

From Advocacy to Action

Interview by Belindar Kwamboka, Communications Associate, HCDEXchange



About Ndiilokelwa Nthengwe

Ndiilokelwa Nthengwe is an award-winning Author, Activist, tech entrepreneur and Leader advancing positive sexual and reproductive health and rights (SRHR) in Namibia. She established Namibia's first reproductive justice clinic and serves as the Executive Director for the [Voices for Choices and Rights Coalition \(VCRC\)](#).



You've had a remarkable journey, from studying Business Innovation and Computer Technology to becoming an award-winning SRHR activist and a 2-time published author! What inspired you to pivot towards reproductive health advocacy?

Ndiilokelwa's reflections

My background is in Arts. Prior to my Bachelor of Commerce in Business Innovation, I was planning to study Live Performance in Cape Town. When I couldn't make it into that, I decided to go into Business Innovation and Computer Technology - a segment studying the entertainment industry from a business perspective - as I thought that would bring me much closer to the arts. In the course of my 3-year study, I developed a platform that intended to look at unemployment and decentralizing work.

After school, I was out of a job for a while and the one thing that I decided to do during this time while still searching for jobs was to continue reading. There's one particular book I read by Melinda French Gates - *The Moment of Lift* - and what stood out for me in the book was the importance of access to reproductive commodities and how that improves and changes a lot of communities that rely on reproductive health commodities to sustain other parts of their life. After reading it, I thought about how I also wanted to impact the world positively from the lens of reproductive justice. However, at the time I didn't really understand what this meant in the Namibia context. I was already working towards launching my tech platform, but I decided to put that on hold. Around June 2020, a petition was launched calling for abortion law reform in Namibia. Since I already had an interest in reproductive justice after reading the book and had also taken an online course with [Arasa](#) that discussed what abortion laws look like in certain parts of Africa, it gave me the impetus to take the petition on. That led to my journey of connecting my tech background and tech platform with reproductive health.



As the Executive Director of VCRC, what are some of the key milestones you've achieved?

Ndiilokelwa's reflections

Our first key milestone was in June 2020 when the abortion law reform movement started. A Namibian citizen had launched a petition to reform the existing law which attracted a lot of attention and publicity garnering over 60,000 signatures globally. This petition was later submitted to Namibia's parliament for consideration. In July the same year, Voices for Choices and Rights Coalition (VCRC) staged one of Namibia's biggest reproductive justice protests the country has ever seen since the abortion conversation started, to catalyze discussions on reproductive justice. We were called upon by parliament to speak in front of the Parliamentary Standing Committee of 'Health and Social Affairs' on why the abortion law needed reform. Something like this had never been done historically. Alongside subject matter experts, VCRC spoke on the rationale behind the call for reform. Following our submission, parliament launched an active public participation process across the country to speak to community leaders and everyone that would be affected by the law if it were to be reformed.

We also traveled across the country hosting reproductive justice workshops in five out of Namibia's 13 regions, to address the impact of the country's Abortion Act and what it would mean once it is reformed. We reached over 1,000 women, girls and gender non-conforming persons during our country tour, expanding the knowledge base on what reproductive justice means.

In addition, when we got our first funding to set up our reproductive justice clinic in 2022 by the Safe Abortion Action Fund, our goal was to go into service delivery to provide reproductive health commodities to communities who would not otherwise have access to them in government or private health facilities. We wanted to make sure we are inclusive and sensitive, and sufficiently trained to meet the needs of the patients we will be seeing. Most importantly, we wanted to find out through our own experience how the clinic would function in the future once the law is reformed for example in terms of providing abortion housekeepers to provide the service to those in need.





Moreover, VCRC was part of a committee with the Ministry of Health and other stakeholders, to review the abortion law in its current state at the time. I am proud to say that as of August 2023, the Ministry of Health along with other stakeholders drafted a policy to reform the law. We are still waiting on some policies around the abortion law, teenage pregnancies and contraceptives, and how the government intends to implement these. I think what is missing now is political will, resourcing, and integration of the policies across the nation.



What are the biggest challenges you still face in advocating for reproductive justice in Namibia?

Ndiilokelwa's reflections

I think our generation of activists have been more progressive coming into the conversation on reproductive justice, and even framing it as reproductive justice. The challenges are not necessarily that overwhelming but that may be because we are more aggressive in our pursuit to reform the law. I think, however, that challenges faced in advocating for reproductive justice in Namibia speak differently to different advocacy groups, outside of the usual backlash that you would experience from different anti-gender, anti-choice, and pro-life groups. Our work and research has made us realize that the main challenge is political ideologies - it comes all the way from parliament! This then affects and influences the perceptions around the work. For example, leading up to the point of the Parliamentary Standing Committee, there were so many delays and cancellations because nobody wanted to hear what we had to say but since we knew we were following a constitutional process, we held them accountable.

The other thing is that people don't understand the difference between what reproductive justice is and saying that abortion is just one form of it, compared to only focusing on abortion. We have been trying to be in communities where we provide as much information as possible around this. Legal knowledge is very limited and because people use morality and religious fundamentalism, it doesn't matter whether it makes legal sense to them or not.

Another challenge, I would say, is that prominent people, parliamentarians and traditional leaders have been against the abortion law reform. There's also been a challenge of information and research gaps. We've been filling these gaps, as VCRC conducts research and evidence to arrive at the approach to the work that we do. We have published 3 research papers in the last 4 years that focus on specific topics in order for us to close the gap and influence perceptions.



Namibia's first reproductive justice clinic is a significant step forward. How has the clinic impacted access to reproductive health services, particularly for marginalized groups in Namibia?

Ndiilokelwa's reflections

To give context on why we decided to open the clinic. We had negotiations and discussions with our donor at the time about putting together a reproductive justice clinic. We looked at what would be the most impactful way to measure our own data and how that compares against government and public sector service delivery and the key entry points for focusing on reproductive justice and holistic and inclusive reproductive health care. The clinic was a concept first and then we realized it doesn't take much to set up a reproductive health clinic and being intentional in doing so.

As an organization, we started out as a movement meant for all women, girls, gender nonconforming persons, and really anyone that upholds the ideology and the understanding around what reproductive justice is. However, from the clinical point of view, we had administrative restrictions around who can access our contraceptives and what type of contraceptives to administer. Looking at access to our services, it definitely starts from the age where someone young would start using contraceptives and moving up the demographic scale. But mostly the patients we've been receiving have been much younger than we expected, some of whom have also been involved within movement work with us, and they are also bringing their own younger peers to have access.

The main thing we have done as a clinic is that we're not just located in a building, we go to entertainment events, set up our stalls and provide either reproductive health, education, or set up appointments with people that would like to come to our clinic. We spread this out a bit because we also provide HIV screenings. We also share linkages to the main State Hospital and private health facilities in cases where a patient needs to get an abortion under the parameters of the law. The future vision is to provide hormonal therapy to the trans and non-conforming community and to provide abortion care services.





Abolishing restrictive abortion laws is one of your key advocacy points. How do you see the current abortion laws affecting women and communities in Namibia, and what strategies are you using to push for reform?

Ndiilokelwa's Reflections

Research and evidence! Our strategies began from a movement-centric approach and then we got into the service delivery approach. We went into the service delivery approach with the intention to provide reproductive and abortion health care. This progression happened within a 2-year window but it's a reflection of how we have been working diligently in the last 4 years to get to this point.

The abortion law is still very restrictive. There are conditions in order for you to have access to abortion services but even outside these conditions, you still don't have access to abortion care. One of the things we have realized is we need to be able to influence parliament, lawmakers and policymakers on what it will take for us to move forward. In fact, one of our research papers coming out early next year is the economic burden of unsafe abortion on the government, linking it to the lack of contraceptives in communities. One of the reasons that led to this paper is the need to get data on the number of abortions that would take place in one health facility. This data doesn't exist because it is recorded differently due to what the law says.

Additionally, we took the economic perspective because we also see it as another key challenge. One of the main things that always comes out in debates is *where will the government get the money?* Now we are also saying that if you're asking us where the government gets the money, then we should be asking you where you get the money to constantly fund post abortion care, and the process of accessing care. So I think our strategies have been very deliberate from the beginning.



What does holistic and inclusive advocacy look like in practice for Namibia's healthcare system? What's the situation like currently?

Ndiilokelwa's reflections

I can give one example of access to inclusive and holistic healthcare, [BeFree Youth Campus](#) - a futuristic all-in-one space that offers all the tools young people need to thrive in their communities, launched by Namibia's Former First Lady - Her Excellency Mrs. Monica Geingos. Mrs. Geingos received generous funding to build this campus in one of the rural settlements in Windhoek with the intention of providing inclusive and holistic healthcare; it has a clinic that incorporates mental wellbeing and counseling services, a library, gym, cafeteria and a robotics area for tech. Service delivery is free with a 8 Namibia dollar subscription per year for the young people who register to become a member. During its launch, there was an intentional strategy to incorporate stakeholders from diverse sets and backgrounds. For instance, the First Lady of Sierra Leone, Angola, Mozambique and Rwanda attended this launch alongside other dignitaries and spoke on how they could remodel the campus.

BeFree Youth Campus is groundbreaking, futuristic, and is ahead of its time in Namibia. When I was invited to its launch and seeing the diversity of stakeholders invited, I felt that it's a direction that we would like to go as VCRC. Starting from the architecture, the campus is a testament that there was a clear intention to be inclusive, holistic, and make an example of what healthcare can look like for the future.

Beyond the campus, Mrs. Geingos also has a very strong focus on engaging men and young boys hence has branched out to provide free platforms where men talk about issues affecting them. She brings in different experts to provide leadership training, mentorship talks and hosts a diverse range of events with high profile people on the campus to enhance its visibility to the global audience. For example, recently she hosted renowned actress Lupita Nyong'o, and UNAIDS' Winnie Byanyima.



You've also established a digital studio. How do you see the role of digital media and technology in shaping narratives around reproductive health and rights, particularly for younger generations?

Ndiilokelwa's reflections

The idea with the [digital studio](#) came from a different stream of funding - Hivos - they wanted to know where we can bring more digital innovation. I had already seen that the future is in content creation as the world continues shifting to digitizing content and information. So I thought, if we have the clinic, why not set up the digital studio right next door? This is how the digital studio came up. In the last 5 years of being in the activism space, I noticed that we hire a videographer when going for protests or events and it would end there. I felt that we needed to have a platform where information 'lives on' as we go on to constantly generate more information. We set up a space within our clinic where we would [host podcasts](#), interviews and talks on a range of topics. Here, we didn't just limit ourselves to reproductive justice, we widened the scope to cover current and relevant news for example, sodomy laws in the country and discussing constitutional freedoms of LGBTQIA+ persons.





In addition, we created a mini-series where people spoke about their romantic relationships and added bits on entertainment because we realized entertainment is a huge attention grabber. In a nutshell, we have been exploring different topics and themes with the aim of generating content to build capacity within the organization, bringing contextual relevance to our service delivery and having a long-term goal of a studio that exists on its own (separate from the clinic) and is credible and licensed to offer SRHR information to individuals in need.



What advice would you give to young Africans who are probably thinking their voices don't matter?

Ndiilokelwa's reflections

I don't want to look at young people as voiceless people, but as people that have agency to use their voices. I reflect back to 2020 when I was involved in a number of protests outside of reproductive justice. One in particular is the *Shut It All Down* movement on SGBV that was awarded *The Silencing Guns Award* by the African Union. We won this award amongst so many other protests that took place at that time in Kenya, Nigeria, Ghana, and South Africa. Our movement stood out from all the rest and I remember tweeting that it's not so much about our voices, but it's really around how we have the agency that galvanizes us to use our voices. Agency should propel us to use our voices - as long as you have agency, you have a voice. Understanding your agency comes from knowing your potential as a young person, and unfortunately for some of us who come from third-world countries, we don't know our full potential. Therefore we don't think we have agency, and thus it seems like we don't have a voice. But as long as there is still that part of you where you wake up with agency, there is still potential for you to use your voice.

