

Decolonising Contraception

Monitoring & Evaluation

Visual Summary

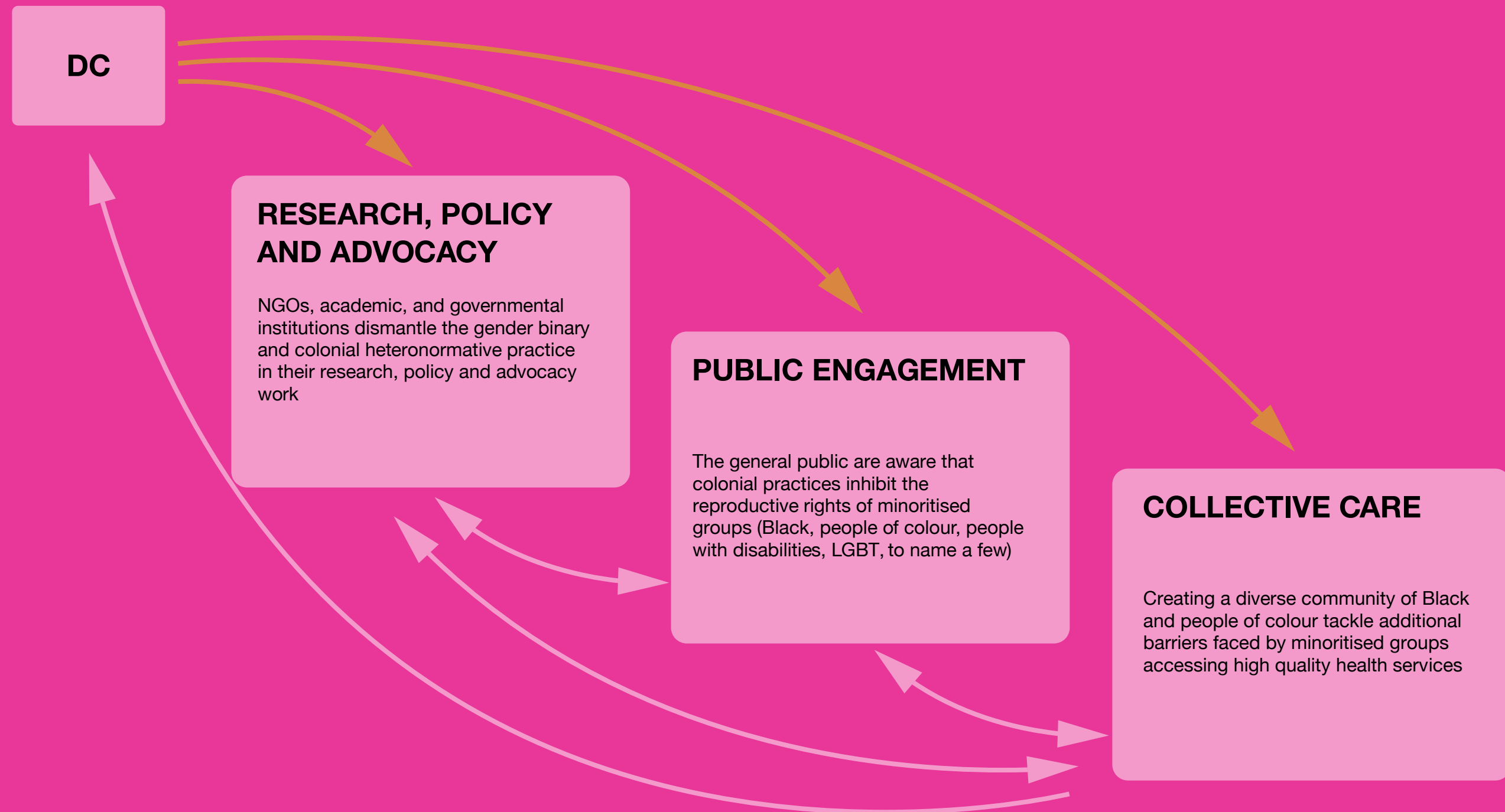


Theory of Change

The overarching aim of DC is to:

Decolonise and address inequalities in sexual and reproductive health

It operates to achieve this aim through creating impact in the following three ways:

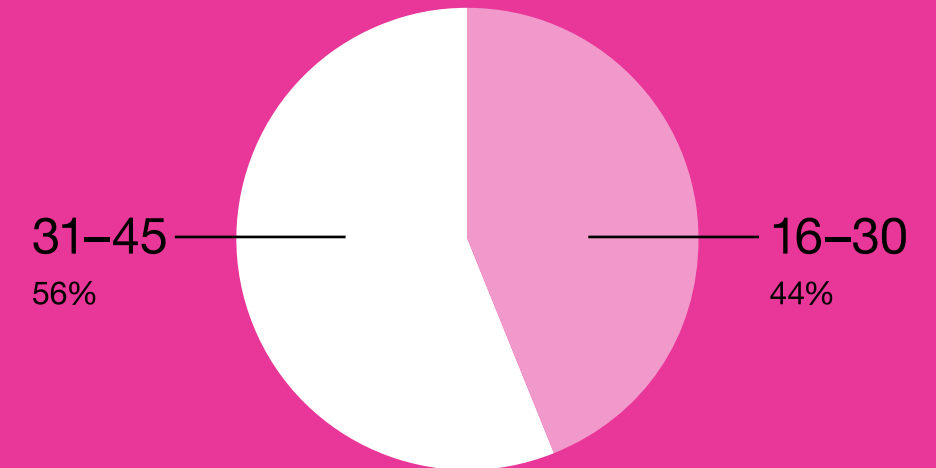


Who are the collective?

48
members

**All identify as Black, Asian
or a Person of Colour.**

Membership



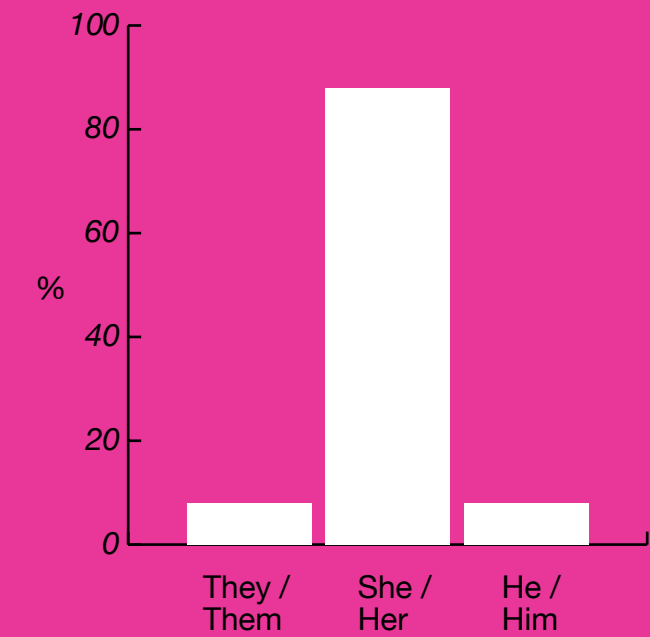
Age

Who are the collective?



Sexuality

Some identify with more than one of these categories

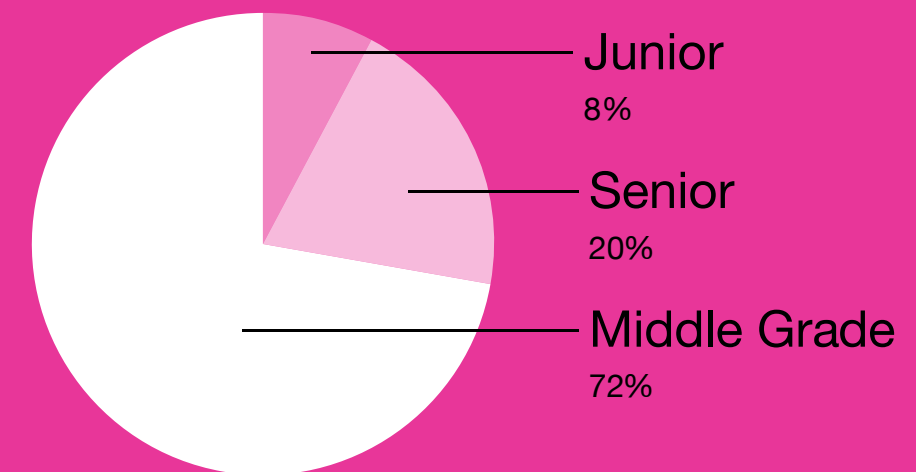


Pronouns

Who are the collective?

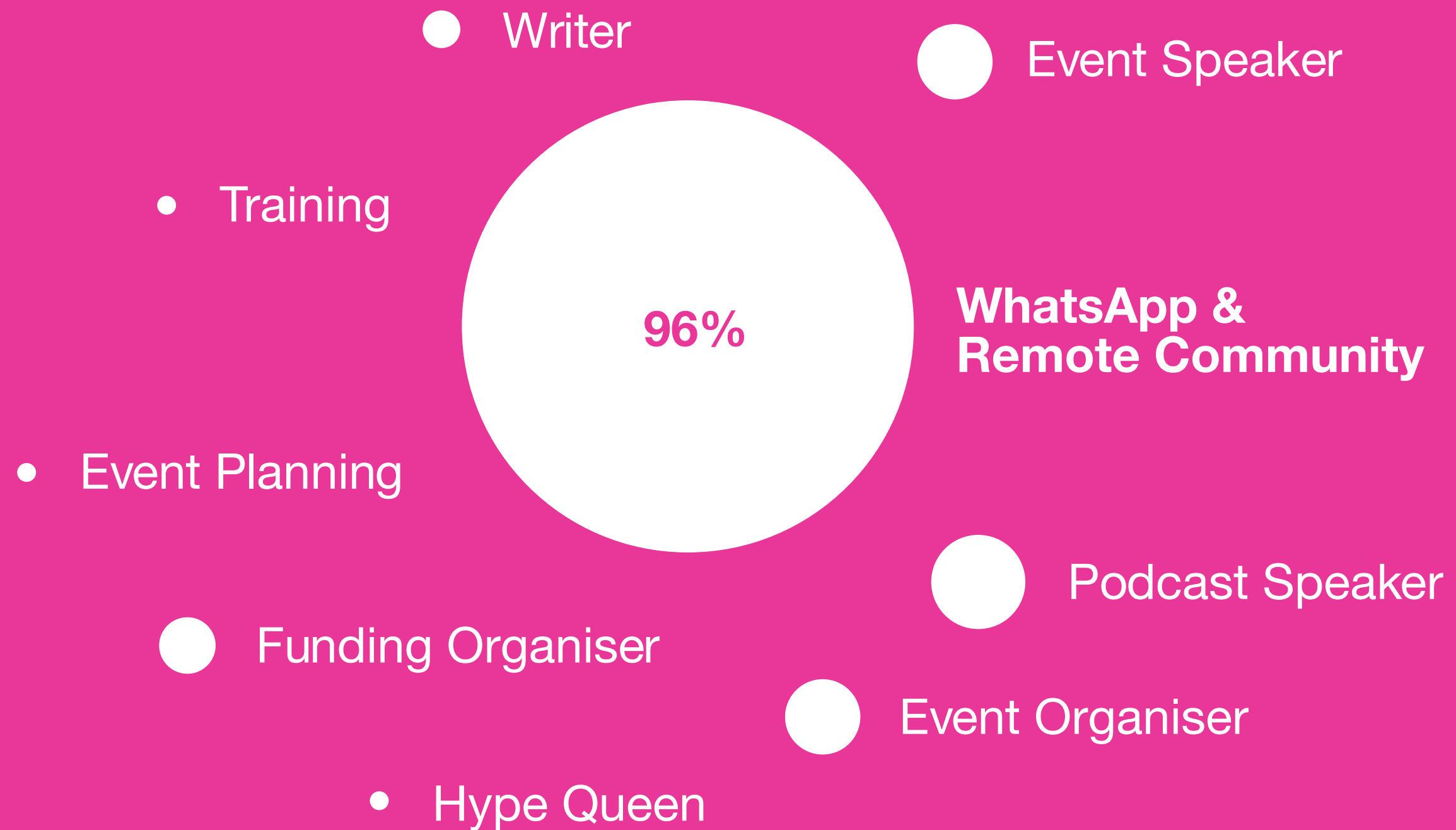


Areas of expertise/interest



Career Stage

What is the nature of the engagement among the collective?



What is the duration that members engage with DC?



Members engage with DC from 1 week to 18 months, with most people being involved between

12–18 months

What attracts new members to the collective?

1 Alignment with aims and beliefs of DC and individuals. Shared principles and ethos.

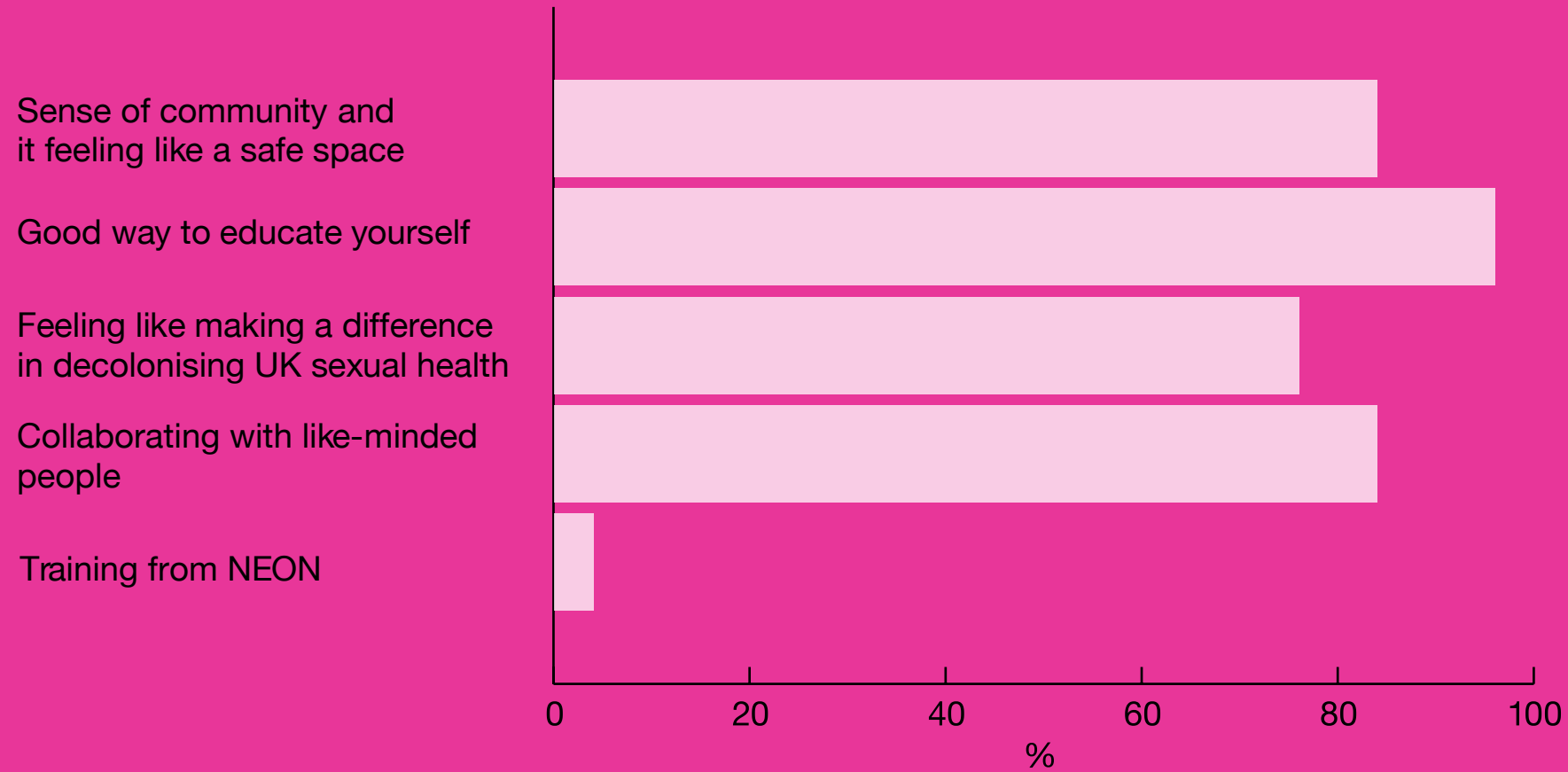
2 Shared frustration with eurocentric and white-centred approach SRH services and education

3 Meeting like-minded individuals

4 DC was pushing a lot of necessary boundaries



What sustains members with the collective?



Common Themes

- + Inspired and driven by work of the community
- + Continue to try and identify opportunities where you can be an asset
- + Information shared among the group is always valuable
- + Educational re history of sexual reproductive health
- + Practical information/tips on how to decolonise health
- + Like minded people

Purpose and impact of DC within the internal collective

Education

Since joining DC...

96%

have a better idea of how colonial roots of medicine, health, sexual and reproductive health play out today.

100%

have an increased understanding of the practice of decolonising sexual and reproductive health.



Purpose and impact of DC within the internal collective

Capacity Building and Improving Care

Since joining DC...

64%

feel their provision of inclusive care/service/information to those they work with has improved/changed. 16% aren't sure, 20% think no.

92%

feel their capacity and capability to communicate these important issues to others has increased.

84%

feel they can take central concepts and values of DC and advocate for them in other contexts and within their own organisations. 12% were unsure.

Purpose and impact of DC within the internal collective

Selected Comments:

“Possible quarterly meet up of members especially those from outside of the London Zones.”

“More Black male HIV Doctors”

“It would be good as an organisation for us to have a few meet ups when possible to share ideas and get to know each other better”

“Clearer communication of live projects. Audit of the collective’s skillset”

“Increased participation from those of us that are a little inactive.”

Capacity Building within the collective

Strengths

1. Building a diverse collective of SRHR practitioners
2. Capacity building and educating the collective
3. Fostering a safe environment that promotes self-care among the collective

Areas of Improvement

1. Engaging the collective beyond the remote community and maximising the skillset among the collective
2. Having more regular events for collective members to engage with specifically
3. Delegating and sharing responsibilities amongst the team



**Skills that members have developed
since joining and working with DC**

Event Curation **Self Care &**
Design Work **Self Awareness**

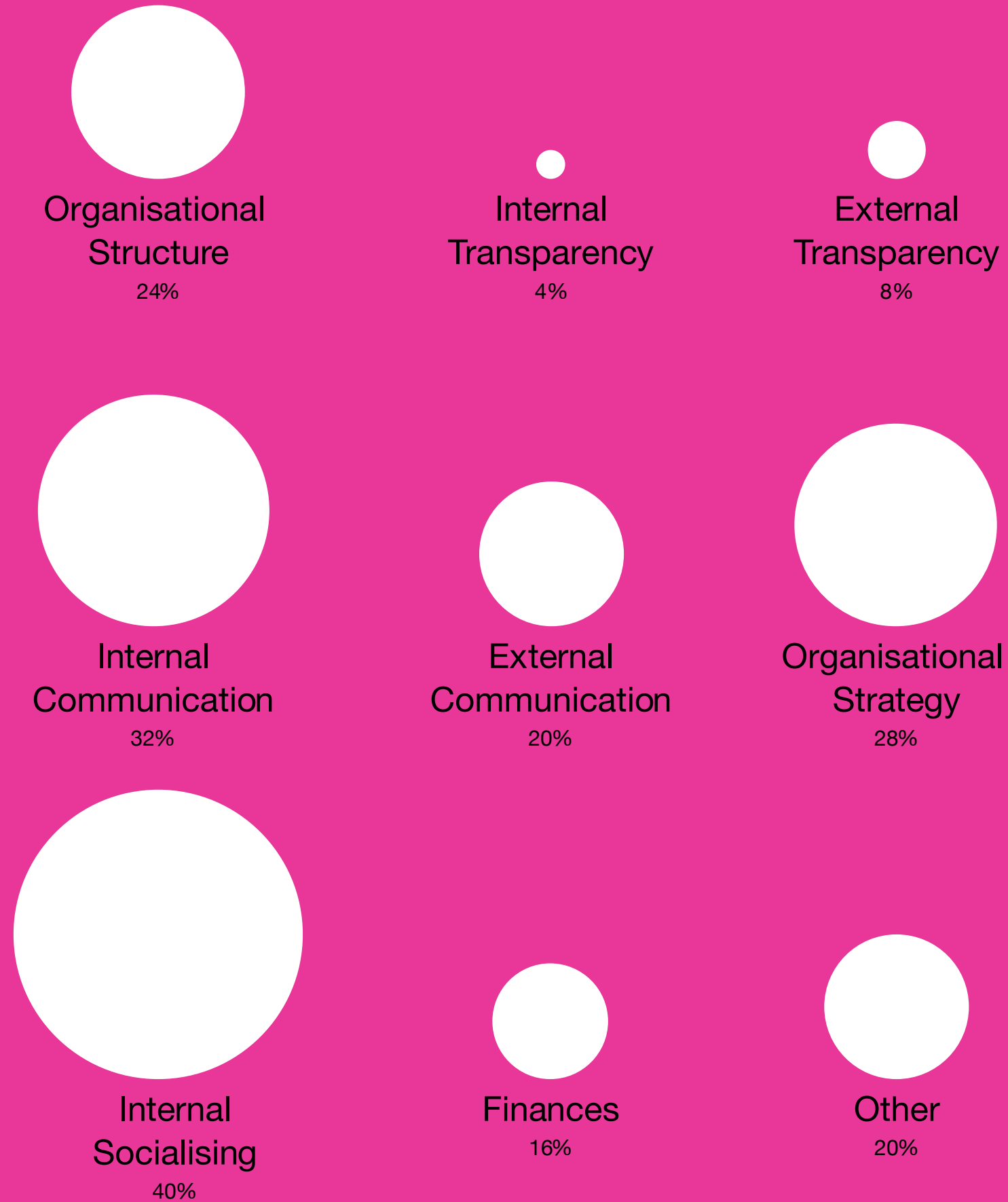
Public Speaking **Setting Boundaries**

Project Management **Confidence** **Writing/Journalism**

None Yet/Not Sure



We asked the collective if they were aware of DC's strategy and which areas should be improved upon



Public Engagement

100%

of surveyed general public felt their awareness of colonial roots of health and how to decolonise this field had increased

200+

total outputs: including workshops, lectures, podcasts, TV and radio features, written publications

50

events - virtual and in person, some for everyone, and some specifically for minoritised groups

30+

publications written by DC members

30+

publications featuring DC



Public Engagement

Selected Comments:

“I think that having a stronger marketing strategy would be needed to ensure your audience is aware of all the events that you are organizing.”

“Just please keep doing what you’re doing!”

“I think the website should be re-designed to improve the user experience, in terms of information clarity, ease of using on mobile, and improving the desktop layout to be easy/aligned.”

“Strong social media presence, great visuals, interesting content and great collaborators. Fosters an inclusive and supportive environment and provides high quality evidence-based information accessible to all.”

Public Engagement

Strengths

1. Collaborative, engaging and inclusive content
2. Range of different media outputs including launching own successful podcast
3. Strong social media presence

Areas of Improvement

1. Maximising reach to more diverse audiences
2. Increasing accessibility of content including on website
3. Continue producing content, and across a range of media to reach a range of audiences



Research, Policy and Advocacy

2

Publications

4

Oral presentations

3

Poster presentations

40+

Stakeholders engaged, including: Universities, Art and Culture institutions ie. museums, Royal Colleges, Parliamentary Groups

100%

of institutions engaged would work with DC again

86%

of collaborators whose knowledge of colonial roots of medicine and understand of how to decolonise SRH improved

92%

of DC collective members can take central concepts of DC and advocate for them in other contexts

62%

of DC collective members feel they provide more inclusive care/service/information to those they work with, due to being involved with DC



Research, Policy and Advocacy

Selected Comments:

“Stronger advocacy and lobbying work”

“I wrote some terms from my end (about the number of designs I would send/number of amendments, etc) that were agreed upon over email at the start. But after working with DC I quickly realised that towards the end of the project these terms were forgotten”

“Growing as a recognised and trusted brand of advisers etc”

“I think it was effective and efficient in the way we communicated together! I think everything was splendid.”

Research, Policy and Advocacy

Strengths

1. Range of stakeholders engaged from collaborators to powerful SRHR institutions
2. Fostering sustainable partnerships - with 100% of collaborators wanting to work with DC again
3. Building capacity of collective members to advocate for change outside of DC

Areas of Improvement

1. Increasing academic outputs and impact of them
2. Creating longer term ways to collaborate with institutions beyond events
3. Improving communication around messaging and events

Sustainability Summary

DC's creation and existence is testament to volunteer hours and the commitment of Dr Sowemimo and DC members. However the main areas to improve upon include securing further funding, and improving organisational strategy, governance and transparency.

