



CASE STUDY

EAC SRHR Bill

Faith leadership in civil society collaboration towards adoption of the EAC SRHR Bill

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Box 1

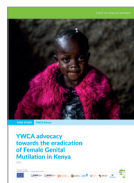
Overview of case studies and synthesis briefs (SoAW action learning process)

Case studies



The value of civil society alliances in realising women and girls' Sexual and Reproductive Health and Rights

IPPF Africa Region



YWCA advocacy towards the eradication of Female Genital Mutilation in Kenya

YWCA Kenya



Journalists networked across Africa for increased SRHR coverage in the media

IPPF Africa Region



Faith leadership of civil society collaboration towards adoption of the EAC SRHR Bill

Faith to Action Network



How African First Ladies spearheaded the successful launch of a continent-wide campaign to prevent HIV and AIDS in childhood

OAFLAD



Institutional change towards the integration of population and development issues in the All Africa Conference of Churches (AACC)

All Africa Conference of Churches (AACC) and Faith to Action Network

Synthesis briefs



Progressing on the unfinished business

KIT Royal Tropical Institute



Coalition-building and multilevel connections

KIT Royal Tropical Institute

Faith leadership in civil society collaboration towards adoption of the EAC SRHR Bill

For several years, the faith community has intensively worked with other civil society members in the East African region to advocate for and mobilise support for the SRHR Bill of the East Africa Community. Faith to Action Network facilitated faith leadership and faith community interactions with the East African Legislative Assembly (EALA), in order to expand the Bill's coverage and address the contentious issues. Faith to Action Network engaged in a range of activities to support a Common CSO agenda on the Bill, and to increase acceptance for it, by neutralizing resistance through addressing contestations. This case study documents the history of the Bill, and the advocacy strategies and actions that aimed to get the EAC SRHR Bill re-tabled and adopted.

Part 1: Background

The vision of the East African Community (EAC) is for a prosperous, competitive, secure and politically united region by 2050. EAC' population of 177 million citizens lives in 6 partner states: Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda. As a regional inter-government organization, EAC countries agree that a "well-educated, enlightened and healthy human resources are essential to facilitate development in the region"¹.

EAC has increasingly paid attention to the sexuality and reproductive health needs in the region. Chapter Twenty-one of the Treaty² for the Establishment of the East African Community provides for cooperation of the Partner States in health, social and cultural activities. Pursuant to Article 117 of the Treaty, the Partner States under Article 118, undertook to cooperate in the development of specialised health training, health research and reproductive health, among others and to harmonise national health policies and regulations in order to achieve quality health within the Community. By endorsing the region's Integrated RMNCAH Strategic Plan 2016-2021, the Sectoral Council of Ministers of Health renewed commitment of their respective countries to eliminate preventable maternal, newborn and under-five deaths, in line with the Sustainable Development Goals. Unfortunately, this promising Strategic Plan ran the risk to remain a paper tiger. The gap in its implementation led to the introduction of a regional East African Community Sexual and Reproductive Health Rights Bill to the East African Legislative Assembly in 2017. The Bill was developed in furtherance of the cooperation of the Partner States in health and provides for matters relating to sexual and reproductive health, facilitates and promotes protection of children, adolescents and young persons from sexual abuse and other forms of exploitation, and provides for assisted reproductive technology and for related matters.

EAC	East African Community (EAC)
EALA	East African Legislative Assembly
GPC	General Purpose Committee
RTF	Civil Society Task Force for Enactment of Regional Legislation on SRHR in East Africa
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
WUFBON	Western Uganda FBO Network

Why a regional Bill on SRHR?

Poor RMNCAH indicators, combined with gaps in the legal and policy frameworks of the EAC countries, and weak implementation of these laws and policies, make a strong case for the introduction and adoption of a regional Bill on SRHR.

Too high maternal mortality and under 5 mortality rates, high unmet need for contraceptives, and a too high adolescent fertility rate underline the need for action (See Table 1). Within these regional averages, wide disparities between countries on indicators are also at play: South Sudan has a CPR of 4.7% while at 30% its neighbour Uganda is not doing well either.

¹ East African Community Vision 2050

² The Treaty was concluded by Kenya, Uganda and Tanzania on 30th November, 1999. It entered into force on 7th July 2000. Burundi and Rwanda were admitted into the EAC in 2007 and South Sudan became a Member in 2016.

Table 1.

RMNCAH indicators for EAC region

Average MMR	451 per 100,000 live births
Under 5 mortality	75 per 1,000 live births
Adolescent fertility rate	92 births per 1,000 women aged 15-19
Unmet need	Only 4 out of 10 women can access contraceptives when needed

EAC countries have progressed in putting in place legal provisions and policy instruments on SRHR. Yet, they have their weaknesses. Also, policies, strategies, guidelines for SRHR differ widely. EAC has a mandate and ambition to harmonise national health policies and regulations and aims at widening and deepening cooperation among the Partner States.

The right to health is provided for in national constitutions of all EAC Partner States, except Tanzania. Some countries have additional specific provisions relevant to accessing reproductive health (see Table 2).³ At the policy level, Kenya's health policy calls on the national government to ensure strategic reserves for public health contain FP commodities (Kenya MOH, 2014), while the Ugandan policy is silent on such an approach. As a result of these differences in legal frameworks, Ministries of health in the different countries offer diverse and fragmented packages (EAC, 2016) of SRH services and contraceptives. All EAC countries have policy instruments regarding contraceptive methods, specifically meeting unmet need.

Table 2.

Constitutional provisions on right to health

Average MMR	Average MMR	451 per 100,000 live births
Burundi	Yes	
Kenya	Yes	Right to reproductive health
Rwanda	Yes	Right to access publicly funded social and health services
South Sudan	Yes	Right to access publicly funded social and health services
Tanzania	Yes	
Uganda	Yes	Right to access publicly funded social and health services

All EAC countries have policy instruments on **adolescent sexual and reproductive health** (see Table 3).⁴ Adolescents' access to SRH services and information is affected by the legal age of sexual consent (see also Table 3).⁵

One concern is the increasing pressure to reverse Sexual and Reproductive Health policies in Eastern Africa. Sexuality education was banned from Ugandan schools, and the school health and adolescent sexual and reproductive health policies halted. In Tanzania, President Magufuli declared that "no pregnant student will be allowed to return to school." In Kenya, a bill on sexuality education and access to contraceptives in schools was stopped.



³ State of African Women, Regional Report for East African Community

⁴ State of African Women, Regional Report for East African Community

⁵ The State of African Women, Regional Report for East African Community

Table 3.

Legal provisions and Policy instruments relating to Adolescent Sexual and Reproductive Health

	Policy framework targeting adolescents with respect to contraceptives	Guidelines or standards for adolescent- and youth-friendly sexual and reproductive health services	Standard minimum package of SRH services to be provided to adolescents/ youth	Legal minimum age of sexual consent
Burundi		Yes	Yes	18
Kenya	National Adolescent Sexual and Reproductive Health Rights Policy 2015	Yes	Yes	18
Rwanda		Yes	Yes	Right to access publicly funded social and 18
South Sudan	Health Sector Development Plan 2011–15	Yes	Yes	18
Tanzania	National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child and Adolescent Health 2016–20	Yes	Yes	Girls: 15
Uganda	Boys: 18	Yes	Yes	18

Collection of essential data on contraceptives, sexual and reproductive health, as well as the wider RMNCAH remains disjointed and without uniform guidelines or standards among the Partner States. Demographic Health Surveys (DHS) are conducted in different years and different SRH indicators (EAC, 2019).⁶ The absence of EAC wide agreed indicators on women's, children and adolescent health is a hindrance to high-level political monitoring of progress towards global goals.

In none of the countries is **government spending** on health higher than 5% of GDP or 15% of the government budget. Progress towards this threshold is at different levels across the Partner States with Burundi, Kenya, Tanzania and Uganda being one step ahead. South Sudan planned to have a dedicated budget line of 1% in the Ministry of Health budget in 2017/18. Kenya launched a costed family planning policy in line with the Global Family Planning 2020 Commitment, whereas other Partner States in the Community are yet to.

The advantage of a regional EAC Bill

A regional East African Bill on Sexual and Reproductive Health could help overcome these legislative setbacks within member states. Power to enact such regionally binding laws lay with the East African Legislative Assembly (EALA).⁷ A harmonised regional law would lead Partner States to work collaboratively to “ensure that health systems provide the necessary information and health services addressing the sexual and reproductive health of women, including working towards universal access to safe, effective, affordable and acceptable modern methods of family planning, women's health and advancing gender equality”.⁸ Civil society, together with other development partners, are leveraging on the current RMNCAH Strategic Plan to mobilize partner States into adopting an umbrella-level regional law supporting sexual and reproductive health and rights. A law at the EAC regional level supersedes national legislation and will go a long way in rectifying gaps and weaknesses in national laws and policies of the Partner States.

Article 8 (4) of the Treaty provides as follows:

“Community organs, institutions and laws shall take precedence over similar national ones on matters pertaining to implementation of the Treaty”

Explanation: (1) If a law at the regional level is arising out of implementation of the Treaty (from one of the areas relating to cooperation as provided for by the Treaty), that law would take precedence over a national one. It is important to note that the subject **MUST** be the same.

(2) Community laws complement the national laws and are part of the same legal system so they are enforced as the national ones hence the provisions of Article 8(4) to provide for situations where there could be more than one law on the same subject and avoid a conflict of laws.

⁶ Kenya's DHS was in 2014, Rwanda in 2014–15, Tanzania in 2015–16, Uganda in 2016, and Burundi in 2016–17.

⁷ Article 49 of the Treaty establishes the East African Legislative Assembly as the legislative organ of the EAC. According to Article 59 and rule 64 of the Rules of Procedure of the Assembly, any member may introduce any Bill in the Assembly.

⁸ EAC Vision 2050

Part 2: History and theory of change

Soon after the re-establishment of EAC in 1999, there was increased collaboration in surveillance, control and prevention of many diseases. Since then, and after the formation of the technical working group on Reproductive, Child, Adolescent Health and Nutrition, a number of strategic plans, implementation frameworks and policy guidelines were formulated and adopted, resulting in specific tools for tracking and monitoring (See figure 1). Momentum for regional cooperation on health further accelerated through directives of the EAC Sectoral Council of Ministers. The 9th Sectoral Council on Health, for instance, directed the EAC Secretariat to expand the scope of the SRHR Strategic Plan (2008-2013) to include Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) – (EAC/SCM-9/Health/Decision 067).⁹

Yet, both the RMNCAH Strategic Plan and Policy Guidelines did not have a legal framework anchoring their implementation among the EAC Partner States. The gap of implementing the Regional RMNCAH Strategic Plan and Policy Guideline within the EAC Partner States led Honorable (Hon) Dr. Odette Nyiramilimo to introduce a regional Bill on SRHR in the East African Legislative Assembly (EALA). The Bill sought to legally compel Partner States into implementing the RMNCAH Strategic Plan, as a complement to their national level SRHR strategies.

EAC Secretary General Mr. Liberat Mfumukeko:

"The Bill was one strategic area for deeper regional cooperation designed to "create an enabling environment not only for elimination of preventable deaths but also improving the overall well being of women, children, adolescents and their families."



⁹ EAC (2014). Report of the 9th Sectoral Council of Ministers of Health

History of the EAC SRHR Bill in a nutshell

3rd EALA and first reading of the Bill – In 2017, the EAC SRHR Bill went through first reading in the Assembly. After a first reading in the East Africa Legislative Assembly, *public hearings* took place in the six EAC Partner States.¹⁰ While the SRHR Bill 2017 was considered by the 3rd EALA during its final sitting from May 22nd to June 1st, 2017, it was not finalized due to time constraints.

National hearings and faith-based advocacy – In this first stage, Faith to Action Network, with the assistance of legal experts, compiled input recommendations by faith organizations and linked them the sections of the Bill where the input fitted most. The consolidated position paper was shared with faith organizations, who introduced these considerations during the national consultations. In addition, Faith to Action Network mobilized the faith community in the different countries and coordinated written submissions to East African Community Ministries in Dar Es Salaam, Kigali, Kampala and Nairobi.

Different aspects of the Bill were contested by a variety of stakeholders during the national hearings. Parliamentarians, youths, civil society representatives, faith leaders as well as government technical officers all gave feedback on various components. Some of the contestations were on the areas around abortion, child marriage, adolescent SRHR needs, assisted conception and harmful practices. This prompted a strong reaction from the EAC Secretariat's Health Department which deplored some stakeholders for "making outrageous claims that proponents of the Bill are being paid by foreign forces to destroy families and religious life, a claim that may be fueled by information gaps. We need to skillfully and steadily address the concerns of these stakeholder groups by specifically hearing them out." (Rogers Ayiko, EAC).

4th EALA and re-introduction of the Bill – The East African Community Sexual and Reproductive Health Rights Bill, 2017 is one of the 8 Bills that the Assembly was not able to pass before June 2017. It therefore lapsed when the tenure of the 3rd Assembly ended.¹¹ It was formally transitioned to the next Assembly by being committed to EALA's Committee on General Purposes (CGP).¹² Because Hon Dr. Odette Nyiramilimo's parliamentary tenure had lapsed, a new Mover of the Bill had to be identified, briefed and engaged.

On 14th March 2018 during the 3rd Meeting of the 1st Session of the 4th Assembly, in accordance with rule 94 of the Rules of Procedure of the Assembly, the Assembly duly saved and retained the EAC Sexual and Reproductive Health Rights Bill, 2017 in the 4th Assembly. The Bill was consequently referred (committed) to the Committee on General Purpose (GPC) to scrutinize it and report back to the Assembly. As will be discussed in more detail below, the GPC considered the Bill from 23rd to 28th January 2020, in Bujumbura, Burundi, and agreed to redraft the Bill to incorporate changes, already expressed in contestations and emerging issues.

Faith based advocacy on the EAC SRHR Bill – During the life of the 3rd Assembly, Faith to Action Network was among the civil society members whom the EAC Secretariat and respective in-charge ministries in Partner States had approached to mobilize faith leaders to contribute to the Bill's development during its public hearings. With the 4th EALA, Faith to Action Network and civil society partners played a key role in educating members of the GPC and demystifying negative perceptions on key issues in the Bill. The faith community is working with other civil society members in the region to express support for the Bill, by addressing the contentious issues in the Bill, and ensuring it is brought back to the floor of EALA for enactment.

Next steps for the Bill

The redrafted Bill will follow the legislative process which comprises: (1) its first reading, (2) public hearings in all EAC Partner States, (3) revision of the Bill to incorporate inputs from the public hearings, (4) *second* and (5) *third reading* in the Assembly where the Bill is expected to (6) be passed. During the **redrafting** process, a select group of CSOs, EAC Secretariat and select development partners will constitute an SRHR Technical Committee to provide inputs to the Draftsperson. The SRHR Technical Committee will also seek additional inputs from various stakeholders and channel the same to the Draftsperson. The inputs will include inputs on revision of the contested sections.

The GPC will lead **public hearings** in all the six Community's Member States. After further revision, the Bill will return to the Assembly for second reading which includes debate and discussion on recommendations from public hearing and Member State submissions. The Bill will then go through the third reading, voting and adoption or rejection. If adopted, the Bill will go through the final step, as explained in Paragraph 2 of Article 62 of the Treaty for the Establishment of the East African Community: "When a Bill has been duly passed by the Assembly the Speaker of the Assembly shall submit the Bill to the *Heads of State* for assent."

¹⁰ Public hearings were conducted between 21st -25th February 2017 in Rwanda, Burundi, Kenya, Uganda and Tanzania.

¹¹ The tenure of the Assembly is 5 years, according to Article 51 of the Treaty. In parliamentary practice, it is widely understood that one Parliament cannot bind another Parliament. As such any business pending before one Assembly at the expiry of its tenure does not automatically continue in the next Assembly. Under R.94 the Assembly may pass a motion to save, retain and continue any Bill or motion pending at the expiry of the term of the Assembly.

¹² As the term of the 3rd Assembly neared the end, Hon. Dr. Nyiramilimo, together with other parliamentarians, amended the rules of the house to ensure that all pending bills were formally transitioned to the next Assembly.

Theory of change

For civil society actors, and Faith to Action Network in particular, it was of key importance to have the EAC SRHR Bill re-tabled in EALA, and to have it adopted and passed into law. Knowledge that the Bill had not sailed through the 3rd Assembly was a blow to our efforts in the first stab at enacting it. But knowing that the Bill had been committed to the GPC was a lifeline worth not missing. The Theory of Change presents and explains the advocacy strategies that Faith to Action Network pursued to seize this opportunity.

The **desired change** in this case study is the re-tabling of the EAC SRHR Bill and its passage into law by EALA. The deliberations and voting by EALA members are key in realizing the adoption of the law. The voting patterns of Members of Parliament are shaped by a variety of factors, including the positions of their respective national governments, their own religious and cultural background and personal beliefs, their knowledge and exposure to evidence on pressing issues, and public opinion. Faith to Action Network actively engaged in advocacy for adoption of the EAC SRHR Bill, and its **strategies** were grounded in strong and effective leadership of the faith community to address contestations around the Bill, both in terms of process and content. This entailed raising awareness and gathering evidence in support of the adoption of the SRHR Bill. It also entailed leadership in mobilizing and convening the faith community, and civil society more broadly, as well as Members of Parliament at regional and national levels, and other important stakeholders.

The **theory of change** that links these strategies and desired change is visualized in Figure 1*. The strategy of leadership by the faith community is translated into a number of activities, that seek to contribute to three outcomes:

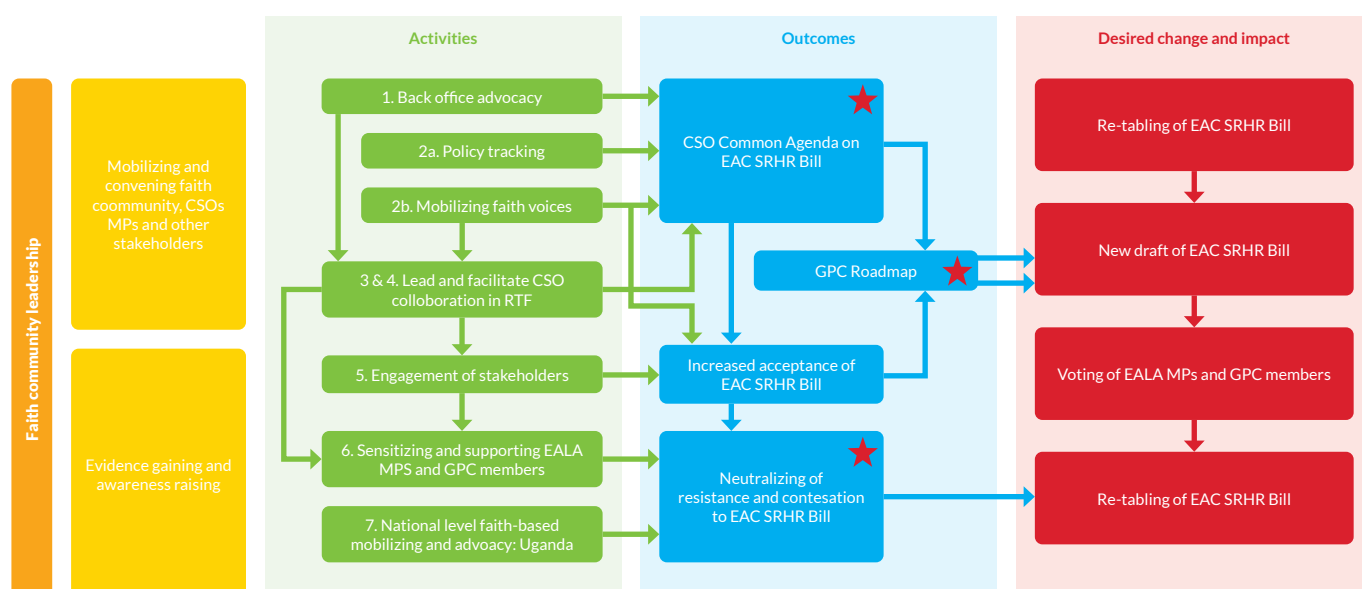
- A common CSO agenda on the EAC SRHR Bill
- Increased acceptance of the Bill, and neutralization of resistance and contestations to the EAC SRHR Bill
- The development of a Roadmap to adoption of the Bill.

Key **assumptions** underlying this theory of change are, firstly, that engaged actors are needed to move the Bill forward: at the level of EALA itself, among civil society organisations, in the faith community, and obviously among the MPs. A second assumption is that positive faith voices and valid evidence are needed to support both the process and the content of the adoption of this Bill. Thirdly, evidence on contested issues will contribute to support and engagement of MPs in tabling and voting for the EAC SRHR Bill. In addition, increased understanding of international and regional commitments, as ratified by governments, and of existing SRHR policies and legislation in the region will lead to faith support for the Bill. Finally, a critical assumption is that strong collaboration and engagement between a variety of actors and stakeholders is needed at multiple levels: this includes collaboration and partnerships between CSOs, faith leadership, members of parliament, and technical (government) staff at national and EAC levels.

The **learning questions** focus on the three red stars in the visualized TOC.

1. *What role can faith based organisations play in facilitating collaboration among civil society, with EALA and national level MPs, in promotion of the EAC SRHR Bill?*
2. *How to achieve diverse participation and engagement that diminishes resistance, and builds support and buy-in for the Bill?*

Figure 1.
Theory of change



Part 3: Evolution of the actions and outcomes

Exploring and mobilizing the ‘terrain’

Advocacy action 1

Building Rapport and back office advocacy

During the term of the 3rd Assembly, Faith to Action Network engaged in back office advocacy with the technical staff at EALA, parliamentarians and Partner State Ministries of EAC. Faith to Action Network regularly contacted the EALA and EAC staff to find out opportunities for engaging with the EAC SRHR Bill. Through such continuous engagement, Faith to Action Network was regularly updated on the EALA calendar and made the focal person for mobilizing the faith community during the Bills public hearings for the EAC SRHR and the EAC Youth Council Bills. Faith to Action Network identified advocacy moments, planned interventions and executed them. The chair of the Committee on General Purposes (GPC), the Assembly Clerk and other technical staff were very helpful, providing us with insights into the ordinary processes and calendar of sessions of the 4th Assembly. Faith to Action Network met with Head of the EAC Health Unit and obtained insights on handling contentious issues in the bill, as well as its tabling and enactment. Some of the suggestions included getting respected resource persons to present to the Assembly.

Policies at global, regional and continental levels:

1. African Union's Gender Equality and Women Empowerment Strategy
2. EAC Youth Council Bill,
3. Ending GBV and addressing cross-border FGM in the EAC region,
4. EAC Consensus on priority investments in health for UHC and SDGs,
5. Commitments by faith community on family planning made at ICFP 2018

Policies at national and sub-national levels:

6. In Kenya: (a) National Youth Development Policy, (b) Kilifi County Adolescent and Youth SRHR Strategy and (c) West Pokot County Policy on Ending Harmful Cultural Practices.
7. In Uganda: (a) a resolution for each district to develop a district Family Planning Action plan in support of the National FP costed implementation plan, (b) the National Adolescent Health Policy as well as (c) nine other district-level FP action plans and policies on Gender Equality.
8. In Rwanda: the revision of Penal Law on Abortion



Advocacy action 2

Policy tracking and mobilizing positive faith voices

Faith to Action Network also tracked policy developments among EAC Partner States and mobilized contribution of faith groups in support of SRHR in over five policies at the Global, Continental and Regional level. Given that we had effectively mobilized participation of faith-based actors in the previous public hearings for the SRHR Bill, EALA and Ministries of EAC in the Partner States invited the support of Faith to Action Network in again mobilizing faith leaders to contribute to the development of Youth Council Bill. Discussions to end Gender Based Violence, and addressing cross-border FGM in the EAC region were also held during this period with faith leaders making impactful presentations in the discussions. It was also during the same period that Kenya was revising her National Youth Development Policy. There were more than 14 policies at national and sub-national levels of Partner States which Faith to Action Network kept track of and supported the faith community to participate in their development.

We leveraged on all these advocacy moments, to mobilize faith actors to submit presentations in support of SRHR, and also learn the language and style of engaging parliamentarians in formal contexts, building both friendships and confidence in the process. Faith to Action Network became a trusted resource among faith actors, and also a go-to institution by government ministries, EALA, EAC on the engagement of faith actors on matters of SRHR, Health and development.

Through the policy tracking as well as back office advocacy with technical staff of EALA and EAC, we learnt that the SRHR Bill was scheduled for tabling in the Financial year 2019/2020. We also learnt that most GPC members of the EALA 4th Assembly were new. The Committee was also without a member who had medical background. The rapport built with the EALA and EAC staff helped gain crucial information that was later valuable in design of advocacy **strategies** and actions.

Common CSO agenda on EAC SRHR Bill

Advocacy action 3

The Regional Civil Society Task Force

One of the best decisions in efforts to enact the EAC-SRHR Bill was to re-activate the regional civil society taskforce and expand it to include a wider range of actors. The Civil Society Task Force for Enactment of Regional Legislation on SRHR in East Africa (RTF) was established in March 2017, when the SRHR Bill was first tabled in EALA. The formation of this Task Force was welcomed by the Speaker of EALA during a meeting held in Arusha, Tanzania, 13th May 2019.

With the re-activation of the Task Force in 2018, its membership was expanded to include new members such as Faith to Action Network and the Evangelical Lutheran Church of Tanzania (ELCT). The Africa Parliamentary Forum also joined, and the Task Force leveraged more legal expertise, with the inclusion of East Africa Law Society (EALS).

The Task Force is led by a Steering Committee comprising nine CSOs from the East African region. The co-chairs of the RTF are EANNASO and Faith to Action Network. In order to steer the large taskforce, the committee developed two TORs; one for the steering committee and the second for the full Regional Task Force adapted from the 2017 process. This steering team held its meetings virtually, via skype and exchanged information and documents, such as draft ToRs by email and whatsapp.

The Civil Society Task Force for Enactment of Regional Legislation on SRHR in East Africa (RTF) is a voluntary, non-registered organization whose members have having interest on the issues of sexual reproductive and health rights in East Africa.

Its overall goal is to enhance regional as well as national responses to SRHR issues in East Africa, in tandem with continental and international commitments of Partner States.

Steering Committee members:

- Faith to Action Network
- The Eastern Africa National Networks of AIDS Service Organizations (EANNASO)
- Evangelical Lutheran Church of Tanzania (ELCT)
- International Planned Parenthood Federation (IPPF)
- Kenya Legal & Ethical Issues Network on HIV/AIDS (KELIN)
- Africa Renaissance
- AMREF Health Africa
- East Africa Health Platform (EAHP)
- East Africa Law Society (EALS).



On the basis of EALA calendar obtained through back-office advocacy, RTF Steering Committee members planned to hold an in-person meeting alongside a session of EALA that was scheduled to be held in Zanzibar in 2019. The Steering Committee also strategized to prepare members of the larger taskforce ahead of the public hearings for the youth council bill.

The committee mapped possible persons to offer expert opinions during engagements with EALA parliamentarians. The names of Honorables Odette Nyiramilimo and Dorah Kamukama were proposed due to their medical professional background, and their experience in EALA processes, given they were both former EALA legislators.

Advocacy action 4

Developing a roadmap for enacting the Bill

Faith to Action Network and its co-chair on the CSO regional steering team, energized civil society into developing the first roadmap for the process (developed April 2018). This CSO roadmap captured all envisaged activities across the stakeholder groups. The CSO roadmap went through various iterations as new steps in the process became apparent to the team. Such information was obtained through expert advice from technical staff of EAC Health Department and EALA over time. More advice came from people with experience in working with regional bodies, both in Africa and Europe.

The roadmap proposed, among other activities:

- to hold an elevator session with GPC members during before the start of the assembly's plenary session,
- identify champions for the bill within the GPC membership,
- build consensus among Steering Group of CSO Regional Task Force on asks to be presented to parliamentarians.
- proposed to consolidate the status, asks and recommendations of CSOs and present these to drafters of the Bill.

The roadmap would then:

- get the Bill re-tabled at EALA,
- see to it that public hearings are conducted and breakfast briefings held with parliamentarians conducted in Kenya, Uganda, Tanzania and Rwanda.

The roadmap envisaged that – with the GPC having held consultations with CSOs in Bujumbura in the first quarter of 2020 – the Bill would have been presented back to the Assembly for discussion and voting, by second quarter of year 2020, and enacted by the fourth quarter 2020 or first quarter 2021. However, with Covid 19 restrictions, many of the plans were postponed including the Assembly sessions.

Around that time, Tanzania's highest muslim council, BAKWATA, had issued two Fatwa's on Family Planning (issued on 7th March 2019)¹³ and Child Marriage (issued on 5th June 2019),¹⁴ both of which the roadmap proposed to support in dissemination as way to show linkage of the national and regional SRHR efforts.

¹³ <https://www.mwananchi.co.tz/mw/habari/kitaifa/huu-ndio-msimamo-wa-waislamu-tanzania-kuhusu-uzazi-wa-mpango--2965096>

¹⁴ <https://www.mwananchi.co.tz/mw/habari/kitaifa/bakwata-yaja-na-mambo-tisa-kukabili-na-na-ndoa-za-utotoni-2974120>

Increased acceptance of and commitment to EAC SRHR Bill

Advocacy action 5

Engaging stakeholders and partners

At the time the 4th Assembly's term commenced, the regional SRHR Bill had drawn the interest of regional and international development bodies like UNFPA who were keen to support the process. The RTF Steering Committee reached out to UNFPA and learnt that it was supporting an upcoming *meeting of technical leads* of RMNCAH-N, HIV/AIDS, TB & STIs in EAC Partner States and members of EAC secretariat's health department. We leveraged on this meeting and lobbied for tweaking the agenda to push for support for the Bill from these technical managers and by extension their respective countries. With the support of UNFPA, the CSO Taskforce secured invites for members of civil society to participate in the regional health managers meeting (a first of its kind), and also for the chair of the GPC and head of the EAC Health Department to present about the status of the Bill.

By the end of the 3-days regional joint technical meeting held between 24th -27th September 2019 in Nairobi-Kenya, the health managers had appreciated the commonality of SRHR/FP challenges in the region and the need for a regional SRHR Bill. An advanced version of the CSO advocacy strategy was then agreed upon. It highlighted the key activities of sensitizing EALA on the SRHR Bill and the benefits that would accrue from its enactment in the region, as a key step towards its ownership and approval. It called for provision of robust evidence and comprehensive data on SRHR issues to guarantee the chance of Bill approval and to ensure all stakeholders in Partner States, especially national parliaments, are sensitized about the SRHR Bill. The CSO agenda was based in the commitments and obligations of global and continental legal frameworks of the EAC partners. It took the 2017 version of the Bill as the starting point, together with the contestations that were captured in the EAC public hearing report.

Advocacy action 6

Sensitizing EALA GPC and MPs

Faith to Action Network and EANASSO organized various meetings with members of the 4th Assembly in **Zanzibar between 5th – 9th March 2019**. In the meetings, the two organisations met with the GPC Chair, Potential Bill Mover Hon. Susan Nakawauchi and technical staff at EALA. This was followed by telephone and email communication culminating in a regional EAC joint technical meeting for RMNCAH-N, HIV/AIDS, TB & STIs technical leads in **Nairobi, 24th -27th September 2020**. During the meeting, a draft roadmap on the SRHR Bill developed by RTF (31st August 2020) under the leadership of Co-chairs – Faith to Action Network and EANASSO – was presented. The roadmap actions were considered by the regional joint technical meeting. Key recommendations that the regional health technical managers Nairobi meeting made were:

- To sensitize EALA on the SRHR Bill and the benefits that would accrue from its enactment in the region
- To provide robust evidence and comprehensive data on SRHR issues to guaranteed the chance of its approval;
- To ensure all stakeholders in Partner States, especially national parliaments, are sensitized about the SRHR Bill;

Following the regional joint technical meeting, EANASSO commissioned an **audit** of SRHR policies within EAC member states. With the consensus-based decision-making in the RTF, the development of the roadmap for enactment of the Bill had been an interactive and deeply consultative process. The latest version of this roadmap was developed in Bujumbura under the leadership of EALA's Committee on General Purposes (GPC).

The Committee on General Purpose convened an interactive **Orientation Workshop between 23rd to 28th January, 2020 in Bujumbura-Burundi** for orienting all its 18 members to the EAC SRHR Bill. The objective of the workshop was to ensure that the GPC takes into consideration the emerging issues and the socio-cultural realities in the East African Community and the Partner States, in particular the challenges and lessons learnt from the Public Hearings on the Bill conducted by the 3rd Assembly. In this way, the GPC fulfilled its requirement to study the Bill that was committed to them; rule 67 requires also that the GPC consults as widely as possible.¹⁵ As such, the workshop aimed to incorporate current developments and emerging issues, and to generate consensus with stakeholders on the contents of the Bill.

¹⁵ A committee to which a Bill is referred/committed is required to study the details of the bill in accordance with rule 67 and consult as widely as possible, especially with the persons that will implement the legislation and those that will be affected by the legislation.

During the Bujumbura meeting, after being invited, Faith to Action Network and other civil society organizations sensitized the committee on SRHR issues within EAC and pointed to gaps in the Bill that need attention. In addition to the GPC members, participants to the workshop were also from: Department of Health from EAC Secretariat, the UNFPA, Kenya Legal & Ethical Issues Network on HIV/AIDS (KELIN), East Africa Health Platform (EAHP) among others. There was also a strong presence of faith-based actors – led by Faith to Action Network – and these included Evangelical Lutheran Church of Tanzania, Inter-Religious Council of Burundi, Muslim Women Association of Burundi.

Outcome:

A GPC Roadmap of EALA's GPC on enactment of the Bill

From the Bujumbura Orientation Workshop, a **roadmap** indicating how EALA would proceed with the Bill, and the participation of CSOs in the process, was agreed upon. It included a plan of action, specific timelines, the person responsible and the resources required to facilitate the process right to the time when the Bill is assented to by Heads of State in the region. Furthermore, the GPC agreed to take over and be the **Mover** of the Bill. This was an important milestone, as the Bill was no longer a private members bill, but one of the GPC.

One of the key steps in the GPC roadmap was the **re-drafting of the Bill**. This was occasioned by views brought through previous public hearings and plenary Assembly discussions as well as gaps evident in the Bill. It was agreed in the Bujumbura workshop that the Bill be reviewed and redrafted taking into account the critical issues raised during the public hearings conducted in 2017, and the current developments/emerging issues. Towards the last quarter of 2020, EALA contracted a consultant, with support of UNFPA, to redraft the Bill. The Bill is expected to be retabled in 2021 and will follow the necessary steps.

Upon completion of redrafting process, the Bill will be presented to GPC which will table it to the Assembly. The re-drafting the Bill will be supported by the SRHR Technical Team drawn from faith actors, civil society, UNFPA and EALA's GPC. Faith to Action Network is a member of the SRHR Technical Team providing inputs to the draftsman during redrafting process.

It is this GPC roadmap that demonstrated that both EALA and EAC have the greatest goodwill to have the Bill presented into the Assembly and passed. Similarly, Faith to Action Network has been influential in mobilizing members of the civil society to participate in the development of the advocacy roadmap. The costed roadmap now identifies the sequence of key activities needed towards the enactment of the Bill (see box).

GPC Roadmap towards enactment of the SRHR Bill:

- Undertake a review of recommendations to strengthen the SRHR Bill as per the presentations by stakeholders and come up with a consolidated list of proposed amendments to the Bill for consideration by the Committee
- Develop position papers on key issues relating to the EAC SRHR Bill that summaries the evidence for use in stakeholder engagements drawing upon the background paper.
- Redrafting of the Bill – consultancy
- Convene regional stakeholder dialogues on SRHR in the EAC Region, and mobilize stakeholders at constituency and country level with Faith-based Organisations, Traditional Leaders, Media Stakeholders, Youth, Key Populations and Women Based Organisations. three participants per country for a two days meeting
- In-country dialogues convened with key stakeholders on the EAC SRHR Bill after the regional stakeholder's dialogue meeting
- Presentation of the Bill for first reading in the Assembly
- Hold in-country public hearings on the draft EAC SRHR Bill
- Finalization of the draft bill taking into account submissions from public hearings
- Presentation of the Bill for second and third reading

National level advocacy and mobilizing – case of Uganda

Advocacy action 7

Sensitizing Uganda EALA members

As regional efforts were taking place, Faith to Action Network also engaged in advocacy at national level, for example in Uganda, with the Western Uganda FBO Network (WUFBON). As early as 2018, it proved important to actively engage with Uganda EALA members, in order to avoid the Bill getting stuck, or worse, being dropped. On May 11th 2018, CSOs organized an orientation and breakfast meeting with EALA country representative on the EAC SRHR Bill. The CSOs included youth-led and youth serving organisations, as well as a number of faith leaders: Sheik Kiiza Abdullah Ali, Rev. Sr. Jacinta Mukamalimpa, Pr. Kahwa and Bp. Ngabirano Johnbosco, Rev. Moses Atuhaire among other participants. The MPs who attended this EALA SRHR Bill orientation included Hon. Spellanza Baguma, Hon. Mathias Bukenya, Hon. Dora Byamukama (former EALA MP), Hon. Rwakimara; government representatives that also participated were Dr. Betty Kyadondo and Dr. Anitah Babukika (ADHO).

This orientation meeting took place with the aim to discuss the way forward on the Bill, while taking note of the challenges it had encountered. Since the Bill had been tabled in 2017, controversies had risen that had slowed down the approval process. These concerned, for instance, access of contraception for adolescents and the definition of an adolescents in the East Africa context. With the initial mover of the Bill – Hon. Dr. Odette Nyiramilimo, from Rwanda – having completed her EALA term, it was also key to engage new champions. Important was also that at the time when the Bill was tabled in the EALA parliament, Uganda EALA members had not had the opportunity to review and advice on it. Also, since then, new members joined the EALA parliament, especially in Uganda, and this further reinforced the need to introduce the Bill to them and seek their support and commitment to champion it.

The orientation meeting provided a good opportunity for Faith to Action Network and WUFBON partners, as well as other CSOs, to give the Uganda EALA members an overview of the bill, discuss the benefits that Uganda and the East African Community would realize from its adoption. In doing so, the aim was to attain a commitment from the members to retable and champion the EAC SRHR Bill. In order to attain that commitment, it was important to demonstrate that the Bill was not contradictory to national policies and legislation, and was actually facilitating domestication of international and regional conventions and protocols ratified by the government. It was also important to clarify how the Bill offers a legal framework for matters relating to SRHR; protection of children, adolescents and young people from sexual abuse,

and other forms of exploitation; to provide for assisted reproductive technology and provide for other matters related to reproductive maternal newborn and child health across the EAC borders.

For Faith to Action Network Network and WUFBON partners, it was important to show the support of faith communities, as this was a crucial element in demonstrating public support for the Bill. The meeting showed interest among the members in having the bill passed and adopted by partner states; however, they were also cognizant of the challenges, in particular with respect to traditional, cultural and religious values and regressive laws which can undermine the right to SRHR. The faith participants in the orientation meeting noted that there is need to get champions, including representatives of major religions and cultural institutions, from at least all partners' states, who appreciate the needs of young people and are ready to push for laws that aim at improving the legal environment. During the orientation meeting, WUFBON and Faith to Action Network participants engaged with Ugandan EALA representatives and with the Parliamentary Committee of Uganda on a review of East African SRHR Bill, in order to generate awareness and buy-in the SRHR Bill contested issues, and harmonize on the next steps.

Timing was one of the factors that was discussed as an important factor during that orientation meeting. Members recommended to gather enough evidence, including facts and figures on SRHR for all the 6 EAC Countries, and develop a clear advocacy and communication strategy of engaging the EALA MPs. There was need to get the bill off the radar as soon as possible, in order to create space and time for it to go through the parliamentary process it required. It would require time to revisit the general purpose recommendations from states, get more facts and figures, also ensure that the law is in conformity with national laws so that the law at EAC is replicated at national levels. Hon Byamukama noted the importance of proper timing of the bill, and that the Bill should be re-tabled in the first year of the EALA sitting so that by the end of four years term the bill is passed into a law.

In her closing remarks to the EALA orientation meeting, Hon. Spellanza Baguma, the vice Chairperson of the Parliamentary Committee on Health said: "As legislators, we commit to making SRH issues a priority at the floor of parliament and will do the needful when it comes to the SRHR Bill." She thanked the continued support offered to the parliament of Uganda, she said they are available, and that the entire parliament is committed to embracing SRHR issues.

Lessons learnt

In this final section, we share key insights that we learned along the way, about what works and does not work in this advocacy process. In presenting these lessons learned, we also link them back to the assumptions that we made regarding our **theory of change** (see Part 2).

Nurturing of champions

The first lesson relates to nurturing of champions, and the key role these insiders and allies play in moving advocacy actions forward. Advocacy interventions need such champions, who have leverage and influence on process, as we also articulated in our ToC assumptions. They have ability to mobilize, persuade, negotiate, mediate and galvanize opinions. In the case of the EAC SRHR Bill, we can see three types of champions. To begin with, we needed to identify Members of Parliament of the EALA who are supportive to the Bill. These frontline champions are passionate on SRHR issues, can convince other MPs to support the Bill, and – very importantly – know the legislative processes. These champions play key roles, such as defending the Bill on the floor of the house, sensitizing and clarifying issues with fellow MPs, stakeholders and partner state representatives. These are critical in addressing resistance and opposition to the Bill.

Another crucial group of movers are the *EALA staff*. These have insider information on schedule and availability of MPs, as well as the set EALA calendar and potential changes therein. They can play a key role in mediating between the needs of CSOs and MPs. It is also of great value that they can be consulted informally, as they are generally more accessible, with limited social barriers. The EALA staff have proven crucial in facilitating the achievement of the advocacy strategy objectives by acting as behind the scenes movers.

The staff of East African Community are the third group of champions, in particular those in the Health Department proved crucial in the advocacy work. These EAC Community staff offer links between EALA, the EAC Secretariat and the governments of partner states. They have crucial working relations with partner state ministries and have wide access to and understanding of health and related policies. Very importantly, they have custody of resolutions and policy decisions made by Council of Ministers and in Heads of State Summits. Though the EAC staff cannot directly advocate for legislation, they are important allies and serve as the silent strong undercurrents which give waters direction. If they hint to the fact a Bill is not necessary, the EALA will not give such a Bill any priority. Our lesson learned regarding these three types of champions playing a crucial role confirms our **assumptions** of the importance of engaged actors to move the Bill forward.

Collaboration between rights-based NGOs and faith-based organisations

The second lesson regards the participation of the faith community within civil society space. For long, the faith community has not been very active in the civil society space. In fact, the relationship between NGOs and FBOs within civil society has been characterized as laced with mistrust. This is especially so with regards to SRHR issues. The faith community is often viewed by NGOs as a barrier and opposing force to SRHR policies and legislation. On the other hand, NGOs are perceived and framed by FBOs as agents promoting foreign SRHR agenda. The other source of mistrust is foundational in nature, with the two sectors founded on different philosophies. While most NGOs operate from a 'rights based' foundation, most faith communities are founded on moral and religious principles wrapped in compassion. They also tend to approach civil society interventions differently: where NGOs often follow engage in activism, lobby and advocacy strategies, the faith community uses mediation, negotiation and persuasion. The different foundations and adoption of the different approaches tends to foster suspicion and mistrust.

In order for the two sectors to collaborate and work together, we have learned that it is useful to take an approach which is *issue based and goal-oriented*. This means that collaboration is shaped and fostered in the context of realizing specific advocacy goals, such as influencing an international agreement, or in this case, the adoption of a specific Bill. With a shared interest in reaching that shared advocacy goals, complementary roles and shared agendas can evolve to strengthen collaboration. As such, agreeing on specific shared objectives for specific issues is key to successful advocacy collaboration and outcome. There is no guarantee that a successful collaboration on one issue is a foundation for future collaboration on a different issues, although we do hope that positive experiences and shared learning contribute to that.

What moves decision-makers?

The third lesson relates to the importance of having to identify how the issue under policy or legislative consideration *affects the policy-makers* and legislators themselves as people. In our ToC, we assumed that evidence combined with awareness of international and regional commitments contribute to increased support of decision-makers. While this is true, we also realized that policy issues may seem abstract and divorced from those making the policy. Passion for the issues can be aroused by identifying how they affect the legislators and policy makers themselves. In the case of the EAC SRHR Bill, most MPs are above 40 years of age, and the earlier versions of the Bill had a heavy focus on adolescents and youth; rightly so. Yet, we learned it was important to also pay attention to SRHR issues that affect people in midlife, and promote the Bill also focuses on these issues. When midlife and elderly SRHR issues – including erectile dysfunction, diminished desire for sex, menopause, infertility, prostate, breast and cervical cancers – were identified, consensus grew in the room that the inclusion of these issues would make the Bill more balanced, and generating more support. As a result, some of the MPs whose support was wavering pledged their full support to the Bill.

The need to disentangle culture and religion

The fourth lesson relates to the intersections between culture, religion, and historical mistrust and grievances which can give rise to conspiracy theories. With advocacy actions are time consuming, much of the required funding to execute such strategies is granted by institutions in Europe and United States of America. Both rights-based NGOs and faith institutions hence engage in and rely on international networks, support and resources to do their work. Due to historical grievances from injustices such as slavery and colonialism, the intentions for Europe and USA funding for advocacy actions is viewed with suspicion. The mistrust of support from Europe and USA, and the accusations of pushing a 'foreign agenda', has sometimes been used to oppose positive SRHR voices, either from rights-based or faith-based backgrounds. Yet, alternative sources of funding to support advocacy work are hard to find. This historical mistrust and allegations of 'outsider' influences in turn operates on a line that frames SRHR issues as 'being against culture'. In our advocacy experiences of mobilizing positive faith voices, we have engaged with diverse ways in which culture and religion are blurred, and the confusing messages that arise out of that. In many communities, cultural practices have been infused into religious ceremonies, and vice versa. This leads to confusion and misunderstandings about what is cultural and what is religious. Such misunderstandings have often found their way into policy and legislative processes and documents. In our work that is centred on faith leadership, we have learned how important it is to raise awareness on the intersections between culture and religion, for instance by clarifying what religious scriptures say in support of SRHR issues, and in mobilizing positive faith voices. This confirms and underlines our ToC assumptions that positive faith voices are needed for legal, policy as well as social norm change.



COLOPHON

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Faith to Action Network, P.O. Box: Box 2438-00202, Nairobi, Kenya

Tel. +254 20 3572302 | +254736 616491

E-mail: petermunene@faithtoactionnetwork.org

📌 faithtoactionnetwork.org

📘 @faithtoactionnetwork

🐦 @FaithtoActionet

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