

## KIT Health – Decision Not Signing MCP

KIT Health presented a colourful poster highlighting its work structured in three blocks (columns). The first block, showed **our (restricting) working environment** in which KIT operates: Laws, by-laws and policy; Socio-cultural, socio-economic and religion; and the recent Mexico City Police (MCP) reinstated by Trump February 2017; and in May 2017 renamed “Protecting Life in Global Health Assistance”. The second block, showed **our five focus** areas of KIT’s work: Education/training; Knowledge creation, management and dissemination; Monitoring and evaluation and impact assessments; Strengthening capacity and institutions for quality improvement; and Hosting collaborative applied research centres. The third block, showed examples of KIT’s activities in each focus area, which are strongly embedded in **our core compass: health system strengthening, rights-based and gender**. While discussing these blocks, it became clear how MCP – should KIT sign it - would, like an octopus, infiltrate through all of KIT’s work.



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**KIT is not signing the MCP.** To arrive at this decision, a creative and democratic internal process took place between February – April, 2017 within KIT in sequential steps. 1) Initial risk assessment carried out by 4-5 people who were directly involved in USAID funded projects. 2) Presentation of this outcome to KIT Health & SED units. 3) Consultation with entire KIT Health staff (30+ people) divided into groups of 4-5 people, to debate for 20min and arrive at a single consensus: ‘sign’, ‘no sign’ or ‘give away exclusive power to management to decide’. Each group presented arguments for their consensus decision and final round of voting arrived at “no sign”. 4) This outcome was recommended to the management board, and a few weeks later KIT announced to ‘not sign’.

### Table discussion outcome and proposed recommendations:

- **Legal entity:** Foreign-based organisation need to comply or sign the MCP if they want to continue receiving US support. Dutch orgs should communicate with their partners to assess what kind of legal entity their partner are registered as. It may be the case that an organisation decided to establish a separate organisation or a branch or an extension to carry out activities that is supported by US funding, but registered as a US-based organisation, for which the MCP does not apply.
- **Within an alliance:** if one or more partners decide to sign there will be implications for the alliance and the other partners. The extent of this implication need to be discussed transparently and freely among partners. It may be that partners who sign, will have to withdraw from the collaborative project and what would this mean for the work itself?
- **Re-channelling funds:** explore the possibilities to creatively shift funds to other local organisations in order to keep supporting the work related to safe abortion.
- **Solidarity not polarisation:** Whether or not to sign, it needs an open dialogue (example of the internal democratic process at KIT). The disclosure is sensitive and polarisation should be avoided, both within an organisation among staff with different views, as well as, *between* organisations working on SRHR in the Netherlands. Org who *sign* or *don’t sign* need not be ‘automatically’ opted-in or opted-out of funding opportunities (e.g. She Decides), but rather, organisations respect solidarity with the (organisations) values and missions of others, keep transparently communicating and explore possibilities to continue collaborating for the ultimate goal of improving and advocating for SRHR.

