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معهد الأصفري للمجتمع المدني والمواطنة

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# **TOWARDS RIGHTS- BASED SRHR POLICIES IN THE MENA/SWANA REGION: GAPS, PRIORITIES, AND FEMINIST RESPONSES**

## **ABOUT THE ASFARI INSTITUTE FOR CIVIL SOCIETY AND CITIZENSHIP**

The Asfari Institute for Civil Society and Citizenship at the American University of Beirut (AUB) is a regional civil society hub that bridges academia and activism in the Middle East and North Africa (MENA)/Southwest Asia and North Africa (SWANA) region.

Since 2012, the Asfari Institute has provided resources, knowledge, and spaces for civil society actors, scholars, students, practitioners, and policymakers to connect and collaborate on issues related to social movements, activism, and citizenship, with a strong emphasis on the universality of human rights, gender equality, intersectionality, and social justice.

**Author:** Carla Akil

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# INTRODUCTION

Sexual and reproductive health and rights (SRHR) are foundational components of human rights frameworks and are central to achieving gender equality, justice, and dignity. These rights encompass access to comprehensive healthcare services, including contraception, safe abortion, maternal health, menopause care, and protection from sexual and gender-based violence, as well as the right to bodily autonomy, informed consent, and freedom from discrimination.

Despite this, SRHR remain severely underprioritized in public policy across the Middle East and North Africa (MENA)/ South West Asia and North Africa (SWANA) region, especially during armed conflict, economic collapse, and humanitarian crisis.

In crisis settings, SRHR violations are not only more frequent but also more likely to be disregarded or intentionally omitted from response plans. Legal frameworks often criminalize or restrict critical aspects of SRHR, such as abortion or gender-affirming care, while healthcare systems are weakened by underinvestment and political neglect. Documentation and service provision frequently exclude marginalized groups such as adolescent girls, refugee and displaced populations, LGBTQ+ individuals, persons with disabilities, and people living in rural or conflict-affected areas. These patterns reflect not only policy gaps but systemic, political failures to recognize SRHR as fundamental rights.

To address these persistent gaps in crisis contexts, the Asfari Institute for Civil Society and Citizenship at the American University of Beirut convened a multi-stakeholder dissemination event on July 4, 2025, titled SRHR Policy Gaps and Priorities in the MENA Region. The event brought together a diverse group of feminist activists, researchers, healthcare providers, donors, and policymakers from across the region to present and discuss key findings from three newly developed policy briefs.

Each brief focused on an area where SRHR are routinely marginalized and where existing legal and institutional frameworks fail to meet the needs of affected communities, including (1) the systemic invisibilization of older women's health needs, particularly about menopause; (2) the ongoing criminalization, depoliticization, and stigma surrounding abortion; and (3) the normalization and impunity of conflict-related sexual violence (CRSV) as a strategy of war and repression.

In addition to the policy briefs, the event marked the launch of a regionally grounded SRHR Toolkit, designed to support feminist actors, practitioners, and institutions in navigating and responding to SRHR challenges in humanitarian and crisis settings. Developed through extensive consultation

and collaboration, the toolkit includes a mapping of regional policy gaps, practical tools for field-based needs assessments, case studies from MENA/ SWANA countries, and guiding principles rooted in feminist ethics of care, intersectionality, and political accountability.

Together, these knowledge products aim to shift the narrative from service delivery gaps to structural rights violations and to catalyze coordinated, rights-based, and community-driven responses across the region.

What distinguished this convening was not only its focus on underrepresented issues but also the feminist and rights-based process through which the knowledge products were developed. Developed through participatory, locally grounded facilitation sessions, the process centered the lived experiences and political insights of civil society actors, activists, and health professionals, many of whom worked under conditions of war, displacement, and systemic neglect.

The methodology prioritized community-defined priorities, treated feminist actors as knowledge producers rather than data sources, and ensured that the resulting tools and recommendations were politically grounded and responsive to real conditions on the ground.

The conversations held during the event collectively argued that SRHR cannot be postponed until after stability is restored. Rather, SRHR must be recognized as essential infrastructure in times of crisis, central to protection, justice, and long-term recovery. These rights are not ancillary services but key political claims that intersect with broader questions of power, governance, and social transformation.

This paper documents and analyzes the core themes, critiques, and policy recommendations that emerged from the event. It situates SRHR within a broader framework of feminist political economy, transitional justice, and regional movement-building.

Section One reframes SRHR as a rights-based issue, focusing on menopause and the exclusion of older women. Section Two analyzes abortion as a site of legal, social, and narrative injustice. Section Three explores conflict-related sexual violence (CRSV) as a political tool and highlights survivor-led alternatives. Section Four introduces the SRHR toolkit as a feminist, crisis-responsive resource. The conclusion outlines strategies for advancing SRHR through localized advocacy, sustainable funding, and inclusive knowledge production.

In foregrounding the region's feminist knowledge and resistance practices, this paper seeks to inform not only future policy work but also broader efforts to reposition SRHR as a political priority in times of crisis and beyond.

## SECTION I:

# MENOPAUSE AS A RIGHTS-BASED AND POLICY-RELEVANT ISSUE

The event opened with a focused and multi-dimensional discussion on menopause, shedding light on its significance as a neglected yet critical social justice and public health issue across the MENA/SWANA region. In line with the event's broader objective to reframe SRHR as a matter of rights rather than service delivery, this session argued that menopause cannot remain confined to the medical domain. Rather, it must be situated within inclusive health and gender equality frameworks and addressed through policy, education, and workplace reform.

## KEY INSIGHTS FROM THE POLICY BRIEF ON MENOPAUSE

The United Nations Sustainable Development Goals (SDGs): Especially Goal 3 (Good Health and Well-Being), and Goal 5 (Gender Equality), which call for universal access to sexual and reproductive healthcare services, including for family planning, information, and education (United Nations, 2015).

Dr. Faysal El Kak, Director of the Women's Integrated Sexual Health (WISH) Program and President of the World Association of Sexual Health, presented the core findings and recommendations of the newly developed policy brief on menopause, emphasizing its relevance as both a public health and social justice issue.

He began by highlighting the demographic urgency: by 2050, more than 2.2 billion women globally, including a significant portion in the MENA/SWANA region, will be undergoing the menopause transition. Despite this, national health systems across the region remain largely unprepared to provide appropriate care, information, or support.

The systemic neglect of menopause, he argued, serves as a litmus test for whether SRHR frameworks are genuinely inclusive and responsive to women across their life course, not just during periods of fertility.

Dr. El Kak emphasized that the omission of menopause from SRHR policy is not just a medical oversight but a structural failure rooted in gender inequality. He described how women experiencing menopause often encounter misdiagnosis, dismissal, and psychological gaslighting by health providers who are neither trained nor equipped to engage with the topic seriously.

In addition, the medical field remains dominated by outdated narratives that pathologize menopause rather than recognizing it as a natural and significant life stage that requires targeted support.

A major focus of his intervention was the need to adopt a life-course approach to SRHR, which insists that reproductive health must be addressed beyond fertility and across all stages of life, including perimenopause, menopause, and post-menopause. In this context, menopause is not a standalone issue; it is part of a broader ecosystem of health, well-being, and rights.

Dr. El Kak called for immediate reforms in medical education, noting that most curricula in the region still lack comprehensive, gender-sensitive training on menopause and aging. He advocated for investments in both qualitative and quantitative research to better understand the diverse experiences of menopause across socioeconomic, cultural, and geographic contexts.

Addressing language was also a key recommendation: dominant terminology often reinforces stigma, shame, and silence, which discourages women from seeking help or even acknowledging their symptoms.

The workplace was another area of focus. Dr. Faysal El Kak presented emerging evidence suggesting that the lack of institutional accommodations for menopause, such as flexible schedules, access to health care, and anti-discrimination protections, contributes to the early exit of women from leadership roles and the formal labor market. He framed this not as a private matter, but as a form of structural gender discrimination that reinforces male-dominated leadership and deprives institutions of experienced women professionals. Creating menopause-friendly workplaces, therefore, is not only a health or HR concern—it is a political imperative for gender equity.

In conclusion, he positioned menopause as a critical site of intervention for advancing inclusive SRHR agendas in the region. By addressing the existing policy, research, and practice gaps, states and institutions can begin to dismantle the ageist and gendered barriers that currently shape women's health and labor trajectories.

## PRACTITIONER REFLECTIONS AND POLICY RECOMMENDATIONS

Dr. Abeer Annab, the current President of the Jordanian Society of Obstetrics and Gynecology, reinforced the urgency of integrating menopause into national SRHR agendas, drawing on her experience in establishing Jordan's first midlife clinic. She highlighted the stark absence of menopause-related content in both medical education and national health planning in Jordan.

Dr. Annab noted that her own training as an obstetrician-gynecologist included little to no instruction on menopause management, despite the fact that it affects a significant and growing portion of the population. This knowledge gap has contributed to the marginalization of menopausal health in clinical practice and public policy alike, resulting in inadequate services, stigma, and misinformation.

The open discussion that followed added critical nuance to the conversation, as participants from across the region brought attention to several under-recognized dimensions of menopause:

### EARLY MENOPAUSE AND PREMATURE OVARIAN INSUFFICIENCY (POI)

An Egyptian SRHR activist emphasized the distinct psychological, social, and medical challenges faced by women who experience menopause before the age of 40. These cases, often underdiagnosed and misunderstood, involve complex fertility implications and heightened vulnerability to anxiety and depression.

The speaker called for targeted awareness campaigns, specialized health services, and the explicit inclusion of POI in national and regional policy frameworks.

This intervention underscored the need to disaggregate menopause data and policy approaches to reflect the full spectrum of experiences, especially those occurring outside the "normative" menopausal age.

### WORKPLACE REFORM AND ECONOMIC PARTICIPATION

A participant working in the energy sector addressed the impact of workplace policies on menopausal women's career trajectories. She noted that the absence of institutional recognition of menopausal symptoms, such as fatigue, sleep disruption, and memory issues, often results in absenteeism, stalled professional advancement, or early retirement.

Menopause, she argued, must be considered an occupational health issue. She proposed practical policy reforms, including flexible working arrangements, awareness training for HR personnel, and anti-discrimination clauses specific to age and reproductive health status.

### NEURODIVERGENT WOMEN AND HORMONAL SENSITIVITY

A Lebanese participant introduced the important but rarely addressed issue of how menopause impacts neurodivergent individuals, such as those with ADHD or autism spectrum disorders. She explained that hormonal fluctuations during menopause can amplify sensory sensitivity, emotional dysregulation, and cognitive challenges in neurodiverse women.

This intersectional perspective highlighted the need for differentiated, inclusive public health strategies that acknowledge neurodiversity, not only in clinical treatment but also in educational materials and workplace accommodations.

## **MISCONCEPTIONS AROUND HORMONE REPLACEMENT THERAPY (HRT)**

Several participants pointed to outdated and inaccurate information about HRT as a major barrier to effective menopause care across MENA/SWANA countries. Persistent fears, particularly around breast cancer, have led to public distrust and reluctance among health providers to recommend HRT, even in cases where it would be appropriate.

Participants called for an evidence-based re-education campaign targeting both medical professionals and the broader public, emphasizing that HRT is only one of many tools in menopause management and should be applied with clinical judgment and patient-centered care.

The session concluded with shared commitments to advancing data collection, fostering cross-country exchange, and scaling advocacy efforts. Participants emphasized that older women remain one of the most overlooked populations in SRHR programming, particularly in humanitarian settings where reproductive health services are often limited to maternal care. The failure to recognize the needs of aging women reflects a broader pattern of exclusion in policy design and funding allocation.

As a collective takeaway, the session called for a structural reframing of menopause: not as a private or purely medical event, but as a social, political, and economic issue that sits at the heart of gender justice. Ensuring dignity, health, and full participation for women across the life course requires dismantling stigma, reforming institutions, and embedding menopause into every level of SRHR policymaking and public health infrastructure in the MENA/SWANA region.

## SECTION II:

# ABORTION AS A SITE OF STRUCTURAL INJUSTICE AND NARRATIVE CONTESTATION

The second session of the event focused on abortion as a critical but criminalized component of SRHR in the MENA/SWANA region. Building on the themes of bodily autonomy, intersectional oppression, and feminist resistance, the panel, led by journalist and feminist activist Maya El Ammar with discussant Nagwa Ibrahim, representing Edraak for Development and Equality, offered a grounded analysis of abortion not only as a health issue, but as a deeply politicized, moralized, and legally repressed terrain.

## RECLAIMING THE NARRATIVE: FROM CRIME TO CARE

Maya El Ammar opened the session with a clear assertion: abortion is not a marginal issue or a controversial exception within feminist activism, but rather, it is central to the broader political struggle for bodily autonomy and reproductive justice. She emphasized that her entry point into abortion advocacy came through feminist theory and praxis, not medical or humanitarian discourse.

This framing was critical to repositioning abortion within a framework of rights and power. For El Ammar, abortion is not about death or criminality, but about care, life, and the ability to exercise self-determination over one's body.

She critiqued dominant public narratives that continue to define abortion in terms of "death, crime, and punishment" rather than rights, health, or dignity. This framing, she argued, not only dehumanizes women and people who seek abortions but also strips the procedure of its broader social and political dimensions.

In this context, feminist knowledge production, through media, journalism, and research, plays a critical role in challenging stigma and shifting public discourse. Yet, El Ammar pointed out that feminist media projects remain structurally unsupported, underfunded, and often excluded from policy conversations, despite being essential tools for advocacy and public education.

Drawing on her 2018 investigative report and the collaborative policy brief presented at the event, El Ammar offered an overview of abortion laws across the region. In most MENA/SWANA countries, such as Lebanon, Syria, Iraq, and Egypt, abortion remains criminalized except in narrowly defined cases, typically only when the woman's life is at risk.

These restrictive legal frameworks reflect patriarchal moral codes and punitive state logics, reinforcing women's subordinate status and denying them reproductive autonomy. Even in countries like Jordan and Kuwait, where public health policies technically allow for abortion in cases of health risk, implementation remains inconsistent, inaccessible, and riddled with bureaucratic barriers.

She noted, however, that the regional legal landscape is not static. The UAE's recent legal reform, which expanded abortion access to include cases of rape and other forms of sexual violence, signals a shift, albeit partial, toward more comprehensive policy frameworks. El Ammar emphasized the importance of looking beyond the MENA/SWANA region to other Global South experiences.

Instruments such as the Maputo Protocol (adopted by the African Union), as well as feminist legal frameworks from Latin America, provide useful models for rights-based advocacy and can help activists in the Arab region articulate demands rooted in international human rights norms and regional solidarities.

Despite these opportunities, El Ammar cautioned that legal reform alone is not sufficient. Ideological change, particularly within state institutions, lags far behind policy change. In many contexts, the state continues to function as an apparatus of surveillance, punishment, and moral policing. As a result, both activists and medical professionals are forced to operate in legal grey zones, offering harm reduction support or emergency services under the constant threat of criminal charges, professional sanctions, or social backlash. This environment of criminalization discourages open advocacy, fosters self-censorship, and isolates practitioners and patients alike.

This reality creates difficult dilemmas around visibility, protection, and movement-building. On one hand, public advocacy is essential to shifting norms and building political pressure; on the other hand, it may expose individuals and organizations to serious risks. El Ammar called for more coordinated strategies to protect frontline actors, sustain feminist media ecosystems, and ensure that abortion is framed as a right, not a privilege or a taboo.

The discussion demanded a reframing of abortion away from punitive or moralistic framings and toward a care-centered, rights-based approach grounded in feminist solidarity. Abortion must be recognized not only as a medical need but as a political demand tied to bodily integrity, gender equality, and broader struggles for justice in a region marked by authoritarianism, crisis, and institutionalized gender discrimination.

## TESTIMONIES AND POLICY GAPS

A defining strength of this discussion was its grounding in lived experiences. Through testimonies collected from Lebanon, Syria, Palestine, and other contexts in the region, speakers moved beyond abstract legal debates to expose the concrete consequences of abortion criminalization on women's lives.

These personal narratives, shared through the policy brief and accompanying interventions, served not only to humanize the issue but to underscore the broader structural violence embedded in current reproductive governance frameworks.

The stories revealed a pattern of precarity, fear, and harm, shaped by intersecting conditions of occupation, war, poverty, and state repression:

**In Palestine**, women living under Israeli military occupation described being forced to travel long distances, often across checkpoints and in secrecy, to access unsafe or black-market abortion services. The risk of arrest, humiliation, or denial of care compounds an already traumatizing experience. Access to abortion becomes entangled with broader political questions of mobility, borders, and colonial control over Palestinian bodies.

**Among Syrian refugee women**, testimonies revealed a pattern of dangerous journeys across borders or into conflict zones in search of reproductive services. These women often face legal limbo, a lack of documentation, and systemic neglect in host countries.

The intersection of displacement and criminalization pushes them toward unregulated providers, unverified medications, and unsafe practices, all while navigating stigma, isolation, and psychological distress.

**In Lebanon**, participants described the exploitative nature of the underground abortion economy, where women are charged exorbitant fees for procedures in unhygienic or unlicensed settings. One woman recounted undergoing what was advertised as a "safe" abortion, only to experience verbal abuse, coercion, and degrading treatment by a provider. Such stories reveal how criminalization not only removes state oversight but enables the normalization of medical violence and economic exploitation.

These accounts highlight a central argument of the policy brief: abortion criminalization does not eliminate abortions; it eliminates safe, equitable, and dignified access to them. Women are forced into dangerous and often humiliating conditions, while health providers are left navigating ambiguous legal environments that discourage open care provision.

Doctors who choose to assist women frequently do so at great personal and professional risk, operating in secrecy and without institutional protection. Meanwhile, other providers—emboldened by the absence of oversight or accountability—engage in abusive practices, further compounding the harm experienced by women seeking care.

The session emphasized that these systemic failures are not accidental or exceptional—they are the direct result of punitive legal regimes and patriarchal health systems that prioritize control over care. The testimonies served not only as powerful illustrations of these failures but also as a form of feminist evidence, rooted in lived experience and essential to shaping rights-based, survivor-informed policy responses.

The discussion delivered a critical message: abortion must be addressed not only as a legal issue but as a question of health equity, economic justice, and bodily autonomy. Testimonies must be recognized as both valid data and political tools, instrumental in exposing gaps, holding institutions accountable, and mobilizing change.

# FEMINIST STRATEGY AND MULTI-SECTORAL ADVOCACY

Nagwa Ibrahim, director of Edraak for Development and Equality, brought a deeply personal and politically charged dimension to the conversation by sharing her own experience navigating Egypt's abortion system.

Despite meeting all of the formal legal requirements for a medically indicated abortion, conditions that, in theory, should have guaranteed her access to care, she was denied the procedure. The reason was not legal ambiguity but rather a pervasive fear among doctors of criminal liability and professional backlash.

Her story laid bare the disconnect between de jure legality and de facto inaccessibility, illustrating how restrictive legal frameworks, coupled with institutionalized fear and stigma, render even the narrowest abortion exceptions functionally meaningless.

Ibrahim's intervention underscored a core feminist argument: legality alone does not guarantee access. The absence of institutional protections for medical practitioners, the social stigma attached to reproductive autonomy, and the failure to establish clear and safe referral pathways all contribute to a system that isolates and endangers both patients and providers.

Her experience reaffirmed the urgent need for trusted feminist medical networks, including referral systems grounded in ethical care, legal knowledge, and collective protection strategies.

Beyond her personal testimony, Ibrahim offered a forward-looking and multifaceted vision for strengthening feminist abortion advocacy in the region. She emphasized that storytelling should not be treated as secondary or anecdotal; it is a critical tool of political resistance and public education.

In policy environments where abortion is framed narrowly in medical or legalistic terms, personal narratives bring visibility to lived realities, emotional trauma, and the complex decision-making processes that formal discourse often erases. Women's voices, she argued, must be central to shaping both the language and direction of policy reform.

Ibrahim outlined several strategic directions for feminist movements seeking to advance abortion rights under hostile or repressive conditions:

## (1) DIVERSIFIED ADVOCACY STRATEGIES

She called for expanding the scope of abortion advocacy beyond health or criminal law. By linking abortion access to broader concerns such as maternal mortality, gender-based violence, inequality, and even environmental crises (e.g., access to reproductive health services during climate disasters), advocates can build broader coalitions and reach new constituencies. This intersectional framing enhances the political relevance of abortion and embeds it within a wider agenda for justice and rights.

## (2) CROSS-SECTOR PARTNERSHIPS

Ibrahim emphasized the importance of connecting the dots between research, service provision, media production, and grassroots mobilization. She advocated for structured collaboration across these sectors to ensure that evidence informs advocacy, that media amplifies movement goals, and that service delivery is rooted in rights-based frameworks. Such partnerships can help transform fragmented efforts into cohesive strategies with greater political leverage.

## (3) MAPPING AND COUNTERING ANTI-RIGHTS ACTORS

Recognizing the increasing influence of transnational conservative and anti-feminist actors in the region, she proposed the creation of a regional observatory or mapping initiative to track their strategies, funding sources, and discursive tactics. Countering these groups requires public exposure and strategic communication. Monitoring their interventions—especially in health policy, education, and international funding—can help feminist actors anticipate threats and mount timely responses.

## (4) MEDIA AND LANGUAGE STRATEGY

Ibrahim stressed the importance of working with feminist journalists, content creators, and digital platforms to shift public narratives around abortion. This includes dismantling stigmatizing tropes, promoting affirming stories, as well as integrating reproductive justice into broader media discourse. A targeted media strategy can build cultural legitimacy for abortion rights and counter moral panic often fueled by religious or nationalist rhetoric.

## (5) LEGISLATIVE ADVOCACY AND INTERNATIONAL LEVERAGE

Finally, she called for renewed legislative advocacy efforts focused on decriminalization, drawing on international human rights mechanisms such as CEDAW, the Maputo Protocol, and UN treaty body recommendations. She emphasized the need for contextual legal arguments that combine global norms with localized feminist frameworks to push for national reform while remaining responsive to regional political constraints.

Ibrahim's contribution grounded the discussion in the material realities of navigating abortion under criminalization while simultaneously offering a pragmatic roadmap for feminist action. Her approach linked personal experience to systemic critique, individual harm to institutional responsibility, and national barriers to global strategies, demonstrating how deeply interconnected the struggle for abortion access is with broader fights for bodily autonomy, legal reform, and feminist governance.

## BEYOND LEGALISM: EDUCATION, CONTRACEPTION, AND SHARED RESPONSIBILITY

While much of the session focused on the legal and structural barriers to abortion access, the discussion also moved beyond legalism to examine the upstream factors shaping reproductive outcomes, namely, the availability of contraception, the quality of post-abortion care, and the social norms surrounding sexuality and reproductive responsibility.

Participants collectively highlighted that prevention and education are foundational pillars of any comprehensive SRHR strategy. The absence of these components not only contributes to unwanted pregnancies but also reinforces patterns of inequality, misinformation, and stigma. A central recommendation was the urgent need for comprehensive sexuality education (CSE), beginning at the school level but extending to families, community institutions, and workplaces. CSE was framed not merely as a health or academic intervention but as a rights-based necessity, essential for enabling informed decision-making, bodily autonomy, and mutual respect in relationships.

Speakers emphasized that such education should go beyond biological instruction to include discussion of consent, pleasure, gender equality, and healthy communication. However, they also acknowledged the deep resistance to sex education across much of the Arab region.

Ministries of education often block or water down proposed curriculum reforms, while many schools avoid the subject altogether due to fear of controversy or backlash. As a result, young people, especially girls, are left to navigate reproductive health challenges with limited or inaccurate information, increasing their vulnerability to sexual exploitation, unintended pregnancy, and unsafe abortion practices.

Several participants also drew attention to the gendered burden of contraception, noting that despite being a shared responsibility in theory, women overwhelmingly bear the physical, financial, and emotional costs of pregnancy prevention. Male partners, in contrast, are frequently absent from conversations around contraception, post-abortion support, and decision-making. This dynamic reflects broader patriarchal structures in which reproductive labor is feminized, privatized, and invisibilized.

Speakers argued that men must be engaged not just as supporters but as co-responsible actors in SRHR. This includes participation in education programs, joint decision-making on family planning, and active involvement in post-abortion care and emotional support. Without this shift, women remain isolated in their reproductive journeys, with little room to negotiate safety or autonomy.

Another point of critique was the dominant framing of abortion and contraception through a lens of "danger" or "risk." Participants noted that this language reinforces stigma and positions reproductive choices as problems to be managed rather than rights to be respected. By contrast, a feminist approach to SRHR would affirm these choices as central to agency, pleasure, and personal sovereignty.

The absence of positive, affirming narratives, particularly around sexual desire, consent, and mutual satisfaction, limits not only the effectiveness of health interventions but also the broader cultural shift necessary to deconstruct patriarchal control over sexuality.

The discussion called for a holistic approach that links legal reform to social norms change, public health education, and the redistribution of reproductive responsibility. Investing in CSE, demystifying

contraception, and challenging gendered assumptions about reproductive roles are not supplementary measures; they are essential strategies for reducing the need for abortion, improving health outcomes, and ensuring that SRHR is upheld as a collective social and political obligation.

## RE-CENTERING WOMEN'S EXPERIENCES AND RIGHTS

This session stood out in its ability to connect the personal and political dimensions of abortion, using lived experiences and grounded testimonies to expose the structural forces that shape access, decision-making, and outcomes. Rather than confining the conversation to health-sector inadequacies or clinical reform, the session addressed the full spectrum of barriers, legal, social, economic, and discursive, that sustain the criminalization and stigmatization of abortion across the region.

Maya El Ammar's framing of abortion as both a feminist and decolonial issue was central to this reframing. She and other speakers rejected the notion that abortion is a narrowly defined medical or moral issue. Instead, they positioned it as a matter of bodily autonomy, gender equality, and political power, deeply embedded in systems of control that extend from the colonial-era penal codes still in force in many Arab countries to the restrictive donor frameworks and institutional policies that prioritize stability over justice.

By grounding policy discussions in first-hand accounts, from unsafe procedures to legal denial, from economic exploitation to institutional neglect, the session made clear that abortion criminalization is not only a public health failure, but a systemic denial of rights. It undermines women's ability to make informed decisions, creates legal and medical precarity, and isolates those seeking care.

Policy recommendations emerging from the session and the accompanying brief were explicitly focused on building an integrated rights-based framework for action. These include:

- Recognizing the full continuum of reproductive decision-making, from access to contraception and sexuality education, to safe abortion services, post-abortion care, and long-term support mechanisms. Fragmented or selective approaches that treat abortion as an exception continue to reproduce stigma and incomplete care.

- Investing in feminist medical networks and referral systems that are trusted, community-rooted, and protected. This includes training providers in ethical and non-judgmental care, ensuring legal protections for health workers, and establishing confidential pathways for those seeking services.
- Supporting access to safe abortion information and telemedicine, especially in humanitarian and low-resource settings where mobility and infrastructure are limited. Digital tools, harm-reduction models, and community-based accompaniment initiatives were identified as key strategies for expanding access in legally restricted environments.
- Confronting colonial-era penal codes and legal frameworks through coordinated legal advocacy, strategic litigation, and sustained public campaigns. Several speakers emphasized the importance of challenging outdated laws as part of a broader effort to decriminalize abortion and assert reproductive autonomy as a fundamental right.
- Developing narrative strategies that deconstruct moral panic and misinformation, promote evidence-based knowledge, and frame abortion as a legitimate and necessary aspect of healthcare. This requires collaboration between researchers, journalists, activists, and educators to shift public discourse and challenge the criminalizing language embedded in policy and media.
- Centering women's voices and feminist knowledge in all aspects of SRHR policymaking. Participants reiterated that no reform can be legitimate or sustainable without the leadership and insights of those directly affected by restrictive abortion policies, especially younger women, refugees, low-income groups, and those navigating intersecting forms of marginalization.

The session's overarching conclusion was that addressing abortion access cannot be reduced to technical solutions or symbolic legal reform. What is needed is a societal and institutional transformation, one that validates reproductive decisions, protects providers and patients, and dismantles the legal and social structures that render abortion care unsafe, shameful, or inaccessible. Repositioning abortion within a framework of justice and care is essential for building inclusive, rights-based SRHR systems across the MENA/SWANA region.

## SECTION III:

# CONFLICT-RELATED SEXUAL VIOLENCE AS A POLITICAL STRUCTURE AND FEMINIST SITE OF RESISTANCE

The third session addressed one of the most urgent and politically sensitive topics in the SRHR landscape of the MENA/SWANA region: conflict-related sexual violence (CRSV). Led by Joya Elias with commentary by Rihab Sandouka, representing Juzoor for Health and Social Development, the session offered a reframing of CRSV as a deliberate system of power, not an aberration.

Drawing from cumulative feminist knowledge and recent field data, speakers argued for a shift away from technical or humanitarian narratives toward one that centers political truth, resistance, and survivor-led justice.

## NAMING SEXUAL VIOLENCE AS A SYSTEM OF GOVERNANCE

Joya Elias opened the session with a critical examination of how CRSV is conceptualized, framed, and responded to in both policy and humanitarian discourse. She began by questioning the universal application of the term “survivor,” emphasizing that the language commonly used in international frameworks often obscures the realities of those subjected to sexual violence in conflict zones.

In many cases, survival is not linear, redemptive, or empowering; it is fragmented, ongoing, and marked by physical, emotional, and political trauma. Elias argued that applying celebratory or redemptive language to experiences of survival risks glossing over the enduring harm and the structural conditions that allow such violence to persist.

Elias framed CRSV not as incidental or collateral, but as a deliberate tactic of warfare and repression, used systematically across the MENA/SWANA region to demoralize communities, fracture collective resistance, and reassert patriarchal and militarized control.

Drawing on the policy brief, which emerged from a feminist regional facilitation process, she articulated a clear position: sexual violence in war is not an aberration, it is a strategic act of colonization enacted upon bodies, particularly those of women and marginalized communities. It is meant to displace, degrade, and discipline, and it is deployed not only by foreign occupying forces but also by state and non-state actors in the region.

The policy brief presented evidence from multiple MENA/SWANA contexts, including Sudan, Palestine, Syria, and Lebanon, to demonstrate consistent patterns of CRSV across different conflicts and regimes. For example:

**In Sudan**, there have been multiple accounts of women taking their own lives to avoid mass rape by armed groups. These are not isolated acts of despair, but responses to a broader environment of impunity and dehumanization.

**In Palestine**, the use of sexual violence as a form of coercion and torture in Israeli detention centers has been documented over the decades, often with little to no accountability.

**In Syria**, sexual violence—including rape, forced nudity, and genital torture—has been widely reported in prisons and detention centers operated by the regime and other armed actors, functioning as a tool of punishment and control.

**In Lebanon**, systemic failures to recognize or address CRSV, particularly when committed against refugees, domestic workers, or detainees, reflect a broader national silence on gendered violence during and after conflict.

These examples were used to argue that CRSV must be understood not only as physical violence but as a tool of political repression that reinforces authoritarianism, colonial occupation, and patriarchal control. Elias was particularly critical of institutional responses, whether by states, international agencies, or donors, that depoliticize this violence, treating it as a humanitarian issue divorced from power, ideology, and resistance.

The policy brief offered four critical interventions to reframe how CRSV is addressed in regional and international settings:

### (1) SURVIVOR-LED ARCHIVING AND ACCOUNTABILITY

The brief called for a shift in knowledge production processes: from top-down documentation models to survivor-led archives that prioritize consent, contextual nuance, and political agency. This approach resists extractive practices and centers lived experience as both testimony and evidence for justice processes.

## **(2) DOCUMENTING STRUCTURAL SILENCES AND DONOR-IMPOSED CONSTRAINTS**

Elias highlighted the need to not only document acts of violence but also the silences and erasures that surround them, especially when donor conditionalities and institutional mandates limit what can be said, who can be funded, and how issues are framed. These constraints shape what becomes “legible” as violence and what is dismissed or ignored.

## **(3) DECONSTRUCTING THE “IDEAL VICTIM” NARRATIVE**

The brief critiqued the widespread use of victim archetypes in funding and advocacy, typically those who are passive, heteronormative, and non-political. This narrative marginalizes those who do not fit institutional expectations, such as LGBTQ+ individuals, sex workers, or politically engaged women, and narrows the field of those considered “worthy” of protection or care.

## **(4) SUPPORT FOR INFORMAL, COMMUNITY-BASED CARE NETWORKS**

Finally, the brief emphasized the role of grassroots feminist organizing in providing protection, care, and accompaniment when formal services are inaccessible or inadequate. These informal networks, though often under-resourced, serve as primary sources of care, validation, and political solidarity for survivors.

Elias closed her intervention by urging participants to redefine documentation not as a bureaucratic or technical task, but as a form of political resistance. What is documented, remembered, and archived plays a critical role in shaping collective memory, policy agendas, and future accountability mechanisms.

She stressed that documentation must reflect the complexity and truth of lived experience, not be shaped to meet donor expectations or institutional risk thresholds.

## **THE PALESTINIAN EXPERIENCE: FROM GENDERED VIOLENCE TO GENOCIDE**

Rihab Sandouka, representing Juzoor for Health and Social Development, delivered an intervention grounded in her frontline experience in Gaza and the West Bank. She presented a stark and urgent account of the gendered dimensions of Israel’s ongoing military aggression, framing it not as a series of isolated violations but as part of a systemic and deliberate strategy of erasure that targets Palestinian bodies, particularly women’s bodies, as sites of war, resistance, and repression.

Speaking from her dual vantage point as both a humanitarian practitioner and an advocate, Sandouka emphasized that violence against Palestinian women is layered, continuous, and deliberately unaddressed.

The cumulative effect of forced displacement, the destruction of health infrastructure, denial of reproductive care, and the threat or use of sexual violence constitutes what she described as a genocidal strategy, one that not only seeks to control and fragment populations, but specifically to disrupt and violate women’s reproductive autonomy, safety, and dignity.

She outlined multiple intersecting violations, which together paint a picture of sustained institutional failure and political abandonment:

- In Gaza, more than 130 women are giving birth every day amid bombardment, without access to hospitals, anesthesia, or basic medicines. The destruction of maternity wards, transport infrastructure, and electricity grids further compounds the risk to mothers and newborns.
- An estimated 700,000 menstruating women and girls are currently unable to access hygiene supplies, clean water, or private sanitation facilities. This not only poses significant health risks but also reinforces daily experiences of humiliation and bodily neglect.
- Numerous reports have emerged of rape threats, forced nudity, and public humiliation during Israeli home raids and detention, particularly targeting women in front of their families or communities as a tactic of degradation and control.

- Despite such evidence, international donors routinely reject documentation of sexual violence when it implicates politically protected actors, such as Israeli military personnel. This deliberate silencing reflects a structural double standard in humanitarian discourse and accountability mechanisms.

Sandouka highlighted that no functioning healthcare infrastructure exists in Palestine to provide comprehensive support to survivors of wartime sexual violence. The few remaining services are overwhelmed, under-resourced, or unable to function due to electricity cuts, siege conditions, and restrictions on medical imports. At the same time, cultural stigma and fear of “dishonor” continue to silence survivors, discouraging them from reporting or seeking help. In this context, sexual violence is not only a tool of war, it is a form of social and political erasure, sustained by both external impunity and internal patriarchal constraints.

She also underscored a broader trend across the region: the systemic erasure of sexual violence in conflict from documentation processes and donor funding frameworks. When sexual violence is discussed, it is often sanitized through technical or depoliticized language, stripped of its context in occupation, militarism, and state violence.

Donor conditionalities, she argued, not only determine what is documented and how, but also often expose local civil society actors to surveillance, political retaliation, or operational restrictions. This has led to an environment where grassroots feminist actors are pressured to self-censor or to operate outside formal systems.

Despite these constraints, Sandouka highlighted examples of grassroots resilience, such as WhatsApp-based survivor support groups in Gaza, but emphasized that these informal mechanisms remain severely underfunded, fragile, and disconnected from broader protection systems. She called for urgent investment in locally grounded, feminist care networks that can respond flexibly and safely in crisis contexts.

Her testimony closed with a clear call to action: the international community must stop instrumentalizing Palestinian suffering and must instead recognize gendered violence in Palestine as an intentional, strategic, and political form of warfare.

Protecting and supporting survivors requires more than token programming; it demands an overhaul of how international institutions define, document, and respond to sexual violence in settings where the perpetrators benefit from global impunity.

## STRATEGIC RECOMMENDATIONS AND RADICAL ALTERNATIVES

Throughout the session, Joya Elias and Rihab Sandouka presented a sustained critique of conventional justice models applied to SRHR violations in crisis-affected contexts across the MENA/SWANA region. Their analysis moved beyond the limitations of formal legal mechanisms, often slow, exclusionary, or symbolic, and called instead for a holistic, survivor-centered, and politically grounded reimagining of justice.

They argued that any meaningful response to SRHR violations must grapple with the structural, intersectional, and systemic nature of violence, rooted not only in conflict and displacement but also in patriarchy, authoritarian governance, settler-colonialism, militarism, and economic dispossession.

Their proposals centered around four interlocking domains of transformation:

### **(1) PERMANENT INTEGRATION OF SURVIVORS INTO POLICY AND PROGRAM DESIGN**

Elias and Sandouka rejected the prevalent approach that casts survivors as passive recipients of aid or occasional participants in consultations. Instead, they advocated for the institutionalization of survivor leadership in all stages of SRHR policy and programmatic design. This involves embedding survivors’ perspectives in the architecture of governance, including national strategies, program monitoring and evaluation systems, donor planning processes, and transitional justice mechanisms.

They emphasized that tokenistic or symbolic inclusion, such as testimonials at conferences or advisory roles without decision-making power, risks reinforcing marginalization. True integration requires shifting power toward those with lived experience and ensuring their insights directly shape laws, funding priorities, and implementation strategies.

This shift is not only ethical but strategic: policies designed without the input of survivors often fail to account for real-world complexities, producing ineffective or even harmful outcomes.

## **(2) UNRESTRICTED AND SUSTAINED FUNDING FOR INFORMAL PROTECTION NETWORKS**

Participants repeatedly underscored the role of informal, community-rooted protection systems that continue to operate in contexts where formal institutions have collapsed or are inaccessible.

These include survivor-led mutual aid groups, grassroots psychosocial support collectives, informal safe houses, and neighborhood-based early warning systems for sexual and gender-based violence.

Such networks are often excluded from traditional donor frameworks, either because they do not fit bureaucratic reporting templates or because they reject depoliticized language imposed by funders.

Elias and Sandouka highlighted that unrestricted, long-term, and autonomous funding is essential to preserving the integrity and responsiveness of these initiatives.

Donors must adapt to the needs of these networks, not the other way around, by building trust, reducing conditionalities, and supporting politically grounded, feminist infrastructure that prioritizes care over compliance.

## **(3) FEMINIST ARCHIVING AND THE POLITICS OF DOCUMENTATION**

They argued for a fundamental shift in how documentation is approached in conflict and post-conflict contexts. Rather than collecting data for institutional metrics or legal case-building alone, feminist archiving is a political intervention that reclaims narrative power, preserves memory, and challenges the erasure of marginalized voices.

Documentation, they asserted, must reflect how survivors experience and define violence, not how institutions categorize or sanitize it.

Elias stressed the importance of regional and intergenerational archiving practices, including encrypted testimonies, oral histories, visual narratives, and community-authored reports, that protect identity while maintaining political clarity.

These archives serve as tools of resistance, preserving truths that may never be formally acknowledged but remain vital for future justice claims, movement building, and educational purposes.

Feminist archiving resists the “ideal victim” framework that dominates international funding discourse, which often privileges certain types of survivors (e.g., heterosexual, non-political, compliant with Western frameworks) over others.

By documenting non-legible experiences, such as those of LGBTQ+ survivors, sex workers, and stateless women, feminist archives create space for plural, intersectional forms of justice.

## **(4) COMMUNITY-BASED JUSTICE, LAND-BASED REPARATIONS, AND TRANSFORMATIVE EDUCATION**

Elias and Sandouka called for decentralized justice models that emerge from community-defined priorities, histories, and values. In place of imported legal templates, they advocated for locally rooted mechanisms of accountability and reparation, such as truth-telling circles, community tribunals, and restorative healing practices.

One proposal was land-based reparations, particularly in contexts like Palestine, where dispossession is both a colonial tool and a reproductive injustice. Land return or redistribution, they argued, should be recognized not only as economic restitution but also as a gendered justice strategy that restores dignity and future-making capacity to communities.

They also emphasized the transformative power of education, specifically, curricula that center bodily autonomy, political literacy, and feminist histories. Such education must extend beyond schools into popular education models that reach marginalized and displaced communities, challenging the societal narratives that normalize sexual violence and gender inequality.

The proposals reject the instrumentalization of SRHR within narrowly defined, top-down transitional justice processes. Instead, they demand a paradigm shift toward decolonial, intersectional, and survivor-led frameworks that recognize sexual and reproductive rights as foundational to peacebuilding and democratic recovery in the region.

As Joya Elias powerfully stated, feminist anger is not a threat to stability, it is a legitimate archive of harm and a catalyst for transformation. It carries the memory of injustice, the clarity of lived experience, and the urgency of collective resistance. As such, feminist anger must be recognized not only as a political expression but as a strategic resource in the pursuit of justice and accountability across the MENA/SWANA region.

# RETHINKING FUNDING, PROTECTION, AND POLITICAL IMAGINATION

The open discussion session emphasized the urgent need to rethink funding structures for feminist and rights-based work, particularly in contexts of conflict, authoritarianism, and donor fatigue. Several speakers, including Sally Abi Khalil and Noura Jaber, raised concerns about the increasingly restrictive nature of donor funding. These restrictions include conditionalities on language, limitations on eligible beneficiaries, and political red lines that prohibit naming perpetrators or addressing certain violations. These dynamics severely constrain the operational space for feminist organizations, particularly in crisis contexts where documentation, survivor care, and advocacy are most needed.

Participants identified several structural and political challenges:

**(1) Donor conditionalities** that enforce sanitized narratives, prioritize the “ideal victim,” and restrict language critical of politically protected actors.

**(2) The shrinking civic space** for feminist and gender justice work, particularly in countries experiencing war, occupation, or repression.

**(3) The criminalization of feminist discourse**, such as the banning of terms like “gender” and “empowerment” in Iraq, forces organizations to reframe their work to avoid legal persecution.

**(4) The regression in public support** for gender rights and sexuality education has resulted in increased stigmatization of SRHR initiatives and reduced access to services.

In response to these threats, participants proposed a series of alternative funding and sustainability strategies aimed at reducing dependency on external donors and reinforcing local political ownership of feminist work:

## (1) LOCAL CAPITAL MOBILIZATION

This includes tapping into zakat-based giving, community solidarity funds, and hybrid social enterprise models that generate income and reinvest profits into community-based initiatives. For example, in Sudan

and Palestine, participants cited successful models where feminist collectives created rotating funds or income-generating projects that sustain training and advocacy activities without reliance on donor cycles.

## (2) POLITICAL MATCHMAKING WITH VALUES-ALIGNED DONORS

Instead of seeking generic or humanitarian funding, feminist actors are increasingly prioritizing partnerships with donors whose political values explicitly align with feminist agendas. This strategy requires active negotiation, shared principles, and resistance to depoliticized funding models that treat SRHR as an apolitical service delivery issue rather than a structural rights issue.

## (3) LEGAL FRAMEWORKS FOR HYBRID STRUCTURES

Participants emphasized the need for enabling legal environments that support civil society organizations operating as social enterprises or cooperatives. In many MENA/SWANA countries, current laws do not accommodate hybrid models, forcing organizations to register abroad or work informally. Legal reform is essential to allow for innovative, locally rooted funding models that bridge rights-based advocacy with sustainable economic strategies.

## (4) FEMINIST ARCHIVING AS A LOW-COST, LONG-TERM STRATEGY

As funding landscapes become more precarious, feminist archiving emerged as a critical practice of resistance. Documentation of lived experiences, political violence, and grassroots responses serves as both a historical record and a tool for future mobilization. Speakers emphasized that archiving does not require extensive financial resources, and can be sustained even in contexts where direct service provision becomes impossible. It also ensures that feminist knowledge is not lost during moments of political backlash.

Finally, participants noted the increasing risks faced by feminist activists, particularly those involved in documentation and advocacy. In highly surveilled and militarized contexts, documentation work itself becomes a target. Participants called for increased

attention to the security and protection needs of those conducting this work, and for regional and international networks to provide solidarity, visibility, and material support to ensure their safety.

This discussion demonstrated the urgency of shifting from short-term project-based funding to political and institutional models that prioritize sustainability, autonomy, and structural change.

## CRSV AS A FEMINIST BATTLEFIELD

This session repositioned conflict-related sexual violence (CRSV) from the margins of humanitarian response to the center of feminist political struggle in the MENA/ SWANA region. Rather than treating CRSV as an isolated or incidental outcome of armed conflict, speakers emphasized that sexual violence is often deliberately weaponized, used strategically to punish, displace, silence, and control women and marginalized communities. It is not a byproduct of war; it is embedded in systems of militarization, authoritarianism, and patriarchal governance.

They challenged conventional humanitarian framings that treat CRSV as an apolitical humanitarian crisis or as a matter of individual trauma. Instead, they argued that CRSV is a structural issue rooted in impunity, historical injustice, and intersecting forms of domination, including settler colonialism, state repression, sectarianism, and gender-based discrimination. The recognition of CRSV as policy, not as “collateral damage,” demands that responses move beyond medical or legal aid toward comprehensive strategies for structural and collective justice.

Speakers emphasized the need to develop feminist alternatives to state-based justice systems that often reproduce harm, delay accountability, or exclude survivors altogether. These alternatives include:

- **Community-led infrastructures of care and solidarity**, especially in contexts where formal institutions have collapsed or are complicit;
- **Survivor-informed processes of documentation and truth-telling**, rooted in consent, confidentiality, and the recognition of lived experience as political evidence;
- **Long-term psychological and social support**, not limited to emergency interventions;

- **Intersectional frameworks** that address how CRSV disproportionately affects women and girls living under occupation, in refugee settings, in prisons, or at the margins of nationality, sexuality, or legal status.

A key intervention during the panel was the call to protect, preserve, and politicize memory. Feminist speakers warned against the institutional erasure of CRSV in transitional justice processes that prioritize national reconciliation over accountability. Instead, they proposed memory work as an act of resistance: one that ensures that violations are recorded, remembered, and made visible in public discourse, not only for immediate redress, but to support intergenerational justice and feminist consciousness.

Storytelling, archiving, collective mourning, and feminist organizing were all framed as central to transformative justice, not simply as coping mechanisms or awareness tools, but as mechanisms to contest impunity, claim agency, and demand structural change. In regions marked by long histories of militarization, occupation, and repression, these practices become the terrain upon which alternative political futures are built.

Ultimately, the session called for reframing CRSV not as an issue to be managed within existing systems, but as a feminist battlefield, a site where new forms of power, care, and justice must be imagined and enacted outside the confines of state legitimacy or donor-driven frameworks.

## SECTION IV:

# SRHR IN CRISIS – FROM KNOWLEDGE PRODUCTION TO INFRASTRUCTURE OF SURVIVAL

The final segment of the event featured the launch of a comprehensive toolkit on sexual and reproductive health and rights (SRHR) in times of crisis, presented by Ruth Baldacchino and developed with Diana Abou Abbas. This presentation synthesized and extended the themes of the three preceding policy briefs, menopause, abortion, and conflict-related sexual violence, by offering an adaptable, practical, and feminist resource for advocacy, care, and policymaking in conflict-affected settings.

## RECLAIMING SRHR AS A CRISIS RESPONSE, NOT A SECONDARY CONCERN

Ruth Baldacchino’s presentation introduced the SRHR toolkit not as a conventional policy document or static technical guide, but as a politically situated and deliberately flexible resource designed to support rights-based, feminist, and context-responsive interventions. Drawing from their extensive experience in global queer and feminist advocacy, Baldacchino underscored that the toolkit was developed with the explicit aim of reframing SRHR as essential crisis infrastructure, rather than as a supplementary or humanitarian add-on.

They emphasized that during times of war, displacement, economic collapse, and authoritarian repression, conditions that define many countries in the MENA/SWANA region- SRHR services are often among the first to be suspended or deprioritized. Maternity wards are bombed, contraception supply chains break down, post-rape care kits are unavailable, abortion access is denied or criminalized, and LGBTQ+ individuals are subjected to intensified persecution. These are not coincidental failures of logistics or planning; they are systemic exclusions, deeply embedded in humanitarian decision-making frameworks that deprioritize reproductive rights and bodily autonomy in favor of narrowly defined “life-saving” interventions.

Baldacchino explicitly named this pattern as a form of political violence—an intentional and strategic marginalization of those whose bodies and needs fall outside dominant policy imaginaries. The impacts are not evenly distributed: women, adolescent girls, queer and trans people, sex workers, and people with disabilities are disproportionately affected. For these

groups, SRHR is not a luxury or elective care; it is a condition of survival and dignity.

The toolkit was presented as a living resource, designed to evolve, adapt, and be used across sectors and geographies. Key components include:

- **A regional mapping of SRHR policy and implementation gaps**, particularly in humanitarian and conflict settings. This mapping exposes both legal restrictions and structural barriers to access, while identifying entry points for advocacy and reform.
- **A practical needs assessment tool** intended for use by field practitioners, researchers, and community organizers. It provides a flexible template for gathering evidence on SRHR needs in rapidly changing or resource-scarce contexts, with attention to intersectional vulnerabilities.
- **Case studies from Lebanon, Egypt, Tunisia, and Palestine**, based on interviews with feminist health practitioners, activists, and service providers. These cases illustrate both the diversity of regional experiences and the common structural challenges that hinder SRHR fulfillment.
- **Guiding principles rooted in feminist ethics**, including care, intersectionality, bodily autonomy, and community-led action. Rather than imposing a normative model, these principles encourage adaptation to local sociopolitical realities while maintaining a clear rights-based framework.
- **Policy recommendations** that cut across the humanitarian, health, and justice sectors. These recommendations urge the permanent integration of SRHR into emergency response planning, transitional justice mechanisms, and state rebuilding processes, moving beyond reactive service provision toward systemic inclusion.

Baldacchino was clear: the toolkit is not a checklist or set of templates for external actors. It is a call to action to practitioners, donors, educators, and community organizers to treat SRHR as non-negotiable in all crisis response and recovery strategies. It invites users to challenge the normalization of reproductive neglect and to push back against donor-driven silos that depoliticize care, erase lived experience, and marginalize non-conforming bodies and identities.

They urged participants to use the toolkit not only for programmatic planning or classroom discussion, but as a tool of political education and organizing—to document what is happening, to reframe narratives, to protect communities under threat, and to reclaim SRHR as a site of resistance and justice.

Baldacchino positioned the toolkit as part of a broader feminist and decolonial effort to transform the governance of care in crisis settings. In doing so, they challenged attendees to resist framing SRHR as an “add-on” or a post-crisis concern. Instead, they argued, SRHR is itself a foundation of social protection, public health, and political recovery, especially during and after conflict. As such, the toolkit is not simply a publication, but a shared resource for movements across the region working to center autonomy, dignity, and feminist justice in the most difficult of circumstances.

## A FEMINIST GUIDE TO ACTION IN TIMES OF COLLAPSE

Ruth Baldacchino made it clear that the SRHR toolkit is not a prescriptive solution to structural injustice. Rather, it is intended as a practical, politically conscious guide that equips diverse actors, researchers, practitioners, activists, and donors to engage with SRHR as a frontline rights issue during and beyond crises. The toolkit reflects a recognition that systemic change requires multi-level strategies rooted in local realities, and that top-down, donor-driven approaches often fail to address the full scope and nuance of reproductive injustice in the MENA/SWANA region.

As a living resource, the toolkit offers users concrete methods and political frameworks to:

- **Document and archive SRHR violations**, using survivor-centered and ethically sound approaches. This includes collecting testimonies, mapping service gaps, and preserving community knowledge as a form of resistance and accountability.
- **Build and sustain localized care pathways** in contexts where state or international systems have collapsed or are inaccessible. These pathways may include informal mutual aid networks, peer-to-peer support, community clinics, and mobile reproductive health units.

- **Challenge and reform restrictive donor frameworks**, particularly those that impose narrow technical definitions of care, depoliticize reproductive rights, or prioritize institutional visibility over community safety.
- **Integrate SRHR into broader crisis response frameworks**, including climate adaptation, humanitarian relief, and transitional justice processes. SRHR must not be siloed as a niche health concern, but addressed as a cross-cutting component of resilience and recovery.
- **Promote community-led solutions**, grounded in lived experience, local knowledge, and intersectional feminist values. This includes ensuring that programming is co-created, adaptive, and accountable to those it is meant to serve.

Baldacchino emphasized that care is political, and that when health infrastructure is destroyed, when supplies disappear, or when the state criminalizes reproductive decisions, it is not simply a humanitarian gap, but a form of political abandonment. They cited powerful examples from across the region to underscore this point:

- **In Tunisia**, midwives organized peer networks to **preserve abortion access during austerity**, bridging the gap between legal provision and practical access when public systems faltered.
- **In Lebanon**, community-run clinics **continued operating during electricity blackouts and salary freezes**, often with minimal external support. These efforts did more than fill service gaps, they represented **embodied feminist resistance**, asserting that care must persist even when formal structures collapse.

Crucially, Baldacchino issued a direct call to action, encouraging all stakeholders to take ownership of the toolkit and use it as a resource for localized, rights-based SRHR advocacy:

- **Researchers** are urged to adapt the toolkit’s needs assessment tools to their local or thematic contexts, particularly in conflict-affected or under-researched settings. The goal is not to produce more data for data’s sake, but to generate actionable knowledge that centers marginalized communities.
- **Educators** are encouraged to incorporate the toolkit into curricula, using it as a foundation for critical pedagogy on reproductive justice, feminist health systems, and crisis response. Students can build on its content, critique its gaps, or translate its principles

into new formats, radio scripts, community zines, or digital media.

- **Donors** are called on to rethink their funding models, prioritizing flexible, long-term, and community-prioritized funding over prescriptive, bureaucratic, and visibility-driven approaches. Funding should reflect care as infrastructure, not as charity.
- **Community organizers** are empowered to translate, adapt, remix, and rebuild the toolkit to meet their needs. Whether through translation into local dialects, integration into mobile outreach programs, or repurposing for artistic or political campaigns, the toolkit is meant to be usable, not fixed.

Baldacchino concluded that the toolkit should not remain on shelves or serve only as a symbolic output. It is a functional and strategic tool meant to move through classrooms, field sites, clinics, donor meetings, and grassroots spaces, mobilizing a shared language of care, justice, and feminist organizing in the face of deepening regional crises. As such, the toolkit stands not as a final product but as an open invitation to co-create new pathways of SRHR justice and collective resistance in the MENA/SWANA region.

## CONCLUSION

This paper has highlighted the urgency of advancing sexual and reproductive health and rights (SRHR) in crisis-affected settings across the MENA/SWANA region. The dissemination event hosted by the Asfari Institute marked the culmination of several years of feminist knowledge production, political engagement, and regional consultation. More than a summary of findings, the event provided a platform for critically examining the systemic structures that obstruct SRHR and for presenting collective strategies rooted in lived realities, local expertise, and intersectional feminist analysis.

The four knowledge products launched at the event, a toolkit and three policy briefs on menopause, abortion, and conflict-related sexual violence, reflect a feminist epistemology grounded in community-defined priorities, participatory research, and political relevance. Developed in collaboration with frontline actors across the region, these resources are not technocratic manuals; they are tools of resistance and advocacy. Their strength lies not only in their content but in their method: centering the voices of those most affected, co-producing knowledge across activist and academic spaces, and framing SRHR as an essential infrastructure of survival.

As the discussions throughout the event made clear, SRHR cannot be sidelined as a secondary or post-conflict concern. It must be integrated into humanitarian response, justice processes, and peacebuilding frameworks from the outset. This requires shifting away from siloed, donor-driven approaches and toward holistic, survivor-led, and politically grounded strategies that address the structural roots of exclusion, violence, and impunity. Doing so means confronting legal frameworks that criminalize reproductive autonomy, challenging the erosion of feminist language and organizing space, and demanding accountability from both state and non-state actors.

The toolkit and policy briefs must not be treated as final outputs. Rather, they should be understood as starting points for sustained organizing, policy reform, and regional solidarity. Their effective use will depend on ongoing commitment by researchers, educators, practitioners, and donors to keep SRHR visible, politicized, and resourced in even the most difficult contexts.

Moving forward, the priority must be to ensure that this body of feminist knowledge continues to grow, circulate, and inform action across sectors and borders. This will require long-term, unrestricted support for feminist movements, greater integration of marginalized voices into policymaking processes, and the political will to treat SRHR not as a luxury but as a non-negotiable right.

SRHR are not optional services. They are non-negotiable rights. And they must be treated as such in every setting, especially in the most difficult ones.

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