

**Strengthening Leadership and Advocacy in
Population and Reproductive Health**

*Retrospective Evaluation of the MacArthur Foundation's Fund for Leadership
Development*

Case Studies

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Overview

This document presents eight case studies the Institute of International Education (IIE) evaluation team developed as part of a retrospective evaluation to assess the outcomes of the Fund for Leadership Development (FLD) program, implemented from 1991 to 2013 by the John D. and Catherine T. MacArthur Foundation (the Foundation). The case studies describe in detail the comprehensive and, at times, complex stories of eight FLD alumni, two from each program country. These case studies emerged from interview and survey data.

In India, Mexico, and Nigeria, the case studies include one alumnus/a managed by the Foundation's country office and one alumnus/a managed by the Foundation's partner organization that administered the FLD transitional program; these organizations were Population Council in India; Semillas Inc. in Mexico; and Pathfinder International in Nigeria. Brazil's transitional program made grants to organizations only, so both grantees selected for case studies were among those managed by the Foundation's country office.

Each case study has three sections:

- **Background:** This section presents grantees' activities before the FLD grant and current endeavors, their FLD-funded projects and rationales, and their feedback on the FLD program activities and components.
- **Outcomes for the grantee:** This section summarizes information about how the FLD experience has influenced grantees' leadership development or professional growth, and the extent to which their approach to population and reproductive health (PRH) issues, and their professional focus, have changed as a result of their participation in FLD.
- **Outcomes beyond the grantee:** This section analyzes the extent to which, during and after the implementation of their FLD-funded project, grantees influenced organizations, communities, or countries, as well as the social and international influence they have achieved.

A conclusion wraps up each case study and presents the highlights or key takeaways. These case studies supplement the findings of the comprehensive evaluation of FLD.

Limitations

Individuals whose profiles are featured below were selected for the FLD based on their leadership potential, and may have pursued similar leadership development opportunities that influenced them as well. The information presented was self-reported and there was no independent verification; therefore, this information may be biased. Finally, the case studies presented are not meant to be representative of the experiences of the entire FLD grantee population; as only the best were selected to participate in FLD, these case profiles may reflect the 'best of the best' profiles of FLD grantees.

Brazil Case Study 1: José Ricardo de Carvalho Mesquita Ayres

"The FLD grant enabled me to develop for the first time of my life a position of leadership both in academia and beyond. It also provided me with opportunities to learn how to do collaborative projects in a network; as my tutor used to say, 'when everyone is together, it is good!'"

1. Background

This section presents the 1) grantee's activities before receiving the Foundation's FLD grant, 2) his FLD-funded project, and 3) his experience of the program.

Grantee Profile

José Ricardo de Carvalho Mesquita Ayres is currently a Full Professor at the University of São Paulo (USP) medical school, the top medical school in the country. Born and raised in Rio de Janeiro, José moved to São Paulo to attend medical school and has lived in the city ever since.

In 1995, José received a three-year grant from FLD. He applied for the FLD grant because, at the time, he was seeking means to upgrade his capabilities as an advocate in the field of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) prevention. At the time he received the grant, José was already an attending physician, a researcher, and a lecturer at the Samuel Pessoa Health and School Center, part of the USP medical school. His work at the center, and his doctoral thesis, focused on the topic of adolescent health.



José Ricardo de Carvalho Mesquita Ayres

Description of the FLD-funded Project

The title of José's project was: *"Sociocultural identity and health in adolescence: self-representation and vulnerability to the HIV/AIDS epidemic among girls and boys from the outskirts of São Paulo."* His ambition was to address the challenges posed by HIV/AIDS by adopting a holistic perspective that goes beyond the treatment of the disease to encompass the sociological and anthropological aspects of collective life in large cities such as São Paulo. José's FLD-funded project focused precisely on the intricacies of this complexity, and intended to produce, systematize, and disseminate knowledge about disease prevention techniques both in academia and among public policymakers at the municipal, state, and federal levels.

The choice of this project was informed by both country- and public health-level contexts. First, Brazil was undergoing a process of multi-party democratic renewal, with an energized civil society and the emergence of progressive social policies. Second, in the field of reproductive health, the country was facing an HIV/AIDS epidemic and public health policymakers were alarmed by the complex social challenges posed by the new disease, as it indiscriminately affected people without

regard to social class, race, gender, sexual orientation, or exposure to illicit drugs. This complexity was particularly acute in the city of São Paulo, a diverse metropolis.

With the advent of the HIV/AIDS epidemic in the early 1990s, José understood that reproductive health should be treated as a key element in adolescent health. The adoption of this approach was a bit challenging, however, given that Brazilian society often viewed teenage sex as taboo. José also realized that issues such as pregnancy, gender, and sexuality had to play a key role in prevention strategies, but such was not the case in the State of São Paulo and in the country at large.

His project also included in-school concrete interventions in which he set up disease prevention programs that involved students, teachers, and school administrative staff. José first attempted to create an HIV/AIDS prevention program in a school in a poor neighborhood close to the university where he was working. The initiative was not successful, as the school's director reacted negatively when she realized that a condom was attached to the information leaflets distributed to the students. José then turned to other public schools in the state. He soon found a state-funded middle school, named Virgília Rodrigues Carvalho Pinto, where his proposal of a pilot prevention program was accepted.

Program Experience

José spoke highly of the FLD selection process, particularly of its openness to young, talented candidates who were not yet established figures in the field, and its effort to look for proposals that were at the same time innovative and impactful beyond the academic environment. He mostly praised the enriching experiences provided by the mentoring and the annual meetings that brought together grantees and experts. Speaking of his experience, he stated: *"If I was to select an activity [that was helpful], that would be the annual meetings. ... Besides the motivation and insights each of us brought to them, there was the exchange of ideas and contact with people that were doing things similar to the ones you wanted to do."* Among the program experiences, he most appreciated a media training workshop sponsored by FLD. This workshop taught grantees how to engage different types of media to maximize the impact of their projects and minimize bias and misunderstandings.

2. Outcomes for the Grantee

According to José, the FLD grant had an important effect on his personal and professional life. His grant proposal was approved as he was in the process of defending his doctoral dissertation. He stated that being a grantee of a renowned international organization such as the MacArthur Foundation allowed him to move ahead of the competition and obtain a position as a professor at USP's medical school the following year.

The grant also helped him shift his career from the larger public health field to focus on adolescent reproductive health. This shift was mostly informed by his work at the Samuel Pessoa Health and School Center. Although José had previously wanted to shift the focus of his research and practice toward adolescent health, he had no means to do so. The FLD grant provided him with the resources, coaching, and opportunities he needed to accomplish this shift. The FLD Fellowship led him to focus his attention on aspects concerning the reproductive health of adolescents and specifically on the interaction between reproductive health and HIV/AIDS.

After FLD, José became a full professor at USP's medical school and an expert in the fields of teenage health and HIV/AIDS research. For many years, he has taught a graduate course at USP on the subject of vulnerability and its applications to prevention policies.

Following FLD, José worked as an adviser in prevention programs of the Municipal Health Department of the city of São Paulo. At the federal level, José was a member of an advisory committee to the national HIV/AIDS program.

In addition, José's leadership in the field of AIDS prevention has led him to collaborate directly with the *Associação para Prevenção e Tratamento da Aids e Saúde* (APTA [Association for the Prevention and Treatment of AIDS]), the *Associação Brasileira Interdisciplinar de Aids* (ABIA [Brazilian Interdisciplinary AIDS Association]), and the Nucleus for the Study of AIDS Prevention (NEPAIDS), a multidisciplinary association of academics dedicated to the study of HIV/AIDS.

3. Outcomes Beyond the Grantee

José's project contributed to changes at the social, national, and international levels, each of which is described here in more detail.

Social Outcomes

José's FLD-funded project approached the issue of HIV/AIDS from a perspective that went beyond a purely medical scope, discussing with students such subjects as sexuality, gender, and drug use. To maximize the intervention, the program used "campaigners" or students that received special training to organize activities and to pass on information to other students. Many of the students who volunteered to be campaigners were previously seen as outcasts and marginalized, often because they used marijuana or had other behaviors that were considered undesirable. Participation in the program empowered them and gave them purpose, and facilitated their contact with other marginalized youth.

Students who were engaged in the pilot project at Virgília Rodrigues Carvalho Pinto school later created the nonprofit organization *Jovem Inventivo*, focused on replicating the project in other schools in the city of São Paulo. One of the campaigners received a scholarship from the Carlos Chagas Foundation to implement an interactive kiosk project to address issues related to adolescent reproductive health in a more playful way, outside the school's premises.

After the grant period, José continued working with adolescents, providing consulting services on adolescent reproductive health, and teaching in areas such as race and health, violence in the field of public health, and the health of the elderly—always applying the concept of vulnerability with an eye on its application in public policy.

Outcomes at the National Level

When Brazilian public administration officials started responding to the HIV/AIDS epidemic, the first solutions they proposed were abstinence and isolation. Gay communities gradually began to organize to resist this approach, which they saw as blind, counterproductive, and discriminatory. In this context, all public prevention programs on sexually transmitted diseases and access to services were still based on the idea of risk, which was conceptually discriminatory, as it laid the blame on individuals.

José's project with schools quickly attracted the attention of officials from the state of São Paulo's Health Secretary, which in 1996, was organizing a statewide HIV prevention program named

“Prevenção também se ensina!” or “Prevention can also be taught!”¹ Upon contact with these officials, José realized that despite having the resources for the program, they had no conceptual clarity on how to plan the prevention or even evaluate their actions. In place of the concept of “risk,” he proposed the concept of “vulnerability” as a basis for the entire prevention program, a concept that he had been developing under the FLD grant. Vulnerability is situational, contextual, and sensitive to social structures and inequalities. This approach posited the idea that to fight HIV/AIDS, programs should be sensitive to the social situation and structural limitations of the groups they target.

Through his vulnerability-based advocacy, José transformed the way public HIV/AIDS prevention services were structured in the state of São Paulo and throughout the country. Through the FLD-funded project, José contributed to shaping the state prevention program.

The concept of vulnerability that he championed and tested became a pillar in the struggle to transform the institutional culture of HIV/AIDS prevention programs and policies. At the request of state public health officials, José wrote two articles to explain the concept of vulnerability to a wider audience. The first dealt with aspects of planning and evaluating the activities of HIV/AIDS prevention programs for adolescents. The second, more playful text, had a fictional character called “teacher Eva Luate,” who created an HIV/AIDS prevention program in her school. Gathered in a small book, the two texts were printed and presented at the *Associação Brasileira de Saúde Coletiva* (ABRASCO [Brazilian Association of Collective Health]) annual conference, where they attracted significant attention. Soon after its first edition, the booklet was republished and distributed throughout Brazil. The protocols and practices adopted by the public health centers in the state of São Paulo for dealing with adolescent health issues were redefined as a result of José’s influence in shaping the state HIV/AIDS prevention program.

Two key public health actors in Brazil further adopted this concept of vulnerability. The first was the Brazilian Adolescents’ Movement in their prevention campaigns. The second was Tereza Reis Pinto, founder of APTA, who organized a training course for educators on the topic of HIV/AIDS prevention. Offered annually, the course had eleven editions and informed educators from all over Brazil.

Outcomes at the International Level

The FLD grant helped José gain international recognition both within and beyond academia. First, the FLD grant allowed José to travel to Boston as a visiting scholar with the François-Xavier Bagnoud Center for Health and Human Rights (Harvard University), where the concept of vulnerability was beginning to be developed by



José at a conference in Colombia

Daniel Tarantola, a medical doctor, and Sofia Gruskin, a human rights lawyer. According to José, Tarantola and Gruskin were more interested in applying the vulnerability concept to the action led by civil society actors than in exploring its theoretical and epistemological aspects with an eye to

¹ This program has been operating its inception in 1996, and has information available online at <http://www.fde.sp.gov.br/PagePublic/Interna.aspx?codigoMenu=183&AspxAutoDetectCookieSupport=1>.

applying it in public policy, something he himself had successfully used. By convincing his peers to adopt the latter approach, he inverted the traditional dynamic of knowledge production and use, where experts from developed countries would generally develop the theory or the approach to addressing an issue, and then convince their peers from developing countries to apply this approach. In so doing, José achieved international recognition.

For the past 12 years, José has been teaching courses on the concept of vulnerability at Lanus National University, in Argentina, at the graduate program in Criminology and Public Health. At Harvard University, where the concept was first proposed, José became known as the father of “vulnerability with a Brazilian accent.” He was also invited by the federal government of Colombia to be a keynote speaker at a conference that brought together public health agencies from all over the country to discuss the restructuring of HIV/AIDS prevention programs through the adoption of the concept of vulnerability. At the same event, he also served as a facilitator on several panels and roundtables.

4. Conclusion

In summarizing his professional trajectory, José noted that he has been mindful of keeping a balance between academic work and advocacy for social change: *“My academic work always had an eye on advocacy,”* which meant that his case perfectly combines academic activity and advocacy in a way that allows one to complement the other. According to José, this level of synergy between the two sides of his professional activity could be achieved only with the support of the FLD program, which provided him with mentoring, recognition in the field, and the opportunity to exchange experiences with and learn from peer grantees and national experts. Since the grant ended, José has succeeded in securing other sources of funding, mostly from Brazilian public agencies geared at fostering academic work. He observed that, unfortunately, these public agencies do not allow the grantee to enjoy the necessary autonomy to develop work that is at the same time academically relevant and effective in terms of advocacy. FLD not only allowed José to visit Harvard University and hone his academic skills but also provided him with such visibility that the state of São Paulo’s HIV/AIDS Prevention Program staff approached him and he became a major influence on the design of HIV/AIDS prevention programs in this state and across the country.

Brazil is an international example of success in dealing with the HIV/AIDS epidemic. This success was partly the result of the federal government’s aggressive policy of purchasing and distributing antiviral cocktails, as well as by the rapid transformation of the institutional culture of public health services through the introduction of new concepts, new approaches, and new practices that took into account the complexities of the social reality in which the disease occurred. José’s work certainly stood out as a major factor in this change.

If FLD or a similar program were implemented in the future in Brazil, José believes that it should have a similar design but be attuned to the changes that the debate on PRH has undergone over the years, particularly with the recent conservative pushback against the gains recorded in the reproductive health field over the past few decades. Over the past few years, with a growing number of conservative candidates being elected to the Federal House of Representatives in 2010 and 2014, the conservative agenda has gained ground. These representatives are members of the “Evangelical Faction” and have rolled back the progress made in the reproductive health field and gender equality. They introduced bills that restricted the rights of women that have undergone abortion to receive medical treatment from public health facilities; reclassified abortion as a “heinous crime,” a legal category that warrants longer sentences; vetoed the inclusion of gender-

specific issues in school education; and even succeeded in banning the use of the word “gender” in several areas of the public administration.

Brazil Case Study 2: Denise Dourado Dora

"It takes a while for a Constitution to be understood and become part of the dominant legal culture and practice. ... Furthermore, in the field of family law—which in Roman legal systems contain a great deal of reproductive rights—a legal innovation is often unable to produce real and immediate change in gender and family relations. In other words, the success of a new code is highly dependent on its reception by the judicial institutions and actors."

1. Background

This section presents the 1) grantee's activities before receiving the Foundation's FLD grant, 2) her FLD-funded project, and 3) her experience in the program.

Grantee Profile

Denise Dourado Dora is currently a lawyer and human rights activist from Rio Grande do Sul, Brazil's southernmost state. She was a co-founder of *Themis—Gênero e Justiça* (Themis—Gender and Justice),² a human and women's rights advocacy non-governmental organization (NGO) that operates across Brazil. For eight years, she was the Human Rights Program Officer of the Ford Foundation Office in Brazil. She has also been the president of Action Aid's Council in Brazil, and more recently, the General Overseer of the Public Defender's Office of the State of Rio Grande do Sul.

When Denise received her three-year FLD grant in 1994, she was already a practicing attorney in the field of family law and women's rights, and had been a lecturer at the law school of *Universidade do Vale dos Sinos* since 1987. At the time of grant award, she and five feminist lawyers had just established Themis, based in the city of Porto Alegre, Rio Grande Do Sul, with the objective of implementing projects related to gender and justice. Speaking of this experience, she stated: *"I was a lawyer with 10 years of practice in litigation, and I wanted to create a feminist NGO to work with human rights litigation, specifically with the themes of abortion and reproductive health, among others."*



Denise Dourado Dora

Description of the FLD-funded Project

Denise applied for an FLD grant to implement a project whose objective was *"to support women leaders to help others in their fight for safe and free reproductive health services as provided under the Women's National Health Program."* Denise chose this project for two reasons. First, the 1988 Constitution had generated social and political activism premised on the fact that the Constitution

² For more information about this organization, please see its website at <http://themis.org.br/somos/historia/>.

included a significant number of social and minority rights, including Article 226, which provides that family planning is a state responsibility. The second reason was that in the aftermath of the 1994 International Conference on Population and Development (ICPD) or Cairo Conference, Brazilian advocates were organizing to introduce gender and reproductive rights in the country's public agenda. Denise and her colleagues at Themis recognized that despite the fact that the new Constitution included several human rights protections, neither the lay persons nor the actors of the judicial system knew these rights. This lack of information was the problem she set out to address through the FLD-funded project.

This project had two main components: the first was the establishment and training of *Promotoras Legais Populares* (PLA [Popular Legal Attorneys]); the second was a strategy for influencing actors in the judicial system (lawyers, judges, public prosecutors, etc.). The PLAs were recruited among female civil society leaders from poor and marginalized neighborhoods of Porto Alegre. They took an 80-hour course on human rights and the operation of the judicial system. The assumption was that because these women held leadership positions within their communities, equipping them with knowledge on how to access the judicial system would enable them to become resource persons for other women seeking to defend their reproductive rights through legal means.

Through the second component of Denise's project, she provided judicial officers (judges, public prosecutors, and lawyers) with knowledge about the reproductive rights guaranteed by the new Constitution, and the opportunity to share experiences that would make them better understand the hardships women faced, especially on issues related to reproductive rights. This initiative was strategically designed with the help of professional organizations such as the School of Magistrates and the Association of Federal Public Prosecutors of Rio Grande do Sul (APFRS).

In 1996, in collaboration with APFRS, Themis organized a course attended by 30 judicial officers. This course focused on human rights and reproductive rights, subjects that were not part of law school curricula in Brazil. Course instructors included legal professionals, anthropologists, sociologists, and activists who worked on reproductive rights. Among these instructors were Roger Raupp Rios, an Appellate Court Judge and gay activist, and Paulo Leivas, a Federal Prosecutor who specialized in litigation related to women's reproductive issues. This course allowed judicial officers to gain knowledge of the approaches used by activists and other social actors to safeguard citizens' rights. According to Denise, *"Federal Prosecutors were particularly relevant in this effort, in part because they are constitutionally responsible for defending the Constitution and the rights it contains."* As defenders of the Constitution, prosecutors should be the ones receiving citizens' petitions on the respect of constitutional rights; however, because members of the public did not know the role of prosecutors, they instead directed their petitions to the Universal Health System (SUS), the administrative body of the federal government tasked with promoting the reproductive health of the population. SUS is part of the Ministry of Health.

Program Experience

Speaking of the unique nature of the program, Denise noted that *"FLD was able to interpret correctly the context of that time, in which reproductive health was branching off to themes such as masculinity, gender, and reproductive rights as something legally actionable. Then it was able to select people working in different areas of the broad field of PRH."* She spoke highly of the mentoring and annual meetings as two key program activities that had the most impact on her. Mentoring allowed her *"close contact with a specialist in the field."* Speaking of its impact, she stated: *"I had always been self-taught. I had never received tutoring or coaching from people that paid real attention to what I was doing, discussing it, and helping me reflect on my actions. [Through FLD,] I received feedback that was*

at the same time generous and firm ... The coaching I received was not a rigid evaluation of my work but a conversation that valued my insights and intuitions ... That served me for the rest of my life. ... I learned to reflect upon and evaluate what I can and cannot do."

Regarding the annual meetings, she indicated that they allowed for the exchange of experiences between grantees and experts which, in turn, enabled grantees to reflect upon the potential solutions to the problems they were facing in their projects. She stated that these meetings *"were sensational. They provided [her] with the opportunity to discuss [her] work with fellow grantees and specialists in the field, people [she] would otherwise have not met."*

2. Outcomes for the Grantee

At the time she applied for the grant, Denise describes herself as a *"young lawyer and activist with a lower middle-class background,"* with no experience in actual advocacy and litigation. She reported that her experience of FLD allowed her to build her skills and assume a leadership role within her organization. She noted that the FLD grant *"put things on another level."*

Speaking of her personal transformation, Denise stated that her experience of mentoring and participation in the FLD annual meetings gave her a better perspective and a more multicultural take on the social problems and political strategies to address issues in her state, in Brazil, and in the world. She shared that participating in FLD helped her improve her skills in program design and NGO management, and as a civil society actor, it improved her understanding of the political context. Later, as a Ford Foundation Program Officer, this knowledge would prove very useful in evaluating projects proposed by NGOs, social movements, and advocacy groups.

According to Denise, the knowledge and experience she acquired as an FLD grantee helped her even in her job with the Public Defender's Office: *"I started making fewer mistakes."* Finally, since 1998, Denise has been the recipient of the prestigious Ashoka Fellowship.

3. Outcomes Beyond the Grantee

Denise's FLD-funded project not only affected Themis, her employer organization, but also influenced local communities, the country as well as the Brazilian society in general.

Organizational Outcomes

Themis was founded by a group of six young feminist lawyers, thanks to a donation from the United Nations Entity for Gender Equality and the Empowerment of Women. Soon after, they received a grant from the Ford Foundation, and then Denise's FLD grant. Although the latter grant was made to her as an individual, Denise channeled half of the money to Themis' operations. She stated that the grant helped her strengthen the organization she co-founded: *"With these funds, we could rent a house, buy furniture, and hire people to work in our projects ... these monies allowed us to transform ourselves from a group of volunteer feminists into a professionalized NGO."*

As a coordinator of Themis, a position she held for six years, Denise was also responsible for meeting the NGO's organizational needs and responsibilities, such as fundraising and representing the institution with external partners. For instance, she represented Themis at the Solidary Community Council, a body within Brazil's Presidential Office. She credited the skills gained during FLD for strengthening and improving the organizational leadership at Themis.

Community Outcomes

Over its first four years of existence, the PLA program graduated 120 community leaders from poor and marginalized neighborhoods of Porto Alegre. Several PLAs are now members of Themis' board. One of them, Maria Guaneci, is currently the coordinator of the PLA program. Years ago, when she participated in the program, she had only three years of formal education. She is currently a graduate student and an experienced advocate.

Outcomes at the National Level

Although Themis developed the concept of PLAs in 1993, it was the FLD-funded project Denis implemented that made the practice possible by offering the first course on legal empowerment to women in Porto Alegre in 1994. The same year, the Women's Union of the Municipality of São Paulo adopted this course and offered it to 35 civil society leaders from various Brazilian states. A few years later, the *Instituto Brasileiro Advocacia Pública* (IBAP [Brazilian Institute of Public Advocacy]) and the *Movimento do Ministério Público Democrático* (MMPD [Movement of the Democratic Public Ministry]) joined the program that offered courses to the PLAs in the state of São Paulo. Since 1994, more than 5,000 PLAs have been trained in the state of São Paulo alone.³

The success of PLA led to Themis winning the first edition of the National Prize on Human Rights in 1996. In the following year, Themis won a grant from the Secretary on Human Rights of the Ministry of Justice to replicate the PLA program in collaboration with organizations of the black social movement in eight Brazilian states. In this new phase, the project integrated reproductive health with themes related to racial inequality. Even after the FLD grant was over, Themis continued to administer the course twice a year, always recruiting women from disadvantaged urban areas.



Denise at an event with former Brazilian President Dilma Rousseff

Social Outcomes

Themis was successful in introducing the theme of gender and reproductive rights in the public agenda of the state of Rio Grande do Sul and of Brazil, to a certain extent. This initiative was truly pioneering, put in action long before other relevant efforts, such as the one led by FLD-grantee Debora Diniz through her NGO, *Anis Bioetica*. Themis' efforts brought forth the first public debate on ethics and reproductive and gender rights. Until then, the debate over these topics was expressed in medical terms and pertained solely to women's health.

³ The evaluation team collected information about the history and achievements of the PLA program in São Paulo from the website of the São Paulo Women's Union (*União de mulheres de São Paulo*) at <http://promotoraslegaispopulares.org.br/quem-somos/>.

An important example of the success of Denise's leadership is the complaint Themis filed before the Federal Prosecutor (*Ministério Público*) asking it to produce information about how public hospitals in the state of Rio Grande do Sul treated women needing reproductive health assistance, such as those who had undergone an abortion. Hospitals with religious affiliations, which are spread all over Brazil, claimed that their beliefs forbade them to treat patients who had undergone an abortion. Since practically all such religious hospitals received funds from federal health programs, Themis urged the Federal Prosecutor to press the hospitals to comply with the law that required public health professionals to provide due medical treatment to all women regardless of whether they had undergone an abortion. It was Themis' action that forced the Federal Prosecutor to enforce the law, turning the letter of the law into actual rights. This interpretation of the law became jurisprudence in the country, given that private, municipal, and state-funded health services often receive federal funds. Themis' advocacy also extended to the recognition of other reproductive health rights, such as family planning, prenatal care, and care for ovarian and uterine cancer.

4. Conclusion

What makes Denise Dourado Dora's case distinctive among Brazil's FLD grantees is not only the success of her project, which spread from her native state of Rio Grande do Sul to eight other states in the country, but also the fact that she brought together reproductive health, gender, and the practice of law at a moment when there was a window of opportunity for exploring new rights brought about by the 1988 Constitution. In contrast to other NGO operations that provided legal advice and services to people in need, Themis turned women leaders from poor neighborhoods into skilled advocates, enabling them to spread information in their communities about how to better trigger legal action to claim reproductive rights.

The other component of her project, which intended to inform lawyers, judges, and public attorneys about reproductive and women's rights, was also very successful and helped to change the culture of Rio Grande do Sul's judicial institutions. Under Denise's leadership, Themis' two-pronged strategy was very successful, as litigation initiated by civil society would be less effective if judicial officers were not able to understand the rationale of the litigants.

Denise Dourado Dora's leadership skills as an activist for women's rights in Brazil have been honed throughout her career. By providing her with the necessary funding to strengthen her NGO, mentoring, network-building, and the exchange of experiences with other civil society advocates, the FLD grant was critical to her development and leadership role in women's rights advocacy in Brazil.

Mexico Case Study 1: Pedro Morales Aché

"I would not have been able to start my project without the grant. It had an impact ... we're not at the same place for discrimination in Mexico City—at the defense of people with HIV, at a series of constructions of sexual and reproductive rights. This [impact] is related to the funds that I received that permitted me to professionalize [and] do my work more systematically."

1. Background

This section presents the 1) grantee’s activities before receiving the Foundation’s FLD grant, 2) his FLD-funded project, and 3) his experience of the program.

Grantee Profile

Pedro Morales Aché has been working for more than 26 years as a lawyer promoting human rights and health rights. He specializes in the areas of the protection of health rights, reproductive freedom, reproductive health, HIV/AIDS, responsible professional medicine, and discrimination and punitive damage.

He initially worked with the government in Juridical Affairs under the Secretary of Commerce and Industrial

Promotion. He then transferred to work on Juridical Affairs under the Secretary of Health, where he was given a case on the discrimination against soldiers living with HIV. In 1993, he left the government and created Medilex, working with a range of NGOs on women’s rights, sexual and reproductive rights, and the rights of people affected by HIV/AIDS. He has been a longtime legal adviser for a well-established NGO promoting women’s reproductive rights within the context of human rights, *Grupo de Informacion en Reproduccion Elegida*.

In 1996, Pedro was awarded a three-year FLD grant to work on the juridical (or legal) defense of reproductive rights in Mexico. The project enhanced his work at Medilex and expanded the organization’s capacity to develop juridical cases and defend them throughout the court system, including at the Supreme Court. FLD was a unique funding opportunity; since completing the FLD grant, Pedro has not received similar philanthropic funding.



Pedro during a television interview on discrimination issues

Description of the FLD-funded Project

Pedro first heard about the FLD program in a meeting with experts working on the rights of military members living with HIV/AIDS. Although the theme for the call for proposals was geared more toward academics and NGO members, he proposed his project and was selected. The objective of this project was *“to educate lawyers and doctors about women’s reproductive rights and to take to court cases where these rights have been violated.”*

He noticed that to support advocacy for legislative action on sexual and reproductive rights, there was a need to pose juridical, rather than ideological, arguments in the courts. A juridical approach posited that citizens could not enjoy these rights not because the rights did not exist but rather because the administration of the law failed to safeguard these rights; it is therefore contingent to the advocates to identify the various provisions that support their claims. At the time of Pedro’s FLD grant award, there were almost none or very few lawyers who adopted a juridical approach.

Program Experience

The Foundation designed the FLD program to identify individuals with the potential to become strong leaders and to be self-directed in the implementation of their projects. Pedro benefited from the balance between rigorous accountability and thoughtful flexibility. Starting with the selection process, he observed that committee members had clear criteria for identifying strong leadership potential, and they were open to innovative projects, such as the one he presented. Speaking of the diversity observed in the selection of grantees, he stated that *“this program had the advantage that there were external people ... that they didn’t always have people from the same circuit ... because it was an open call for proposals.”* He felt that the committee asked challenging questions about the context while trusting his knowledge in the legal details about how to realize his project.

This flexible approach continued throughout the implementation of his project, allowing him significant freedom to pursue his work and direct his own path while requiring regular reporting. *“There was great freedom in the reports and accounting ... there was a lot of flexibility in how we spent our money.”*

Pedro took advantage of the opportunities the program offered according to his interests and needs. His relationship with his mentor reflected this experience. In Mexico at that time, he was challenged or resisted as a man speaking about the juridical strategies that the feminist movement should employ. In general, feminists thought the topic was only for women, that there was no role for men. His mentor, being a high-level leader of the feminist movement in the United States, gave legitimacy to his role in Mexico. He noted: *“[My mentor] was a distinguished academic and activist for women in the United States ... working with her gave me a certain acceptability in the case of the feminist movement in Mexico.”* In addition, she was available for consultations throughout, as he deemed necessary. On this support, Pedro stated: *“[My mentor’s] support was more symbolic, more strategic, more global accompaniment ... it was not for juridical support. However, it was important to [be able to] count on this mentoring.”*

Once he completed his FLD project, he continued to support the FLD program. He participated as an expert in a number of annual grantee meetings. He was also a mentor for another FLD grantee.

2. Outcomes for the Grantee

FLD had a significant impact on Pedro's leadership and career. As a male advocate, the grant helped him strengthen his leadership in the field of women's rights. As a result of the FLD experience, he led the legislative action for the decriminalization of abortion. FLD provided Pedro the opportunity to defend cases on discrimination, sexual rights, and the right to medical care. He felt strongly that women have the right to determine what happens with their bodies.

He designed legislation on the decriminalization of women obtaining an abortion, supported the advocacy work of NGOs, and created a political strategy with specific steps based on his juridical arguments, clearly mapping out which rights or norms would characterize women as the holders of the right to abortion. This action of the Mexican civil society was quite a feat as it was conducted without the traditional financial support from the U.S. government. At the time of this advocacy, the U.S. government's policy was to not fund any organization promoting abortion.⁴



Pedro during a presentation

Over the years, Pedro has continued to play a critical role in advising on legal reform and defending sexual and reproductive rights. He defended the first cases on the right to health in front of the Supreme Court and supported a wide range of cases involving other issues, such as emergency contraception, sexual discrimination, sexual diversity, enforceability of the protection of the right to health, reproductive freedom, HIV/AIDS, and moral damages.⁵ He is a founder of the *Colegio de Bioética* (College of Bioethics) and has published approximately 20 articles and presented at 250 conferences.⁶

3. Outcomes beyond the Grantee

Pedro's work has had a considerable impact on Mexican civil society's work toward the decriminalization of abortion. His experience also informed FLD program decision-making.

Outcomes at the National Level

Pedro has been a major force in transforming Mexican laws related to sexual and reproductive rights. He has affected countless lives in Mexico City and across the country, particularly for women, girls, and people living with HIV/AIDS. And he has inspired a whole new approach to advocacy to include clear juridical arguments that concretely outline how to reform legislation. By pioneering the juridical approach in Mexico, his work helped pave the way for future lawyers who currently work within this specialization. Regarding this development, he stated that *"now there are many lawyers working on rights; when I started, it wasn't like this."*

⁴ This was the result of the 1973 Helms Amendment to the Foreign Assistance Act.

⁵ In Mexican Law, moral damages are damages that can be recovered for a non-pecuniary or non-material loss or injury (<http://digitalcommons.lmu.edu/cgi/viewcontent.cgi?article=1089&context=ilr>).

⁶ The evaluation team obtained this information from Pedro's profile on the website of Colegio de Bioética (<http://colegiodebioetica.org.mx/integrantes/lic-pedro-isabel-morales-ache/>).

Influence on the Foundation's Leadership Programming⁷

The FLD program encouraged learning at all levels and in all directions, including staff learning from grantees and experts. In addition, grantees' achievements inspired changes in program administration. Pedro was the first lawyer to be awarded an FLD grant in Mexico. The FLD staff was so impressed with the importance and impact of his work, particularly with its influence on movement-building, that they shifted their focus to encourage advocates and lawyers to participate in the following years. In addition, his work inspired the Foundation country office to develop a new program that focuses specifically on supporting human rights in Mexico.

4. Conclusion

One of the objectives of the FLD program was to identify and reward innovation at the local level to strengthen leadership for social change in beneficiary communities and countries. Based on Pedro's achievements and the influence he has gained, he was arguably the perfect choice for such a program. The selection process was well-designed to select individuals with this potential. The program provided the appropriate balance of trust, support, freedom, and structure for a highly competent and motivated individual like Pedro to thrive. Having recently founded his own private organization when he applied for the grant, his growth and success was the organization's growth and success. Pedro's work—through its judicial and legislative impact—has been critical to the entire SRH movement in Mexico.

⁷ Based on evaluation team's interviews with FLD staff.

Mexico Case Study 2: Sebastiana Vasquez

"If there had not been this grant, this push, I wouldn't be here... I think I would have been following the rules of the community, like some women still do.... For Indigenous women it is not that easy to be able to participate, because it's another social level that prohibits the participation of women. Now at these heights it gives me so much pleasure that there are many women participating, but in those years, it was very complicated."

1. Background

This section presents the 1) grantee's activities before receiving the Foundation's FLD grant, 2) her FLD-funded project, and 3) her experience of the program.

Grantee Profile

Sebastiana Vasquez is an Indigenous woman from the state of Chiapas who has been working on SRH issues for more than 15 years. Prior to learning about the FLD program, Sebastiana had been working as an employee of an NGO that experienced internal tension, so she joined Red Cross International.

Sebastiana learned about FLD while working as a translator for Graciela Freyermuth, who was aware of Semillas' work and later became a mentor for the Semillas-administered FLD. At that time, Graciela worked at the *Centro de Investigaciones y Estudios Superiores en Antropología Social* (CIESAS) as a researcher and lecturer in social anthropology, specifically medical anthropology specializing in maternal health. After Graciela shared the call for proposals with her, Sebastiana submitted an application and was accepted. Once she was awarded the grant, Red Cross rules did not allow her to keep the individual grant and continue to work as staff with them, so she resigned to join Graciela's organization, CIESAS. During the grant period, some members of the original organization where Sebastiana worked prior to the Red Cross and CIESAS decided to restructure as *Asesoría, Capacitación y Asistencia Salud, A.C.* (ACASAC [Consulting, Training, and Assistance in Health]).

Sebastiana joined ACASAC after completing her FLD project and continues to work there today. She is the only ACASAC member who has received an FLD grant, although the organization has received funding over the years from the MacArthur Foundation.

Sebastiana currently coordinates a project that strengthens the skills of professional midwives in 10 municipalities in Chiapas. They work in three areas: 1) organizing the presidents of municipalities to act as a unified group testifying at the state level about their needs; 2) conducting perceptions surveys of people from different groups, such as community members, doctors, traditional midwives, and professional midwives; and 3) strengthening the skills of Indigenous women and youth so that they can enroll in universities to study in professional midwifery programs; she helps them to study for exams in Spanish, in particular. She is also involved with



Sebastiana Vasquez

networks that keep her connected with professionals discussing the Indigenous woman's experience.

Description of the FLD-funded Project

With Graciela's encouragement and technical support, Sebastiana applied and was awarded a grant in 2002 to work with a small municipality in Chiapas on maternal mortality. Sebastiana stated that prior to applying, she had never seen a similar opportunity. She was so eager for the FLD opportunity that she went to the interview while she was 8 months pregnant and implemented her project while nursing a newborn. For her project, she targeted a community that had extremely high maternal mortality; this community was also very closed.

Program Experience

For Sebastiana, coming to Mexico City to be interviewed for the FLD grant was her first time traveling outside of her community to present in front of people in this way. It was a learning experience. She stated that this experience was different from submitting a paper for review; it included concrete questions regarding the feasibility of her project. She noted that *"this [experience] helps you because when you are in front of the panel, members are going to understand what you are proposing."* She noted that the committee's questions helped her to see what was and was not clear in the proposal and how she could improve it, making her project more practical and more likely to have an impact.

2. Outcomes for the Grantee

FLD had a significant impact on Sebastiana, both personally and professionally; it also affected the beneficiary community and beyond that, the state.

In terms of leadership growth, she credits FLD for improvements in her self-confidence. When she first started, Sebastiana did not feel confident or competent enough to participate in FLD. Speaking of her background and limited skills, she recalled: *"I had never worked on a project. ... I didn't write much [especially in Spanish ... I didn't have the opportunity to form myself academically, rather inform myself with life experience."* Even after she was awarded the grant and had been working on her project for some time, she still was unaccepting of her qualifications to be a part of the FLD program. She noted: *"To be able to think that I could have another life toward women, for me this is something that helped me a lot. And still for a long time I didn't believe it [...] Much of the time I didn't believe that it was me."*

Sebastiana attributes her current professional status to the opportunity that FLD provided. She felt that if she had not participated in the program, she would still be living a life limited within her community's traditional rules. She observed: *"I thank the foundation for having confidence in me. And to be able to continue fighting against this system for this adequacy that the Indigenous villages need."*

She also felt that the grant provided her the ability to look more holistically and strategically at her work. She had a strong commitment to social change, and the program helped her clarify and focus her efforts for greater impact. This awareness occurred from the start during her interview with the selection committee. After answering some questions posed by selection committee members during the interview, she realized she had not clearly expressed her objectives and needed to refine

her written proposal. She also rethought the location of her work as a result of their questions. Sebastiana felt that the overall support from the FLD program helped focus her work more specifically on maternal mortality, and on how to achieve a larger impact. This refocus is reflected in her current work that brings together groups of people to affect change in communities, at the state level and within universities.

She noted the impact of her FLD experience on her leadership related to maternal health: “[FLD] helped me to center myself or place myself in the theme of maternal health. It helped prepare me much better at the end with knowledge, with researching about all that is maternal health.” She also credited FLD with strengthening her leadership on reproductive health in Indigenous communities: “[FLD helped me to be] centered a little more in all of the sexual and reproductive health issues with the Indigenous population. How to awaken, what to do, what is the methodology to use to have a real result in the communities of intervention.”

Finally, she mentioned that her participation in FLD helped her understand the importance of greater context when addressing social issues: “[FLD helped me] to be able to understand the social problematic. When you look for change or success of a work at the level of the Indigenous population, you need to understand all of the context, understand all of the problem, understand all of the theme to look for a change in the reality of the population.”

FLD also helped her to develop and sharpen her project management skills, by providing clear instructions and support. She had a particular concern with managing the size of a budget, which for her and her context was a significant sum. “I was scared about how I would manage this money because it seemed to me so, so, so, so much money at that moment. ... On the way, we learned how to manage, how to check, and this was something that gave me a lot of experience.”

In some cases, FLD grantees reported tensions with their organizations or families. For Sebastiana, she felt that her husband supported her work and there were no difficulties. There were also no tensions with her organization. Semillas required the organization to sign a letter confirming that the money would be going to Sebastiana specifically and she felt no tensions from others in the organization about her individual grant. In addition, she felt strongly supported by Graciela and the organization as a whole. Sebastiana plays a leadership role in ACASAC, continuing to expand their capacity and connect the organization with other communities and leaders across the country.

3. Outcomes Beyond the Grantee

Since participating in FLD, Sebastiana has achieved impact at the community and national levels.

Community Outcomes

The community where Sebastiana implemented the FLD project was extremely poor and characterized by strong traditional social relationships. Sebastiana described women being beaten in the streets and the authorities treating the women as if they were to blame. If youth were walking hand in hand, the girls were jailed or forced to marry. When she first started her project, the community did not allow women to attend the training. They did not



Sebastiana facilitating a meeting of Indigenous women

allow women to go out of the house to receive healthcare. There was no opening to begin a discussion on family planning. In fact, she was in danger because of the work she was doing. Sebastiana recalled: *“I remember that everyone said, ‘They are going to kill her’ ... Many times, they told my husband to ‘put the rules on [his] house because they’re going to kill Sebastiana.’”*

Sebastiana saw this complex context as an opportunity to find innovative ways to tackle these challenges. She began to look at the system as a whole and determined a strategy to begin shifting these traditions to help communities understand that it is not “natural” for women to die in childbirth. *“I saw this as an obstacle. But after [further evaluation], I also saw it as a benefit. I saw it as an opportunity to be able to think about where to go, for who—how do we create social mobilization to discover why the women are dying?”*

To implement her project, she engaged and forged alliances with government officials and health workers in the community: *“It gave [me] an opportunity to be able to create social mobilization with municipal authorities, with municipal agents, with midwives, with health workers, with the doctors. ... For me, this was a very beautiful experience.”*

Sebastiana began by working with the presidents of the municipalities to bring in ambulances that would be specifically for the purpose of transporting women with complications during their pregnancy or birth to medical centers or hospitals. This accomplishment was an achievement in providing a specific resource to the communities for women’s health and placing a value on women’s health. It also was an achievement to have shifted the community’s perspective sufficiently to allow for women to leave their homes and receive medical attention.



Sebastiana in a session with Indigenous women

Regarding this achievement, she noted that *“the big impact was this: to have been able to get ambulances, to have been able to move women who presented with complications, achieved that they would permit the women to leave, and decrease the maternal mortality in this place.”*

Outcomes at the State Level

Building on this experience, Sebastiana then worked on organizing midwives and conducting training to better support them. She eventually wrote a manual on the ten steps for a woman to be able to leave for a health center; the Secretary of Health then nationally distributed this manual.⁸

Sebastiana continued to work at the state level on violence against women. At the time of her project, the court system was overwhelmingly made up of men who supported the traditional notion that when a woman was beaten it was because she was not attending well to her husband. After Sebastiana and her organization submitted a number of formal complaints to the courts, the courts determined that female advisers and lawyers would be



Sebastiana with representatives of Indigenous

⁸ The team acquired this information based on an interview with Edith Calderon (Semillas staff).

assigned to their cases. This was not perfect, given the female advisers and lawyers did not speak Indigenous languages; however, it was a major step toward changing the system to better support women.

At the end of her grant, Sebastiana became the coordinator of one of the first *Casa de la Mujer Indigena* (CAMI [House of the Indigenous Woman]), which are health centers that attend to women with complications during pregnancy or childbirth, train women in how to deter violence, and provide access to legal and emotional support.⁹ The MacArthur Foundation worked with the Ministry of Health and the Ministry of Indigenous Affairs to develop the CAMIs and pilot them in five locations across the country. Currently, there are 21 in total, according to FLD program staff.¹⁰

4. Conclusion

The FLD program under Semillas' management focused on supporting Indigenous women with leadership potential in the field of reproductive and sexual health. The intention was to build the capacity of individual leaders from within Indigenous communities who can then catalyze broader change across the communities.

Sebastiana Vasquez embodies an exemplary illustration of the program at its best, someone who is building change across and within the communities. With the support of FLD, Sebastiana looked at the broader picture and determined where to strategically focus her efforts. With positivity, creativity, and persistence, she tackled head on a community that was extremely poor and isolated. Through her project, she contributed to a decrease in maternal mortality in the municipality, an increased value in and access to women's healthcare, a stronger voice for the Indigenous communities in state governance, and higher participation of women and girls in activities outside of the house. She has also influenced state policy and improved the national capacities of midwives. She has supported the development of new healthcare institutions and Indigenous professional networks.

Sebastiana has leveraged her opportunities through the FLD program to motivate and train others from Indigenous communities, building a stronger, more cohesive voice and to encourage support that is appropriate for their needs. Sebastiana advocates that sustainable change at the local level requires systemic change across all levels.

⁹ More information (in Spanish) about CAMIs is available at <http://camicuetzalan.wix.com/inicio#!>.

¹⁰ Based on an evaluation team interview with the director of the Mexico country office.

Nigeria Case Study 1: Asmau Joda

"FLD has shaped my life in a way and thrust me toward a certain direction, the one I am still on till today ... I feel I have only just started even after 20 years."

"Because of how much we (the center) has changed things, parents feel emboldened, no woman in Yola can be forced to get married against her will. Any man who mistreats his wife is challenged by her parents, and we are right there to provide support. This was not happening 10 years ago, when women suffer[ed] and die[d] in their husband's house in silence. Women now know that they don't have to be silent anymore, they have a place they can come to, we are on their side."

1. Background

This section presents the grantee's activities before receiving the Foundation's FLD grant and provides a description of her FLD-funded project.

Grantee Profile

Asmau Joda is used to being called a feminist and is happy to accept that title even though in her words, it is not a very popular title to have in her part of the country (northern Nigeria, ruled according to Islamic Sharia Law). Hajiya Mau, as she is fondly called, comes from Adamawa state (northeastern Nigeria) and she is currently based in Yola, the state capital. Joda credits a practical father and progressive home for an upbringing that would prepare her for the development work that she subsequently found herself doing.



Asmau Joda

According to the latest United Nations Development Program (UNDP) report, Adamawa state ranks as the most disadvantaged region in the country.¹¹ In addition to institutional and infrastructural challenges, culture and gender norms adversely affect women. As a result, maternal mortality rates are high and have made efforts by the government, international community, and NGOs to implement PRH programs very difficult.

Description of the FLD-funded Project

In 1997, Asmau received a \$72,000, three-year project *"to support a health information center for women and adolescents."* The grant came at a critical time for Asmau; she had the idea very early on to set up a documentation center where women and activists could get educated about their rights in society. When she heard about the FLD grants program through a friend, she applied to achieve this goal.

¹¹ UNDP Nigeria. Press releases. Available at <http://www.ng.undp.org/content/nigeria/en/home/presscenter/pressreleases>.

In 2007, ten years after the end of her FLD grant, the information center morphed into one center that not only provided documentation but also took on cases of women who were victims of social injustice: the Center for Women and Adolescent Empowerment, an organization that works with the community to empower women and adolescents to take responsibility for their own rights.

Regarding the reason why she refocused the center in 2007, Asmau shared that she was horrified at the numbers of women who were dying during childbirth in her hometown, and, unlike many at the time, she saw a direct link between the status of women in her community and the rise in maternal deaths. In 2007, Adamawa state had a maternal mortality rate almost three times the national average.¹² She believed very early on that for women to survive and thrive, they must be empowered economically, socially, and even politically. She stated that *“as a woman, there is no way you can be independent, or productive if you are not empowered; in every aspect of their existence, women must have the agency to make decisions for themselves.”* Speaking of the relevance of the center, Asmau noted that *“women just [kept] showing up at the door and the center could not turn them back.”*

2. Outcomes for the Grantee

Asmau defined the impact of FLD on her leadership competencies as a process *“from passion to personal growth.”* FLD had a particular impact on her self-confidence, her ability to understand and relate to others, and her capacity to understand context.

Even before she got the grant to set up the center, Asmau knew that just being vocal and unafraid was not enough, but that these attributes were essential for her to succeed in her mission. According to her, although the passion and will were there, they needed to be translated into practice; the grant provided the opportunity for doing that, and by her accounts, she gained a lot of experience from setting up the center.

Through interactions with the women who came to the center, she got to know their needs and put herself in a situation to better understand the requirements of a service provider and attend to them. She said that being the coordinator of the center changed her in many ways. For instance, she is a familiar face in the courts and has defended her clients, though she has never studied law.

The management of the center has also helped Asmau broaden her perspectives and understand context. As a result of her interaction with the needs and wants of women in the center, Asmau now believes that one major way of empowering women is through agriculture. As a result, her center has been working toward support to agricultural projects that predominantly target women. Asmau’s role in the center and the local community has also made her assume other roles, including her membership to a high-level body on the counseling and resettlement of women displaced by the Boko Haram insurgency in northeastern Nigeria.

3. Outcomes Beyond the Grantee

Initially, Asmau used the FLD grant to support a women’s documentation and information center. She recalled that it was not particularly difficult for her to quickly open the center as soon as she

¹² Bukar et al. (2013). Maternal Mortality at Federal Medical Centre Yola, Adamawa State: A Five-Year Review, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3868125/>.

got her grant; the city of Yola was a small place and the money was substantial. She, however, stressed that at the time, there was no way she would have gotten that amount of money if not for FLD. The subsequent transformation of this center into a service-oriented women's empowerment organization not only affected the organizational approach to addressing gender issues but also had a profound impact on the community.

Organizational Outcomes

Through her FLD experience, Asmau gained skills that were later applied to her newly created center, thus strengthening her organizational leadership. In the beginning, Asmau was the project coordinator, overseeing the day-to-day work. As the organization grew bigger, it started to take in high-profile cases, and she moved on to being the board chairperson, allowing other female staff to run the organization. She credited the training she received during the grant period, especially financial management and report writing, for helping her run the organization and train others as well.

The center's work helped establish its preeminence in the Adamawa state and northeastern Nigeria. The center has become a reference in the state, working with many external partners, including donor organizations. In a region where most NGOs have a short lifespan, the center has remained one of the most active centers in Yola working on gender issues. The Gede Foundation, Adamawa Peace Council, and the American University of Nigeria all based in Adamawa state have described their numerous activities with the center and its impact on changing gender norms in the communities around the region. For instance, as part of the center's current project, it collaborates with international organizations and the federal government to provide agricultural loans for women.



Asmau and colleagues in front of the center in Yola town

Community Outcomes

The center has had a significant impact on the community, helping shatter gender norms and succeeding in protecting women in conservative communities. Speaking of this impact, Asmau noted that *“when women know they have a place or a person that supports them, no matter which type of community they come from, they will always come through because they are no longer afraid.”*

The shift in gender norms started with the center itself. Asmau hired mostly female staff, which shattered gender norms, as, at that time in Yola, staff in most of the NGO offices were predominantly male. She was very clear at the beginning that she wanted women to manage the center activities even if it meant spending more time training them. Speaking about the capacity of her female staff, she observed that *“some women working in my organization are small in stature just like me but would fight a giant to get justice for their fellow women.”*

The organization became more popular through the years and received a growing number of community members, coming every day with a broad range of issues; the most common issue being that of forced marriage. Underage marriages in Adamawa state are still rampant, and activists are currently working to enact a child’s rights act, which pegs the minimum age of marriage at 18 years. The family law recently revealed by the Kano state Emir (highest religious leader) also seeks to prescribe legal sanctions for anyone who marries off their underage child. Asmau and her center have been at the forefront of these high-profile efforts.

The organization has also been at the center of many cases that involve child brides. Some years ago, they successfully stopped the marriage of a state minister (member of the state cabinet) to an underage girl. By appearing in court to defend her client against child marriage, Asmau did what was unheard of in the Sharia courts of that area. Even though she was not allowed to say anything, her presence in court shattered that taboo, and she won the case by her powerful silent presence. According to a resident of the city of Yola, this episode *“shows you how powerful the center is, that they can take such a high-profile case and actually succeed. Many people in the community look at that case as a reference point; it is a good deterrent, if they could stop a minister, they can stop just about anyone.”*

Speaking of the changes the center brought in the community, Asmau stated that it has emboldened parents to reject forced or underage marriages and to challenge mistreatment of their daughters by their husbands. It has also empowered women to speak up about their situation.

Although it would be a far reach to entirely credit the center with the massive shifts in attitudes in the communities of Yola and surroundings, many observers have given the center credit for being a major part of the movement, for starting it and giving others an opening to join. There are mentions of many instances of women approaching the center to ask for help in challenging inheritance laws, domestic abuse, and unfair divorce practices. The center is also beginning to attend to men, fathers who are now able to question the way their daughters are treated in their matrimonial homes. Some of the cases include parents demanding their daughters are sent to complete their education or allowed to get jobs to support themselves. These practices were unheard of just 10 years ago when the center first started.

Also for a long time, women could not defend cases in Sharia courts, as the prevalent interpretation was that Islamic laws forbid women from speaking in certain public settings. It was only after Asmau appeared in court that other men in the community pointed out the fact that it was not

expressly forbidden in Islam. Asmau and her center's actions have shattered gender norms in the community.

4. Conclusion

Asmau Joda's life trajectory took a new turn the year she got her grant. Setting up the center put her right in the middle of exactly where she wanted to be, an opportunity that she admitted she otherwise might not have had. She is the first to acknowledge that the community still has a long way to go before women can truly have the ability to make their decisions and determine their agency.

She believes that there are still many more attitudes to be changed and battles to fight. Maternal mortality rates in the region are still high, and even though attitudes are changing for the better, underage marriage persists and some gender norms are grossly unfair and inequitable to women. The Boko Haram insurgency added another dimension that was not there when she first received her grant. Hundreds of thousands of women are now living in internally displaced persons camps across the state and are in dire need of the services that her center offers. Asmau admits that *"[these women's] reproductive health needs are even more serious now that they are in camps ... it can be very overwhelming."*

For hundreds of people in Yola town who come into the center looking for help, Asmau and her staff are their only resources. Each encounter transforms the lives of both the community members and the center staff. Asmau is happy doing the work, and she shows no sign of stopping anytime soon.

Nigeria Case Study 2: Aminu Gamawa

"[While I was] in law school, I lost my mother who died while giving birth. I realized that I did not have to be a doctor to help. However, this is not something you learn in law school, and I needed a direction to help combine my knowledge of the law with maternal health issues."

"[...] I can say it without any hesitation; ELDP is one of the most remarkable things that has happened to me personally and professionally."

1. Background

This section presents the grantee's activities before participating in FLD, and provides the grantee's feedback on the program activities and components. FLD's transitional program implemented in Nigeria was known as the Emerging Leaders Development Program (ELDP). Contrary to FLD proper and other transitional programs, ELDP did not give direct funding to grantees to implement individual projects. Therefore, this case study stands apart in that it does not include a section on the grantee's project.

Grantee Profile

Aminu Gamawa is a lecturer at Baze University in Abuja, one of Nigeria's private universities. He is a familiar figure in the hallways, moving briskly from one class to another. Aminu's classes are always in high demand; his session on social justice and women's empowerment are very popular.

Until recently, Aminu was a lecturer at Harvard University, but before he arrived at Baze, many of his students already knew him by reputation. A popular international lawyer and women's rights activist, he is famous for his discussion of controversial issues, such as female empowerment and reproductive health, in addition to politics and good governance. Aminu is a frequent guest in prominent news organizations like the Voice of America, Al Jazeera, and the BBC, and many Nigerians tune in to watch his commentaries and follow him on social media where he interacts daily with his hundreds of thousands of social media followers.



Aminu Gamawa

According to Aminu, many people are surprised that he is passionately devoted to issues of maternal health because of his background as a northern Nigerian male and a lawyer. He, however, has a strong and compelling reason and can recall the exact time he decided that he would become an advocate for women rights. It was the moment, while still in law school, he was told that his mother had died while giving birth. It was his reflection on that personal tragedy that brought Aminu to apply for an Emerging Leaders Development Program (ELDP) grant.

Following this personal tragedy, Aminu dedicated himself to understanding the issues around maternal deaths, why they happen and to whom. He said he was shocked by what he found. He comes from the small town of Gamawa in northern Nigeria, with a population of about 300,000 people. Bauchi state, where Gamawa is located, has one of the worst maternal mortality rates in the

world, with mortality rates significantly above the national average.¹³ He found that maternal mortality disproportionately affected women who were poor, uneducated, and vulnerable. He also found that societal norms in northern Nigeria kept many of these women in a disadvantaged position, putting them at risk for high rates of maternal death.

Aminu started by looking for opportunities to develop himself; reading books and speaking to people, he wanted to know more about how he could help the maternal health situation in his state. During his search, he came across an ELDP fellow who told him about the program and advised him to look out for the announcement in the papers. After Aminu saw the ELDP advertisement, he applied and was called for the interview.

Program Experience

During the interview, Aminu told the selection committee members about his pain and his passion. He told them that he applied for the program because he wanted to prepare himself to be a better advocate for women's rights and to have the ability to stand up for those whose rights, particularly reproductive rights, were violated. First, however, he needed to position himself properly, and he believed ELDP would give him that opportunity. This presentation helped him get the fellowship.

As an ELDP fellow, Aminu went through several training programs delivered by what he called "*very credible facilitators*" who took him through various aspects of maternal health, ranging from leadership courses to women's rights issues. There was no grant given for projects under ELDP; instead, it involved a series of training and guidebooks that gave grantees tips on how to develop themselves and source for scholarship.

Aminu observed that from the training he received from the facilitators during his ELDP and his experiences being an ELDP fellow, he realized that whatever he needed to learn should be learned with the appropriate local context. The training also helped him network with other ELDP fellows. The workshops introduced him to many people from across Nigeria with whom he would eventually form lifelong friendships. Aminu also got the opportunity to mentor others, and mentored as many as 10 people at a time. According to him, being a part of ELDP introduced him not only to the knowledge about the field but also to other stakeholders.

2. Outcomes for the Grantee

ELDP had a significant impact on Aminu's leadership and professional development. Since participating in ELDP, Aminu has used his voice, fame, and knowledge to champion the rights of women in Nigeria.

ELDP experience contributed to shaping Aminu's leadership and opening opportunities for professional development. After ELDP, Aminu applied to and attended Harvard Law School. At the time he got into Harvard, he recalled that he "*had no money, no experience, and had never left home for any extended period.*" But as an ELDP fellow, he was prepared for the trip, and his background only made him more determined to leave home for the first time in search of knowledge that he would use to tackle the unacceptable number of maternal deaths in his community.

¹³ Mairiga and Saleh (2009). Maternal mortality at the state specialist hospital Bauchi, Northern Nigeria, <http://www.ajol.info/index.php/eamj/article/viewFile/46924/33311>.

Harvard Law School was a turning point for Aminu. He recalls that one of the main things he learned there was that reproductive health is everyone's issue and that he can focus on this issue as a lawyer. Speaking of ELDP's impact on his leadership skills, he noted: "ELDP was a major contributor to the confidence [I] gained talking to local and international media about PRH issues as well as other matters." It was only after he was a part of ELDP that Aminu took part in other leadership programs; his profile at the Harvard University webpage proudly lists being an ELDP fellow among his other achievements. Aminu acknowledged that other factors might have also propelled him to success because aside from ELDP he was also a part of many fellowship programs. However, he believes that ELDP was the most impactful because it set him on the trajectory that enabled him to do the things he is famous for doing today; he noted that "it all started with ELDP."

3. Outcomes Beyond the Grantee

Aminu's endeavors since participating in FLD have affected communities in northern Nigeria; he has also achieved impact at the national and international levels.

Community outcomes

Thanks to his participation in ELDP, Aminu has significantly contributed to his community. One of the first things he did after his training and before traveling to Harvard was to go back to his alma mater, the University of Maiduguri, where he collaborated with others on reforming the existing law clinic. The clinic was a practical law lab where law students would go to learn useful tips about being public interest lawyers.

He redesigned the clinic to focus on women's health and empowerment issues. To date, the law clinic still focuses on women's rights issues, and Aminu admitted that his ELDP training was very useful in repurposing the clinic.

He credited the network he developed during ELDP for helping him address challenges and achieve impacts in the conservative communities of northern Nigeria. He stated that "sometimes you feel overwhelmed by the resistance (from communities), but when you have a network of friends that believe what you do, you bond together, and it becomes easier. That is what other ELDP grantees are to me. We face the battle together as a team."



The Law Clinic at the University of Maiduguri was repurposed by Aminu to focus on women's rights. Currently, most of the clients are women.

Outcomes at the National and International Levels

Since participating in ELDP, Aminu has been an advocate and a powerful voice on health and maternal health issues in Nigeria and internationally. Nowadays, Aminu's success is seen more at the national and international scale, where in addition to being very vocal about his mission, he and his colleagues have been very active in forming a pressure group to get the government of Nigeria to increase the yearly budgetary allocation for health and make maternal health a separate budget line item. Although these goals have not been entirely achieved, there have been many steps taken toward that direction by the federal government.



Aminu was also very active in the push to pass the Nigerian National Health Act that was signed into law in 2014. The law guarantees universal health coverage to all Nigerians and focuses on primary healthcare at the grassroots level with an emphasis on quality of care. He still advocates at the national level while using his appearances on TV and social media to continue to apply pressure on government and discuss women's rights and controversial cases.

In 2016, Aminu was one of the 50 finalists of the African continent's innovators who were invited to showcase solutions to maternal and newborn care challenges in the developing world. He presented his approach at an annual event sponsored by the U.S. Agency for International Development (USAID), the Norwegian Ministry of Foreign Affairs, the Bill and Melinda Gates Foundation, and other organizations. The approach championed by his organization, the Development Research and Project Center (based in Kano City in northern Nigeria) is to engage Islamic opinion leaders in northern Nigeria and train them to become champions for maternal and neonatal health, instead of preaching against maternal, neonatal, and child health best practices.



Aminu Gamawa during a USAID-sponsored event

4. Conclusion

ELDP helped Aminu hone his leadership skills, secure professional development opportunities, and have a lasting impact on his community. Despite all these successes, he acknowledged that the work to be done is still huge; not much has changed in his small town of Gamawa. Several years after he lost his mother from childbirth, tragedy struck Aminu again: his sister also died while giving birth. He reiterated his commitment to maternal health in a poignant February 2015 Facebook post written the day he learned that yet another family member had died during childbirth.

"I lost my mother during childbirth. I lost my sister during childbirth. I lost many relatives and friends during childbirth. I believe I am not the only one. Many of you have similar stories or know people who

have similar stories. ... I now pledge to spend the rest of my life working & advocating for better health information and services for our mothers and sisters. No woman should die during childbirth because of lack of timely or proper health services. We should all do our best to make motherhood safe for women. We should not wait till we lose our loved ones."

It's a pledge Aminu is working very hard to keep and has vowed to continue until women in his community no longer die needlessly during childbirth.

India Case Study 1: Vikram Patel

“Being on the World Health Organization (WHO)’s Global Maternal, Child and Adolescent Health Committee is a great example of how my work supported by FLD and the MacArthur Foundation has led and propelled me to the world’s most important agency in the field.”

1. Background

This section presents the 1) grantee’s activities before receiving the Foundation’s FLD grant, 2) his FLD-funded project, and 3) his experience of the program.

Grantee Profile

Vikram Patel is an internationally renowned Indian psychiatrist, professor, and researcher known for his work on adolescent, maternal, and mental health in low-resource settings. He is a medical doctor specializing in psychiatry and epidemiology, with extensive teaching and research experience. He is currently based in India and the United States.

Vikram is the co-founder and member of the Managing Committee of Sangath,¹⁴ an NGO based in Goa, India, dedicated to research in the areas of child development and adolescent, maternal, and mental health.



Vikram Patel at an event sponsored by the Sangath organization

Vikram is Adjunct Professor and Joint Director of the Centre for Chronic Conditions and Injuries at the Public Health Foundation of India (PHFI); and Honorary Professor of International Mental Health at the London School of Hygiene and Tropical Medicine (LSHTM) in the United Kingdom (UK). He has recently started working as the Pershing Square Professor of Global Health, Department of Global Health and Social Medicine at the Harvard Medical School where his role will include teaching, research, and guiding Ph.D. students and scholars.

In 1998, Vikram was awarded a two-year FLD grant. In 1996, at the time of applying for the FLD grant, he had moved from the UK to Goa, India, and co-founded the Sangath organization with other local colleagues devoted to research and services development in the areas of behavioral health and family support. At this time in India, these issues were deeply neglected.

Description of the FLD-funded Project

Vikram submitted a proposal to implement a project titled *“The Psychosocial Contexts of Childbirth: Post-Natal Depression and its Impact on Maternal and Child Health in Goa.”* This project examined the linkages between postnatal depression (PND) and infant and maternal health, and envisioned an increase in community awareness and an influence on policy changes. At the time, no one was

¹⁴ To learn more about the organization, please visit <http://www.sangath.in/>.

talking about the relationship between PND and infant and maternal health. Vikram's research was the first study on the topic in India.

By the end of the grant's two-year period, Vikram completed field research, including six-month follow-up with more than 250 mothers and infants, and 80 qualitative interviews; data entry and analysis; and writing of scientific papers and a report for discussion in workshops. Vikram used a modified Konkani¹⁵ version of the Edinburgh Postnatal Depression Scale to provide a score based on the symptoms of depression reported by the mother.

He disseminated the research findings through scientific papers on the relevance and predictors of PND, the impact of PND on maternal and child health, and the social and cultural contexts of PND for reproductive health, medical, and social science journals. He presented at workshops and conferences; wrote articles for magazines and newspapers; held workshops to disseminate the research findings; wrote a report for dissemination to policymakers in health, women's issues, and social welfare sectors; prepared a brochure in Konkani and English for distribution to women and their families attending antenatal clinics in Goa; and created posters and flash cards for dissemination to primary health centers in other parts of India.

Program Experience

According to Vikram, the FLD selection process was transparent and very organized; there was clarity on how to apply, the stages, and timeline. He stated that being selected while living in Goa, far away from Delhi, the capital city where the MacArthur Foundation office is located spoke to the strength of the selection process and the potential that the committee saw in him. He had a good memory of the interview: overall, he recalled a positive experience that was encouraging and enabling. He remembered the interview panel as having thoughtful questions and he felt welcome and at ease.

Speaking of the diversity of applicants' backgrounds allowed by FLD, he stated that *"one of the great things about MacArthur Foundation [offices] in India and the United States is the incredible open-mindedness. The idea that a psychiatrist could get a fellowship focused on the PRH field reflects a vision which in 1998 was absent [outside FLD]."*

Regarding the ability of FLD to identify promising leaders, he observed that FLD was a unique kind of financing instrument to support the best ideas and people. He added that *"the best person may not have had the best ideas at the time, but they had the potential of being groomed and I think that is what FLD did remarkably well for me. It backed me and it was risky. The element of risk-taking has to be part of this type of grant giving."*

The training sessions that were held at the Indian Institute of Management (IIM) Bangalore for FLD grantees were very helpful for him, but most importantly, he learned from his peers during the formal training workshop and Fellows' annual meetings. As he observed, *"the Fellowship was so unique in its incredible diversity of people and diversity of disciplines."* The community of fellows allowed him to learn about the work others were doing and to learn that an interdisciplinary rather than a siloed approach can address complex problems. The previous fellowship he received had a narrower focus, as it was mostly intended for medical researchers and physicians who are people from the same discipline. Through the FLD Fellowship, he had the opportunity to meet various types of people from the media, civil society, social sciences, and the arts. He felt that the

¹⁵ A language spoken in the southwestern coast of India, and the official language of the state of Goa.

interdisciplinary nature was a big asset, extremely unique. For instance, he shared that he worked with a colleague whose project focused on domestic violence and that both discussed the linkages between this type of violence and the risk factors of suicide and depression.

2. Outcomes for the Grantee

FLD had a significant impact on Vikram's personal and professional trajectory. First, he credited the FLD Fellowship for allowing him to continue to work and live in India. Vikram shared that at the time of applying for the FLD grant, he was unemployed; a grant he received from another organization had ended, and he was doing private practice as a psychiatrist to sustain himself—a type of work he mentioned he “was not enjoying.” He found himself “stranded.” He wanted to do work in India and was very interested in the issues of adolescent and maternal health. FLD gave him the opportunity to take that step. Regarding this impact on his personal growth, he stated that by applying to FLD, he “took a risk and it worked. ... After that, things progressed and improved in a way I could never have imagined.” The lesson for him has been that one should stick to their ideas and take risks.

Speaking of FLD impact on his career, he shared that if FLD had not happened, he may have been “in some boring job in the UK.” FLD had a significant impact on Vikram's professional interests. Prior to receiving the FLD grant, he worked more on the medical, psychiatry side; he credits FLD and the MacArthur Foundation for kickstarting his work on maternal health and adolescent issues, a sector he “had not worked in before.” The Fellowship introduced him to issues of gender; SRH and rights; women's autonomy; and violence against women. Since then, these issues have become an integral part of his work, and he is a well-recognized figure in the mental health world for this integrated approach. He noted, “I have become an integrated researcher, not only a medical researcher.”

The FLD grant also improved Vikram's prospects for securing similar professional development opportunities. In 2000, Vikram received a fellowship from the Wellcome Trust. Since then, he has been a Trust Fellow in different capacities. He is currently the Trust's Principal Research Fellow and has pursued his interest in research on adolescent and mental health and psychological treatments. Under his leadership, Sangath too received a grant from the Trust to conduct research on mainstream mental health.

Vikram has published in several academic journals over the years and has assumed an important role in local and national networks that are researching psychosocial issues affecting women's health. Over the years, his interest in health research has shifted from a biological emphasis to recognition of the profound role played by social, economic, and cultural factors in the causation and experience of illness.

Vikram has published more than 250 peer-reviewed scientific articles.¹⁶ The main focus of his research has been on epidemiology and the sociocultural determinants and treatment of mental disorders in impoverished regions of India and other resource-poor settings. Examples of his major research contributions include: the burden of mental disorders and suicide in young people; the association of poverty and gender-based violence with depression and suicide; the relationship of mental disorders with other health priorities such as gynecological morbidities; adolescent health, HIV/AIDS, and maternal and child health; and the development and evaluation of interventions for mental disorders integrated in routine care settings, including in schools and primary healthcare.

¹⁶ The evaluation team obtained this information from the PHFI website.

He has also become increasingly involved in researching mental disorders and developmental disabilities in children, seeking to integrate mental healthcare with more pervasive forms of healthcare treatments, such as those involving chronic illnesses.

As part of his academic work, Vikram has spent much of his career in trying to educate people on the nature and importance of global mental health.¹⁷ In 2012, he played an integral role in the establishment of Sangath's Masters in Global Mental Health program, which is jointly run by the Institute of Psychiatry, London. He is presently the chair of the Exam Board of the same program and has helped to design and teach many of the core modules within the program. One week out of the year, he teaches an Intensive Short Course on Research Methods in Global Mental Health in London to aspiring global health workers; this program is also jointly run with the Institute of Psychiatry, London. He also coordinates flagship short courses on Leadership in Mental Health in collaboration with Sangath in India. In conjunction with his research, Vikram supervises a number of Ph.D. students and candidates in the fields of global mental health.

In addition to academic forms of teaching, he has given a number of public talks, including a talk at a global conference in 2012 in association with TED. Vikram's philosophy toward global mental health and its potential treatments is summarized in the following quote from his 2012 TED talk introduction:¹⁸ *"Nearly 450 million people are affected by mental illness worldwide. In wealthy nations, just half receive appropriate care, but in developing countries, close to 90 percent go untreated because psychiatrists are in such short supply. Vikram Patel outlines a highly promising approach—training members of communities to give mental health interventions, empowering ordinary people to care for others."*

3. Outcomes Beyond the Grantee

Since participating in FLD, Vikram's work has affected his organization Sangath and influenced communities; he also achieved impact at the national and international levels.

Organizational Outcomes

FLD helped Vikram's organization, Sangath, in many ways. After his Fellowship, two of his colleagues from Sangath, Fiona Dias Saxena and Ashwin Tombat, received FLD Fellowships. Also, Vikram's Fellowship introduced the MacArthur Foundation to Sangath, and his FLD study was the first research done by Sangath. Vikram's work introduced the issues of gender and SRH and linkages with mental health into Sangath's research and work. Sangath also received support from the Ford Foundation for work on adolescent health, which was followed by an institutional grant from the MacArthur Foundation. In 2008, Sangath won the MacArthur Foundation's International Prize for Creative and Effective Institutions and has used the grant money to pioneer various ways in which task-sharing in mental healthcare can be properly distributed between primary care professionals and community-based workers. Sangath is ranked amongst India's leading 12 public health research institutions and received the World Health Organization (WHO)'s Public Health Champion India Award.

Sangath has also grown significantly in scale and scope over the years. Speaking of his impact on the organization, Vikram stated: *"I never thought of it as my private ship."* He is invested very heavily

¹⁷ The evaluation team obtained this information from the PHFI website.

¹⁸ TED (2012). Vikram Patel's TED talk, https://www.ted.com/speakers/vikram_patel.

and his greatest sense of success is seeing the organization grow even after his moving from Goa more than three years ago. Since 2000, Vikram's work with Sangath has been honorary, and he has not been involved in the day-to-day management of the NGO, as he was in the early years. He is currently on the Managing Committee of Sangath and is deeply invested in mentoring and building capacities of the team.

Sangath has achieved tremendous recognition and is currently working in six states—Haryana, Maharashtra, Bihar, Goa, Madhya Pradesh, and Assam. Sangath works with the LSHTM on multiple projects focusing on child development, adolescent health, and mental health.

Community Outcomes

Although Sangath does not work directly with communities, the organization generates knowledge that can be adopted and scaled up through the public health sector to achieve impact at the community level. Sangath has grown to become a research-focused organization. The objective of its members is to improve access to health by using locally available resources and running experiments to understand the benefits; they also work closely with policymakers. To achieve this community impact, they publish reports and papers in open access journals with peer reviews that are available to anyone. Sangath also influences policy through the various committees they are involved with. Vikram noted that he feels that policymakers respect Sangath researchers because of their rigorous, published research and evidence-based advocacy. They have been publishing for years in widely read journals and their articles receive media attention and have been noticed by the Indian government; they also receive awards, prizes, and recognition, which helps to raise their profile.

Outcomes at the National Level

Vikram is involved with different institutions like the Goa-based Sangath which he co-founded; the London School of Hygiene and Tropical Medicine (LSHTM); the Public Health Foundation of India (PHFI) and now the Harvard Medical School. As he noted, he is *"an institution person."* He works as an academic and teacher at leading academic institutes, guiding research scholars, doing research, writing, public speaking and influencing policy, and acting on various government and technical committees in India and globally. Vikram conducts research from the premises of the associated organization; for example, he conducts his research on diabetes and the heart from the PHFI offices, and undertakes his research on implementation science from Sangath's office.

He has served in various Government of India (GOI) committees, including the Mental Health Policy Group (which drafted India's first national mental health policy); the National Rural Health Mission Accredited Social Health Activists (ASHAs) Mentoring Group; the National Human Rights Commission Core Committee on Health; and the Technical Advisory Group of GOI's adolescent health program Rashtriya Kishor Swasthya Karyakram (RKSK). The committees' role has been to advise and guide the government. According to Vikram, his and Sangath's contributions have had a very strong emphasis on mental health in the adolescent health program and a focus on frontline health workers in the Mental Health Care Bill. Sangath has been advocating for frontline community-based workers known as ASHAs to deliver mental health services in community and primary healthcare settings. This approach has been included in the bill because of Sangath's ability to demonstrate its effectiveness, acceptance, and feasibility. As Vikram noted, when he started with this idea 20 years ago, there was resistance, but today, *"it is part of the law, no one questions it."* According to him, there has been a radical shift, as the use of scientific research led to impact in the public health sector. Regarding this approach, he drew the parallel with the work of Society for

Education, Action, and Research in Community Health in Gadchiroli, Maharashtra, on the home-based care of the newborn.¹⁹

Outcomes at the International Level

Since completing his FLD grant, Vikram has achieved significant international recognition, particularly on mental health. The following are a select number of his international endeavors and impacts:

- In April 2015, Vikram was listed as one of the world's 100 most influential people by *Time* magazine. As previously described, Vikram's work spans a wide variety of topics and disciplines but his primary interest is in the improved treatment and care of people with mental disorders around the globe.
- Vikram has also served as editor for several major medical publications, including the influential *Lancet* series on global mental health in 2007 and 2011 (as well as universal healthcare in India again in 2011), the *PLOS Medicine* series on packages of care for mental disorders in 2009, and the series on Global Mental Health Practices in 2012 and onward. He has contributed to the Lancet Commission on Adolescent Health and Wellbeing in 2016 and is currently leading the Commission on Mental Health and sustainable development.²⁰
- He was also the editor of the *International Journal of Epidemiology* series on global mental health and psychiatric epidemiology in 2014. Also, he is the editor of two Oxford University Press textbooks on global mental health titled *Global Mental Health: Principles and Practice* and *Global Mental Health Trials*.
- In 2007, he played a key role in setting up the new Movement for Global Mental Health, a global coalition of professionals and civilian volunteers working together to assist those affected by mental illness, by helping to promote as editor of the 2011 *Lancet* series' Call to Action. The movement has since seen the participation of more than 10,000 individuals working with more than 200 institutions around the world.²¹
- In 2003, he wrote the book *Where There Is No Psychiatrist*, a mental healthcare manual primarily used in developing countries by non-specialist health workers and volunteers. It has since been translated into 15 languages. His other books have been: Patel, et al, *Disease Control Priorities for Mental, Neurological and Substance Use Disorders* (World Bank, 2015); Thornicroft & Patel, *Global Mental Health Trials* (Oxford University Press, 2014); Patel et al, *The School Counsellor Casebook* (Byword, 2014); and Patel et al, *Global Mental Health: Principles and Practice* (Oxford University Press, 2013).



Vikram Patel at Georgetown University

¹⁹ More information about this project is available at <http://searchforhealth.ngo/wp-content/uploads/2015/12/HNBC-Folder-PDF.pdf>.

²⁰ The evaluation team obtained this information from the website of the *Lancet* series, <http://www.thelancet.com/>.

²¹ The evaluation team obtained this information from the PHFI website.

- Vikram serves on three WHO committees, including Mental Health; Maternal, Child and Adolescent Health; and Eastern Mediterranean Regional Office (EMRO) Mental Health. He credited FLD for helping him join WHO. He has also served as co-chair of the Scientific Advisory Board of the Grand Challenges in Global Mental Health of the National Institute for Mental Health.
- Vikram has received many awards. He was awarded the Chalmers Medal by the Royal Society of Tropical Medicine and Hygiene (UK) in 2009; was awarded the Sarnat Prize by the Institute of Medicine (U.S.) in 2014; and was elected as a Fellow of the UK Academy of Medical Sciences in 2009. He was awarded an Honorary Doctorate from Georgetown University in 2015, and the Chanchlani Global Health Research Award in 2016.

4. Conclusion

Vikram has had a phenomenal journey from physician to “integrated” researcher and a widely published teacher linking policy and advocacy. SRH, gender, adolescent, and maternal health issues are integral to all the work he does in mental health—a unique and rare combination. He has contributed in many ways to the organizations/institutions he has been associated with, and to policy-thinking and -making in India and globally. Despite his tremendous success, Vikram remains committed to building capacities and preserving his linkages to India and Goa in particular. He believes strongly in promoting well-being and in a person-centered approach.

According to him, in establishing FLD, the MacArthur Foundation’s open-mindedness, its belief in individuals, its ability to see applicants’ potential, and its risk-taking approach reflect a vision that at that time was absent in India. He felt that the MacArthur Foundation should be pleased with the risks it took not only with him but also with other grantees. He believes that *“with FLD, many careers were made;”* and had the Foundation not taken risks, there would not have been such change in his personal life. As he noted, *“The Fellowship came at a stage in my career when I was relatively young. I had an idea that no one would support but seemed to have value. My continuing in India was on the edge. Life took a fabulous turn and I am doing what I wanted to do. I am now very comfortable with taking risks.”*

India Case Study 2: Ketki Ranade

“Health and Population Innovations Fellowship (HPIF) helped give rigor to my research. It was the starting point. ... Today, I see myself as an academic activist. ... Since HPIF, I have conducted more research studies and continued to work on lesbian, gay, bisexual, transgender, and queer rights and advocacy.”

1. Background

This section presents the 1) grantee’s activities before receiving the Foundation’s FLD grant, 2) her FLD-funded project, and 3) her experience of the program.

Grantee Profile

Ketki Ranade is based in Mumbai, in the state of Maharashtra in western India. She holds a Bachelor of Arts in Psychology from Mumbai University, a Master of Arts in Social Work and a Doctorate degree both from the Tata Institute of Social Sciences (TISS), Mumbai. She has also completed her Master of Philosophy degree from the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India.



In June 2010, she joined TISS, Mumbai campus, and is currently Assistant Professor at the Centre for Health and Mental Health, School of Social Work at TISS. She teaches a number of courses covering mental health, qualitative research methods, psychosocial rehabilitation, and gender and sexuality. She also guides six to seven students on studies covering Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) rights, and different departments invite her to hold two-hour sessions on these rights. Since June 2016, she is a member of the TISS Gender Amity Committee²² that looks at harassment of LGBTQ students and addresses students’ complaints in cases of bullying on campus.

Since 2015, Ketki has been a visiting faculty member at the University of Gothenburg, Sweden. Before joining TISS, she had worked as a mental health professional, researcher, and advocate for almost a decade. She has been involved with activism on LGBTQ issues for many years. Her specific areas of research interests include mental health and health concerns of LGBTQ, specifically LGBTQ-affirmative counseling and social determinants of mental health.

Ketki was awarded a research fellowship under the Health and Population Innovations Fellowship (HPIF) program of Population Council, India (2006–2008). At the time of applying for the HPIF grant, Ketki had been working for seven years with Bapu Trust, an organization based in the city of Pune (Maharashtra state) that provided mental health services and advocacy. She was the lead for the Mental Health Service Program and Bapu Trust, which at the time was led by Bhargavi Davar, an

²² More information about this committee is available at <http://www.tiss.edu/view/6/gender-amity-committee/introduction/>.

FLD alumnus from the 2001 – 2003 cohort. Before joining Bapu Trust, Ketki had worked with Aarohi, a domestic violence crisis/counseling center, a field action project of TISS, Mumbai.

Description of the FLD-funded Project

Ketki submitted a proposal to conduct research on *“Understanding Health/Mental Health Needs of Lesbian, Gay, Bisexual Individuals.”* Through this project, she intended to shed light on the health and mental health of lesbian, gay, and bisexual youth, and to study the perceptions and experiences of mental health professionals and their treatment of homosexual clients. As a result of this research, Population Council (the organization that administered HPIF) published a working paper in 2009 titled, *“Medical Response to Male Same-Sex Sexuality in Western India—An Exploration of ‘Conversion Treatments’ for Homosexuality.”* This path-breaking research study was being conducted for the first time in India.

Program Experience

Ketki was part of a six-Fellow cohort, each with a different background. During the orientation session for the cohort, she was trained on program and financial management, while an HPIF staff (Shireen Jeebhoy) helped her conceptualize her study. She was paired with Dr. Bert Pelto as a mentor, as he too was living in Pune at the time. The mentoring included sessions with Ketki and her two research assistants and focused on data analysis. She also spent three weeks at WHO’s office in Geneva as part of a training course on research methodology. She indicated that the course was *“40% useful,”* while the rest of the learning outside the classroom and connections made with others in the region and internationally was *“very useful.”* She indicated having learned more about sexual and reproductive health and rights (SRHR) issues and LGBTQ rights.

During the development of her research report, Population Council provided significant support. She stated that *“the editorial support was very useful. It was the first time I was doing academic writing.”* Shireen, who was based in Delhi, visited Ketki in Pune a few times during the Fellowship, and their conversations were very helpful in developing arguments, counter-arguments, and the analysis. Ketki had access to materials authored by western researchers but was keen to look at the Indian context and its relevance. During the Fellowship, she also presented at the Asia Pacific Conference on Reproductive and Sexual Health (APRSH). However, she indicated that six months into the Fellowship, she realized that she was working on two research studies instead of one; she felt that Population Council could have helped her more in the conceptualization stage and helped her to plan better.

2. Outcomes for the Grantee

Ketki’s participation in HPIF contributed to her personal and professional growth. She indicated that HPIF helped reinvigorate her research credentials and by the end of the grant period, she was an activist, a practitioner, and a researcher. Today, she sees herself as an *“academic activist.”*

Since completing HPIF, she has conducted more research studies and continued to work on LGBTQ rights and advocacy. For instance, she has been actively engaged with sexuality rights activities and connected with Mumbai- and Delhi-based LGBTQ groups such as LABIA, an LGBTQ feminist collective based in Mumbai. Earlier she was only connected to women’s groups. HPIF helped to introduce her to LGBTQ rights groups and discourse. Through her involvement with LABIA, she has

worked on decriminalization of homosexuality through activism, demonstrations, and protests. She currently supervises two counselors in Mumbai and Delhi on how to work with LGBTQ clients.

She has also conducted a research study on *“Gay Affirmative Counselling Practices in India—A Study of Local Experiences and Practices of Counselors Working with Gay, Lesbian, Bisexual Clients Across India.”* The study was supported by Saksham, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Round 7, 2010–2013). She has written two papers, developed one manual, conducted training, and spoken about this work in different fora and made presentations in many places including at the National Institute of Mental Health & Neuro Sciences (NIMHANS) International Conference.

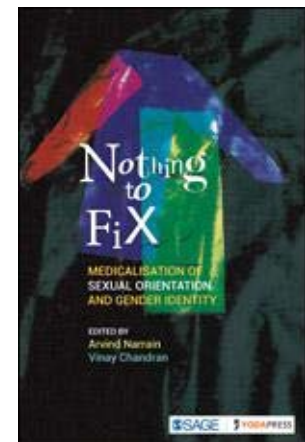
3. Outcomes Beyond the Grantee

Ketki has achieved outcomes at both the national and social levels. Her groundbreaking research has significantly contributed to the field of LGBTQ rights where it helped support a shift away from the criminalization of homosexuality.

Social Outcomes

Ketki’s HPIF-funded research study was the first of its kind in India. During the implementation of the study, it was featured by the Lesbian Association of India (LAI) on its blog post.²³ The dissemination of this study took place at TISS in 2008 and was attended by the faculty and local organizations working on LGBTQ rights. Media covered the research study, and as a part of their coverage, asked the psychiatry associations about the treatments of homosexuals to revert their sexual orientation. This discussion led to other mental health and LGBTQ advocacy work. In 2012, the Indian Association of Psychiatry said that such treatment methods (hormonal injections and aversion treatment) are unethical.

Ketki’s study has also been quoted in Sec 377 in Supreme Court²⁴ and 19 mental health psychiatrists have filed a rejoinder saying that homosexuality should not be criminalized. Psychiatrists have said that it is not a form of illness. Ketki’s interest in research on LGBTQ issues has continued and her research during HPIF has led to a study with family members on how they view their children. This research was also used by the 19 parents who petitioned the Supreme Court to stop the State from criminalizing LGBTQ children.²⁵



²³ Blogpost of Friday, August 31, 2007, <http://l-a-i.blogspot.com/2007/08/>.

²⁴ Section 377 of the [Indian Penal Code](#) criminalizes sexual activities "against the order of nature," arguably including [homosexual](#) sexual activities. The section was decriminalized with respect to sex between consenting adults by the [High Court of Delhi](#) on July 2009. That judgement was overturned by the [Supreme Court of India](#) on December 11, 2013, with the Court holding that amending or repealing Section 377 should be a matter left to Parliament, not the judiciary. On February 6, 2016, the final hearing of the curative petition submitted by the [Naz Foundation](#) and others came for hearing in the Supreme Court. The three-member bench headed by then the Chief Justice of India [T. S. Thakur](#) said that all the eight curative petitions submitted will be reviewed afresh by a five-member constitutional bench.

²⁵ For more information about this case, see the CRIN article (2011): "India: In defence of their gay children, 19 parents go to Supreme Court," available at <http://archive.indianexpress.com/news/in-defence-of-their-gay-children-19-parents-go-to-sc/747835/1>.

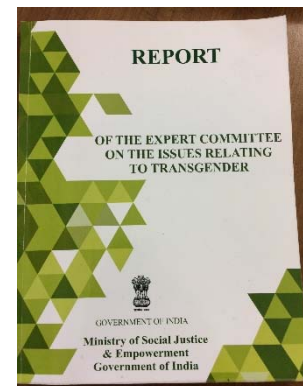
She has completed two more research studies since HPIF. The first study was *“Making Sense—Understanding Familial Responses to their Gay, Lesbian Sons and Daughters.”* She conducted this study in Mumbai city and was supported by Research Council and TISS (2012–2013). The second study was *“Conceptualizing Gay Affirmative Counselling Practice in India—A Study of Local Experiences and Practices of Counselors Working with Gay, Lesbian, Bisexual Clients Across India.”* Saksham, and the Global Fund to fight AIDS, Tuberculosis and Malaria (Round 7, 2010–2013) supported this study.

Ketki has published widely on the topic; the two most recent publications are: *‘Coming Out’ of the Comfort Zone: Challenging Heteronormativity Through Affirmative Counselling Practice with Lesbian and Gay Clients*²⁶ and *Medical Response to Male Same-Sex Sexuality in Western India: An Exploration of ‘Conversion Treatments’ for Homosexuality*.²⁷

Outcomes at the National Level

Ketki’s FLD-funded research was taken up by the executive and legislative branches in India, and she was consulted by the civil society as part of efforts to counter discrimination and stigmatization against the LGBTQ community.

In 2013, Ketki was invited by the Government of India (GOI) and the Ministry of Social Justice and Empowerment (MOSJE) to be on the expert committee on issues relating to transgender persons. She worked on a chapter on definitions and health, and the report was released in early 2014. In November 2016, as part of GOI’s consultations in the initiation of a Transgender Persons (Protection of Rights) Bill,²⁸ Ketki was invited to make a presentation in front of a parliamentary standing committee.



Alongside these state-led initiatives, advocacy efforts were made by LABIA, a feminist group, and the Human Rights Law Network (HRLN). Both organizations held an Independent People’s Tribunal²⁹ on transgender persons regarding the progress made on their treatment; the topic of the activity was “where are we today.” During these consultations, Ketki presented on social suffering and suicides among transgender persons, which she observed are a big issue along with depression and substance use.

The Indian Council of Medical Research (ICMR), a national apex research organization, invited Ketki on their expert committee on transgender health. She feels that the apex research and policymaking bodies are willing to listen to experts who have academic credentials, and being associated with TISS adds to the credibility, as the government takes the institute seriously.

²⁶ Ranade, K., and Chakravarty, S. (2016). In *Ethical Issues in Counselling and Psychotherapy Practice* (pp. 141-154). Springer Singapore.

²⁷ Ranade, K. (2015). In Narrain, A., Chandran, V. (eds.), (2015). *Nothing to Fix: Medicalisation of Sexual Orientation and Gender Identities*, Delhi: Saga Yoda Press.

²⁸ More details about the bill are available on the PRS Legislative Research website at <http://www.prsindia.org/billtrack/the-transgender-persons-protection-of-rights-bill-2016-4360/>.

²⁹ The Indian/Independent People’s Tribunal or Indian People’s Tribunal on Environmental and Human Rights was set up by the HRLN in 1993 as an unofficial body led by retired judges who form a panel to conduct “fair and credible investigations focusing on issues concerning human rights and environmental justice (<http://www.iptindia.org/>).

Ketki feels the time has not yet come to talk of affirmative and feminist counseling, a type of counseling that explores women's psychological oppression as a factor in their mental health problems. However, she has managed to influence the sexuality rights discourse in India.

4. Conclusion

HPIF helped Ketki Ranade develop her research skills, understand key linkages, and build her connections with the LGBTQ movement in India. She has made a considerable contribution in the field of LGBTQ research linking with gender, sexuality, and mental health in India. She is an academic activist and, through her research, has influenced policy and practice. She received a grant to work on LGBTQ rights, and she feels that this issue should be included in future thematic areas of the Fellowship.