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ANNUAL REPORT  
FOR 2018

# DIRECTOR'S WORDS



2018 was a year of solid organisational and developmental growth for the SRJC as it registered as an independent Non Profit Organisation (NPO), three years after first forming in September 2015. We have 200 members who have signed on to our statement of intent. We moved into offices and have three full time staff and our first board was appointed in May with the formative steering committee falling away. Within South Africa the lived realities in relation to race, class and gender are complex and the SRJC has embraced challenges of difference and position and worked towards addressing these. The board has set about developing policy of 'How we work' (please refer to page 6) which has been adopted by the board and staff which we encourage members to use as a reference. The SRJC is a Coalition and we are grateful to members in being able to network and amplify and share each other's work in growing a reproductive justice movement in South Africa. Our legacy of sexual and reproductive injustices remain and there is much work still to be done. Thanks for your collaboration  
Marion Stevens  
Director

## Marion Stevens

# BOARD

## BOARD MESSAGE

Message from the chairperson – Judiac Ranape

2018 for the SRJC was a year full of changes and new developments. Thank you to Marion for ensuring that a board to head the coalition was formed. I am particularly proud to be working with a wide variety of individuals with different expertise who take their fiduciary duties seriously. We as a board are looking forward to working with different partnerships in growing a sexual reproductive justice movement for women and girls in South Africa.



## BOARD MEMBERS

Catriona McLeod (Vice Chairperson), Dango Mwambene (Board Secretary), Debbie Budlender (Treasurer), Dudu Dlamini (Board Member), Judy Ranape (Chairperson), Lance Louskieter (Board Member), Marna Kock (Legal Secretary) & Nicole le Roux (Board Member)

# CONTENTS

---

Institutional growth 5

Staff 5

The SRJC : How we Work 5

Media and our website 8

SRJC in the media 8

Working with Decision makers 8

Government technical support 8

Reproductive Justice Movement building: Legal working group,  
research and networking 9

Legal Group 9

Research 9

Networking 10

Conferences Regional and Global Advocacy and Campaigns 11

ARJ Conference 11

Donor acknowledgement 11

# INSTITUTIONAL GROWTH

2018 was a year of solid growth for the SRJC with the SRJC steering committee having its final physical meeting in February and a formative board being developed. In March we sent out adverts to recruit a Finance and Development Manager, a Communications Manager and to recruit board members. In April the SRJC was registered as an NPO with the Department of Social Development. In May the board of the SRJC was approved by the former steering committee who fell away as providing oversight and governance. The board met in October and elected office bearers. Marion Stevens and Tlaleng Mofokeng resigned as chairperson and deputy chairperson of the board having led the formative process of developing the SRJC as an institution.

## Staff

In June Imamaleng Masitha was appointed as Media and Communications Officer and in July Fatima Fredericks commenced working as the Finance and Development Manager. In July Thami Dolopi, the Finance and administration officer and Tlaleng Mofokeng, part time Advocacy Director ended their work for the SRJC.

During the year four SRJC members participated in the Tekano Fellowship for management and leadership programme, Dudu Dlamini (Board member and representing SWEAT, Mothers for the Future and Sisonke) and Lance Louskieter (Board member and Youth wing of SRJC and UCT Tutor in Public Health and Gender Studies) completed this programme with the SRJC as their sending organisation.

In terms of capacity building, Imamaleng Masitha attended a 2-day WordPress Training course with FLOSSNET (an IT training and development company) and also attended a Business writing coaching course.



**SRJC Staff members Imameleng & Fatima**

# THE SRJC : THE WAY WE WORK



SEXUAL & REPRODUCTIVE  
JUSTICE COALITION

ADDRESS : 304 MARSHALLS HOUSE, CLAREMONT, CAPE TOWN, WESTERN CAPE, 7708, SOUTH AFRICA  
207-319 NPO

## SEXUAL & REPRODUCTIVE JUSTICE COALITION:THE WAY WE WORK<sup>[i]</sup>

*[i] Adapted from: WOMEN'S HEALTH WEST: TOOL KIT FOR WORKING IN A FEMINIST ORGANISATION*

## 1. SRJC...

is informed by an intersectional perspective in which all people, irrespective of class, race, gender, sexual orientation, gender expression, disability, age, religion or any other factor can enjoy their sexuality, make reproductive decisions and access high quality services in ways that enhance their dignity, wellbeing, bodily autonomy and integrity

- undertakes activism and advocacy that challenges the social, political, economic and legal structures that inhibit the enjoyment of sexual and reproductive justice
- influences policy, law reform and service provision to improve realisation of sexual and reproductive justice
- works to redress fundamental differences in power – or structural inequities – that exist on the basis of gender, sexual orientation, gender expression and race
- works to create change for women and LGBTIQ+ as individuals and as a collective group
- supports staff and members to take to the streets for action to advance sexual and reproductive justice
- partners with other organisations to advance sexual and reproductive justice goals
- is committed to building the capacity of other feminist organisations through networking and collaboration
- requires people applying for employment and volunteer positions to articulate their understanding of, and commitment to feminist principles of practice and sexual and reproductive justice
- actively supports staff in their multiple roles through flexible workplace provisions and entitlements such as paid parental leave
- explicitly seeks to create a learning and caring work environment that is supportive of staff, and promotes staff wellness while simultaneously producing high quality work and meeting our commitments to donors, the SRJC community, and the groups and people with and for whom we work



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SRJC BOARD : CATRIONA MCLEOD, DANGO MWAMBENE, JUDY RANAPE, DEBBIE BUDLENDER, DUDUZILE DLAMINI  
LANCE LOUSKIETER , MANDY MUDARIKWA ,MARNA KOCK & NICOLE LE ROUX



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## 2. Our work with members and community groups ...

- is collaborative, transparent and recognises that people are the experts in their lives
- focuses on listening respectfully to people even when we might not agree with their choices
- uses practice frameworks that are people-centred and situate people's experiences within a broader context of gender and power (rather than a problem with the individual)
- avoids colluding with gender stereotypes and assists people to identify how gender norms negatively impact on their health and wellbeing
- secures rights and equal opportunities for people to enable them to have greater control over their lives
- ensures people have a voice in the development and implementation of services and programmes that affect them
- shares power, knowledge and expertise to build the capacity of groups to advocate on their own behalf

## 3. Our board and managers ...

- lead the organisation and staff to challenge systems and structures that oppress women and LGBTIQ+
- help staff to make the links between broader theories of feminism and their work
- work in ways that are people-focused, democratic and are committed to 'power for' people (as opposed to 'power over')
- set and maintain boundaries of respectful working relationships
- facilitate decision-making processes that are transparent, inclusive and work to share power among people in the organisation
- provide clear formal avenues for the discussion of power and the appropriate use of authority and influence – e.g. their own and others within our teams
- provide staff wherever possible with employment security and opportunities for meaningful engagement in the workplace
- assist staff and members to identify and take up career and personal development opportunities
- mentor and support other women to develop feminist leadership skills and to become the next generation of feminist leaders



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#### 4. Our work in teams ...

- is inclusive and respectful of people of different gender, ages, ethnicities, religions, abilities, sexual orientation and gender expression
- is collaborative, cooperative and facilitates open and effective communication
- considers and critiques feminist theory and debate, and how it applies to our work
- encourages one another to challenge views or behaviours that collude in our own oppression or the oppression of other people
- is a space where complex workplace questions can be discussed in a safe, respectful and open manner
- ensures potential problems are out in the open before difficulties arise, to prevent conflict and the misuse of power

#### 5. I am responsible for building a feminist culture at the SRJC by...

- engaging in feminist analysis, critical reflection and mutual learning
- exploring alternative ways of understanding particular feminist topics or different ideas put forth by colleagues
- ensuring my professional conduct is ethical and holds up to public scrutiny and private reflection
- voluntarily declaring any conflict of interest in meetings or formally in writing depending on the nature of the conflict of interest.
- working in a way that protects or advances sexual and reproductive justice.
- fostering effective and respectful relationships and supportive work environments.
- recognising and respecting differences of opinion and operating in ways that preserve the dignity of others, sticking to the principle of the argument, and realising that disagreement can be a tool to sharpen focus and shift ideas
- Addressing difficult issues face-to-face where possible rather than over email, attempting to resolve disagreement between the affected parties in the first instance, and requesting mediation where such resolution is not possible.
- being open to having my behaviour and practice questioned or challenged in the spirit of supporting innovative feminist practice.
- ensuring I don't use feminism as a tool to avoid conflict or criticism.
- being conscious of the way in which I use my power regardless of my position in the organization.

[1] Adapted from: **WOMEN'S HEALTH WEST: TOOL KIT FOR WORKING IN A FEMINIST ORGANISATION**



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# MEDIA AND OUR WEBSITE

The SRJC website is a primary source of information on abortion in South Africa.

We have a range of content areas concerning abortion and have also packaged this into a leaflet which we have done in collaboration with members from our legal working group :



## WHAT YOU NEED TO KNOW ABOUT ACCESSING SAFE AND LEGAL ABORTION IN SOUTH AFRICA

### ABORTION IN SOUTH AFRICA

Abortion is legal in South Africa, yet most women do not know that they are legally entitled to a free abortion at a public healthcare facility. Additionally, women do not always know where to access safe abortion services and how to obtain information about abortion facilities in South Africa.

The SRJC, together with partners and allies, has put together this pamphlet to ensure that you have basic information on your right to access safe and legal abortion services, as well as helping you assess whether or not abortion providers you see advertised are legal.

The majority of people who have an abortion are women. We acknowledge that people with diverse gender identities may also want to access abortion services.

### KNOW YOUR RIGHTS ABOUT ABORTIONS

Reproductive rights are human rights. We firmly believe and agree with the Choice of Termination of Pregnancy Act that:

- The decision to have children is fundamental to women's physical, psychological and social health and that universal access to reproductive health care services includes contraception, termination of pregnancy, as well as sexuality education and counselling programmes and services.
- Women and girls have the right to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice.
- Women have the right to access appropriate health care services and the state has the responsibility to provide reproductive health to all, and also to provide safe conditions under which the right of choice can be exercised without fear of harm or stigma.

### SOUTH AFRICAN LAW SAYS

All women have the right to access safe and legal abortions (termination of pregnancy). For free at a government hospital or clinic during the first 3 months of pregnancy. Before the end of the first 3 months of pregnancy an abortion can be carried out by a doctor OR a trained registered nurse or midwife – therefore making an abortion more accessible earlier in the pregnancy.

**Health workers CANNOT refuse to perform an abortion because of:**

- Your age. If you are under 18, you can ask a trusted adult – for example, a parent, aunt or teacher – for support and to accompany you while you have the abortion. If you want to, no one, including your parents, has the right to say you cannot have the abortion if you want it.
- What your husband or partner says.
- Any other reason not related to your physical health, such as being a sex worker, being married, or being a migrant, refugee or asylum seeker.

There is no limit on the number of abortions that you are allowed to have under South African law. Remember, you always have the right to choose what is best for you and your body.

### HOW TO ACCESS SAFE AND LEGAL ABORTION SERVICES

To have a free abortion at a public health clinic or hospital.

First, you need to go to a local primary healthcare clinic. The primary health care clinic must:

- Examine you to confirm that you are pregnant by doing a urine test.
- Provide counselling services, if you choose to have counselling.
- Make an appointment for the abortion, or give you a referral letter to a public health clinic or hospital where the abortion can be performed.

If you are HIV positive, it is important to ensure your health care provider knows about your status as they may need to give you antibiotics when you have the procedure. This is for your own personal health and safety during the procedure.

#### PLEASE NOTE:

- The law says health workers **MUST** inform you of your rights and **MUST** refer you to a public health clinic or hospital where you can get these services.
- Health workers **CANNOT** refuse to help you have an abortion for any reason.
- Health workers who are unwilling to give the service for any reason must refer you to a colleague who is willing to do so, or to the appropriate health care facility near you with a referral letter and a booking.

- Administrative staff, pharmacists, security or other clinic staff have no right to refuse to assist you. When you arrive for services they are obliged to assist you.

Secondly, you will be given an appointment to have the abortion at a clinic or hospital that has trained staff and equipment to do this safely.

#### Where else can you go to have a safe abortion?

Private doctors and non-profit organisations who are trained and qualified to do abortions also provide safe and legal abortions. Private health facilities and organisations do charge fees for this (sometimes thousands of rands).

### WHEN CAN YOU GET A ABORTION?

Timeline for pregnancy	Conditions	Abortion performed by
First 12 weeks + 6 days of pregnancy	No conditions – available on request	A doctor, a nurse or a registered midwife
13-20 weeks + 6 days of pregnancy	Abortion available under the following conditions: <ul style="list-style-type: none"> <li>Rape or incest.</li> <li>Danger to your mental or physical health. The fetus is not viable.</li> <li>If the pregnancy would significantly affect your economic or social circumstances.</li> </ul>	A doctor
After 20 weeks of pregnancy	Abortion is only available in limited circumstances, namely: <ul style="list-style-type: none"> <li>If the pregnancy is a danger to your life or the health of the fetus.</li> </ul>	A doctor

### INFORMAL/ILLEGAL ABORTIONS

Even though the law says you have a right to an abortion at a public clinic, for free, many women in South Africa still have informal/illegal abortions. This happens because:

- The health workers at the public clinic refuse to give abortions, or to send you to another health provider (this is illegal).
- Private legal abortion providers may charge more money, and they may be far away or hard to get to (for women in rural areas, for instance).
- You have been pregnant for more than 3 months after this time only a medical doctor can perform this procedure and there are not many doctors providing this service.
- Many of the illegal providers offer this service as the Department of Health battles to ensure it has doctors to provide abortions for women who are over three months pregnant.

### Beware

An abortion done by a person who is not trained and is unqualified and has not been designated as an abortion service provider by your provincial Department of Health can be a danger to your health and your life.

Some ways to tell if the provider is 'illegal' or 'informal':

- They only provide a call phone number.
- They do not provide a landline number.
- They do not advertise their physical address.
- They do not tell you about the methods they use.
- They want you to pay cash up front and do not offer other payment methods.
- They use medical abortion tablets, but only give one kind of tablet. For a medical abortion you need two different types of tablets taken at different times.
- They tell you to not come back but rather to go to a government hospital if you have a problem.
- They tell you that they can do the abortion up to 20 weeks / 10 weeks after your last period or more.

### HAVING AN ABORTION

#### Abortion methods:

If you are considering going for an abortion, speak to a medical practitioner about the best methods available to you. With a legal provider, abortion is a very safe procedure.

- Medical abortion is when you take tablets to have an abortion.
- Surgical abortion is when you have a procedure to remove the contents of your womb.

Each woman should choose the method that is best for her own circumstances. Medical abortion is more common now, but if you do not live where there are water and sanitation facilities (a flushing toilet), you should tell your provider to make a plan for you. Similarly, if you have experienced sexual assault or are very young, a surgical method may be easier for you to cope with.

Whatever method is offered to you or you choose, it is really important to get to the clinic or provider early in your pregnancy.

On your first visit to the clinic, you should expect to be told what methods are going to be used and what may happen to you. If you are late and you need to have the procedure before the cut-off of 13 weeks or 20 weeks.

### MEDICAL ABORTIONS

Medical abortions use medication (pills or tablets) only. In South Africa, medical abortion is generally available up until 10 weeks after your last period. In some provinces and hospitals, doctors will do it up until 13 weeks after your period and, in certain circumstances, possibly up until 16 weeks.

The length of the process – from when you take the pill – is different for each woman but it usually takes a few days, during which some women experience symptoms similar to a miscarriage.

Medical abortion requires the use of two drugs – mifepristone and misoprostol. One tablet of mifepristone is swallowed first, causing the embryo to stop growing. The next day the woman takes misoprostol, causing contractions of the uterus and expelling the embryo. The timing, dose and way of administering misoprostol may vary slightly.

Studies have shown that these drugs effectively terminate more than 9 out of 10 pregnancies early in the first trimester. Medical abortion is not a good option if you previously have had a caesarean section.

You should have a follow-up exam one or two weeks after you have taken the drugs to ensure that the abortion has happened. If you take these drugs, you must be prepared to have a surgical abortion if the pills did not work fully.

### WHAT HAPPENS DURING A MEDICAL ABORTION?

#### Step 1. At the clinic

When a woman comes to the clinic, the doctor or nurse will explain the process and answer any questions that they have.

After the woman's medical history has been reviewed and she has been examined, a pregnancy test will be done. If indicated, an ultrasound may be done, but this is not done in every instance.

After this, the first medicine will be given and swallowed at the clinic. The woman may experience some cramps and bleeding in the days after taking the first medicine, but very few women will have a complete abortion before taking the second medicine.

#### Step 2. As instructed, a day later – at home

The woman will swallow or place the tablets under her tongue or to the side of her cheek in her mouth – 2 to 4 tablets of the second medicine at home usually in the morning before having anything to eat or drink. Within 2 hours she can have breakfast and something to drink.

Taking pain medication is advisable as she will start to have strong cramps and bleeding, which can be heavier than an ordinary period. The woman should expect to bleed or spot for about 2 weeks after taking the tablets and she may see blood clots and tissue coming from the uterus.

This is an expected part of ending the pregnancy. The heaviest bleeding will happen while the

abortion occurs, usually within the first 6 hours after taking the second tablets.

**Step 3. 10-14 days later, a follow-up visit to the clinic**

The medicine causes bleeding and cramping – these symptoms mean that the treatment is working. Sometimes women can get cramping and bleeding and still be pregnant. This is why it is very important to return to the clinic 10-14 days after taking the first medicine to ensure that the pregnancy has ended.

If you are still pregnant after taking the medicine, you must have a surgical procedure to complete the abortion.

### WHAT ARE THE POSSIBLE SIDE EFFECTS OF A MEDICAL ABORTION?

Bleeding and cramping are a normal part of the process and show that the medicines are working. Cramps generally last a few days. Bleeding is heavier at first but some bleeding or spotting may continue for as long as 10 days. A woman may also have some nausea, vomiting and diarrhoea on the days that she takes the medicines.

Occasionally, some women will also have headaches, dizziness, chills or fever. These symptoms usually last a short time, you can take medicine for pain and nausea.

### CAN I GO BACK TO WORK AFTER TAKING THE MEDICINE?

On the day you take the second set of tablets, it would be best for you to take the day off. If you can, snuggle in bed with a hot water bottle, take your pain medication, and change your pad regularly. You should expect the fetal sac, that day and it would be good to be in a safe place, close to your toilet and comfort.

The following day you can go back to work but do continue to care for yourself, changing your pads and taking pain medication if needed.

### SURGICAL ABORTIONS

Surgical abortions involve a nurse (up to 12 weeks + 6 days of pregnancy) or a doctor (from 13 to 20 weeks + 6 days). A surgical abortion is a same-day procedure that is done in a clinic or a hospital. You may be given some of the medical abortion drugs to start the process of opening your womb so it is easier to perform the procedure – this may cause cramping.

There are 2 methods:

- Vacuum aspiration uses a machine to remove the contents of the uterus through a thin tube. This can either be an electric or hand-held machine.
- Dilation and Evacuation (D&E) is used after 15 weeks. These are mostly done if there has been an incomplete abortion or in a very late pregnancy. A womb scrape or Dilatation and Curettage is an old-fashioned method and should not be used these days.

You do not bleed as much with a surgical abortion compared to a medical abortion. You should discuss pain options and relief with your health provider before the procedure.

### ABOUT SRJC

SRJC is a South African coalition working towards an intersectional lens on reproductive justice. The SRJC aims to provide a platform through which individuals and organisations produce and use evidence to foster informed public debate and consensus building, working towards holding policymakers and implementers accountable for progress towards realising sexual and reproductive justice for all.

Through its work, SRJC hopes for a future of sexual and reproductive justice informed by an intersectional perspective in which all people, irrespective of class, race, gender, sexual orientation, gender expression, disability age, religion or any other factor, can enjoy their sexuality, make reproductive decisions and access high-quality services in ways that enhance their dignity, bodily integrity and wellbeing.

### SRJC MEMBERS



# MEDIA AND OUR WEBSITE

SRJC in the media

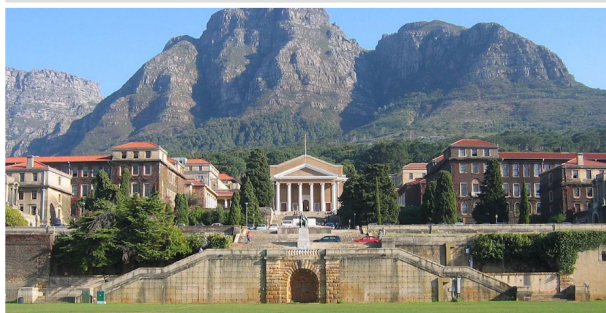
We assisted in the development and refining of Editors Guidelines for reporting on Abortion in partnership with the Mail and Guardian and continue to be a source of information for the media and referral to content specialists in relation to sexual and reproductive justice.



## ABORTION IN SOUTH AFRICA

A reporting guide for journalists

[https://serve.mg.co.za/content/documents/2018/05/07/i8jNT5fVReGoh4Uray3r\\_Bhekisisa\\_SafeAbortion\\_final\\_2018.pdf](https://serve.mg.co.za/content/documents/2018/05/07/i8jNT5fVReGoh4Uray3r_Bhekisisa_SafeAbortion_final_2018.pdf)



ACCOUNTABILITY

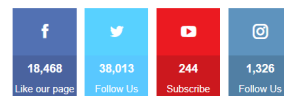
### Anti-Choice Culture Is Allowed To Flourish At UCT. Why?

By The Daily Vox Team — Last updated Aug 22, 2018



I am not one to write open letters, but I am enraged. I am very tired but unfortunately for patriarchal Christian torturers not tired enough (yet) to take action. I am tired of the University of Cape Town (UCT), particularly the Faculty of Health Sciences, taking ethically weak stances on issues that they are meant to be at the forefront of advocating for, writes TEMWA-DANGO MWAMBENE.

Stay With Us



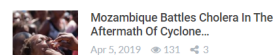
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<https://www.thedailyvox.co.za/anti-choice-culture-is-allowed-to-flourish-at-uct-why-temwa-dango-mwambene/>

# WORKING WITH DECISION MAKERS

## Government technical support

We have maintained strong linkages with the Departments of Social Development, Health, Basic Education and International Relations and Cooperation.

We have continued to be part of the inter-ministerial Adolescent Sexual and Reproductive Health Task Team contributing to the process and programs. In April we attended the annual review process and also participated in the consultation on the development of a Comprehensive Sexuality Education Curriculum.

We assisted in the Department of Health National Task team and contributed to the development of a range of guidelines including the Integrated SRHR policy and the Contraception and Fertility planning guidelines. Our emphasis was on the Clinical Abortion guidelines which have been completed and are due to be passed by the Ministry.

Following the challenge to the Choice on Termination of Pregnancy Act, we followed up on the committee meetings which deliberated on the submissions made to the Speaker of the House. The Private members Bill associated with the African Christian Democratic Party (ACDP) was eventually thrown out in September.

We attended the Commission on the Status of Women at the UN represented by Lance Louskieter from our Board and participated in supporting the government delegation as technical advisers to the UN Conference on Population and Development with the National Population Unit (NPU) and the Department of International Relations and Cooperation. We also attended the Human Rights Council sessions in March and September participating in side events and engaging in resolution processes.



# REPRODUCTIVE JUSTICE MOVEMENT BUILDING: LEGAL WORKING GROUP, RESEARCH AND NETWORKING

## Legal Group

Our legal working group has met regularly and we have responded to different requests – our key partners represent the Women’s Legal Centre, the Legal Resources Centre, and Lawyers for Human Rights and the Department of Law at the University of Witwatersrand and Pretoria. We supported the Civil Unions Amendment Act which penalizes government officers trying to avoid performing civil unions through claiming conscientious objection. The SRJC has also been an amicus curiae (friend of the court) in a case about making fetal burial a choice for the women. We have also written letters to decision makers and facility managers to address service delivery and access to abortion.

## RESEARCH

We are running a qualitative research project on SRHR with Mothers for the Future (a sex worker support group) to understand their experiences of accessing information on SRHR, contraception options and abortion services. This has received ethical approval from the University of Cape Town. Field work was conducted through October and November in Cape Town, Durban and Johannesburg with 45 sex workers. The work will be finalised in 2019.

# NETWORKING

The SRJC arranges monthly networking meet ups at our hub in Cape Town. This creates a safe and brave space where we can address challenging issues. We have held meet ups on a range of issues and processes.



The SRJC Monthly Meet Ups

## GLOBAL DAY FOR SAFE AND LEGAL ABORTION

28 SEPTEMBER 2018 17:00-20:00

RSVP@IMAMELENG@GMAIL.COM / MARION@IAFRICA.COM

The poster features a colorful illustration of a woman in a yellow dress holding a large white ribbon. Below the main text, there are two photographs of a display board. The display board has a green background with a white ribbon and text in Spanish: 'Companio Nacional por el Derecho al Aborto Legal, Seguro y Gratuito'. It also includes a small map of South Africa and various logos.



You're invited

## SRJC

MONTHLY MEET UP'S

Tuesday 19 June 2018  
15h00 - 17h00

Depo PROVERA - THE PERPETUATION OF COLONIALISM IN CONTRACEPTION OPTIONS

Prof KATE LAW - UNIVERSITY OF CHICHESTER

RSVP  
MARIONSTEVENS@IAFRICA.COM  
IMAMELENG@GMAIL.COM

The invitation card is purple with white text. It features the SRJC logo in the top right corner, which consists of a circle of colorful dots and the text 'SRJC SEXUAL & REPRODUCTIVE JUSTICE COALITION'.

# NETWORKING



March 10<sup>th</sup>

## Abortion Provider Appreciation Day



Thank you!

2018

**SEX WORK ACADEMY**

**QUESTIONS & ANSWERS WITH SEX WORKERS**

6.30-9pm • 14th JUNE 2018  
CLAREMONT • CAPE TOWN

SRJC  
50R SUGGESTED DONATION for Mothers for the Future  
Finger food & soft drinks provided  
For exact location details, please R.S.V.P. to  
Dudu: dudud@sweat.co.za and  
Catriona: catriona.anne@gmail.com



SRJC MONTHLY MEET UP'S

# TDOR

TRANSGENDER DAY OF REMEMBRANCE

NOVEMBER 20, 2018  
5 PM TO 7 PM

TRANSGENDER DAY OF REMEMBRANCE IS ON THE 20 NOVEMBER WHICH IS OBSERVED ACROSS THE GLOBE EVERY YEAR ON THE 20 NOVEMBER.

THIS YEAR OUR HUB IS HOSTING AN INTERGENERATIONAL DIALOGUE/ Q&A WITH TEENS.

**RSVP IMPORTANT. PLEASE EMAIL:**  
MARION@SRJC.ORG.ZA /IMAMELENO@SRJC.ORG.ZA



# CONFERENCES & ADVOCACY CAMPAIGNS : REGIONAL & GLOBAL

## Abortion and Reproductive Justice Conference (ARJ) Conference

The Critical Studies in Sexualities and Reproduction, Rhodes University, the Sexual and Reproductive Justice Coalition (South Africa), and the International Campaign for Women's Right to Safe Abortion, in partnership with the Department of Social Development (South African government) and a range of international partners co-hosted the conference. The conference built on two previous conferences with the same name held in Canada in August 2014, and in Northern Ireland in July 2016. The aim of this third iteration was to bring the conversation, scholarship, and exploration of issues and activism to those living in jurisdictions where abortion access is highly restricted, while at the same time hearing from scholars, activists and service providers from across the globe. The hosting of the conference in Africa was thus highly pertinent. The organizing committee consisted of representatives from a range of Southern African countries, each with varying challenges regarding access to abortion.



The conference was attended by 280 delegates from 30 countries across the globe, including many delegates from African countries. Delegates came from universities, research institutes, national NGOs, international NGOs and activist groups. The conference, thus, provided the opportunity for Southern African organisations to learn from African and international counterparts and vice versa. There were also many networking opportunities. The conference consisted of three parts:

Part 1- Workshops: Prior to the official opening, there were six pre-conference training workshops for students and early career professionals who wished to increase their skills in a range of issues relating to abortion.

Part 2- Knowledge Sharing: This was an abstract-driven part of the conference. A range of formats for presentations were allowed, including debates, roundtables, symposia, discussion groups, arts and drama presentations, and papers; keynote speakers with significant experience in research and/or advocacy in the area of reproductive justice and abortion were also invited.

Part 3- Action Discussions: Running parallel to Part 2, this part consisted of participatory discussion primarily for advocates from across Africa, facilitated by the International Campaign for Women's Right to Safe Abortion. Participants engaged in discussions from a public health and human rights perspective on three main topics - decriminalization of abortion, the extent to which safe abortion is available regardless of the law, and how to address opposition to abortion - for which there are no easy answers. The main aim was to explore experiences, difficulties and successes in taking action on the ground.

## ABORTION & REPRODUCTIVE JUSTICE THE UNFINISHED REVOLUTION III

08-12 JULY 2018 - RHODES UNIVERSITY / GRAHAMSTOWN / SOUTH AFRICA



Over 36 members of the SRJC attended with members presenting academic papers, workshops, round-tables and participating in panel events. The SRJC co-sponsored three panel events. At the conference we launched the Abortion Counselling Guidelines informed by research undertaken in the Eastern Cape by students based at the CSSR.

We have had partnerships with a range of entities including Global Doctors for Choice and the Young Women's Leadership Training (a network of young women leaders at universities in the region) through which we have carried out research, training and media actions.

In September Marion Stevens participated in the Global Safe Abortion Campaign Conference in Portugal along with Satang Nabaneh and Lucía Berro Pizarrossa, two members of the SRJC legal working group. During this meeting a blog was drafted on Obstruction to Access in South Africa with regard to our abortion law . - <https://ohrh.law.ox.ac.uk/lets-call-conscientious-objection-by-its-name-obstruction-of-access-to-care-and-abortion-in-south-africa/>  
Published on the Oxford Human Rights Blog

'South Africa has one of the most liberal laws on abortion and constitutionally recognizes reproductive rights as human rights. However, data shows important difficulties translating the legal norms into effective access to services. One of the key challenges is physicians' refusal to perform abortions invoking an "ad hoc, unregulated and at times incorrect" conscientious objection. The Department of Health is now spearheading a reform of the abortion guidelines aiming to bring them in line with human rights standards and reframing the refusal as "obstruction of access to care".'

In November, Imameleng Masitha represented the SRJC at the International Family Planning Conference in Rwanda, and presented a poster. A few SRJC members, including our Chairperson Judiack Ranape, also attended presenting and participating in various fora. In the same month, Marion Stevens attended a World Health Organisation meeting in Geneva, as a technical adviser to review research to work towards the next updating of the Global Abortion Clinical guidelines.



# DETAILED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 DECEMBER 2018

## REVENUE

Grants Received 2,169,357

## OTHER INCOME

278,964

Donations Received

250,179

Interest Received

3,190

Sundry Income

25,595

## TOTAL INCOME

2,448,321

## OPERATING EXPENSES

Accounting fees

1,600

Audit fees

16,500

Bank charges

7,070

Branding & Marketing

41,764

Capital expenditure

4,699

Cleaning

250

Communications

26,306

Consultancies

41,100

IT Support

9,380

Office consumables

9,851

Printing & Stationery

2,704

Programme costs

103,459

Professional fees

1,094,178

Rent Paid

130,277

Staff Development

4,200

Travel Local & International

320,030

## TOTAL OPERATING EXPENSES

1,813,367

## SURPLUS (DEFICIT) FOR THE YEAR

634,954

# DONOR ACKNOWLEDGEMENT

*We are grateful for the support from the donors:*  
Amplify Change  
International Women's Health Coalition  
RFSU Sweden





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