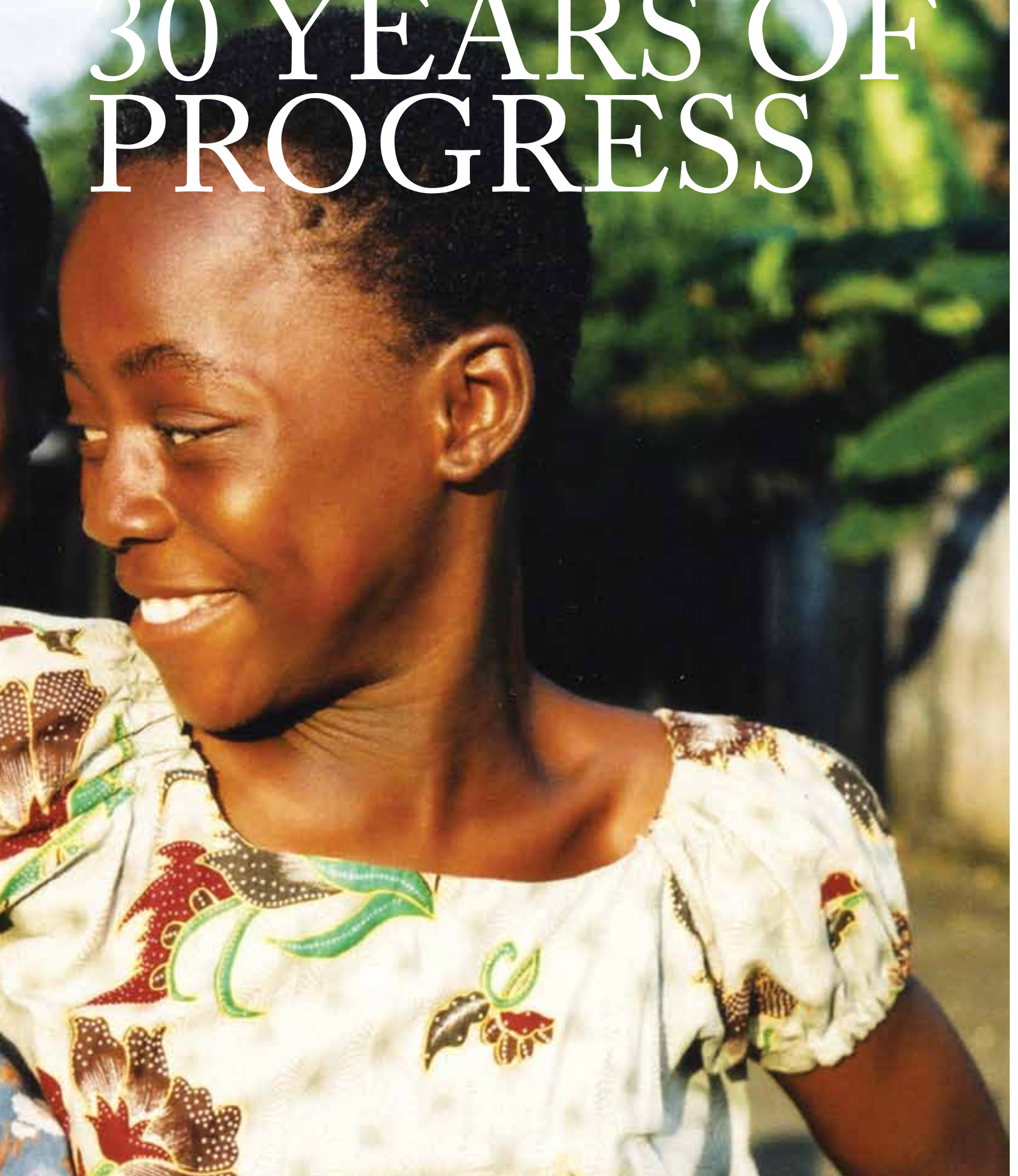
**Sheena Hadi** participated in our AiP training in 2007 in advance of the Asia Pacific Conference on Reproductive and Sexual Health and Rights. In 2008, Sheena became the executive director of Aahung, an IWHC partner organization based in Karachi, Pakistan, that promotes a human rights-based approach to sexual and reproductive health care services and information for men, women, and young people through schools, medical institutions, and government agencies. She has helped mentor many young activists in the region, including during the groundbreaking Sixth Asian and Pacific Population Conference in Bangkok in September 2013.

**Zoneziwoh “Zo” Mbonggulo** is a young feminist activist from Cameroon who participated in two AiP workshops in 2013 and 2014. The 2013 workshop introduced Zo to international advocacy and helped prepare her to advocate with government representatives at the Africa Regional Conference on Population and Development, held in Addis Ababa, Ethiopia. Zo proved to be a highly effective and visible activist at the conference and was interviewed by several journalists and media outlets, including SABC News, a popular South African television network. In 2014, Zo attended an AiP in New York in advance of the UN Commission on Population and Development. She continues to push for global policies that will advance the rights of women and girls worldwide, while continuing her work in Cameroon as the founder and director of the feminist social justice organization Women for a Change Cameroon.





# 30 YEARS OF PROGRESS



## A HISTORY OF ADVOCACY FOR WOMEN'S HEALTH AND RIGHTS

### 1984



Joan Dunlop founds IWHC and becomes its first President.

IWHC supports reproductive health groups blocked from receiving U.S. government funding due to President Reagan's "Global Gag Rule."

IWHC's first local partners are in Bangladesh, Colombia, Indonesia, the Philippines, and Venezuela.

### 1985

Adrienne Germain joins IWHC as Vice President.

At the United Nations **Third World Conference on Women** in Nairobi, IWHC galvanizes action against the newly organized anti-abortion movement, generating a mass statement on "women's right to life."

### 1986

IWHC expands to Brazil and helps build the capacity of the only three feminist health organizations in existence in the country.



### 1987

IWHC receives wide acclaim for ***Balancing the Scales***, a paper proposing to recast "population control" as women's health and rights.

### 1988

IWHC begins funding grassroots groups in Nigeria.

IWHC publishes a series of evaluations of reproductive health care services in Bangladesh.



### 1989

With leading scientists, IWHC issues the report ***Culture of Silence***, calling on the public health community to tackle reproductive tract infections, a predominant but neglected women's health concern, usually suffered in silence.

### 1990

IWHC helps establish the Cameroon branch of the region-wide Society for Women and AIDS in Africa, which works to empower women, children, and families and mitigate the impact of the AIDS epidemic.





## 1991

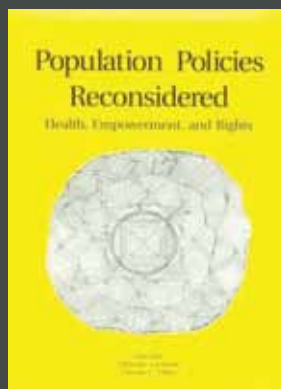
Together with the **World Health Organization**, IWHC convenes women's health advocates and scientists for a pioneering conference in Geneva on modern fertility regulation technologies.

## 1992

IWHC and allies begin to mobilize women worldwide for strong representation at the 1994 **International Conference on Population and Development (ICPD)**, to be held in Cairo.

IWHC supports the creation of RedeSaúde, a national feminist network for reproductive health and rights in Brazil.

## 1993



IWHC and allies generate a "Women's Declaration on Population Policies" at a meeting of 212 women from 50 countries, calling for "fundamental revision" of population policies "to foster the empowerment and wellbeing of all women." In conjunction, IWHC publishes **Population Policies Reconsidered** with Harvard University.

## 1994

As part of the U.S. government delegation at the **International Conference on Population and Development (ICPD)**, IWHC plays a lead role in negotiating unprecedented commitments from 179 governments to put women's reproductive rights at the center of population policy.



## 1995

At the **UN Fourth World Conference on Women** in Beijing, IWHC and colleagues lead a successful campaign to recognize that women's human rights include the right to control their sexuality.



## 1996

IWHC and the Council on Foreign Relations begin a series of dialogues aimed at increasing the influence of women on U.S. foreign policy.



# OUR PRIORITIES

We believe that realizing women's and girls' human rights, health, and equality is essential to achieving social and economic justice for all. The following priority areas guide our current advocacy efforts and grantmaking.

## 1. Advance the Rights of Adolescent Girls

Adolescence is a critical period when a girl's future potential and opportunities can flourish through health care, education, and psychosocial support. Yet less than two cents of every international development dollar goes to girls. The need is great: today 250 million adolescent girls live in poverty and are more likely than boys to be uneducated, married at a young age, and exposed to HIV. We help our partners develop cutting-edge programs that promote the rights of girls and ensure their needs are met—from quality health care, including sexual and reproductive health information and services, to education and economic opportunities, to challenging stereotypical gender norms and helping girls become confident agents of change. At the global level, we push governments to invest in programs and develop policies that allow girls to thrive, and end the persistent violence and discrimination experienced by girls in many countries.

### 1997

IWHC forms partnerships with women's rights organizations in Turkey and Pakistan.

### 1998



**Adrienne Germain** becomes the second President of IWHC.

IWHC publishes a pioneering report on the practical and ethical dilemmas in the clinical testing of microbicides to prevent HIV infection.

### 1999

IWHC and partners mobilize for the five-year review of the implementation of the ICPD Programme of Action (**ICPD+5**), which establishes clear benchmarks for measuring progress on maternal mortality, HIV incidence, and access to contraceptive services.



## 2. End Early and Forced Marriage

Every year, an estimated 14 million girls are married before they turn 18. Child marriage is a global problem that cuts across countries, cultures, religions, and ethnicities. It robs girls of their childhood and denies them their rights to health, to education, to earn a living, to live free from violence, and to choose when, whom, and if they marry. We work with local organizations in regions with high rates of child marriage to educate parents and community leaders about the harms of forcing girls into marriage, and to ensure that married adolescent girls can access the information and services they need. We advocate at the United Nations and in Washington, DC, to secure government commitments and funding to end the harmful practice of child marriage around the world.

## 3. Ensure Access to Safe and Legal Abortion

Even though abortion is legal in almost all countries for a number of indications, safe abortion services are often not provided by public health systems, making them inaccessible to the women and girls most in need. The result is tragic: an estimated 20 million unsafe abortions worldwide, most of them in developing countries, with 47,000 women and girls dying every year from the complications of unsafe abortion, and millions more suffering serious injuries. Restrictive abortion laws do not reduce the number of abortions; instead they force the procedure underground and into the hands of unqualified practitioners. Together with our partners, we work to guarantee women's rights to safe abortion services by expanding the availability and quality of services as part of comprehensive reproductive health policies and programs, and to ensure that restrictions contained in abortion laws are removed.

## 4. Promote Comprehensive Sexuality Education

Today's generation of adolescents is the largest ever: 1.2 billion girls and boys are between the ages of 10 and 19. Comprehensive sexuality education not only teaches adolescents about their bodies and puberty, but also promotes values of respect for human rights and gender equality, and addresses topics such as power in relationships, consent, communication and decision-making, intimate partner violence, sexual harassment, coercion, abuse, unwanted pregnancy, and condoms and contraception, as well as how to access sexual health services. When sexuality education includes a focus on human rights and gender norms and is taught using participatory methods, it can play a critical role in empowering girls to see themselves as equal in their relationships, and in equipping young people with the skills they need to forge emotionally and socially respectful relationships. Since the early 1990s, we have supported partner organizations working toward the same goals in countries as diverse as Nigeria and Pakistan.



# 2013 IN REVIEW

Thanks to the generous support of our donors and the dedication and passion of our Board, staff, and partners, IWHC helped secure a number of victories for the health and rights of women and girls in 2013.





## 2000

IWHC releases ***Taking Steps of Courage***, an influential publication on comprehensive sexuality education based on partners' work in Nigeria and Cameroon.

IWHC brings 65 feminist activists to the UN's five-year review of the Fourth World Conference on Women (**Beijing+5**), helping to secure global commitments on maternal mortality, adolescents' access to services, and violence against women.



# LOCAL PARTNERSHIPS

In 2013, we provided organizational grants to 15 partner organizations in Argentina, Brazil, Cameroon, India, Kenya, Nigeria, Pakistan, Peru, and Uruguay. Our staff and regional consultants work directly with our partners to provide technical assistance in order to maximize the impact of these grants. For a full list of our grants, see pages 26-29.

A few examples of these grants and technical support in 2013 include the following.

**In Nigeria**, we worked with Action Health Incorporated (AHI) to improve the national sexuality education program by strengthening content on gender equality. We also supported AHI to incorporate innovative methodologies into the curriculum to more effectively teach students about sexual and reproductive health and rights.

**In Pakistan**, we supported our partner Aahung to train teachers to provide sexuality education in selected schools in Sindh Province. Aahung also trained health care workers in the region to provide adolescents with youth-friendly sexual and reproductive health services.

**In Uruguay**, we helped our longtime partner Mujer y Salud en Uruguay (MYSU) successfully thwart a conservative campaign to repeal a recently enacted law legalizing abortion. Thanks to MYSU's efforts, the campaign failed to garner enough voter support. MYSU is now working to ensure that women have access to safe and legal abortion services under the new law.

**In Cameroon**, we supported Femmes-Santé-Développement (FESADE), one of the country's leading resources on adolescent sexual and reproductive health and rights, to work with the Ministry of Secondary Education and advocate for the integration of gender-sensitive sexuality content into the national secondary education curriculum.

**In Peru**, we supported feminist groups to launch a national campaign to challenge the country's harsh anti-abortion laws. More than 100,000 people in 13 regions of the country signed a petition to require Congress to debate a law to decriminalize abortion in cases of rape. While legislative action is still pending, the campaign has already sparked much-needed dialogue on sexual violence and reproductive rights across the country.

**In Kenya**, we made a first-time grant to Reproductive Health Services to increase access to legal, safe, and comprehensive abortion services. Our grant supported the training of public sector health providers to implement the Ministry of Health's Standards and Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion.

# ADVOCACY AT THE UN

Together with our partners, we successfully influenced governments to make bold commitments to promote gender equality, end gender-based violence, and protect sexual and reproductive health and rights. Commitments made at the United Nations are used by women's groups to hold governments accountable for fulfilling their promises.

The following are highlights of our key victories in 2013.

After two weeks of fierce negotiations at the **Commission on the Status of Women**, on March 15, more than 130 governments committed to ending violence against women and girls and reached strong agreements to promote gender equality and ensure access to sexual and reproductive health services. Governments recommitted to important strategies such as comprehensive sexuality education, the need to end harmful practices perpetuated in the context of culture and tradition, and the need to focus services based on the diverse experiences of women and girls, including indigenous women and older women.

On April 26, governments at the **Commission on Population and Development** agreed to protect the health and rights of migrant women and girls, who often are vulnerable to sexual violence and other violations of their human rights. Governments agreed that migrants must have access to health services, particularly sexual and reproductive health services, including emergency contraception, safe abortion, and HIV/AIDS prevention, treatment, care, and support.

On September 25, the **Human Rights Council** adopted the first-ever UN resolution against child marriage. A diverse group of 107 countries affirmed that the choice to marry is an adult decision that should be informed and made freely without fear, coercion, or pressure. Importantly, countries with high rates of child marriage, including Chad, Ethiopia, Guatemala, Honduras, Sierra Leone, South Sudan, and Yemen, co-sponsored the resolution. In a second resolution adopted on November 21, the UN General Assembly stressed the need to address child marriage in the post-2015 development agenda and called for a report on preventing and eliminating the practice.

At the first session of the **Regional Conference on Population and Development in Latin America and the Caribbean** on August 15, 33 countries signed the most forward-looking document on sexual and reproductive health and rights ever agreed to at any diplomatic negotiation. The "Montevideo Consensus" went well beyond existing international commitments and called on governments to guarantee the rights of all people, including adolescents and indigenous people, to make free and informed decisions about their sexual and reproductive lives, including with regard to their sexual orientation and gender identity.

## 2001



Nigeria's government adopts a national sexuality education curriculum designed with support from IWHC.

IWHC defends adolescents' right to health information and services at the **UN Special Session on Children** in New York.

## 2002

IWHC begins supporting women's groups in Peru and Mozambique.

IWHC assists the World Health Organization on developing its first policy guidance for safe abortion.



## 2003

IWHC begins funding sexual and reproductive rights advocacy in Argentina, starting with a grant to Catholics for the Right to Decide.

## 2004

IWHC mobilizes a successful effort to thwart the Bush administration-led attempt to roll back the ICPD agreement at the **ICPD+10** review.

IWHC publishes ***Positively Informed: Lesson Plans and Guidance for New Sexuality Education Teachers and Advocates***, a practical guidance for launching comprehensive sexuality education programs.



On September 20, 38 governments at the **Sixth Asian and Pacific Population Conference** issued a robust declaration that gender equality and sexual and reproductive health and rights are indispensable to sustainable development, and must be a key part of the post-2015 development framework. The governments recognized the right of individuals to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence, and called for universal and equitable access to sexual and reproductive health services, including comprehensive sexuality education, modern contraception, and safe abortion where permitted by law.

At the **Africa Regional Conference on Population and Development**, on October 4, government ministers from 52 African countries adopted a strong declaration with 88 commitments, including on sexual and reproductive health and rights. The declaration called for universal access to sexual and reproductive health information and services, with particular attention to the needs of adolescents, as well as emergency contraception, comprehensive sexuality education, and critical services for survivors of violence against women and girls.



IWHC, along with our partner organizations RESURJ and DAWN, convened a two-day feminist strategy meeting in advance of the Sixth Asian and Pacific Population Conference in Bangkok, Thailand, September 14-15, 2013.

# ADVOCACY IN WASHINGTON

In Washington, DC, we work with policymakers to ensure that U.S. foreign policy and assistance promote and protect the health and rights of women and young people, particularly adolescent girls. Since shaping U.S. government policy is no easy task, we work with like-minded organizations to maximize the impact of our advocacy. In 2013, we played an active role in several DC-based coalitions, including the Coalition for Adolescent Girls, the International Family Planning Coalition, and Girls Not Brides USA.

The following are highlights of our key victories in 2013.

After being stalled in Congress for more than a year, the **Violence Against Women Act (VAWA)** was reauthorized on February 28, and signed into law by President Obama on March 10. Thanks to our advocacy, for the first time ever VAWA mandated the State Department to develop a comprehensive strategy to end child marriage worldwide. We worked tirelessly with steadfast leaders in the United States Congress, including Senator Dick Durbin (D-IL), Congresswoman Betty McCollum (D-MN), Congressman Aaron Schock (R-IL), and former Senator Olympia Snowe (R-ME), to ensure that this language was included in the final bill.

On September 30, the **Global Sexual and Reproductive Health Act** was introduced with 30 co-sponsors in the House of Representatives. We helped draft this comprehensive legislation, which outlines a progressive model for delivering sexual and reproductive health services under U.S. foreign assistance programs. If the bill becomes law, it will provide a clear road map to ensuring that U.S. funding supports rights-based programs that will promote the health of women, men, and young people around the world.

Together with Girls Not Brides USA, we convened a **Senate Briefing on Child Marriage** and brought the “Too Young To Wed” photo exhibition to the Russell Senate Office Building from July 23 to 25. IWHC President Françoise Girard and other advocates urged congressional leaders to prioritize efforts to end child marriage and mobilize resources toward evidence-based solutions.

Our **50 Days of Action for Women and Girls** campaign brought together more than 20 U.S.-based organizations in support of a common set of actions for the U.S. government to advance the health and rights of women and girls around the world. The 10-week campaign called on Secretary of State John Kerry to implement policies in eight different areas that impact the lives of women and girls, including education, health, violence, early and forced marriage, human rights, and economic empowerment.

## 2005

IWHC convenes **With Women Worldwide: A Compact to End HIV/AIDS**, a global meeting of activists to develop an agenda and mobilization strategy to prevent HIV infection in girls and women, and ensure their equitable access to HIV care, treatment, and support.

## 2006

IWHC persuades the U.S. State Department to begin reporting on the prevalence of child marriage as part of its annual Human Rights Report.

At the **UN General Assembly Special Session on HIV/AIDS**, IWHC helps secure government commitments to dramatically scale up the AIDS response and address the disproportionate impact of HIV on women and girls.

2007



IWHC conducts its first formal Advocacy in Practice training to coincide with the **UN Commission on the Status of Women.**

IWHC partner FESADE helps develop and publish Cameroon's first comprehensive sexuality education curriculum.

2008

In Washington, D.C., IWHC begins to build bipartisan support for U.S. legislation that would direct foreign aid to community programs to prevent child marriage in countries with high rates.

# SUPPORT TO YOUNG LEADERS

In 2013, we supported 105 individual advocates to participate in government negotiations at the United Nations and at regional conferences. Our Advocacy in Practice trainings help prepare young leaders to effectively advocate with government officials. These workshops bring together burgeoning advocates from a variety of contexts to share, strategize, and learn from one another.

**In August**, we brought young activists from throughout Latin America and the Caribbean to Montevideo, Uruguay, for an Advocacy in Practice workshop and to advocate with their governments at the First Regional Conference on Population and Development in Latin America and the Caribbean. This passionate and diverse group of young activists helped secure the Montevideo Consensus, a groundbreaking document on sexual and reproductive health and rights.

**In September**, we held an Advocacy in Practice workshop in Addis Ababa, Ethiopia, for young feminists from six African countries prior the Africa Regional Conference on Population and Development. The workshop marked the beginning of an ongoing collaboration among activists from across the continent to ensure that African governments advance sexual and reproductive health and rights and gender equality.

**In September**, we supported young activists to demand a progressive agenda on population policies during the Sixth Asian and Pacific Population Conference in Bangkok, Thailand. Thanks to this advocacy, 38 Asian and Pacific governments declared that gender equality and sexual and reproductive health and rights are indispensable to sustainable development and called for a review of laws that criminalize abortion.







## GRANTS TO PARTNERS (FISCAL YEAR 2013)

## AFRICA

## REGIONAL

## FEMNET

Ensure women's rights issues, including sexual and reproductive health and rights, feature prominently in the African Common Position for the post-2015 Development Agenda and that African women continue to actively engage in relevant post-2015 processes.

**\$114,102**

## CAMEROON

## FEMMES-SANTÉ-DÉVELOPPEMENT (FESADE)

Increase FESADE's visibility as the leading source of comprehensive information on young people's sexual and reproductive health and rights in Cameroon and advocate for the integration of gender-sensitive sexuality content into the national secondary education curriculum.

**\$25,000**

## NIGERIA

## ACTION HEALTH INCORPORATED (AHI)

Scale up and improve the quality and implementation of the Family Life and HIV Education program in Lagos state, particularly by strengthening discussion of gender norms and roles within the student curriculum, and by expanding the use of learner-centered methodologies that foster critical thinking.

**\$118,100**

## EDUCATION AS A VACCINE (EVA)

Foster the meaningful participation of young people in Nigeria's policy-making process by building their capacity to advocate for the inclusion of young people's health needs in national health legislation.

**\$30,000**

## KENYA

## REPRODUCTIVE HEALTH SERVICES (RHS)

Increase access to legal, safe, and comprehensive abortion services by supporting the implementation of the Ministry of Health's Standards and Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion in Kenya.

**\$58,824**

GRANTS TO PARTNERS (FISCAL YEAR 2013)

# ASIA

## REGIONAL

### ASIA SAFE ABORTION PARTNERSHIP (ASAP)

Create a regional community of youth champions who have an understanding of access to safe abortion as a gender, sexual and reproductive health and rights, and human rights issue.

**\$52,500**

## PAKISTAN

### AAHUNG

Promote the institutionalization of sexual and reproductive health and rights education and services in selected schools in Sindh Province.

**\$38,200**

## INDIA

### COMMONHEALTH

Challenge efforts to restrict access to safe abortion throughout India.

**\$35,000**



GRANTS TO PARTNERS (FISCAL YEAR 2013)

# LATIN AMERICA

## PERU

### PROMSEX

Lead a national campaign to decriminalize abortion in cases of rape.

**\$50,000**

## ARGENTINA

### CATÓLICAS POR EL DERECHO A DECIDIR

Expand access to safe abortion and promote its legalization in Argentina.

**\$50,000**

## URUGUAY

### MUJER Y SALUD EN URUGUAY (MYSU)

Monitor implementation of the new law that decriminalizes abortion and develop policies and recommendations to ensure that safe abortion is, in fact, accessible.

**\$50,000**

## BRAZIL

### CATÓLICAS PELO DIREITO DE DECIDIR

Expand grassroots support for the legalization of abortion in Brazil and serve as a counterpoint to arguments to further restrict sexual and reproductive rights.

**\$40,000**

### CENTRO FEMINISTA DE ESTUDOS E ASSESSORIA (CFMEA)

Prevent setbacks on sexual and reproductive rights in Brazil's national Congress and inform and strengthen grassroots support for sexual and reproductive rights, especially the decriminalization of abortion.

**\$50,000**

### COMUNICAÇÃO EM SEXUALIDADE (ECOS)

Strengthen a civil society network for comprehensive sexuality education (CSE) and conduct advocacy for CSE policies in Brazil.

**\$49,100**

## GRANTS TO PARTNERS (FISCAL YEAR 2013)

## CENTRAL AND EASTERN EUROPE

## REGIONAL

## ASTRA NETWORK

Strengthen the capacity of ASTRA member organizations throughout Central and Eastern Europe to advocate more effectively and strategically for sexual and reproductive health and rights at the global level, particularly in post-2015 processes.

**\$50,000**

## GRANTS TO INDIVIDUALS

**RESURJ Retreat and Feminist Strategy Meeting**

NOVEMBER 14-19, 2012 | Support 15 young feminist leaders from Africa, Asia, Eastern Europe, the Middle East, and Latin America. **\$4,551**

**Expert Group Meeting on Adolescent Sexual and Reproductive Health**

FEBRUARY 4-6, 2013 | Support 19 advocates from Africa, Asia, and Latin America. **\$35,831**

**57th Commission on the Status of Women**

MARCH 1-15, 2013 | Support 19 feminist activists from 18 countries. **\$92,449**

**Latin American and Caribbean Consultation: Gender, Economic, and Ecological Justice**

AUGUST 16-18, 2013 | Support young feminist advocates and allies from Argentina, Barbados, Bolivia, Brazil, Ecuador, Mexico, Peru, Uruguay, and Venezuela. **\$16,973**

**Post-2015 Sustainable Development Agenda Conference**

MARCH 20-22, 2013 | Support activists at this UN-sponsored meeting in Bonn, Germany. **\$3,333**

**46th Commission on Population and Development**

APRIL 22-26, 2013 | Support 5 activists from India, Mexico, Namibia, Nigeria, and Poland. **\$13,122**

**4th Session of the Open Working Group on Sustainable Development Goals**

JUNE 17-19, 2013 | Support participation of 6 IWHC partners. **\$14,034**

**First Regional Conference on Population and Development in Latin America and the Caribbean**

AUGUST 12-15, 2013 | Support 27 activists to participate in an IWHC Advocacy in Practice training and attend negotiations. **\$63,698**

**Asia-Pacific CSO Consultation on a Just and Transformative Post-2015 Development Agenda**

AUGUST 23-24, 2013 | Support 5 activists from China, India, Kazakhstan, and Sri Lanka. **\$6,935**

**Sixth Asian and Pacific Population Conference**

SEPTEMBER 16-20, 2013 | Support 5 young activists from China, India, Iran, Nepal, and the Philippines. **\$9,862**

**Africa Regional Conference on Population and Development Beyond 2014**

SEPTEMBER 30 – OCTOBER 4, 2013 | Support 14 activists to participate in an IWHC Advocacy in Practice training and attend negotiations. **\$33,135**

FISCAL YEAR 2013 | OCTOBER 1, 2012 TO SEPTEMBER 30, 2013

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**2009**

Following a successful  
 advocacy campaign  
 by IWHC's partner  
 Catholics for the Right  
 to Decide, Bolivians  
 approve a progressive  
 Constitution that  
 dedicates a chapter  
 to women's rights and  
 specifically entitles  
 women and men  
 to sexual and  
 reproductive rights.

**2010**

In India, IWHC supports  
 a national network of  
 medical practitioners to  
 train medical providers  
 on safe abortion  
 services.

## 2011

IWHC facilitates the creation of RESURJ, Realizing Sexual and Reproductive Justice, an international alliance of young feminist activists from 14 countries.

IWHC galvanizes political support among UN agencies to promote maternal health by training and supporting midwives in low- and middle-income countries.

## 2012



IWHC supports a powerful contingent of young activists to the **UN Commission on Population and Development**, which passes its most progressive resolution ever on youth and adolescent health and rights.

**Françoise Girard** becomes the third President of IWHC.

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## 2013



IWHC awards the first annual **Joan B. Dunlop Award** to Adenike Esiet, Executive Director of Action Health Incorporated in Nigeria.

After years of sustained advocacy by IWHC, the U.S. Congress mandates the U.S. Secretary of State to design and implement a multi-year, multi-sectoral strategy to end child marriage globally.

At **ICPD Beyond 2014** regional reviews, IWHC helps secure government commitments to sexual and reproductive health and rights in Africa, Asia, and Latin America and the Caribbean.



FISCAL YEAR 2013 | OCTOBER 1, 2012 TO SEPTEMBER 30, 2013

# FINANCIAL STATEMENTS

	2013	2012
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	4,551,547	3,514,743
Grants and contributions receivable	1,539,986	1,938,730
Prepaid expenses and other current assets	26,232	45,835
<b>TOTAL CURRENT ASSETS</b>	<b>\$6,117,765</b>	<b>\$5,499,308</b>
Investment in Certificate of Deposit- Restricted	43,597	43,535
Grants and Contributions Receivable, net	964,772	1,323,844
Property and Equipment, net	80,288	57,559
<b>TOTAL ASSETS</b>	<b>\$6,117,765</b>	<b>\$5,499,308</b>

## LIABILITIES AND NET ASSETS

<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued expenses	225,866	203,148
Grants payable	122,259	104,701
Deferred revenue	—	38,322
<b>TOTAL CURRENT LIABILITIES</b>	<b>\$348,125</b>	<b>\$346,171</b>
<b>TOTAL LIABILITIES</b>	<b>\$348,125</b>	<b>\$346,171</b>

## COMMITMENTS AND CONTINGENCIES

<b>NET ASSETS</b>		
Unrestricted:		
Operating	3,581,027	1,850,622
Board-designated	1,591,558	1,591,558
<b>TOTAL UNRESTRICTED NET ASSETS</b>	<b>\$5,172,585</b>	<b>\$3,442,180</b>
Temporarily restricted	1,685,712	3,135,895
<b>TOTAL NET ASSETS</b>	<b>\$6,858,297</b>	<b>\$6,578,075</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$7,206,422</b>	<b>\$6,924,246</b>

**FISCAL YEAR 2013** | OCTOBER 1, 2012 TO SEPTEMBER 30, 2013**SUPPORT AND REVENUE****CURRENT ASSETS**

	2013 Unrestricted	2013 Temporarily Restricted	2013 Total	2012 Unrestricted	2012 Temporarily Restricted	2012 Total
Contributions—foundations and others	2,082,640	654,500	2,737,140	1,771,255	1,157,092	2,928,347
Contributions—individuals	1,177,055	—	1,177,055	693,521	—	693,521
Grants—government agencies	—	124,001	124,001	237,211	2,689,200	2,926,411
Special events	840,969	—	840,969	—	—	—
Direct expenses of special events	(155,084)	—	(155,084)	—	—	—
Investment income	4,948	—	4,948	6,161	—	6,161
Miscellaneous income	70,286	—	70,286	110,000	—	110,000
Net assets released from restriction	2,228,684	(2,228,684)	—	1,570,663	(1,570,663)	—
<b>TOTAL SUPPORT AND REVENUE</b>	<b>\$6,249,498</b>	<b>(\$1,450,183)</b>	<b>\$4,799,315</b>	<b>\$4,388,811</b>	<b>\$2,275,629</b>	<b>\$6,664,440</b>

**EXPENSES****PROGRAM SERVICES**

Advocacy and Policy	1,296,889	—	1,296,889	1,213,968	—	1,213,968
Strengthening International Partnerships	1,309,248	—	1,309,248	494,835	—	494,835
Coalition Institutional Capacity	333,188	—	333,188	637,661	—	637,661
<b>TOTAL PROGRAM SERVICES EXPENSE</b>	<b>\$2,939,325</b>	<b>—</b>	<b>\$2,939,325</b>	<b>\$2,346,464</b>	<b>—</b>	<b>\$2,346,464</b>

**INSTITUTIONAL DEVELOPMENT**

Management, administrative and board liaison	805,948	—	805,948	652,080	—	652,080
Fundraising	743,539	—	743,539	413,680	—	413,680
<b>TOTAL INSTITUTIONAL DEVELOPMENT</b>	<b>\$1,549,487</b>	<b>—</b>	<b>\$1,549,487</b>	<b>\$1,065,760</b>	<b>—</b>	<b>\$1,065,760</b>
<b>TOTAL EXPENSES</b>	<b>\$4,488,812</b>	<b>—</b>	<b>\$4,488,812</b>	<b>\$3,412,224</b>	<b>—</b>	<b>\$3,412,224</b>
Increase (Decrease) in Net Assets before Foreign Currency Exchange Loss	1,760,686	(1,450,183)	310,503	976,587	2,275,629	3,252,216
Foreign Currency Exchange Loss	(30,281)	—	(30,281)	(26,905)	—	(26,905)
Increase (Decrease) in Net Assets	1,730,405	(1,450,183)	280,222	949,682	2,275,629	3,225,311
Net Assets, beginning of year	3,442,180	3,135,895	6,578,075	2,492,498	860,266	3,352,764
<b>NET ASSETS, END OF YEAR</b>	<b>\$5,172,585</b>	<b>\$1,685,712</b>	<b>\$6,858,297</b>	<b>3,442,180</b>	<b>3,135,895</b>	<b>6,578,075</b>

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The International Women's Health Coalition (IWHC) promotes and protects the sexual and reproductive rights and health of women and young people, particularly adolescent girls, in Africa, Asia, Latin America and the Middle East.