



# Action learning case studies and synthesis

2021

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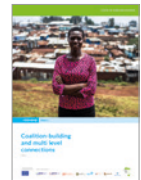


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Introduction: the Action Learning trajectory

The State of African Women campaign and coalition

Health and bodily integrity lie at the heart of well-being for all. Women and girls' sexual and reproductive health and rights are critical elements of health and bodily integrity. The State of African Women **campaign** advocated for progressing on the unfinished business on women's health and bodily integrity. The focus was on four core rights areas: (1) gender-based violence against women, (2) harmful practices, (3) reproductive rights and sexual and reproductive health, and (4) HIV and AIDS.

The main objective of the SoAW campaign is to contribute to securing, realizing and extending women's rights enshrined in African Union (AU) policies in African countries. The campaign seeks to influence both legal and social norms change towards women and girls' rights in SRHR, at continental, regional, national and sub-national levels, through a stronger voice and meaningful participation of civil society in decision-making.

The State of African Women campaign led by a diverse consortium of partners.<sup>1</sup> This unique **coalition** brought together youth-serving organizations, faith organizations, feminist groups and SRHR activists joined to shape the SoAW campaign at the global, regional, national and local level. The initiative for such a broad coalition was grounded in the recognition that progress on women and girls' rights needs to be approached from multiple perspectives. The assumption was that the combined strengths of the diverse coalition partners would create a more united CSO voice, reach large and diverse constituencies and amplify the coalitions' ability to leverage change at scale.

From activity mode to documentation, and from reporting mode to reflection

This report presents a collection of six case studies and two synthesis briefs that are the outcomes of a so-called 'action learning trajectory'. The **case studies** are prepared by the partners of the coalition: IPPF Africa Region, YWCA Kenya, Faith to Action Network and OAFLAD (see Overview of case studies). Each case study documents and reflects on a specific piece of advocacy work carried out in the campaign. The case studies form the basis of two synthesis briefs: one on '*Progressing on the unfinished business*'; and another one on '*Coalition-building and multilevel connections*'. Both synthesis briefs seek to pull out strategies and joint learning across the diverse advocacy processes that are presented in the six case studies.

Between 2018 and 2020 KIT facilitated the **action learning** trajectory with the SoAW partners. The aims of the trajectory were threefold:

1. to build capacities of consortium partners, CSOs and champions to critically interrogate their advocacy actions, and reflect on achievements and challenges,
2. to recalibrate advocacy activities, and
3. to document experiences and lessons learned from advocacy initiatives.

The action learning trajectory invited and supported the participating partners and their champions to shift from activity mode to documenting their work. It also sought to shift their attention from donor reporting, to reflection and learning.

Figure 1. The four core rights area of this report, with the cross-cutting issues

CORE RIGHTS AREAS



<sup>1</sup> See [www.rightbyher.org](http://www.rightbyher.org). The campaign was funded by the European Union. The eight partners were the IPPF African Region, IPPF European Network, Faith to Action Network, the Young Women Christian Association, the Organization of African Ladies for Development, the KIT Royal Tropical Institute, DSW and GIZ.



The trajectory started with an action learning skills building workshop, which was quickly followed by an action learning planning workshop (both in Q1 and Q2 of 2018). Throughout 2018 and the first half of 2019, the action learning plans of the participants were implemented, through data collection, reflection and documentation. In the third quarter of 2019, all partners and champions met for a ‘writeshop’; the focus was to support the writing of the actual case studies. This writeshop also laid the basis for identifying collective learning questions and recurrent themes, which eventually formed the basis for the basis for two **synthesis briefs**. The process of developing the synthesis briefs during 2020 has been inductive and interactive, and involved both researchers, advocacy officers and staff from participating CSOs.

### A moment of appreciation

We would like to thank all coalition partners that participated in this intensive action learning trajectory, as well as the champions they worked with. It was a pleasure and honour to work with you, to hear and develop the stories of your advocacy work, to support the writing (and the re-writing), and to see the emerging learnings and insights come to the surface. We hope you are as pleased as we are with the final results as they are presented in this combined document. A special thanks to Emma Bowa, for leading the consortium and the campaign, and for the patience and respect she consistently brought in bringing all the pieces of the (immense) puzzle together. Also much appreciation for Kapusniak Design for their amazing work in designing all this hard work and make it look beautiful. We hope this collection of case studies and synthesis briefs offers interesting and inspiring reading to a broad audience of potential readers committed to progressing women and girls' rights in sexual and reproductive health and rights across the African continent.

*Elsbet Lodenstein and Anouka van Eerdewijk*

## The value of civil society alliances in realising women and girls' sexual and reproductive health and rights

**Partnership is a cornerstone in achieving civil society goals and impact. Mobilising the right and complementary partners results in better use of resources, harnessing of expertise, increased confidence and more progress towards ensuring that women and girls can realize their sexual and reproductive health and rights, amongst others by accessing information, health and services. This paper explores the experience of the State of the African Woman campaign on civil society mobilisation and organising at national, continental and international levels, to influence ICPD+25 Review process and related decision-making processes.**

### Introduction

The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (*Maputo Protocol*, 2003) remains one of the most progressive legal instruments providing a comprehensive set of human rights for African women. Unlike any other women's human rights instrument, it details wide-ranging and substantive human rights for women covering the entire spectrum of civil and political, economic, social and cultural as well as environmental rights. Another key African commitment is the Addis Ababa Declaration on Population and Development (AADPD, 2014), which covers a range of issues including health, governance, peace and mobility as well as data and statistics. The AADPD is commonly referred to as the African version of the Plan of Action of the International Conference on Population and Development.

Human rights are implemented and enjoyed at the national level, by citizens of a country. Once a regional policy commitment is made, there is a need to domesticate it, through national laws, programmes and budgets that can be monitored and enforced. At the national level, the Maputo protocol, for example, is then divided into several 'parts' that would fit into existing sectors and ministries: for example, Article 2 on the Elimination of Discrimination Against Women would be included in laws under the Ministry of Gender and Youth, while Article 14 on Health and Reproductive Rights would fall under the Ministry of Health and to some extent the Ministry of Education.

Civil society, including NGOs, plays an important role in monitoring continental commitments and ensuring that these do not get lost in the national contextualisation process. The process of translating provisions of the AADPD and the Maputo Protocol on sexual and reproductive health and rights into national laws is a long and negotiated one. These negotiations provide an opportunity for domestication and tailoring of the provisions to specific national contexts, such that commitments are as relevant possible. At the same time, the negotiations pose a risk of commitments being watered down, misinterpreted or even abandoned. In this, it can be difficult for civil society advocates to target the correct decision makers along the full process of contextualisation and implementation. Negotiations at continental and international levels are undertaken by Ministries of Foreign Affairs as well as lead policy specialists in Ministries; at national and even sub-national level, implementation is undertaken by programme specialists, who are not always involved in the policy development stage.

In this long and negotiated translation process, the effectiveness of civil society can be challenged when CSOs are not well coordinated, or when messaging is fragmented, for instance due to the specialised focus areas of CSOs. In addition, because of the technical and formal conditions that have to be met in order to have observer status, civil society representation is usually characterised by international and national formal organisations, some of which do not have strong links or structures to engage the citizens, particularly at the grassroots level. With dwindling donor funding, and consequently reduced human resources, most organisations have been forced to focus on either the policy level advocacy or community level engagement. There are attempts by some to strengthen linkages between policy and community level development work, but with constrained resources, these linkages are generally sub-optimal.

Some NGOs have sought innovative ways to expand and diversify their reach and connections, including through research and surveys to understand the realities on the ground. Yet, because of time, logistics and other constraints, only a small sample of the population, which is not always representative of the community, is consulted; this affects how holistic and comprehensive analysis is, and consequently make that recommendations for policy change leave out specific groups and their priorities.

## The State of African Women campaign

The State of African Women campaign is a collaboration between eight organisations, under the lead of the International Planned Parenthood Federation Africa Region (IPPF AR).<sup>2</sup> The consortium is a unique broad alliance of African SRHR advocates, young women leaders and faith institutions, engaging in close collaboration with African First ladies as well as European advocacy, research and communication partners. The main objective of the State of African Women (SoAW) campaign is to contribute to securing, realizing and extending women's rights enshrined in African Union (AU) policies in African countries. The campaign seeks to influence both legal and social norms change towards women and girls' rights in SRHR, at continental, regional, national and sub-national levels, through a stronger voice and meaningful participation of civil society in decision-making.

Figure 2.

The four core rights area of this report, with the cross-cutting issues

## CORE RIGHTS AREAS



## CROSS-CUTTING ISSUES



This paper explores some of the challenges and shares how in the State of the African Woman Campaign, African CSOs jointly explored improved ways of working together and actively sought to have a joint and holistic agenda, for accelerated progress on SRHR for women and girls in Africa.

At the heart of the SoAW campaign focuses on increasing civil society's contribution to implementation of the African commitments on women and girls' rights in sexual and reproductive health and rights (SRHR). The campaign focuses on four core rights areas (see also Figure 2):<sup>3</sup>

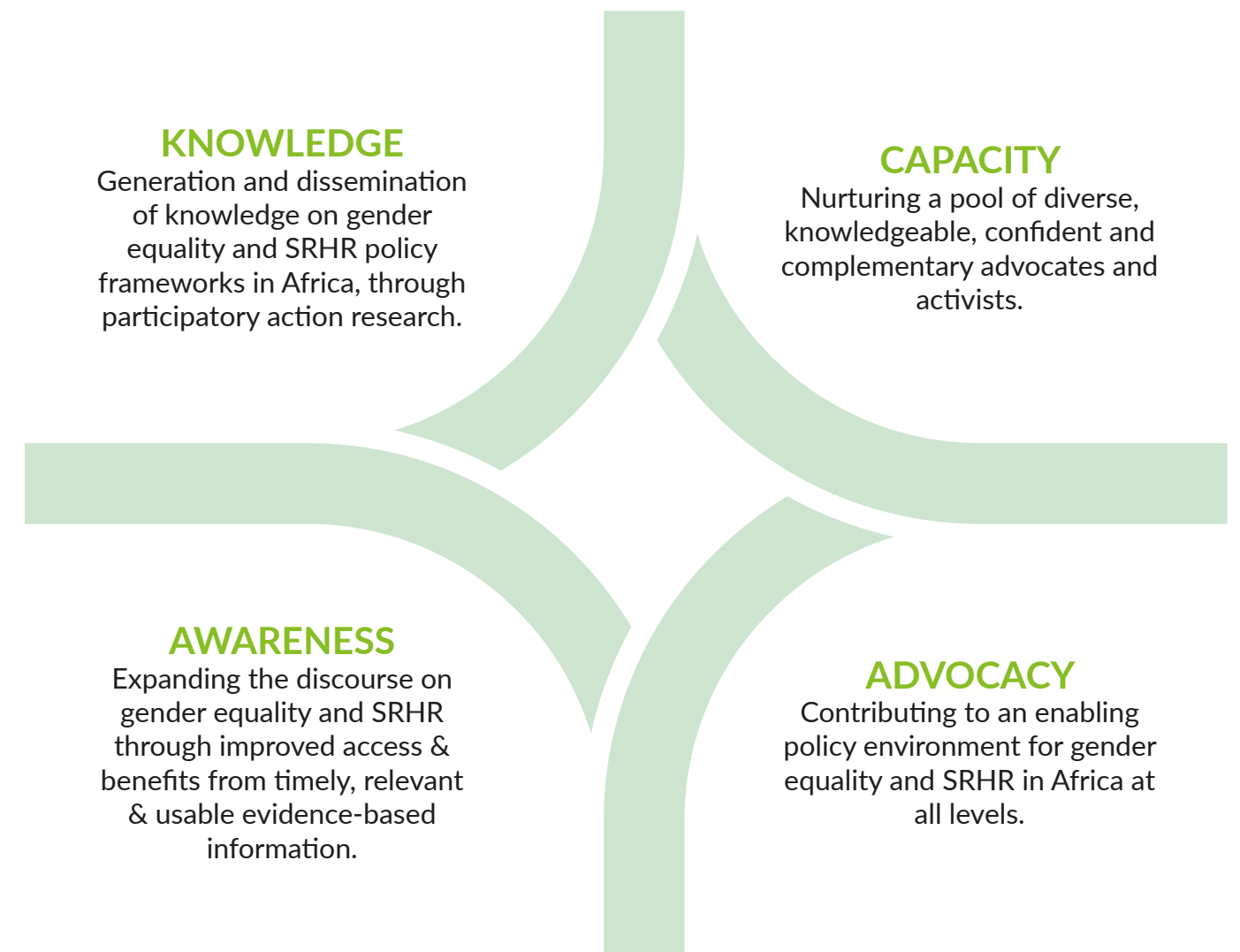
1. Gender-based violence against women (GVAW)
2. Harmful practices (in particular child marriage and female genital mutilation, FGM)
3. Reproductive rights and sexual and reproductive health (RR and SRH)
4. HIV and AIDS

The State of the African Women campaign pursued four strategic areas for engagement and learning (see Figure 3):

1. the need for up-to-date **knowledge and analysis of SRHR**;
2. the need for improved **strategic communications on SRHR**;
3. the need for **strengthened capacity and confidence** of advocates as well as champions for stronger influence in national policy processes and
4. the need for **longer term, better coordinated, more complementary civil society agendas for advocacy**.

Figure 3.

Strategic areas of SoAW campaign



<sup>2</sup> See [www.rightbyher.org](http://www.rightbyher.org). The campaign was funded by the European Union. The eight partners were the IPPF African Region, IPPF European Network, Faith to Action Network, the Young Women Christian Association, the Organization of African Ladies for Development, the KIT Royal Tropical Institute, DSW and GIZ.

<sup>3</sup> alongside the four core rights areas, four cross-cutting issues were taken into account: peace and security; education and training; participation of women in political and decision-making processes; and marginalised and vulnerable groups of women and girls (in particular adolescent girls and young women, elderly women, women with disabilities, women in distress, and individuals marginalised on the basis of their sexual orientation or gender identity or expression, SOGIE).

Progressing on the unfinished business

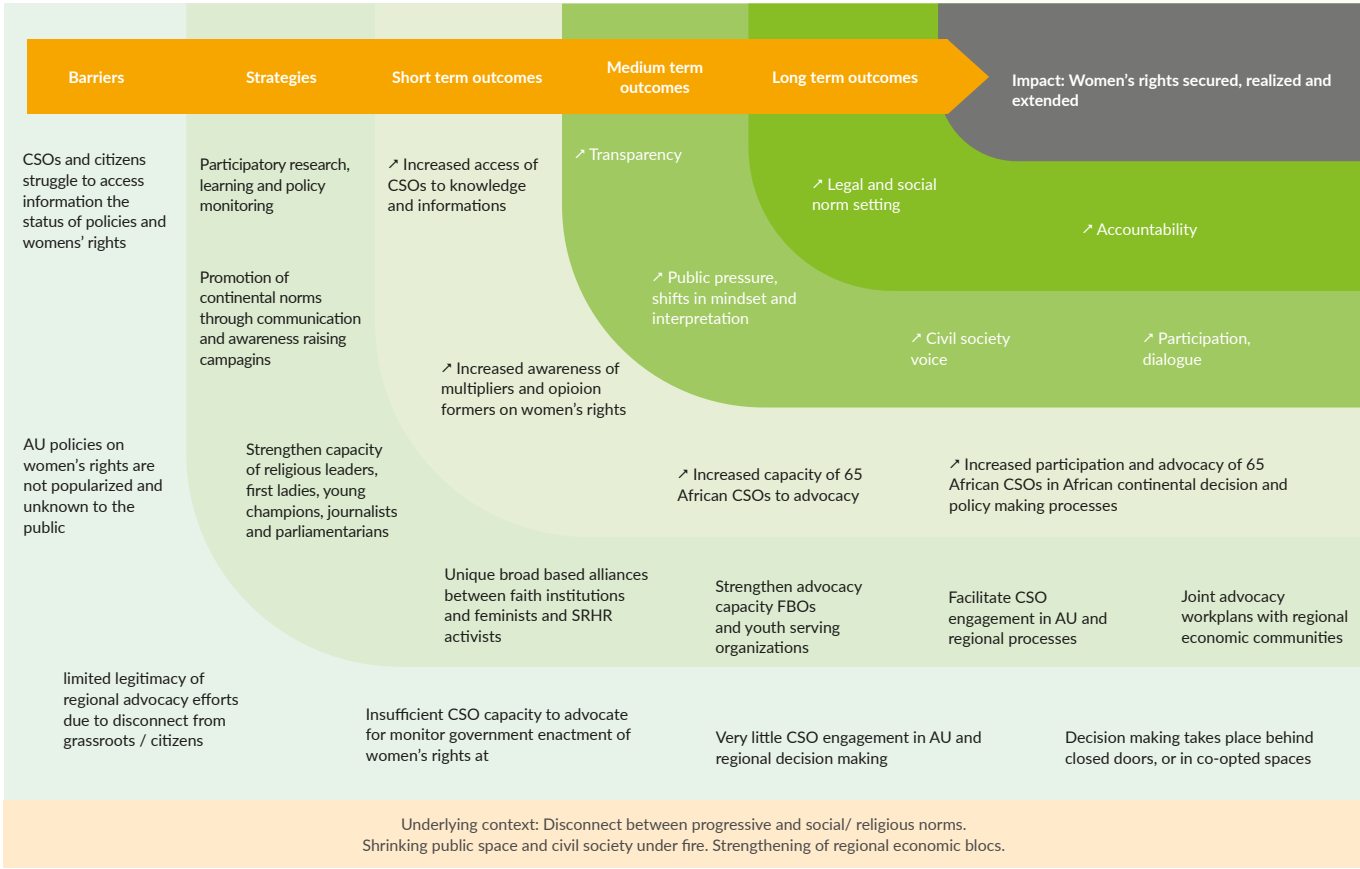
The campaign focuses on advancing African commitments on women and girls' rights in SRHR. These concern in particular the AU's Maputo Protocol (the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa) and the Maputo Plan of Action (MPoA), which is the implementation framework for the Continental Policy Framework on SRHR. Whereas much progress has been made in realizing women and girls' SRHR, there is also a lot of unfinished business. The State of African Women campaign sought to safeguard the gains made so far, in terms of both content and process:

Safeguarding SRHR for all – An important gain to safeguard is to ensure that SRHR issues are addressed from social and human rights perspectives, in addition to a medical angle. This, for instance, means that women and girls cannot be denied access to important reproductive information, spaces and services because of their age, skin colour, religion, or other forms of social exclusion. This also means that SRHR issues are not trivialised in development issues; on the contrary, it is important to ensure strong and clear linkages to emerging and prioritized development issues, including migration and the COVID19 pandemic. Safeguarding gains also means to ensure deliberate efforts for the inclusion of all people in planning and budgeting on SRHR, including key populations.

Protecting and expanding the CSO space – In terms of process, an important gain that requires continued safeguarding is the protection of civil society space in decision making processes at national and continental levels. This includes creating and expanding spaces for CSOs to discuss and negotiate amongst themselves on key priorities, which is important for strengthening understanding of the diversities and complexities between and amongst different geographic and thematic perspectives. Such spaces allow CSOs to negotiate amongst themselves and agree on common agendas at national and regional levels. In addition, it is important to promote diverse and inclusive CSO presence and engagement in key decision-making processes and spaces. Diversity in CSO presence is important, to strengthen inclusion by taking into account geography, age, gender, race, disability, and representation of the realities and issues of vulnerable groups and key populations.

The Theory of Change, as designed in an early stage, of the State of African Women campaign is visually presented in Figure 4:

Figure 4. Theory of change of the SoAW campaign



Strategies

The advocacy strategies of the State of African Women campaign aimed to contribute to progress on the unfinished business through innovative strategies.

These can be clustered around (1) engagement with the policy continuum and (2) strengthening CSOs to join forces. Both sets of strategies are discussed in more detail below.

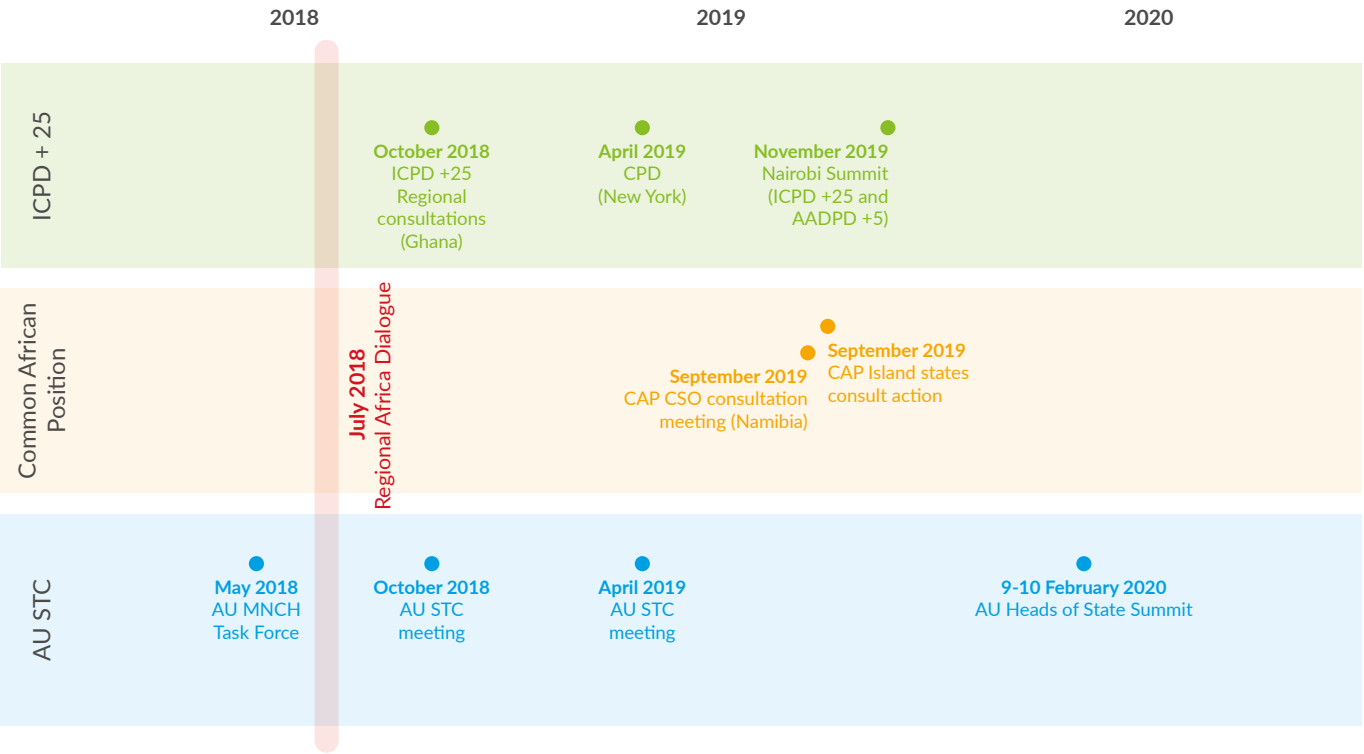
Advocacy expanded along the policy continuum

Advocacy along the entire continuum of policy process

There was a deliberate effort to have a longer-term plan, that took into account and leveraged linkages between a number of policy processes at national, continental and international levels. The campaign unfolded in a period where the Addis Ababa Declaration on Population and Development was reviewed (AADPD+5), and the fifteenth anniversary of the Maputo Protocol was marked. Internationally, the 25-year review of the International Conference on Population and Development took place, and at the continental level Agenda 2063 had taken shape. In addition, the AU was undertaking discussions to develop a Common Africa Position on Population and Development, which would inform and guide Africa's negotiations, as one block, in global fora, including the annual Commission on Population and Development. These globally agreed on commitments would then need to be implemented and reported on by UN member states.

Figure 5 presents an overview of the timeline highlighting these important interlinked processes at the African continental level. It also draws attention to the relevance of AU level technical Committees and Task Forces. The campaign engaged with both the AU Taskforce on Maternal, Newborn and Child Health as well as the AU Specialised Technical Committee on Health, Population and Drug Control. These were important opportunities to inform their recommendations, which are submitted to both Ministerial convenings on Health and the annual AU Heads of States Summit. Similarly, policy commitments agreed on at this level are expected to be implemented at national level, with regular reporting to the African Union Commission.

Figure 5. Timeline of interlinked policy process



All these policy processes and reviews provided a web of interlinked opportunities for our advocacy strategies. In addition to the linkages between different policy processes at the continental and international levels, we also explored and amplified their linkages with the national level. For the AADPD+5 review, we started with mapping out when national level consultations would happen in Ghana for example. We then provided technical support in the CSO recommendations for the Ghana AADPD+5 report in October 2018, in the Ghana CSO position paper on the 2019 CPD as well as recommendations by CSOs on the countries' commitments in the November 2019 Nairobi Summit.

To ensure a more coordinated and stronger civil society voice across these multiple linkages, the campaign co-convened, in partnership with UNFPA, African civil society members to jointly agree on key recommendations to prioritise and jointly advocate for. This convening happened at two important occasions: the Regional Africa Dialogue (July 2018 in Nairobi, Kenya) and during CSO Consultations on the ICPD+25/AADPD+5 (October 2018, in Accra, Ghana). The jointly articulated priorities later informed recommendations to government and consultants developing AADPD+5 country reports in 2019, as well as the CSO position papers with recommendations to the 2019 Commission on Population and Development in New York and to the 2019 Nairobi summit.

The CSO position papers importantly inform country position papers, in which key priority issues on population and development are outlined, such as SRHR, youth friendly services, elimination of FGM and child marriage, and ending violence against women. The country position papers, in turn, inform negotiation block positions, such as the African Group of Negotiators or the Global Developing Country Group of Negotiators. Once these priorities are agreed on by negotiators, agreements are made at the global level that outline minimum standards that all countries should maintain, monitor and report on. These joint, minimum standards at continental and international levels then need to be domesticated and implemented at country level, by the implementing ministries.

### Employing a range of strategies for engaging in policy processes

To ensure a more holistic approach, the SoAW campaign employed a range of advocacy strategies, at these multiple levels. One of the most important resources was the publication of the State of African Women report, which provided updated evidence, data and language on women and girls' rights in SRHR. The SoAW report was a key resource that informed all of the campaign's policy recommendations at national level (e.g. in the development of the Kenya and Ghana position papers on the 2019 CPD), regional (sub-continental) level (e.g. in the ongoing negotiations on the East African Legislative Assembly SRH Bill) and international level (e.g. the 2019 CPD, the Women's Major Group key recommendations paper). The SoAW report also offered a clear overview of the existing African commitments and normative frameworks on women and girls' rights in SRHR, including an overview, explanation and detailed discussion of the provision in the Maputo Protocol, and key reference documents such as the *General Comments*.<sup>4</sup>

Safeguarding gains also implies engaging with and responding to resistance, contestations or misunderstandings. This was highly relevant for important issues as comprehensive sexuality education or the use of contraception. The campaign worked with other CSOs to amplify and diversify the voice of civil society, and the broad alliance in the consortium was foundational to that. Moreover, in the committees that were set up to synthesise and summarise the CSO discussions into position papers, diversity and expanded representation of civil society groups was key in ensuring more inclusive language and recommendations and, consequently, to strengthen broad buy-in from civil society groups.

Resistance and contestations around women and girls' rights in SRHR was also encountered among policy and decision-makers across the policy continuum. An important strategy of the campaign was that consortium members provided direct and indirect technical support to policy makers to propose bridging, more inclusive language in articulating some of the priority issues. The proposed language would be drawn from existing agreed language, such as in the General Comments to the Maputo Protocol. The project consortium members leveraged on existing relationships with negotiators and parliamentarians to negotiate for more progressive provisions in the agreements. In addition, the participation of the consortium members in technical committees and taskforces at multiple levels enabled more direct interaction and understanding of issues, for more specific and tailored technical assistance to policy makers, either directly or indirectly through collaboration with other civil society policy experts.

To ensure that new knowledge and skills could be directly translated into action, the project linked its knowledge sharing sessions, trainings and capacity development sessions to existing policy processes. For example, in 2018, the campaign shared the findings and analysis of the SoAW report to parliamentarians immediately before the annual Network of Parliamentary Committees on Health (NEAPACOH) conference, where the parliamentarians review and develop annual national commitments and action plans. In doing so, we sought to ensure that the content of the report would directly inform the annual country health priorities set by the parliamentarians, who are usually chairs and clerks of national parliamentary health committees.

### CSOs joining forces

#### Understanding contestations and opposition and finding new language

Diverse and sometimes opposing voices often surface in negotiations around SRHR issues. Civil society organisations may push for improved access to a range of contraceptive options for women, to strengthen women's abilities plan and choose if and when to have children. This may be contested by some faith leaders, who view childbirth as a divine function, in addition to a biological one. In other cases, parliamentarians can push against contraception, as they would like to see increased numbers of constituents in their specific areas, where populations have declined due to for instance conflict, malnutrition or illness. In such cases, it is important to centre the discussions on the dignity of women and her freedom, so that she is not forced or bullied into having children. Referring to the General Comments to the Maputo Protocol, civil society members were able to build on agreed language that articulates women being able to have healthy spacing and timing of children for better quality of life.

Another example are the trainings for journalists and young people ahead of the CPD to ensure a clear understanding of how the negotiations at that level work; these well-timed trainings strengthened their confidence and knowledge to engage country level policy makers on the current priorities and agendas for the annual conference.

The broad alliance of the campaign's consortium offered a strong foundation to understand and engage with contestations and opposition around SRHR issues. The SoAW campaign made deliberate efforts to facilitate and stimulate interactions amongst groups that do not always have the opportunity to engage with each other: journalists, young people, parliamentarians, government and intergovernmental representatives, faith leaders and women's rights activists to interact and better understand each other's points of view. Faith leaders would engage with young people advocating for sexual and reproductive health and rights, journalists would spend a few days with parliamentarians, not just in press conferences or media interviews, but in dialogue and informal chats to understand each other's contexts and perspectives better.

The creation of spaces for direct interaction and engagement of diverse groups of civil society voices and others stakeholders was helpful in providing an opportunity for these groups to dialogue and better understand each other's perspectives and jointly agree on seemingly opposing issues, for example, everyone agreeing that there should not be deaths due to unsafe abortion. Agreement on language entails alliances and partners to take into account the diverse backgrounds and values at individual and institutional levels. In these spaces, the different stakeholders would dialogue, argue and negotiate towards agreed joint recommendations and advocacy messages as well as minimum standards in advocacy and policy influencing spaces.

<sup>4</sup> General Comments are human rights tools used for the interpretation of provisions in international or regional legal treaties and provide guidance to states in the implementation of their obligations. Three General Comments are of high relevance for women and girls' rights in SRHR; one of the intersections between women's rights and HIV (Art. 14.1(d) and (e) of the Maputo Protocol), one concerning rights to reproductive freedom, to family planning education and to safe abortion (Art. 14.1(a), (b), (c) and (f) and Art. 14.2(a) and (c) of the Maputo Protocol), and a third one that speaks to ending child marriage (in reference to both the Maputo Protocol and the African Children's Charter. (see SOAW report (2019), chapter 3, page 82)



## Focus on implementation

There were several attempts to not ‘just’ review progress against the provisions of the AADPD, but also to review the actual text of the *Addis Ababa Declaration*. This posed a risk to safeguarding the gains made over more than two decades of continental and international advocacy, because reviewing the actual text would mean open up the possibility of watering down or completely removing some of the existing negotiated and agreed commitments that progressively supports SRHR for women in Africa. African CSOs therefore engaged with key decision makers at the African Union Commission and UN agencies to push for the review of the progress in implementation, instead of negotiation on the text of the AADPD. These key stakeholders indeed came along in the need to focus on implementation, with an agreement to improve any ‘weak’ provisions during implementation at country level, for more context specific improvements.

The deliberate push to focus on implementation of existing commitments also opened up further areas for advocacy and policy influencing. It put the spotlight on the operationalisation of African commitments in plans, which comes the need for allocations of resources and budgets, as well as the importance of monitoring frameworks. For example in Kenya and Uganda, IPPF member associations and Faith to Action Network worked with local governments to develop sub national costed work plans. They also contributed to further clarifying the roles of different stakeholders in the implementation and monitoring of the plans, with clear indicators of improved quality of healthcare and increased access by women and girls to sexual and reproductive health information and services. In such processes of operationalisation, it remains important to be aware of potential points of contestation, to ensure that gains already made in the original AADPD are not watered down or reversed in the translation process towards implementation.

## Joint engagement

Strengthening civil society coordination and joint engagement was at the heart of the SoAW campaign. One of challenges was in the facilitation of very diverse groups of people across the continent, and in managing schedules to find regular and convenient meeting times, for example. Finding a common theme or entry point proved key in facilitating discussions and reaching agreement amongst CSOs. The AU sets a thematic area of focus each year: in 2019, the focus was on forced displacement in Africa, and there was some CSO consultation in setting the theme. In 2020, the world faced the COVID-19 pandemic and had to consider the SRHR implications, in particular increases in incidence of teenage pregnancy and violence against women. In the position papers, CSOs highlighted the links between their organisational priorities and the AU annual theme. For example, by articulating what SRHR issues refugees, returnees and IDPs face, or how interruptions due to conflict and crisis, including the COVID-19 pandemic, affect access to SRHR information and services.

The broad alliance of the SoAW campaign provided important opportunities, as each consortium members was embedded in and could leverage specific networks and partnerships. Working with OAFILAD enabled stronger connections to the AU campaigns on ending FGM and child marriage, given the leadership of First Ladies at the continental and national levels; while at the same time working with YWCA ensured a stronger connection to the grassroots and that national and continental policy discussions reflected current and emerging realities on the ground. We identified which partners were strongest in which issues, including harmful practices, ending child marriage, HIV and AIDS, or protecting and expanding civil society spaces. The African-European collaboration in the consortium also offered opportunities for advocacy at European level, including roundtable dialogues with EU parliamentarians, gender focal points of the European Union Commission, parliamentarians in the EU-African, Caribbean and Pacific (ACP) as well as EU Delegations in Africa, including the EU Delegation to the AU.

Usually only a small number of CSO can access formal decision making spaces at a time, both due to resource constraints, and because of the formal registration and approval that is required for access. The SoAW campaign leveraged the observer status of IPPF to the UN and AU, as well as the membership of Faith to Action Network to the All African Conference of Churches, which also has observer status. In situations like this, it is even more important to have a CSO position paper that outlines the joint priorities and recommendations from civil society, as it is key to ensuring that the representative CSO brings the priorities and recommendations of other CSOs to the decision-making processes. The consortium partners used a combination of both formal and informal channels to remain updated and identify opportunities for influencing decision making processes. Whereas some consortium members did not have formal access to decision-making spaces, they were able to leverage the informal relations and channels as part of the joint and holistic advocacy strategy.

## Lessons learned

### Co-formulate clear, longer term objectives

A first take-away from our campaign is the importance of being focused and specific about what CSOs want to achieve, while allowing ample time for change to happen. Where change happens too quickly, there may not be enough buy in or proper institutionalisation of that change. This can make it easy for groups opposed to progress in SRHR to reverse the gains, including by claiming that not enough consultations were held in the decision making process. For a successful advocacy campaign, it is critical to be flexible in planning and budgeting, because the advocacy environment is dynamic with constant changes, delays and unforeseen opportunities.

### Tailor joint messages

Having an agreed set of messages and recommendations is useful especially when availability to participate in decision making spaces changes for some partners. However, these need to be tailored to different audiences, while the core and spirit of the message remains the same. Tailoring recommendations is important in ensuring that civil society advocates not say what they think is important, but that key decision makers can hear and understand their message in a way that makes sense to them, in their own context and position. Investing in research and having dialogue sessions to understand the concerns, opposition and resistance to recommendations made by CSOs is valuable in understanding how to clarify, support, share evidence, structure and articulate recommendations for a clearer understanding, more buy-in and broader support to progressive recommendations.

### Be open-minded

It is important to remain open minded and adopt an iterative learning approach when working with government. Instead of focusing on differences between government and civil society, successful advocacy benefits from exploring ways to better align CSO priorities with government processes. Incorporating capacity strengthening and targeted technical support to policy and decision-makers, alongside advocacy efforts, also proved beneficial, as in some cases, resistance to change is due to limited capacity and a need for more confidence building.

### Strengthen operationalisation of commitments

Realise that although having policies passed is a significant milestone, even more needs to be done to ensure that policies are operationalised with resources, budgets, plans as well as monitoring frameworks. Indicators and reporting commitments are also important and help in holding policy makers and governments accountable for their decisions. For implementation to be successful, it needs to be accompanied by social norm change – to continuously strengthen how advocacy processes and policy commitments link to change on the ground. There are numerous cases where for example, strong laws and mechanisms on FGM exist in a country, but people still undertake the practice in a clandestine manner, and even travel to neighbouring countries where laws are less strict to undergo FGM and then come back to their country. Putting more effort to understand the norms and values that support these practices is also important in eliminating the practice.

### Take a holistic perspective

Engaging other civil society representatives from both formal and informal organisations, networks and movements is of pivotal importance in getting a more holistic picture of realities in the ground, as well as understanding the most urgent and emerging issues. For example, a civil society representative with observer status at an AU level meeting may recommend that country budgets should have higher allocations to contribute to ending violence against women. To strengthen the validity of this recommendation, it is important to have evidence of incidences of violence against women at the national level, as well as real examples of people who have experienced violence and what the impact has been directly to them and indirectly to their families and communities for example. As part of building a holistic approach, we found that investing time and effort to build both the capacity and confidence of partners and representatives we work with resulted in more meaningful and grounded contributions in policy making processes. The broad-based alliance and the multilevel strategies of the State of African Women campaign were core to the meaningful and grounded contributions we sought to make.

References

- i. [Maputo Protocol](#)

ii. [State of the African Women Report](#)

iii. [Experts and Ministers submission to the AU on AADPD+5 Review](#)
- iv. [2019 CPD Political Statement](#)

v. [Nairobi Summit Commitments](#)

vi. [Ghana National Commitments on Population and Development](#)

Acronyms and Abbreviations Used

AADPD	Addis Ababa Declaration on Population and Development
AU	African Union
AU STC	African Union Specialised Technical Committee
CAP	Common African Position
CPD	Commission on Population and Development
CSO	Civil Society Organisation
EALA	East African Legislative Assembly
FGM	Female Genital Mutilation
GBV	Gender Based Violence
Heads of State Summit	Ordinary Session of the Assembly of the Heads of State and Government of the African Union
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
Maputo Protocol	The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa
MNCH	Maternal, New-born and Child Health
Nairobi Summit	The 2019 Nairobi Summit on ICPD25
NGO	Non-Governmental Organisation
SoAW	State of the African Woman
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UNFPA	United Nations Population Fund
VAW	Violence Against Women

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”<sup>5</sup>.

EAC has increasingly paid attention to the sexuality and reproductive health needs in the region. Chapter Twenty-one of the Treaty<sup>6</sup> 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.



COLOPHON

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Photography by Brian Otieno, Design by Kapusniak Design

<sup>5</sup> East African Community Vision 2050  
<sup>6</sup> 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).<sup>7</sup> 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).<sup>8</sup> Adolescents’ access to SRH services and informaton is affected by the legal age of sexual consent (see also Table 3).<sup>9</sup>

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.

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	Natonal 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	Natonal 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).<sup>10</sup> 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 leveasl accross 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).<sup>11</sup> 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”.<sup>12</sup> 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.

7 State of African Women, Regional Report for East African Community  
8 State of African Women, Regional Report for East African Community  
9 The State of African Women, Regional Report for East African Community

10 Kenya’s DHS was in 2014, Rwanda in 2014-15, Tanzania in 2015-16, Uganda in 2016, and Burundi in 2016-17.  
11 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.  
12 EAC Vision 2050

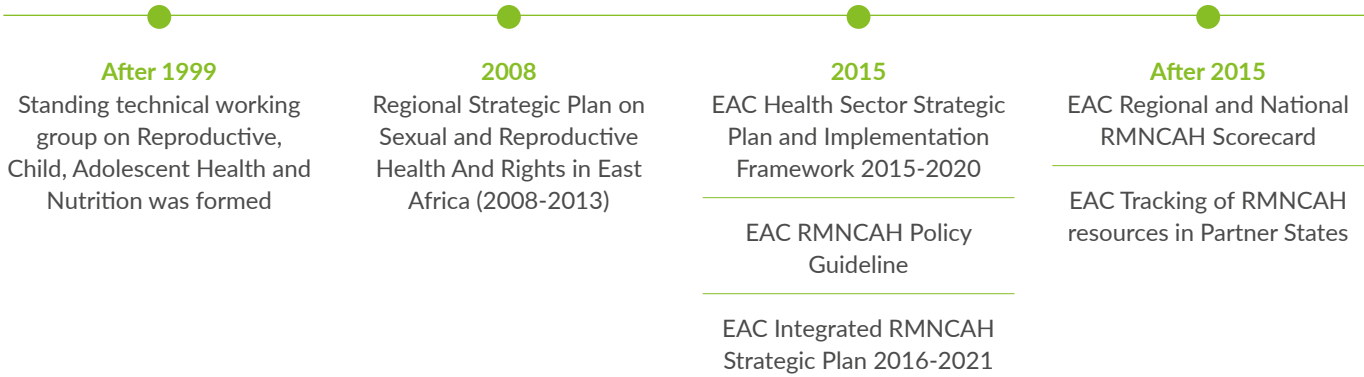
Part 2: History and theory of change

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).<sup>13</sup>

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 compell 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.”



13 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.<sup>14</sup> 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.<sup>15</sup> It was formally transitioned to the next Assembly by being committed to EALA’s Committee on General Purposes (CGP).<sup>16</sup> 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.”

14 Public hearings were conducted between 21st -25th February 2017 in Rwanda, Burundi, Kenya, Uganda and Tanzania.  
15 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.  
16 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 stub 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 6\*. The strategy of leadership by the faith community is translated into a number of activities, that seek to contribute to three outcomes:

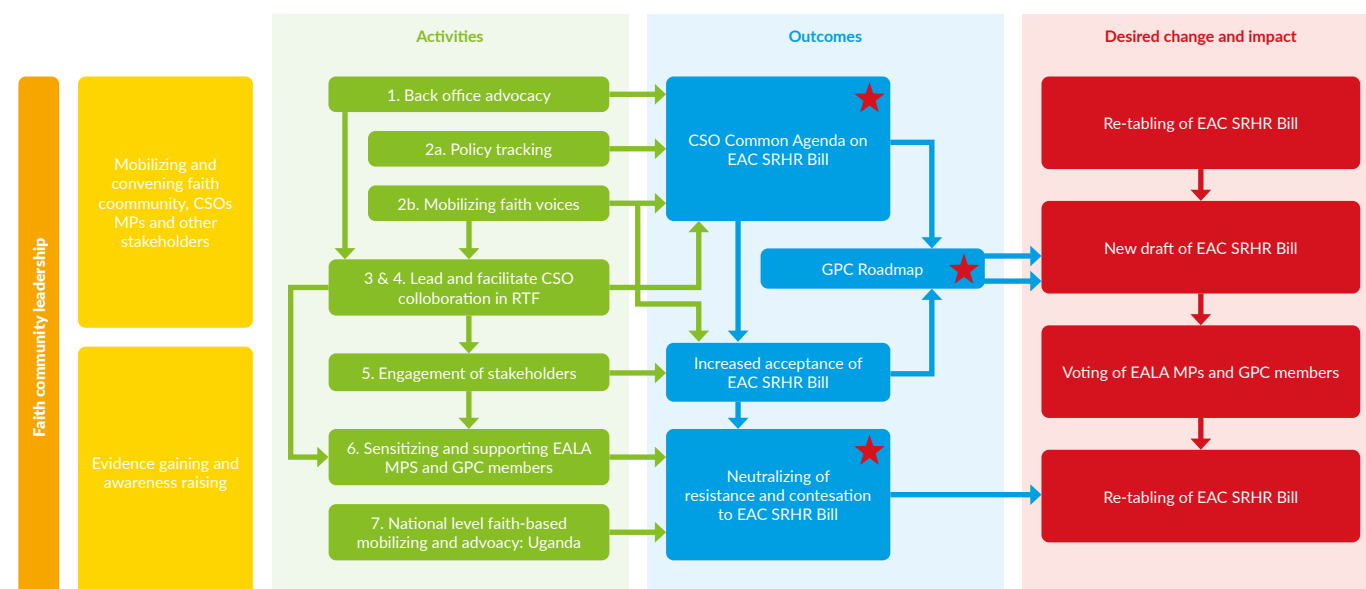
- A common CSO agenda on the EAC SRHR Bill
- Increased acceptance of the Bill, and neutralization of resistance and contestations to the EAC SRHR Bill
- The development of a Roadmap to adoption of the Bill.

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 6.  
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)<sup>17</sup> and Child Marriage (issued on 5th June 2019),<sup>18</sup> both of which the roadmap proposed to support in dissemination as way to show linkage of the national and regional SRHR efforts.

<sup>17</sup> <https://www.mwananchi.co.tz/mw/habari/kitaifa/huu-ndio-msimamo-wa-waislamu-tanzania-kuhusu-uzazi-wa-mpango--2965096>

<sup>18</sup> <https://www.mwananchi.co.tz/mw/habari/kitaifa/bakwata-yaja-na-mambo-tisa-kukabiliana-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 EANNASO – 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;

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 drafts person 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

<sup>19</sup> 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.



## 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. Spellenza 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.

## YWCA advocacy towards the eradication of Female Genital Mutilation in Kenya

**“It is unfortunate that my sister succumbed to FGM complications and died in 2018. If it had not been for a post-mortem that was done to confirm that she died from severe pneumonia after an infection on the FGM wound, the case would just go unmentioned and assumed to be a ‘normal’ death. In my case I was forced to get married at the age of 15 and had my first child with an obstructed labor at birth, which eventually led to fistula, a condition that isolates me from community participation... I am unable to seek for medical attention for lack of finances as my husband has abandoned me with my two daughters, currently married with a second wife and moved to town with her to seek for employment.”**

A 19-year-old teenager from Kuria-Kenya with four brothers and a sister, who like her was mutilated (Type III) at an age of 12 years across the border in Tanzania:

This case illustrates the complex interlinkages between child marriage, early pregnancy, female genital mutilation (FGM) and the underlying gender inequality that contributes to sustaining harmful practices and women and girls' exposure to poor health, discrimination, social stigma, and exclusion. Female genital mutilation / cutting (FGM/C) is still performed throughout Africa, affecting over 100 million women and girls' worldwide. It includes procedures that intentionally cut, injure or change female external genital organs for non-medical reasons, which has deleterious consequences for the physical, psychological and sexual lives of its victims.

Kenya has made some progress towards the elimination of FGM, but the legal prohibition of the practice is constantly challenged, and social norms change slowly. The YWCA of Kenya addresses the sustained prevalence rates of FGM among Kenyan communities. It does so through a **multilevel advocacy strategy** that focuses on building capacities of young women champions to increase awareness on harmful gender norms and practices, create a shift in FGM beliefs and attitudes upheld by individuals, families and communities, and, simultaneously, by establishing strong linkages with the national anti-FGM civil society movement to impact on policy adoption and societal change.

### Female Genital Mutilation

(FGM) concerns 'the practice of partially or wholly removing the external female genitalia or otherwise injuring the female genital organs for non-medical and non-health related reasons'. (Committees on CEDAW and CRC (2014) *Joint General Recommendation No. 31/General Comment No. 18 on harmful practices*, point 19 (Part VI.A.19, page 6))



### COLOPHON

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Photography by Brian Otieno, Design by Kapusniak Design

## 1. FGM practices and efforts to elimination in Kenya

Reported prevalence rates of FGM/C in Kenya vary. The 2014 Kenya Demographic and Health Survey estimates that approximately 21% of girls and women aged 15-49 years have been cut, while a 2018 [report](#)<sup>i</sup> estimates that 40- 50% of girls and women aged 15-49 years have undergone FGM and faced adverse effects.<sup>20</sup> National-level data, however, can mask differences between regions. It is observed that, in certain regions, there has been a steady and marked decline in the prevalence of FGM/C, while in others it has remained high among certain ethnic groups such as Somali 94% Samburu 86%, Kisii 84%, and the Maasai 78%. Also, a [report](#) tabled by the anti-FGM board and UNICEF in 2017<sup>ii</sup>, mentions an alarming rise in FGM cases, particularly cases of medicalized FGM. The report claims that it has risen up to as much as 41% in some areas, and that medical professionals are performing FGM in homes, hospitals or temporary 'clinics' during school holidays. The medicalization of FGM undermines the progress made so far towards elimination, as it actually tends to institutionalize FGM.<sup>iii</sup>

Recent research on the [State of African Women](#),<sup>iv</sup> indicates that FGM in Kenya is strongly affected by cultural, religious and social norms of gender unequal relations and female subordination. These norms affect the position of a person in the community and defying them can imply facing social stigma, isolation, dishonor and ostracism.

In 2012, the United Nations General Assembly unanimously adopted the first-ever resolution against female genital mutilation, calling for intensified global efforts to eliminate the practice. In 2015, FGM was included in the Sustainable Development Goals under Target 5.3, which calls for the elimination of all harmful practices. The African Union Maputo Protocol, ratified by Kenya, also prohibits 'all forms of female genital mutilation, scarification, medicalization and para-medicalization of female genital cutting' (Art. 5a). In 2011, the Kenyan Government adopted the [Prohibition of Female Genital Mutilation Act](#)<sup>v</sup> which criminalized all forms of FGM, regardless of the age or status of a girl or a woman. Following the enactment of the Act, the [Anti-](#)

[FGM Board](#)<sup>vi</sup> was established in 2013; a semi-autonomous government agency responsible for the design, supervision and coordination of awareness campaigns against FGM and it advises government on FGM related matters.

CSO advocacy efforts in Kenya have contributed to an increasing recognition of FGM as a national agenda item, with the government's commitment to abandon FGM. Political commitment is demonstrated by an increase of resource allocation to the Anti-FGM Board from Ksh.42 million in 2014 to Ksh.92 million in 2016/2017. A review of the National FGM Policy of 2010 was started in 2015 to bring it in line with the FGM Act 2011. A new [National Policy for the Eradication of Female Genital Mutilation was launched](#)<sup>vii</sup> in September 2019.

As partners continue implementing the National FGM Policy and the commitments of the Maputo protocol, there are glaring gaps that prohibit women and girls' advancement. First, the FGM Act is not comprehensively binding, contains loopholes and there is weak law enforcement. Second, survivors of GVAW and harmful practices have limited access to justice, leading to low levels of reporting and prosecution. Patriarchal and gender norms constitute barriers to access to justice and support for GVAW survivors and rehabilitation services are limited. Third, awareness of the FGM Act 2011 remains very low in many rural communities and there is inadequate protection of girls and women at risk. A recent drawback further challenges the implementation of the FGM policy. In 2018, pro-FGM movements have emerged who advocate for the legalization of FGM and the abandonment of the anti-FGM legislation. A petition by Dr. Tatu in court is currently challenging governmental anti-FGM actions. The first hearing took place in October 2019 and the second in March 2020. The case was to resume for oral submissions and legal arguments to be made before the Court on 12 June 2020 but has been postponed due to the Covid-19 crisis. The content of the petition and the March 2020 witness proceedings are presented in box 1.

### Box 1. Content of the petition (May 2019). Dr. Tatu's arguments are as follows:

- The Prohibition of the FGM Act is discriminatory against women because men are allowed to practice circumcision whilst women are not allowed to practice FGM.
- The Act prohibits doctors from undergoing proper training to carry out FGM and violates people's rights to the highest attainable standards of health as per the Constitution.
- The Act infringes on people's right to culture by stopping people from practicing certain components of their culture, enshrined in Article 44 of the Constitution citing the right to culture.
- The petition challenges the validity and constitutionality of the Anti-FGM Board and wants it disbanded because there was no public participation in the enactment of the anti-FGM law which in turn established the board.
- The petition wants women above the age of 18 to be allowed to consent to FGM. Consent also relates to the question of whether by being born into a community constitutes an automatic consent to the cultural practices of the community, including FGM. She believes that if one can consent to Type 4, which includes elongating of the Labia, piercing among others, then they should also be allowed to consent to type 1, 2, and 3.<sup>21</sup>
- Plastic surgery on the genitalia is allowed and yet FGM is not, arguing that this is discriminatory. Dr. Tatu further questioned the extent to which women could enjoy bodily autonomy on non-therapeutic procedures on the female genitalia.

In March 2020, the High Court in Nairobi heard the testimonies of witnesses who testified on the importance of criminalizing FGM. The first witness who is a human rights activist refuted the claim of the complainant that "FGM is practiced for cultural reasons and to control women and girls' sexuality". His testimony has been crucial in the process because it has enabled awareness on the harmful effects of FGM. He told the court how the Kikuyu community started practicing FGM as a form of sacrifice to their god but that the Kikuyu women have progressively been abandoning FGM since 1925. Further, the PCEA church abandoned the practice of FGM in 1915 in an effort to prevent causing harm to young women.

The second witness was a Maasai Moran, a cultural chief, who testified on the efforts of the Maasai community to eradicate FGM. He told the court that the efforts undertaken by the Anti-FGM Board have given legitimacy to the awareness campaign against FGM that is undertaken by the cultural elders of the Maasai community.

On 17th March 2021, judgement was handed down by a three-judge bench who voted against the petition by Dr.Tatu Kamau. It said revoking the constitution to uphold the petition challenging the constitutional validity of the Prohibition of Female Genital Mutilation Act (Anti-FGM Act) would be detrimental to women and that after observing the survivors' testimonies, it was not convinced that any woman or girl would consciously and freely consent to FGM. The ruling by the three High Court Justices – Lydia Achode, Kanyi Kimono and Margaret Muigai – said: "We are not persuaded that one can choose to undergo a harmful practice from the medical anecdotal evidence presented by the respondents, we find that limiting this right is reasonable in an open and democratic society based on the dignity of women." This move by Kenya's High Court goes a long way to uphold a ban on female genital mutilation and gets the Country closer to attaining the pledge by President Uhuru Kenyatta to end FGM by 2022.

<sup>20</sup> The practice can cause short- and long-term health complications, including chronic pain, infections, increased risk of HIV transmission, anxiety and depression, birth complications, infertility and, in the worst cases, death. It is internationally recognized as an extreme violation of the rights of women and girls.

<sup>21</sup> WHO, 2008: Type I: partial or total removal of the clitoris and/or prepuce (clitoridectomy); Type II (excision) – partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora; Type III (infibulation) – narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris; Type IV – all other harmful procedures to the female genitalia for non-medical purposes (e.g., pricking, piercing, incising, scraping and cauterisation).

2. YWCA Kenya’s anti-FGM advocacy programme

YWCA Kenya<sup>viii</sup> has implemented strategies towards the eradication of FGM. Since 2017, it has intensified its efforts through the SOAWC project and the [Right By Her<sup>ix</sup>](#) campaign. The campaign focuses on increasing civil society’s contribution to the implementation of the African commitments on women and girls’ rights in sexual and reproductive health and rights (SRHR), including harmful practices such as FGM.

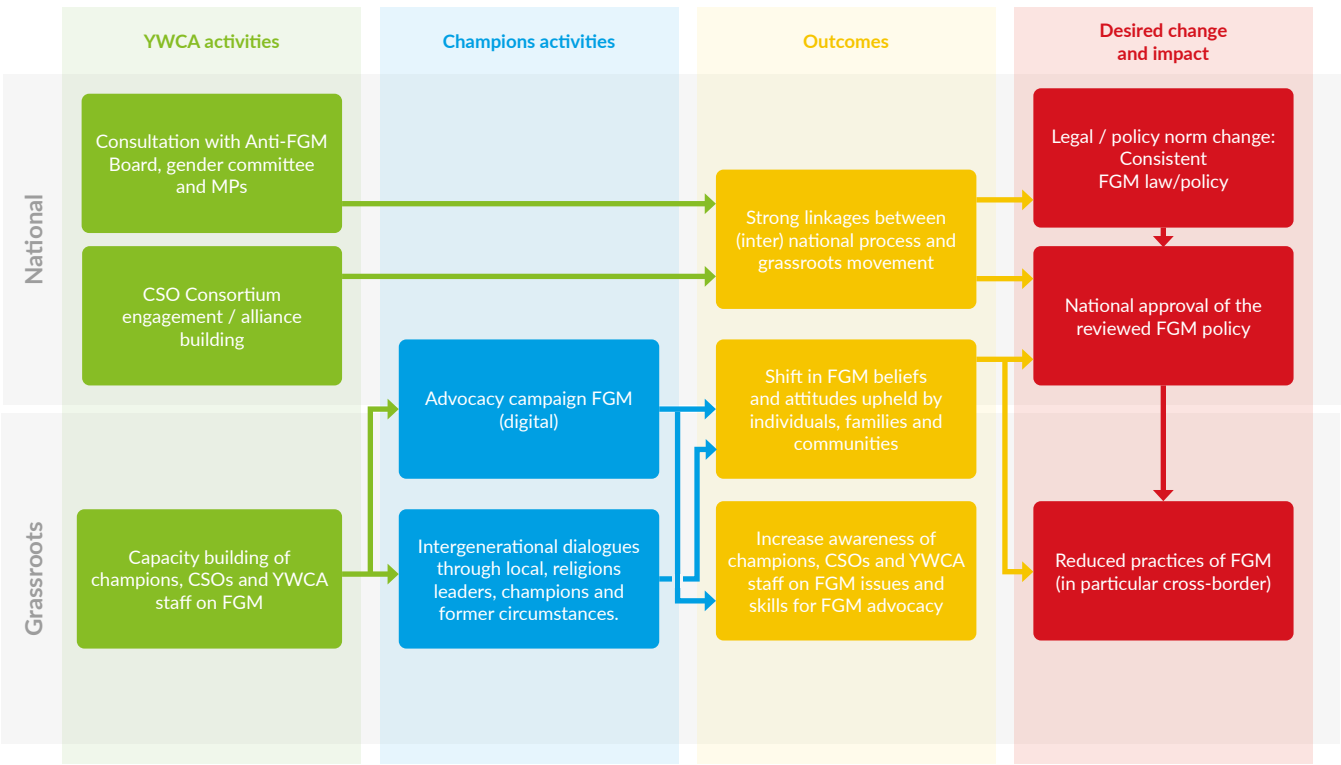
YWCA uses a multilevel approach to contribute to the eradication of FGM in Kenya where it intends to reduce FGM practices in families and communities, achieve the adoption of a more consistent FGM Act and the implementation of the national FGM policy. It does so through advocacy activities at the national level and through the engagement of YWCA champions at the local level (see figure 7).

At the **grassroots level**, YWCA strengthens young women champions’ awareness on FGM issues and skills to effectively advocate for social norm change at the community level targeting custodians of culture. The training of 28 young women champions aimed to build awareness of the legal framework of FGM (Maputo Protocol, Anti-FGM Act 2011), and to influence social and cultural norms promoting the harmful practice. It was expected that this awareness would enhance champions’ advocacy work and their engagement with local leaders through intergenerational dialogue (see box 2). During the Champions’ training, their skills were strengthened to craft advocacy messages, conduct digital advocacy and engage with media.

Box 2. Intergenerational dialogues as a tool for change

Intergenerational dialogues are co-organized at the community level by YWCAs, champions and community leaders. It is a forum that YWCA has been using to bring together two different generations. It uses dialogue across generations as a way to decrease the level of misunderstanding by building on the knowledge and experience of previous generations. It aims to create awareness, mutual understanding and to promote long-term solutions for the risks faced by the community. In the case of sexual and reproductive health and rights, including harmful practices, both generations gain a better understanding of each other and address cultural, social and religious barriers that youth are facing related to their access to reproductive health information, services and rights.

Figure 7. Theory of change of YWCAs FGM advocacy programme.



In order for the champions and YWCA branches to effectively implement their advocacy work, YWCA also invested in strengthening a conducive organisational environment. It trained YWCA staffs (15) and board members (7) to support the advocacy actions of YWCA champions in Tana River, Meru, Kisii through data collection, report writing and advocacy campaigns to better document the progress and influence of their advocacy actions.

At the **national level**, YWCA organised a training of CSOs on effective advocacy, to initiate anti-FGM actions and to raise a unified voice by developing an action plan addressing legal and policy gaps in a more coordinated way.

Outcome 1. Increased awareness of YWCA branches on FGM issues.

In order to mainstream anti-FGM work across the organisation, YWCA strengthened board members’ and branch managers’ knowledge and capacity to understand, and act upon, harmful practices. YWCA takes a comprehensive approach to position harmful practices such as FGM in the broader context of Sexual and Reproductive Health and Rights (FGM, Teenage pregnancy, Early marriage, HIV/AIDS, Unsafe abortion and Sexual Gender Violence) as they are closely interrelated. YWCA further encouraged branches to be activity involved in national and county level anti-FGM networks such as the Gender Technical Working Groups at county level to work on SGBV and Harmful Practices. For example Kisii YWCA branch joined the technical group to raise a campaign called “1 million

Voices for our girls and boys” to end SGBV cases. Further tailor-made support to branches was offered depending on specific rights issues in their counties. For example, the branch of Tana River engaged peer educators and youth to carry out educative talks in schools on SRHR issues focusing on teenage pregnancy and harmful practices, while local advocacy in Mombasa focused on teenage pregnancy, HIV, and safe abortion. In Kisii, Tana River and Meru, the branches received specific training and relevant materials on FGM and developed action plans for campaigns in communities. This support at intermediate level facilitated champions’ actions and supported the national advocacy efforts.

Outcome 2. Shift in FGM beliefs and attitudes upheld by individuals, families and communities.

At the grassroots level, the young women champions facilitated intergenerational dialogues with community leaders, as a way to create an enabling environment for changes in individual beliefs and attitudes and social norms regarding FGM. The dialogues sparked a shift in FGM beliefs and the need for action among local leaders, which subsequently influenced political commitment and decision-making at the county level.

In Kisii county, for example, the intergenerational dialogue generated concerted advocacy actions towards the elimination of violence against women and harmful practices. The champions together with the wider YWCA membership discussed the need to create policies based on the common perspectives of young and old members of the community. This led to the development of an intergenerational statement to the Women Representative of Kisii county with recommendations to the County government of Kisii to develop a bill that will ensure increased resource allocation to fight FGM.

Another example is a joint position paper, based on intergenerational dialogues led by young women champions of Tana-River. The paper advocates for the County Assembly to implement measures to raise awareness, prohibit all forms of FGM and harmful practices and support survivors of harmful practices and GVAW through health services, legal support, counselling, and vocational training. It also asks for the enforcement measures to ensure that no marriage takes place without the free and full consent of both parties and that no girl marries before the age of 18. A Member of the County Assembly (MCA), present in the dialogue and a member of YWCA, presented the paper in Tana River County.

In Kuria, the champions focused on the dissemination of clear, easy-to-understand and accurate information around the Anti-FGM law school environments. The program motivated parents and traditional leaders to question and review their responsibilities to protect girls and women in their communities. A teacher in one of the schools that the champions engaged with stated:






























“The school visits by the champions has really changed our pupils’ perspective together with their parents, they now feel they can talk and express their opinions and challenge FGM without fear. The parents are very confident when addressing the teachers to join hands in eradicating FGM”.

The young women champions’ engagement with custodians of culture (community leaders, elders, and circumcisers) has led community elders to declare the abandonment of FGM/C in the community through a local radio show.

The formation of the YWCA Champions network on social media (twitter/facebook/WhatsApp) has led to an amplified voice and created advocates across the country who push for the abandonment of FGM through hashtags such as #DontTouchFGMLaw #EndFGM, leveraging influencers and opinion shapers, and reach policy makers. For example, the #DontTouchFGMLaw campaign on social media (see figure 8) mobilized the large network of YWCA champions; reactions generated fed into continuous dialogues at the grassroots level and into national-level advocacy with the anti-FGM coalition.

Figure 8. Social media analytics

YWCA Kenya		#DontTouchFGMLaw Analytics					
		Reach: Organic / Paid Post Clicks Reactions, Comments & Shares					
Published	Post	Type	Targeting	Reach		Engagement	
10/24/2019 1:32 PM	 YWCA Kenya stands up to advocate against the support of Female Genital Mutilation (FGM) which is an extreme			2.8K		271 120	
10/24/2019 2:34 PM	 Sadly, there are interested parties in the #KenyaFGMcase such as the elder who is a 10th			766		37 30	
10/26/2019 11:43 AM	 FGM is illegal for both women and girls in Kenya, and individuals involved in the practice could spend three			515		33 22	
12/17/2019 6:23 PM	 The High Court has directed that the proceedings of the case challenging the constitutionality of Kenya's			568		9 17	
12/17/2019 6:16 PM	 The #RightByHer State of the African Women Campaign report highlights a critical, retrogressive trend emerging			801		37 31	
Total Reach/Engagement				5,450		607	

Outcome 3. Stronger anti-FGM network through effective linkages between national level and grassroots level to push for policy change, implementation and adoption.

The FGM case petitioned by Dr. Tatu revealed the loopholes in the law in her contestations. This helped to prepare a counter response through the anti-FGM coalition to support policy advocacy against Dr. Tatu’s case. YWCA advocacy actions around the case have been the mobilization of CSO’s, champions and community leaders to lobby for the approval of the amended Act of 2011 that will inhibit Dr. Tatu’s petition.

The YWCA continues to provide input into the work of the anti-FGM coalition to support policy advocacy, collect narrative stories of change and subsequently develop a proper Monitoring and Reporting framework for FGM issues in Kenya.

The role of YWCA in the coalition

YWCA- Kenya as a membership organization was well positioned to act as intermediary between grassroots social norms change initiatives and national level CSO advocacy efforts for legal and policy change. As an intermediary, YWCA channelled evidence from the grassroots to the coalition and translated the legal process into accessible language for use at the grassroots level. YWCA was an important partner in developing campaign materials with legal advocacy experts (Equality Now, FIDA) to raise the CSO and champions’ awareness about legal processes and messaging. Leveraging influential YWCA members, YWCA invited Hon. Denittah Ghati (the current nominated senator from Migori County) who is an anti-FGM activist in Kuria to support the court process. Again, this process was amplified through the use of social media.



Lessons learned

The pro-FGM case provided a boost to the CSOs working on FGM and led to the expansion of the anti-FGM coalition to mobilize more evidence against FGM and to bring forward a unified voice in advocacy. Initially led by a core group of legal organizations (FIDA Kenya, Equality Now and the Anti-FGM Board), allies from NGOs and CSOs joined the group (Samburu Girls Foundation, KEWOPA, AMREF, Msichana Empowerment Kuria, Men for the Equality of Men and Women, CREAM, and YWCA). Strategic partners were the National Gender and Equality Commission (NGEC), Katiba Institute and KELIN/ ISLA. New members brought in complementary resources, skills and contacts which improved the quality of evidence, and enhanced the reach of the campaign at grassroots level and the public in general. The coalition-building around the court case also inspired new partnerships to emerge and to develop campaigns beyond the court case in response to emerging challenges and windows of opportunity. For example, Men for the Equality of Men and Women joined hands with YWCA and the Gender department to run a podcast discussion on FGM in Kisii where FGM has been rampant during the Covid-19 pandemic.

Alliances with traditional and political leaders

During the engagement on social norms in communities, we learnt that individuals are likely to abandon a shared social norm only if they believe that others are changing too. In this case, clan elders set the example and multiplied norms change. They are tasked with preserving traditional cultural norms by certifying women to perform FGM/C, but they influenced individuals through a radio declaration to abandon FGM/C. The readiness of the elders to declare abandonment of FGM/C was a great opportunity to influence the community to accept change. The champions took advantage of this to push for shifts in attitudes in the broader community. The participation of a sitting Member of Parliament (MP) and nominated senator to the #DontTouchFGMLaw court process is an important indication of commitment of women political leaders to end FGM/C. The collective action among CSOs and with influential leaders led to the president of Kenya, Uhuru Kenyatta, vowing to put a nationwide end to Female Genital Mutilation, FGM, by 2022 during ICPD25. This is the strongest condemnation of the practice to date at such a high political level since the practice was banned in 2011.

Implement anti-FGM laws progressively

The pro-FGM case revealed the continuous threat of backlash on progressive reforms relating to violence against women and harmful practices. Women's rights organisations and CSOs resist the attempt to repeal women's rights and they seek to protect the earlier gains. This, however, does not only happen in court. Incentives to take action against FGM are shaped by potential legal sanctions but maybe more so by social norm enforcement. In order to preserve all that has been gained on the policy level in the past and also to prepare for potential changes in the political environment, there is need to build a broad support base and to influence and sustain social norms that support the elimination of FGM. Advocacy campaigns should be comprehensive and address this interplay between social norms change, legal reforms and law enforcement. The increased public attitudinal changes will accelerate the legal and policy response.

Use social media creatively

The sheer number of shared videos, Facebook pages and Twitter feeds on ending FGM/C suggest that social media can be an important tool for advocacy campaigns. The young women champions, for instance, started a WhatsApp group to support each other on the advocacy issues, compare notes and experiences even during the FGM/C court case. However, in the remote-rural regions, the champions continue using physical contacts and safe spaces.

Endnotes

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**COLOPHON**

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## Journalists networked across Africa for increased SRHR coverage in the media

**Armed with the barrel of the pen, journalists can change the world! This has been proven true for a vibrant network of journalists from across the continent who passionately report on Sexual and Reproductive Health and Rights (SRHR) issues. After years of engagement with these journalists, the coverage of SRHR issues continues to increase reaching an even wider audience.**

### Why media reporting on SRHR?

Even though much progress has been made in African countries in improving sexual and reproductive health and rights, these continue to demand further attention. Objective and well-informed reporting in the media, on pressing issues and concerns, as well as gaps and opportunities in legal and policy reform and implementation, can play a key role in progressing on this unfinished business. Newspaper, magazines, blogs, radio and television not only contribute to raising awareness of SRHR issues among the general public, but also plays a critical role in reaching decision-makers.

In order to reach the general public with accurate and high quality news on sexual and reproductive health and rights, The Africa Regional office of IPPF (International Planned Parenthood Federation) formed vibrant network of journalists across the African continent. This IPPF Journalists Network brings together journalists with specialities in radio, print, television and even online media. They come together to share ideas and experiences, in addition to receiving capacity building to increase their skills in SRHR reporting. Many years after the formation of the network in 2012, they continue to champion for SRHR with the barrel of the pen. The RightByHer campaign worked closely with the journalist network members for over three years, since 2017, as a result of which many people have been reached and impacted positively with SRHR stories.



Winners of the journalism awards together IPPF Africa region staff pose for a photo

## The journalist network in a nutshell

### History of the journalist network

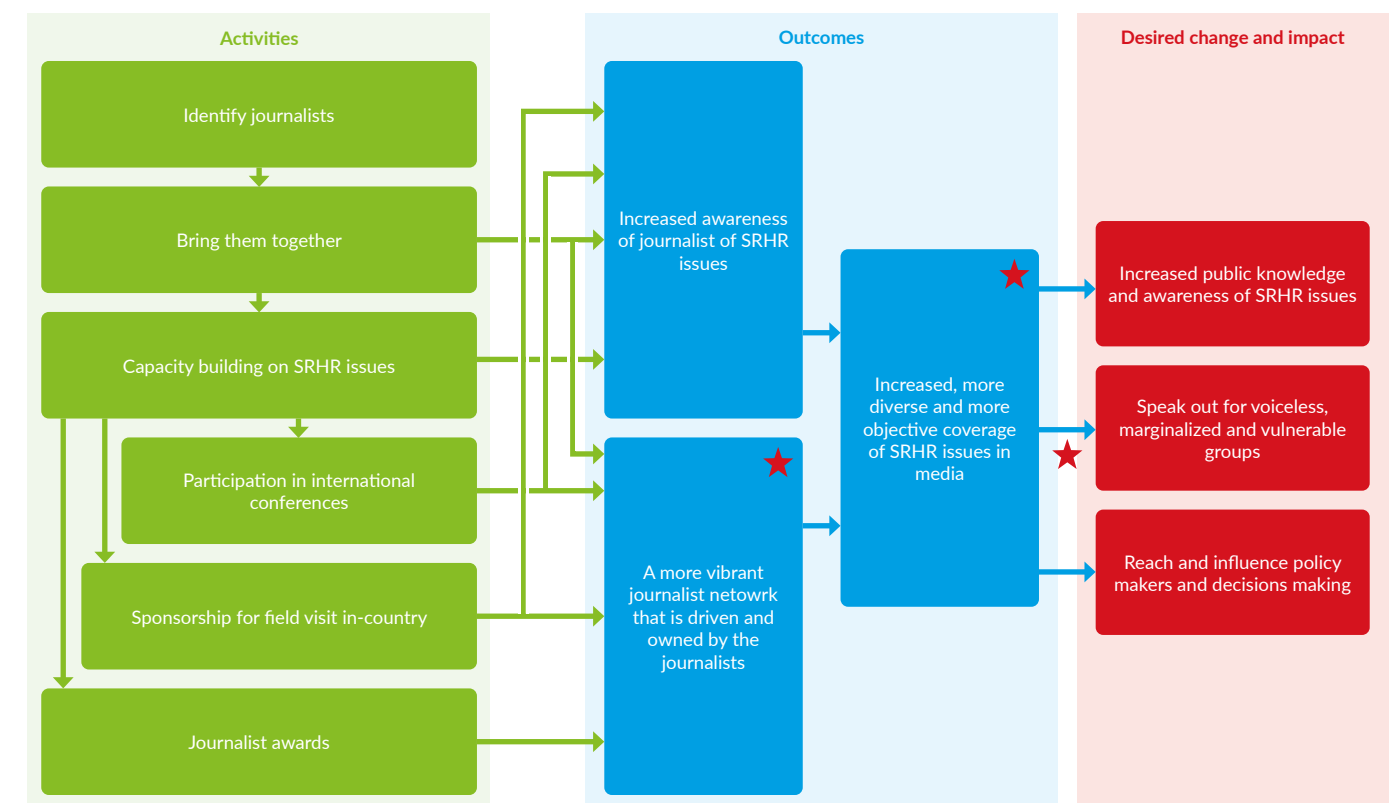
In 2012, the International Planned Parenthood Federation Africa Region established a Journalists' Network to bring together journalists reporting on Sexual and Reproductive Health and Rights. The aim of the network is to improve the quality, accuracy and intensity of SRHR reporting and increase visibility of African journalists working on these topics. The network brings together about 40 journalists spread across African countries, including Anglophone, Francophone and Lusophone ones.

Journalists who join the network are selected by IPPFAR and should be maximum 35 years old. Preference is given to relatively young journalists, who have not practiced for long and are willing to learn and implement new ideas. Once selected, the journalists are engaged in capacity building sessions to increase their knowledge on issues of Sexual and Reproductive Health and Rights.

These sessions address family planning, maternal health, gender-based violence, harmful practices that includes FGM, early childhood marriages, (un)safe abortion, and HIV and AIDS, amongst others. The training also covers the basics of SRHR reporting, evidence-based reporting, simplified language for SRHR issues, as well as investigative skills, and writing for different audiences, including policy makers, social media, among others.

The trained journalists are then *linked to the IPPF member associations* in their respective countries. These linkages offer journalists opportunities to interview community members and get real life experiences on issues of SRHR. In addition, during major conferences like the International Conference on Population and Development (ICPD), Gender is My Agenda Campaign (GIMAC), the Africa Health Agenda International Conference (AHIC) and others, a number of journalists from the network are *sponsored to participate* and also to interview experts on different topical issues. This simultaneously widens the understanding of the journalists on SRHR topics and contributes to wider coverage of the issues. When resources allow, IPPF has supported the journalists *to go to the field* to report SRHR stories. Finally, once in a while a *media awards* are organised by IPPFAR. During this competitive ceremony the efforts of individual journalists in SRHR coverage are recognized and celebrated. The winners are usually awarded trophies and a token of appreciation.

Figure 9.  
Theory of change





The aim of the Journalists' Network is increased, diverse and more objective coverage of SRHR issues. In establishing the network and seeking to strengthen media reporting on SRHR, the desired impact is three fold. First, this is expected to increase the knowledge and awareness of the general public of SRHR issues. Second, this media reporting on SRHR contributes to a space where voiceless, marginalized and vulnerable groups can speak out. And third, increased reporting on SRHR is expected to reach and influence policy makers and decisions, and to contribute to legal and policy reform in promotion of sexual and reproductive health and rights. It is assumed that the general public, who are the audience of the news stories, would have increased knowledge and awareness of SRHR issues, and that the stories will also be read by the policy makers, who will in turn make changes to SRHR policies based on what the media stores covered.

Strategies and outcomes

Outcome 1: Increased, more diverse and more objective reporting on SRHR

The media network has so far enabled the journalists to produce informative pieces that have increased the level of awareness of SRHR among the public, educated them on pertinent issues and helped create dialogues in the public. Over time, the number of SRHR stories published in different countries has greatly increased; these include newspaper articles, websites, radio and TV articles, and not to forget, blogs.

The network has also contributed to diversification of SRHR reporting. Previously, most of articles on SRHR were mainly focusing on HIV and AIDS. A review of the media alerts and compilation of stories filed by the journalists indicate a shift, with more coverage given to family planning, gender-based violence, FGM and sexual and reproductive health more broadly. It is worth noting that (un)safe abortion and LGBTQI stories still receive little coverage, but are being addressed in a few instances. Unlike before, when most stories were events reporting, more and more stories have started to focus on the SRHR issues and the human interest. However, a surge of events-based reporting is still experienced after major conferences and events, where the journalists have been invited to participate and give coverage.

The journalists perceive the increase in reporting to be due to the capacity building initiatives.

“IPPF network is of great help in advancing skills and knowledge. I learn from other colleagues and I have upgraded my writing style to an international standard”  
Moses Chimfwembe, Zambia.

In order to realize these desired impacts, the activities undertaken by IPPFAR with the Journalists Network intend to contribute to three outcomes. The first is increased awareness of the journalists themselves of SRHR issues. The second outcome is a (more) vibrant network of journalists, that is driven and owned by the journalists. And the third outcome is increased, more diverse and more objective coverage of SRHR issues in the media.

The assumptions in the Theory of Change are that lack of and weak media reporting on SRHR issues is due to low awareness of journalists of these issues. It is also assumed that the network itself and the sponsorships and awards will further motivate and support journalists to cover SRHR issues.

The link with the IPPF member associations also has proven useful. It enables the journalists to connect with and meet people who are directly affected by the SRHR issues. The support from IPPFAR for travel related costs, which are ordinarily not easily covered by the media houses when considered too expensive, has further enabled the quality of coverage of SRHR reporting. Through interviewing them on their real life experiences on different issues, the journalists are able to publish stories that give voice to the less fortunate members of the society. For example, the young girls and women whose rights are often violated due to gender violence.

For objective reporting the journalists use diversified sources of information. These range from interviewing people who are affected by various SRHR issues, as well as interviewing experts such as medical doctors, researchers, policy makers and the academia, among others. The journalists are faced with some challenges as they seek to report objectively. Many times, editors fail to publish their stories and question their interest and motives in the stories. Such editorial responses often lead to discouragement. The journalists who have since then specialised in SRHR reporting at times are assigned other beats like sports, which seem to distract them from reporting SRHR.

To circumvent these kind of challenges, some of the journalists have resorted to publishing their work on online platforms like social media, blogs, or You Tube. This allows them to publish their work instantly, without barriers in bureaucracies. It also increases the reach of their publications, and allows them to get feedback from the audience and readers on their stories. Moreover, the stories can be read beyond the national borders and hence opens up a broader scope and audience. Online publishing, however, also comes with a few challenges. If the champions fail to get revise editors, the stories may be published with some errors or weaknesses. Also, some audience may not be reached by online platforms, since they only trust the traditional media. On the other side, for IPPFAR, tracking the stories online becomes much easier through google alerts and other online story tracking mechanisms.

Outcome 2: More vibrant network of journalist working on SRHR issues

The network offers the journalists a space to interact, share and engage. The WhatsApp group is key for the journalists to share ideas and debate on some SRHR issues affecting their different countries. They also share their experiences and challenges, and then brainstorm on how best to handle them. The journalists review the work of their colleagues and advise on how to improve on the articles. If any journalist is lacking data or statistics on a given topic, the members are always ready to assist. They agree on stories on which they can write. The network has also assisted the journalists to do comparative stories across different countries on SRHR topics. During the World calendar days like World AIDS day, the network members agree on messaging and how best to give coverage.

It is worth noting that when a member publishes something, they share within the network; this has encouraged many other journalists to ensure that their stories are published. Any member of the group who is undertaking any SRHR related activity at any given time will update the members through the network. As a result, the network has remained relevant for the journalist, not only for technical support but also for debriefing purposes. The network has also been used to share opportunities that are relevant for the journalists including conferences, other media awards, competition, scholarships, among others.

The journalists have opportunities to meet face-to-face during the capacity building sessions, or during network meeting. Over time, the network meetings offered moments for reflection and recommendations. Recently, the network members recommended the importance of supporting joint field visits with the policy makers and Members of Parliament, to stimulate broader coverage of SRHR issues that are affecting the community members. These reflection feed the further strategizing of the network.

They also recommended that a lot of efforts should be directed towards news room editors, to ensure they understand the SRHR issues and dedicate space for coverage. Getting media houses to accept the SRHR stories as a stand-alone segment continues to be a challenge, most of the time it is given a small slot inside the health segment. The journalists are also assigned other duties more often making some of them to drop their quest for SRHR reporting. It will be interesting to have some editors actively join the Network from some of the media houses for them to have a better understanding of the SRHR story coverage. In future the journalists should be trained to look for SRHR angle in different stories they cover for example in relation to sport news coverage or even political reporting, among others.

Outcome 3: Impact of increased and more objective coverage of SRHR in media

As a result of the SRHR stories published a variety of topics have been covered highlighting the plight of many women and young girls, giving voice to their concerns.

“Access and lack of SRHR services among the refugee community in Kenya. Refugees are a population that are somewhat ignored or left yet they too have a right to access to information and SRHR services”  
Lorna Andisi, Kenyan Journalist.

Policies have been changed in various countries due to consistent publication of the issues in the media, as both journalist stories below illustrate. In some countries, policy changes have been witnessed which can be attributed to the work of the journalists on for example family planning and comprehensive sexuality education, amongst others. In Botswana, Ruth Kedikilwe confirms that “a minister issued a national referendum on how best to approach creating safe spaces for abortions”.

The journalists continue to be recognized for their work in SRHR reporting. Some have won different awards in their home countries and others have been applauded for the good work they are doing. Yet, at the same time, a few others have received backlashes or threats due to their SRHR reporting and engagement. “Because of my articles, I was appointed as a member of the technical committee on adolescent reproductive health in my town. Apart from that, I have built strong relationships with local CSOs championing SRHR who call on me whenever they need my services. However, I am unpopular among some religious groups for fact that I have also been championing safe abortions in some of my articles.” Moses Chimfwembe, Zambian journalist. While others are known to specialize in SRHR reporting, and not taken seriously: “I have been nicknamed the sexual journalist and, on the field, I share information with my peers on some SRHR topics.” Noufou Kindo of Burkina Faso

## Lessons learned and recommendations

Over the years, we have learned that with consistent capacity building on SRHR, journalists get a better understanding of the various issues, and this builds their confidence to report on SRHR in a more objective way. Inside the network, the journalists have shared ideas and encouraged each other to cover various topical and pressing concerns. With the increase in reporting and the improved quality of the media reports, the network and its journalists have contributed to setting the SRHR agenda within the region in different countries. It is interesting to note that as the journalists continue to gain SRHR knowledge, they participate in major conferences as panellists, sharing their experiences and knowledge on SRHR reporting as advocates in their respective fields. We also learned that awards motivated the journalists to do more stories not only for the hope of winning but also to seize the opportunity to show case their work.

On their pathway, the network and journalists have faced challenges. These include accessing information, vulnerable groups as well as decision-makers, but also concern getting their stories published, printed and broadcasted. This called for joint learning on organising successful field trips or reviewing the quality of each other's work. The network meetings can be used to facilitate further learning among the journalists on how to successfully deal with challenges during field trips, or to negative responses and backlash against journalists who publish ground-breaking reports. The challenges in getting their reports published calls for the need to find ways to collaborate more closely with (newsroom) editors, or alternatively, use online media to get their stories out there. In further strengthening the network, more editors and senior newsroom staff should be reached and trained on SRHR reporting.

Opportunities also arise, and the more vibrant the network has become, the stronger the call for forming and strengthening country specific networks. These would further facilitate and support more journalist to actively get involved in investigating and reporting SRHR issues in their countries, and to ensure that high quality and diverse media coverage of SRHR issues is a driving force for change and progress in their countries and regions. Another opportunity that should be explored is working closely with other organizations in the SRHR field to pool resources together and enrich the news coverage within the region.



Three of the winners display their certificates and trophies

## Journalist stories

### Why writing on SRHR? – Lorna Andisi Komba

I started writing and advocating for sexual and reproductive health and rights and gender equality since 2015.



While growing up, I was very oblivious of my rights. Just like many African girls, I experienced instances where my gender was an obstacle to accessing some of my rights. I remember days when I stayed at home when I had my menses, because the piece of cloth that I would use would often soil causing shame and ridicule at school. I remember how some of my classmates dropped out of school because of unintended pregnancies.

I witnessed how grown men lured my mates with sweets to rape them. My chances to access secondary education were almost choked because my uncles were against my sister and I proceeding to high school. At 13, they believed we were ripe enough for marriage. My mother stood tough and took up the load of educating us.

I intrinsically knew all these things were not supposed to be happening. I worked very hard in school and vowed within my little soul to one day to change the situation. I wanted to be a journalist. Getting there was not easy. I encountered many challenges including lack of university fees. I had to work part time to cater for my education. I graduated in 2015 and right after embarked on my mission.

First, I started wring about gender-based violence, harmful traditional practices especially female genital mutilation and child marriage. This was further spurred after I interacted with women and girls from practicing communities, who shared their agonizing tales, during a training by the Guardian Media UK.

I started my blog andisilaorna.com to first create awareness, since so many people, like me, that did not know about the issue. I documented various FGM and child marriage cases across the country and shared on my social media pages. I received a lot of feedback from my readers. More and more survivors came up. They formed a youth-led movement to champion against the practices. I took up the role of documenting their work.

In February 2018, I got an invitation to attend a two-day journalists training from International Planned Parenthood Federation Africa Region. I got to learn and understand the broader areas of sexual and reproductive health and rights. I learned about other continental instruments that address reproductive health and wellbeing of women and girls within the continent.

After the training, I joined the network and started writing and advocating more for reproductive health and rights. I have documented stories around unsafe abortions, the un-met need for contraception, the scourge of teenage pregnancies and high school drop-out cases, sanitary towels for girls. Through my writing, I advocated for implementation of laws and policies around these issues. I continue to hold responsible institutions, including the government, to account, on reproductive health matters that they pledge verbally and in writing to accomplish.

I believe that everyone has a right to access information and all services as enshrined in the constitution, including reproductive health and rights services. While in the field, I respect the rights of respondents. First, all respondents sign consent forms. For those that ask for anonymity, we conceal their identity. I work closely with Family Health Options Kenya, who help arrange for interviews and provide necessary materials that help in putting together the stories.

My challenge around reporting on SRHR include being viewed by family and my church as immoral and to be promoting bad behaviour. Many people believe that SRHR equals with abortion, and I am therefore seen to be promoting abortion.

I receive much support from the IPPFAR journalists network members. They read and share my work widely. I also get to read and follow their work, which builds my knowledge on continental SRHR strides and challenges. I partner with local members in production of features and stories, for bigger impact. As a member of the network, I also get invited to cover regional meetings and conferences on SRHR, which has immensely contributed to my knowledge on SRHR.

However, the network needs to compile each member work in one portfolio or website as a resource centre, where it can be accessed easily. In addition, the networks' communication and social media presence should be strengthened. Moreover, members' capacities need to be strengthened regularly so that they are able to report on SRHR within current contexts such as climate change, migration and link the issues to the global, regional and national agendas.



My work, together with other journalists work within the network has influenced changes in policy. For example, the president of Kenya recently assented a bill allowing free distribution of sanitary towels within school going girls. Because of our reportage highlighting the scourge of unsafe abortions among young people in Kenya, the High Court ruled to restore the standards and guidelines for comprehensive reproductive health, including on safe abortion.

The standards and guidelines that were first initiated in 2012 had been withdrawn the following year. Their reinstatement allows providers to offer safe abortion care when the health or life of a woman in danger, in cases of emergency and for survivors of sexual violence. In response to school drop cases and teenage pregnancies, the ministry of education is in the process of incorporating age appropriate comprehensive sexuality education in schools so that young people learn about their sexuality as they grow. In conclusion, I believe in unity, together we can achieve more.

### My passion for Sexual and Reproductive Health and Rights – Elise Kenimbeni

As a journalist working for the past fifteen years in the field of communication and journalism, I have been trained since 2012 on health coverage and later on, in sexual and reproductive health and rights (SRHR) by several local non-governmental organizations (FESADE, APSA). The desire to do more on SRHR issues grew when I did some sponsored radio programmes of the Cameroon National Association for Family Welfare (CAMNAFAW); thanks to this, I was able to join the IPPF Journalists network in November 2014.



With time, I was more inspired by the will to work hard and recognized for my efforts. I travelled long distances by road and railway to rally points where my target groups were found in the Eastern and Northern parts of Cameroon. I got acquainted with many SRHR issues and gained more experience on topics like Female Genital Mutilation, early child marriages, obstetric fistula, maternal and infant mortality, HIV/AIDS and family planning notably modern contraceptive methods used in the youth milieu. I built up many relations with local and international organizations as well

as with other journalists and community agents. I gathered available statistics and facts that were given on the spot, and I exchanged face to face with refugees and IDPs on their stories following the Boko Haram crisis which hampered the far north region of Cameroon. Many of the people encountered became my friends and I frequently called them for news on how things were happening on their side.

Despite the hostile environments where most of the time I found myself reporting, I never abandoned the path I was following now. I was motivated and believed I could write stories that strike attention and push government to react. The challenges were enormous due to the fact that I used my limited financial resources to perform this task. I also experienced hindrances by some authorities who had information but were not accessible, or who feared I would report on some issues that will make them lose their jobs.

Take for instance the case where I found myself in the far north region, with the Governor refusing me entrance to the refugee camp. After a thorough discussion with two local media practitioners, I learned that an Italian journalist just before me had unveiled a good number of illegal practices in the camp. I understood, he was likely protecting his interests by avoiding the journalists to approach refugees. His collaborators alerted the staff of UNHCR, informing them that I am trying to step into the camp without permission. Since I was faced with the challenge to write a story on family planning and in particular modern contraceptive methods by refugees of the Minawao camp, I had to find a way to safely enter the camp.

Thanks to the relationship built with UNFPA, I was later on contacted by the resident Representative by the time; we exchanged on phone and she reassured I will be led by a team UNFPA two days after. Yet, I was really disturbed by the reaction of the governor and his collaborators. I got another hidden version of his denial. Dignity kits that were supposed to be distributed to refugees, had not been given and despite efforts of international organizations to render free services to refugees, they were not really applied. So, many of the things that were highlighted on national television by officials of the region were not taking place. It was more than a “business issue” as having a good number of Nigerian refugees means more funding.

Apart from that, in my career as an SRHR journalist, I have been confronted with situations where we have vital information, but due to lack of funds you cannot access the people involved. Or, at times people see you as a threat, as was the case of antiretroviral drugs sold by some medical staff of one of the main hospitals in my country. Such information necessitates an in-depth investigation. At times, someone can share with you information and ask to be paid in return for the service, arguing you will benefit by selling your headlines.

However, belonging to the IPPF Journalists network has been an added value. I have discovered African journalists engaged in the course of girls and women. We have been trained on several occasions on SRHR issues and on the service delivery policies of IPPF member associations, like the safe and post abortion programmes offered to girls who risk their lives by going to clandestine clinics. I have so far learnt many issues while attending high level meetings organized by IPPF Africa region and its partners. We share stories between each other, debate on themes leading to the celebration of an international day like World Contraception Day, and we develop common messages that we use on social networks.

As members of the network, some of us have been integrated in the Civil Society Organizations (CSO) League, where we interact with different stakeholders on advocacy campaigns. We take part in the preparations of meetings such as the Common African Position session held on September 4-5 2019 in Windhoek-Namibia. And looking at the publications and productions made so far through online, radio and TV, it has been a great step to assess my capacities.

So far, the dynamics instilled within the group of journalists have been very good and fruitful. Yet, much is still needed to further increase and strengthen SRHR coverage. Many journalists like me are interested in untold stories of vulnerable groups like people living with AIDS, LGBTI community and sex workers. Working on some important commitments linked to the Maputo Plan of Action, the Maputo Protocol, and Agenda 2063, and engaging with the State of the African Women campaign and Right By Her campaign, I realized that campaigns could be an increased benefit to the network.

In terms of impact, I get feedback from the public, from peers and from officials who watch or read my reports. Moreover, I have been working with many community-based organizations, I have been integrated and appointed in some local networks that work on SRHR issues. I have benefited from trainings and my reports are appreciated by officials of the ministry of public health. I have won fame as one of the recognized SRHR journalist in my country and I lead the communication of the association of young volunteers and humanitarians as well as that of the youth wing of UNFPA, known as AfriYAN Cameroon. I have received encouragement through phone calls from top officials and I have been granted audiences at several occasions by some Representatives of the UN system in Cameroon, including UNFPA, UN WOMEN, WHO and UNAIDS and recently the Minister of Public Health.



#### COLOPHON

This case study was published in the context of the State of African Women Campaign project implemented by a consortium of eight partners, funded by the European Union. It was developed by Mark Okundi (IPPF AR) and Elise Kenimbeni (Cameroonian journalist).

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

In 2018, the Organization of African First Ladies for Development (OAFLAD) and the African Union co-lead and launched a continental campaign to end new HIV infections in children and to keep mothers alive, called Free to Shine Campaign. Ever since, the campaign was launched in twenty-three African countries, under the leadership of the First Ladies in the respective countries. This case study describes the process of advocacy and concerted effort that lead to the development of the campaign and its acceptance and adoption by stakeholders and communities at the continental, national and local levels.

## The disproportionate effect of HIV and AIDS on women and girls

Globally, since the start of the HIV epidemic, women have been disproportionately affected by HIV. In Africa, women constitute 59% of the 25.6 million adult people living with HIV<sup>22</sup>. Young women aged 15-24 years are 2.5 times more likely to be infected than men<sup>23</sup>. HIV and AIDS remains the leading cause of death for women of reproductive age (15 to 49)<sup>24</sup>.

Poverty is a primary factor that increases vulnerability to HIV among women and girls. Women who are economically poor may be obliged to adopt behaviors that put them at risk of infection, including early marriage, and relationships that expose them to violence and abuse. In addition, at some point in their lifetime, one in three women will experience physical or sexual violence from a partner. This also prevents many women, particularly young women, from protecting themselves against HIV.

Social norms and unequal gender relations make women more likely to contract HIV than men. In sub-Saharan Africa countries, 40% of young women living in urban areas will have been pregnant by the time they reach 18. Close to half of them, however, are unable to make decisions about their own health<sup>25</sup>. Due to dominant cultural and religious norms, service providers are often reluctant to provide sexual and reproductive health (SRH) services to unmarried but sexually active young people. In addition, HIV-related stigma and discrimination affect women's access to SRH services and information, their experiences of care, including pre-and post-natal treatment and care. A lack of access to comprehensive HIV and SRH information and services means that women are less able to look after their sexual and reproductive health and reduce their risk of HIV infection. Also, education remains a luxury that most young women cannot afford; 60% of girls in the least developed countries in the world, do not attend secondary school<sup>26</sup>. Studies have shown that increasing educational achievement among women and girls is linked to greater control over their fertility and SRH outcomes including delayed childbearing, safer births, lower rates of sexually transmitted infections (STIs) and unintended pregnancies.

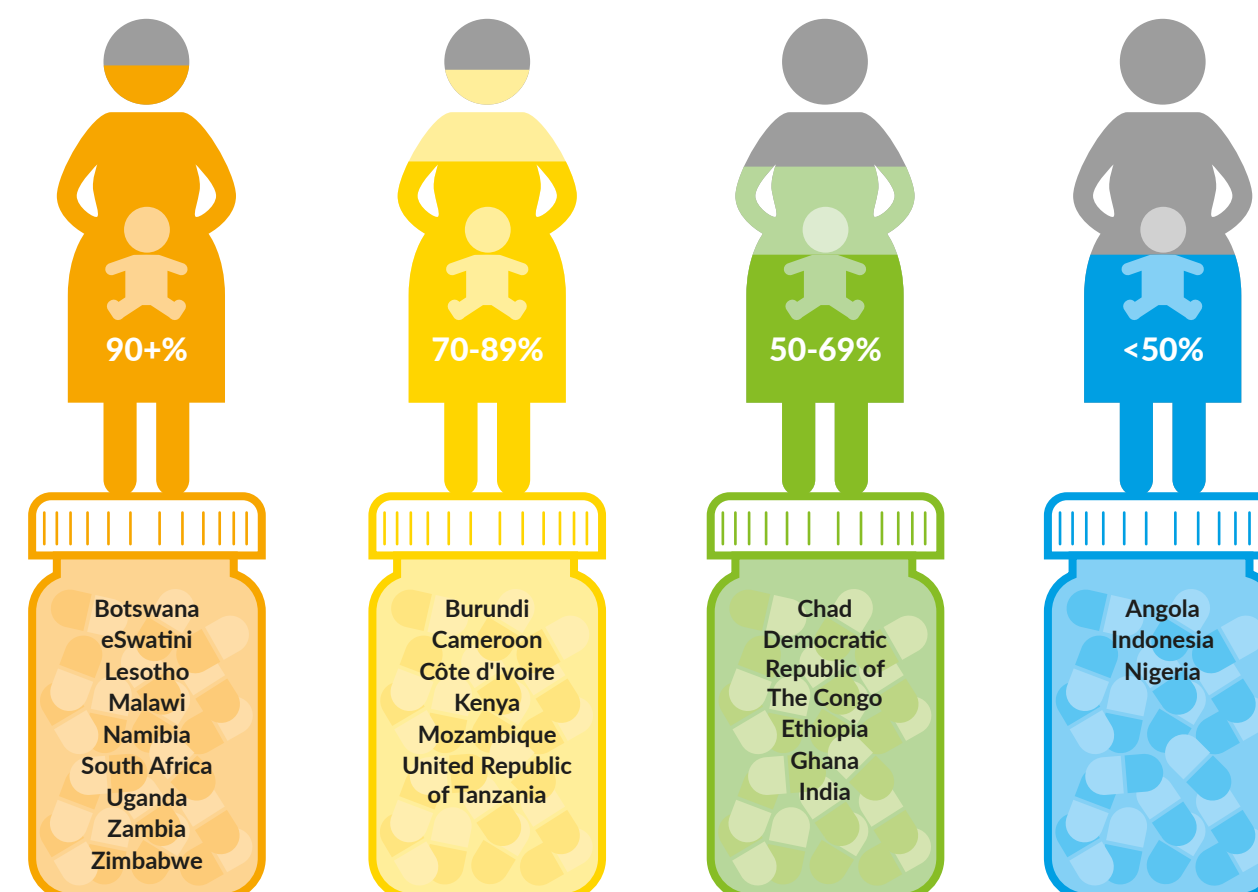
## Mother-to-child transmission

While new HIV infections in Africa have shown a decline, figures differ per country and per group. Young women aged 15-22 make up 66% of new infections and in some regions, like Eastern and Southern Africa, over 50% of children born to HIV-positive women get the disease, often during the postnatal period<sup>27</sup>. This mother-to-child transmission (MTCT) or vertical transmission from a mother to her child during pregnancy, is the cause of a majority of new infections in children.

Although the percentage of pregnant HIV-positive women receiving ART to prevent PMTCT has increased remarkably in some countries, many women are not yet receiving appropriate treatment (see figure 10<sup>28</sup>). Similarly, in 2019, just over half (53%) of the children aged 0-14 living with HIV globally were receiving ART<sup>29</sup>.

Figure 10.

% of pregnant HIV-positive women in priority countries receiving antiretroviral treatment to prevent mother-to-child transmission, 2017



Source: UNAIDS 2018 estimates (graphic via Avert)

<sup>22</sup> Eerdewijk et al. (2018) The State of African Women Report. <https://rightbyher.org/resource/tthe-state-of-the-african-women>

<sup>23</sup> Eerdewijk et al. (2018) The State of African Women Report. <https://rightbyher.org/resource/tthe-state-of-the-african-women>

<sup>24</sup> [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/march/20200305\\_weve-got-the-power](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/march/20200305_weve-got-the-power)

<sup>25</sup> UNAIDS (2019) 'Women and HIV – A spotlight on adolescent girls and young women', p8 [pdf]

<sup>26</sup> UNAIDS (2019) 'Women and HIV – A spotlight on adolescent girls and young women', p16 [pdf]

<sup>27</sup> Eerdewijk et al. (2018) The State of African Women Report. <https://rightbyher.org/resource/tthe-state-of-the-african-women>;

UNAIDS (2017) 'Start Free Stay Free AIDS Free: 2017 progress report' [pdf]

<sup>28</sup> <https://www.avert.org/printpdf/node/4251>

<sup>29</sup> UNICEF (2020) Paediatric care and treatment. <https://data.unicef.org/topic/hiv/aids/paediatric-treatment-and-care/> (accessed November 2020)



Launch of the Free to Shine campaign by H.E Madam Antoinette Sassou-Nguesso First Lady of the Republic of Congo

Effective interventions during pregnancy, labor, delivery and breast-feeding can reduce vertical transmission to below 5%<sup>30</sup>. It is important to note that without eliminating vertical transmission of HIV it will be impossible to end AIDS by 2030.

To break the mother to child transmission and maintain the gains obtained continent wide, in 2011 the African Union adopted the *Global Plan to eliminate new HIV infections among Children by 2015 and Keeping their Mothers Alive*. In addition, AU initiated AIDS Watch Africa (AWA) in 2001, launched the *Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA)* in 2009, the *AU Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa* in 2012, and the *Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa By 2030* in 2013. The Agenda 2063, a strategic framework for the socio-economic transformation of the continent within a 50 year period was developed the same year as the revised Maputo Plan of Action in 2016. Also the AU has developed a [Common Africa Position \(CAP\) on the post 2015 Development Agenda](#) that puts forward an ambitious target on the number of children who are living with HIV on treatment and virally suppressed by 2020.

The First Ladies of Africa have played a vital role in building awareness and harnessing political commitment to the AIDS response and the broader health and development agenda through their organization they formed in 2002, under the name of the *Organization of African First Ladies for Development (OAFLAD)*<sup>31</sup>. This network of First Ladies, which is the first of its kind in the world, has brought together more than half of the continent's First Ladies to join hands to fight the epidemic that has claimed the lives of millions of Africans, particularly women and children. Working in collaboration with the AU Commission, and leveraging their positions, First Ladies of Africa have adopted different strategies to advocate for policy changes and prioritization of HIV and AIDS in national government's health agendas (see box).

Apart from advocacy and awareness raising in countries, OAFLAD also developed a collective advocacy agenda at continental level that culminated in the Free to Shine Campaign. The journey to develop the latter has seen the involvement of various stakeholders.

H.E. Madam Margaret Kenyatta, First Lady of Kenya, ran marathons to raise funds for mobile maternal and child health clinics and has helped raise awareness of mother-to-child transmission of HIV. The First Lady of Uganda, H.E. Madam Janet Kataha Museveni, travelled throughout Uganda promoting treatment adherence and speaking out against HIV stigma and discrimination. H.E. Madam Denise Nkurunziza, First Lady of Burundi, has been mobilizing men at different stages of their adult lives in order to encourage couples' counselling and testing for prevention of mother-to-child transmission of HIV. The First Lady of Malawi, H.E. Dr. Gertrude Mutharika, has made it her mission to ensure that all children living with HIV can get the treatment they need. H.E. Madam Dominique Ouattara, First Lady of Cote D'Ivoire is also a Special UNAIDS Ambassador for the Elimination of Mother to Child Transmission of HIV and promotion of pediatric treatment, has been active through media outreach, convening meetings and supporting catalytic projects.

<sup>30</sup> Eerdewijk et al. (2018) The State of African Women Report. <https://rightbyher.org/resource/tthe-state-of-the-african-women/>

<sup>31</sup> Before 2019, OAFLAD was known as the Organisation of African First Ladies against HIV/AIDS (OAFLA).

## The Free to Shine Campaign

The strategy adopted by OAFLAD and the Africa Union is to co-lead a continental campaign to end new HIV infections in children and keep mothers alive called *Free to Shine Campaign*. The latter was officially launched on January 2018 in Addis Ababa Ethiopia. Ever since, the campaign was launched in twenty-three African countries, under the leadership of the First Ladies in the respective countries.

### History of the Free to Shine Campaign

In 2017, the OAFLAD Secretariat initiated a discussion with the African Union Commission (AUC), about the need for a continental elimination of MTCT campaign so as to realize the vision to end childhood AIDS in Africa by 2030 and keep mothers healthy.

Upon acknowledgement of the need for such a campaign by the African Union in supporting the general health and development vision of the continent by 2063, it invited OAFLAD to make a presentation on the proposed continental campaign at the Aids Watch Africa (AWA) Consultative Experts 'Committee Meeting of the AUC, held in Conakry, the Republic of Guinea.

The [AWA](#) is an important strategic space because of its status and mandate. AWA is a statutory entity of the African Union with the specific mandate to lead advocacy, accountability and resource mobilization efforts to advance a robust African response to end AIDS, TB and malaria by 2030. AWA advocates for the mobilization of the political will of African Heads of State and Government to adhere to their commitments on AIDS, TB and malaria and emphasizes the importance of strengthened health systems. It also advocates for national level ownership by governments, and ensures that national governments are held accountable for agreed upon targets that have been adopted by the African Union.

Upon the recommendation of the AWA experts committee meeting, the Heads of State endorsed the *Free to shine: Africa united against childhood AIDS campaign* at the 29th AU Heads of states summit held in Addis Ababa, Ethiopia in 2017.

On December 2017, a soft launch of the campaign was organized in the margins of the biggest AIDS conference in Africa with more than 10,000 participants: *The International Conference on AIDS and STIs in Africa (ICASA)* in Abidjan, Côte d'Ivoire. An OAFLAD's special session at the conference had remarkable coverage and attendance.

The campaign was officially launched in January 2018 in Addis Ababa, Ethiopia at the [20th Ordinary General Assembly of OAFLAD](#). The Steering Committee overseeing the advocacy process was co-led by OAFLAD and the AU and mobilized UNAIDS, UNICEF, WHO, EGPAF, AIDS Accountability International, and Abbott as members, who are leading in the fight against AIDS. The Steering Committee was expected to provide technical guidance in policy and political advocacy, strategic information, communication, campaigns and strengthened partnerships and networks as detailed in the [Terms of Reference](#) developed by the co-leads of the campaign.



Launch of the Free to Shine campaign by H.E Dr. Aisha Muhammadu Buhari, First Lady of the Republic of Nigeria



Objectives of the Free to Shine Campaign

The campaign focuses on the more immediate 2020 global targets outlined by UNAIDS ‘[Start Free, Stay Free, AIDS Free](#)’ super-fast-track framework for children, adolescents and young women. The campaign enables to directly contribute to the ‘Start Free’ (every child deserves an HIV-free beginning) aspect of the framework by focusing on the prevention of MTCT.

Within that framework and in line with the broad goals proposed by the AU and OAFLAD, the Steering Committee of the campaign agreed on the following objectives of the campaign:

- Raise awareness of the HIV epidemic in children and the need to prioritize children and mothers, to ensure that successes achieved in reducing infections are extended to this vulnerable group.
- Increase understanding of prevention strategies of HIV and AIDS in childhood by keeping mothers healthy, preventing mother to child transmission and ensuring fast and effective identification and treatment of HIV infected children.
- Mobilize resources and prioritize the delivery of effective and sustainable HIV and AIDS health services that are accessible to all who need them.
- Highlight the need to remove barriers that prevent women and mothers accessing HIV and AIDS related health services for themselves and their children.

The theory of change to realize these objectives is presented in figure 11.

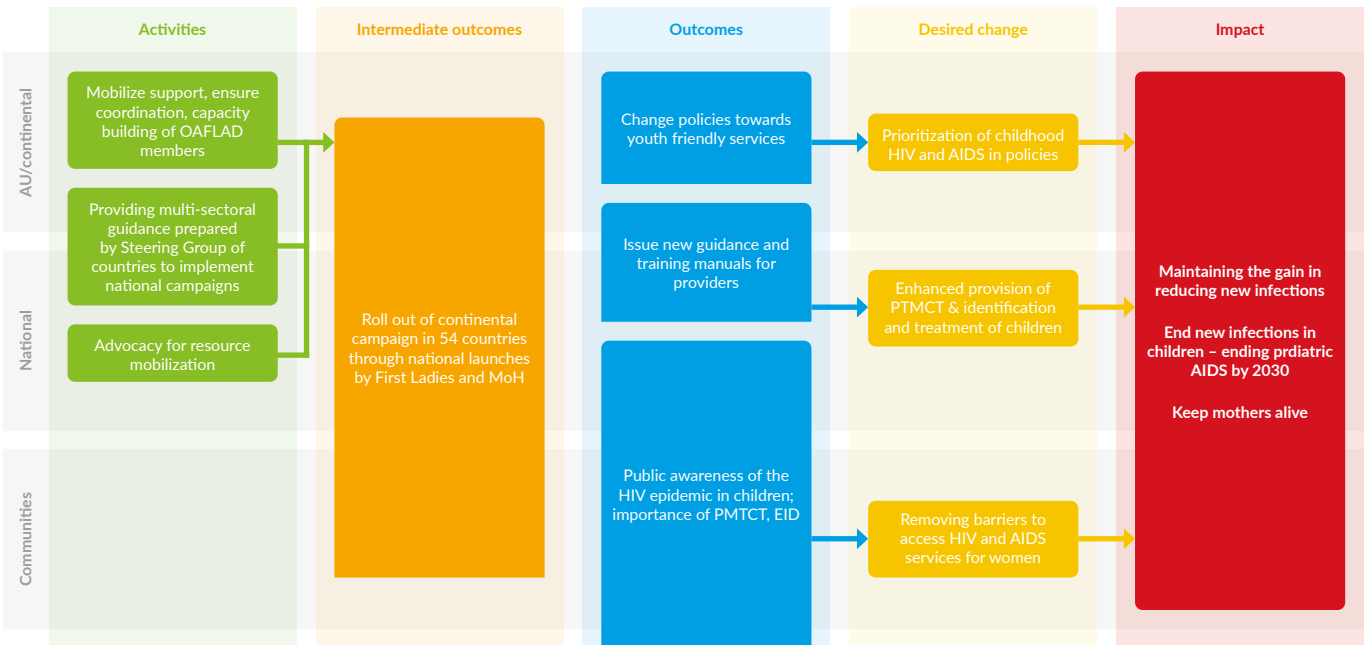
The campaign targets two main groups in AU member states:

- At the **policy level**, the campaign targets Ministries of Health with the aim to change relevant policies, develop more youth-friendly services, and put out new guidelines or training manuals to sensitize health care workers on PMTCT
- At the **community level**, the campaign targets families and health workers to generate a better understanding of the importance of PMTCT, Early Infant HIV diagnosis (EID), and initiation of treatment, leading to improved health outcomes for HIV-exposed and HIV infected infants and their mothers.



Launch of the Free to Shine campaign by H.E Mrs. Rebecca Akufo-Addo, First Lady of the Republic of Ghana

Figure 11. Theory of change of the roll out of the Free to Shine Campaign



Outcomes achieved

National launches in 23 countries

The African Union announcing the high level political commitment towards the Free to Shine campaign, as per the decision of Heads of States in July 2017, sent out a note verbal to all African Ministers of Health, requesting them to roll out the *Free To Shine* Campaign in collaboration with First Lady Offices in view of accelerating national efforts to eliminate mother-to-child transmission of HIV. The [formal correspondence](#) was sent out to countries accompanied by a guidance note that served as a general framework within which countries can decide to either launch the campaign as a standalone campaign or as a strategy integrated into an existing campaign.

Leveraging their positions, African First Ladies initiated the roll out of the campaign in their respective countries cognizant of the fact that a formal call to action has been the communication from the African Union through the formal government structure. Through their membership of OAFLAD, they inspired one another to initiate the launch of the campaign.

Within one year after the launch of the campaign, twenty-three countries launched their national campaigns. Countries like Niger, Congo, Mozambique, Zimbabwe, Rwanda, Uganda, Burundi, Malawi, Chad, Lesotho, Angola, Cap-Verde, Mali, Nigeria, Gambia, Ghana, Central African Republic, and Zambia launched the campaign in the form of a national event (see examples in box). In some countries including Namibia, Kenya and Sierra Leone, the First Ladies integrated the campaign into their already existing nationally recognized campaigns to benefit from the established visibility. The launches were attended by Ministers of Health, national champions, community leaders, youth, the media and development partners.

First Ladies also travelled to share experiences and witness the launch of the campaign in another First Lady’s country. For instance, First Ladies of Zambia and Central African Republic attended the campaign launch in Burundi. The First Lady of Zimbabwe visited the First Lady of Kenya’s flagship campaign called *Beyond Zero*, which aims to contribute to the improvement of maternal and child health and to reduce new HIV infections among children.

In **Uganda** the launch featured a panel discussion under the title EMTCT on Keeping Mothers and Babies in Care. Panelists include representatives from the Ministry of Health, UNFPA, WHO, EGPAF, Community leader from Mothers to Mothers organization. It was followed by a discussion with community leaders, the youth, media religious leaders, cultural leader who took part at the panel discussion. Panelist included the minister of health and representatives of various UN agencies. A testimony by an HIV positive couple who had HIV negative children thanks to the advocacy of the first lady which made medicines available during and after child birth. A video was also aired showing Uganda’s EMTCT Success Story.

In **Burundi**, the launch of the campaign was attended by 3000 people and the first Ladies of Zambia and Central African Republic, minister of Health, other government officials, representatives of UN agencies and other stakeholders. The launch of the campaign was organized during the international conference of women leaders hosted by the First Lady of Burundi.

In **Gambia**, the First Lady’s team with representatives from the ministry of Health, PLWHA, organizations working on the fight against HIV and members of the media organized a Caravan tour to sensitize communities about HIV/AIDS. The Caravan toured among twenty-two community groups and promoted HIV testing while announcing the launch of the Free to Shine campaign.

Grassroots reach

On the occasion of the national launches, local communities and organisations were united to bring about collective understanding of the actions that can be taken to drive the effective delivery and use of healthcare services to end childhood AIDS. Each country adopted a different strategy in terms of involving the community, including panel discussions, walks, movement in caravan, appointment of Free to Shine Ambassadors, and media involvement.

The fact that the launch of campaign was initiated by the respective First Lady, who is used to working with different stakeholders and community leaders at grassroots level has enabled them to reach out to members of the society. Campaign launches in countries like Burundi, Uganda, The Gambia, Nigeria, Rwanda, Zambia were attended by elders, youth and other members of the community.



Factors contributing to success of the campaign and its roll-out

AU endorsement ensuring African Ministries of Health buy-in

With the support of the African Union commission, particularly the Department of Social Affairs, the campaign was endorsed by Heads of States of government. This endorsement enabled the campaign to be considered as an important initiative to address one of the health priorities at country level. The campaign is seen as contributing to the broader health and development agenda as outlined in the [Agenda 2063](#) leading to the *Africa We want* and to all other ongoing health campaigns. The formal correspondence from the African union to the ministries of health pushed for commitment to the decisions of the Heads of States of Africa.

Creating momentum

One of the strategies used to build momentum is using international commemoration days such as World Health Day, International Women’s Day and International Day of the African Child to as well as relevant strategic platforms to amplify the visibility of the campaign and advocate for the elimination of mother-to-child transmission of HIV.

Building a coalition of professionals

The steering committee of the campaign was composed to represent a group of professionals from multilateral donors, NGOs and the private sector. Building this multidisciplinary coalition to oversee the roll out of the campaign throughout the continent has been beneficial particularly in terms of producing knowledge products that support the implementation of the campaign by Member States. Toolkits were developed by [UNAIDS](#) and [EGPAF](#) to support First Ladies in their advocacy work, while WHO and UNICEF provided support in availing M&E tools and updated facts and data to be used for the campaign messaging. Abbott, a pharmaceutical company supported the campaign by handing all communications activities including website development, social media presence, documentation and issuance of press statements.



The coalition has not only enabled the mobilization of resources and create knowledge to table the agenda in an evidence-based manner but also facilitated the implementation of activities under the campaign at national level.

Leveraging the influence of First Ladies

Considered as unofficial, the title of First Lady is given to the spouse of a Head of State of a country. Nevertheless, First Ladies occupy a unique position that is respected by many including government officials, community leaders and the community. Considered mothers of their nations, first Ladies have a moral authority that enables them to influence policy dialogues as well as community norms. This unique ability to influence decision making both within the formal and informal governance structures has proven to be effective. First Ladies are also considered one of the best avenues to get the attention of the Head of State.

With the establishment of OAFLAD, African First Ladies have made a strategic move to bring about even greater influence in the continent through joint advocacy. The fact that First Ladies organized themselves under one formal organization has enabled them to approach the African Union, UN agencies and various developmental partners who also are interested in leveraging their positions to reach out to the government structures and community at the same time.

The involvement of the African Union, which created the avenue for the Free to Shine campaign to get acknowledged at the African Heads of States Summit is the result of this consortium of women leaders with high moral authority in their respective countries.

“The fight against AIDS needs to divert more attention to young men and women, girls and boys who comprise a majority of our population in our respective countries. Ours is a continent which is experiencing a sharp increase in youth population. Such a youthful population offers an opportunity which can in turn provide socioeconomic opportunities if well harnessed. This is exactly where OAFLAD comes in, and this is precisely why we African First Ladies are needed to make a contribution for long lasting impact.”<sup>32</sup>

Technical assistance and brokering role by OAFLAD secretariat

The primary role of the OAFLAD Secretariat is to motivate First Ladies to take part in the launch of the campaign and to encourage technical support by partners during their launch at country level. The OAFLAD Secretariat supported the African Union in identifying the right recipient of the correspondence at country level. The secretariat played a role in mobilizing funds for the launch of the campaign from existing partners.

Challenges

Although all African countries were invited to roll out the campaign via the correspondence of the African Union to their respective ministries of Health, only twenty-three countries out of fifty-four managed to roll out the campaign at national level. This may be due to several reasons.

Commitment and priority setting

The campaign is continental and is expected to be launched under the leadership of the Ministry of Health and the national EMTCT coordination mechanism in-country. Countries whose First Lady is a member of OAFLAD were more likely to introduce the campaign at an early stage under the leadership of the First Lady. OAFLAD currently has thirty-two active member states which means that 70% of the First Ladies member of OAFLAD has invested in this campaign and contributed to putting childhood HIV on the national agenda while it may still be an overlooked issue in countries where First Ladies are not a member of OAFLAD. At the same time, even among members, First Ladies could have a different priority given the current reality of their country and may not have invested in the campaign for that reason. The roll out of the campaign in twenty-three countries is nevertheless considered as an achievement worth celebrating since it usually takes multiple phases over years to garner Member State support. Also, the buy-in of Ministries of Health is of paramount importance if the campaign is expected to go beyond campaign launch events to devising concrete strategies to PMTCT. It is also illustrating the AU’s emphasis on country ownership and political commitment to the HIV response, promoted in the AU Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria in Africa.

It remained in contact with organizations particularly UN agencies, that have country offices in the different countries that could provide technical as well as financial support to the First Ladies. Besides, by sharing information about the campaign with the donor community, the Secretariat has created visibility of the campaign so as to provide the opportunity for those interested to partner with countries. It also facilitated experience sharing sessions including during OAFLAD General Assembly among members where lessons learnt and challenges encountered by countries that launched the campaign were discussed.

Coordination challenges

Bearing in mind the disparities across regions and countries, the roll-out of Free To Shine at national-level was non-prescriptive to allow OAFLAD Members to customize the initiatives to their context and to their respective priorities. In addition to the guidance note that was shared with countries by the AUC, the OAFLAD Secretariat had communicated with Member states on the roll out of the campaign. In consultation with the Ministry of Health and other national stakeholders (UNAIDS, UNICEF, WHO, EGPAF), it was proposed to OAFLAD Member states to identify key gaps and design a response as part of Free To Shine, in support of national efforts led by the Ministry of Health. The coordination of the campaign through existing EMTCT country coordination mechanisms was not always effective; the Free to Shine campaign, then, remained a standalone campaign that is likely less able to attract the necessary attention, push for policy change and budgetary re-allocations.

32 Statement by H.E Dr. Gertrude Mutharika, First Lady of the Republic of Malawi, and president of OAFLA at the opening of the 18th Ordinary General Assembly 31 January 2017

Lessons learned and conclusion

The Free to Shine campaign showcased the commitment of OAFLAD and the AUC to provide the continental leadership needed to bring about positive change in peoples’ lives. It is expected that the collaboration between OAFLAD and AUC will serve as an example where such collaboration can have a greater impact.

The Free to Shine campaign enabled to mobilize African First Ladies and other high-level leadership, and further strengthen ownership and accountability to end AIDS in children and keep mothers alive. It cultivated partnerships and enabled community involvement and participation to increase ownership of women and children’s health programmes.

Bringing together various stakeholders to lead, strategize and monitor as a team is beneficial while launching a continental campaign. The involvement of stakeholders should begin at the conception of an idea and continue until it meets the purpose it is intended for. Ownership of a project, particularly one that has a wide reach, requires the collaboration of various stakeholders, whose expertise might be needed throughout the process.

Unofficial leaders with moral authority, such as First Ladies, community and religious leaders, have the potential to make a difference. It is therefore beneficial to use their referent powers to mobilize the community, organizations, individuals and government offices. However, it is advisable to strengthen collaboration between unofficial leaders and formal structures for joint decision-making, better synergy, complementarity and effectiveness.

Regular update, follow up and experience sharing among those that implement the launch of a campaign is crucial. Particularly concerning advocacy, it is important that the advocates, who might not come from formal structures need to base their advocacy messages on evidence and with latest information. A forum where advocates share their experiences is key in keeping the momentum and create solidarity for a common cause.

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

Churches can no longer ignore the growing challenges caused by unsustainable population growth on the continent. Unless the church starts addressing the issue of population and development urgently and adequately, it will not be able to offer transformative guidance to its followers on the continent. Faith institutions, including churches have a lot of influence in societies, and a wide grassroots network. They are well placed to support norms change around reproductive health and sustainable development. This case study presents the way in which the All Africa Conference of Churches (AACC) has raised this potential by encouraging their members to think about it and develop their own context-specific approaches.

Background

Africa is the second-largest and second most populous continent on earth with an estimated population in 2016 of 1.2 billion people. There are predictions that the continent’s population will be at 2.4 billion by 2050. The challenge is on how to meet the increasing needs and expectations of a growing population while at the same time modifying the current production and consumption patterns to achieve a more sustainable development model. Population growth places pressures on the continent’s resources -- water, forests, lands – contributing to climate change and challenging environmental sustainability. However, population growth also show successes as lower mortality and fertility rates reflect achievements in health and education and provide opportunities for the increasing population of working age to push economic development.

The All Africa Conference of Churches (AACC) believes that the church should be on the front-line in engaging in reproductive health issues for Africa to claim its dignity in the long run. AACC, therefore, engages the churches on the continent to take a proactive role in advocating for actions that address the challenges and opportunities of population growth to promote sustainable development and ensures life with dignity for her people. AACC’s commitment in this area is founded on its long-time commitment to women’s rights and gender equality and it’s role in advocacy at local, national and continental levels (see box 3).

Reviews show that most African countries have given priority to the implementation of comprehensive reproductive health programmes and that some progress has been achieved in relation to the Cairo Programme of Action of the International Conference on Population and Development (ICPD) and to the Sustainable Development Goals (SDGs). For example, maternal mortality has decreased as well as the number of child marriages. Governments have integrated reproductive health services into their health care services. The Maputo protocol<sup>33</sup> remains one of the most progressive legal instruments providing a comprehensive set of human rights for African women. Since its adoption 15 years ago, the Maputo protocol has contributed to the promotion and protection of women’s rights in Africa. It places women as full, effective and equal partners with men in the development of their communities.



**COLOPHON**

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*Photography by Brian Otieno, Design by Kapusniak Design*

33 Full name: Protocol to the African Charter on Human's and Peoples' Rights on the Rights of Women in Africa.





### Box 3. The All Africa Conference of Churches

The All Africa Conference of Churches (AACC) is a continental body, which was inaugurated in April 20, 1963 in Kampala, Uganda. Since its formation, the AACC has gathered 198 member churches and Christian Councils in 42 African countries into its dynamic fellowship. It is the largest association of Protestant, Anglican, Orthodox and Indigenous churches in Africa and a member of the worldwide ecumenical network. The General Assembly is the Supreme Legislative Authority of the AACC that meets every 5 years. Through the General Assembly, the AACC elects its President, five Vice Presidents and Representatives from each of the five regions of Africa. Through its vision “**Churches in Africa together for Life, Peace, Justice and Dignity**”, the vocation of the organization is to foster and sustain fellowship and unity among the Churches in Africa for common witness and service to help people of Africa.

Since its inception, AACC has continuously championed the rights of women, working with national leaders, religious leaders and communities to advocate for and implement policies on women's rights. A few examples:

- The 3rd General Assembly held in Abidjan, Ivory Coast (Cote d'Ivoire) in 1969 called for the establishment of the Women and Youth Department to address issues specifically related to the respective constituencies.
- Delegates to the 4th General Assembly held in Nairobi, Kenya in 1981 also called on the churches “to recognize the potential of women, men and youth, as they are instruments of change, and that all efforts should be made to ensure their total representation and involvement”.<sup>34</sup>
- At the 8th General Assembly held in Yaoundé, Cameroun in 2003, delegates underscored the need to mainstream gender in AACC's policies, practices, programmes and activities. Consequently, the General Committee held in January 2004 in Nairobi, Kenya, mandated the Secretariat to develop a Gender Policy and Guidelines.<sup>35</sup>
- At its most recent General Assemblies held in Maputo, Mozambique in 2008, Kampala, Uganda in 2013 and in Kigali, Rwanda in July 2018, the issue of gender and the prophetic role of the church was again emphasized.

AACC also undertakes advocacy at the continental level. The AACC together with member churches, National Councils of Churches (NCCs) and sub regional fellowships have actively accompanied and engaged African Union member states and governments on the continent on issues of democratization, human rights, political governance and socio-economic development. It aims to influence the implementation of the Agenda 2063<sup>36</sup> in order to ensure a coordinated faith-based approach that impacts across the continent on issues affecting the African women.

<sup>34</sup> 1981 AACC General Assembly Report p. 71.

<sup>35</sup> AACC Gender Policy Guidelines, 2005

<sup>36</sup> In its Aspiration 6, Agenda 2063 is specific about women and gender equality. It calls for gender parity and inclusion of women in decision making at all levels of the society; empowerment of women in social political and economic rights, enabling rural women to own land and have access to credit and financial services and elimination of all forms of gender-based violence in socio-economic and political spheres.

## Challenges and opportunities of institutional norm change towards the integration of population issues in church institutions

Population and development issues have strong theological foundations and one of the challenges has been the misinterpretation of bible scriptures. The high fertility rate in Africa is a result of many families not practicing family planning. The controversy among Christians about family planning comes from the mis-interpretations of a few passages in the Bible on human procreation e.g. “*God blessed them and said to them, ‘Be fruitful and increase in number; fill the earth and subdue it; and rule over the fish of the sea and over the birds of the sky, and over every living thing that moves on the earth’*” (Genesis 1:28). Often, the comprehensiveness of this passage is not well understood. The command to be fruitful comes along with the command to be stewards of God's creation. Consequently, as responsible stewards, human beings cannot give birth to more people than the earth can be able to feed.

This perspective, however, is not always supported by church leadership. Family planning uptake is further challenged by traditional values and the societal perception that big families are a sign of prestige and success. Furthermore, high fertility rates are shaped by families' lack of resources. It is in this context that AACC has renewed its engagement with member churches on population and development issues.





## AACC strategy to support the integration of development and population issues

In order to increase the recognition of population and development issues in faith institutions, and more specifically in its member institutions, AACC worked at two levels.

First, at the core is the change process at the level of AACC as an institution. Through its General Assembly, and with technical support from Faith to Action Network, population and development was put on the agenda, culminating in a strategy and concept note dedicated to the topic of population and development.

Secondly, AACC engaged directly with church leaders to strengthen their leadership on population and development issues both at the local, national, regional and continental level where AACC aims to strengthen the voice of faith and church leaders. Expected changes were that (1) churches actively engage in debates and discussion on sustainable population development, integrating theological, socio-economical, political and scientific aspects; (2) church leaders speak about population issues using the Bible as the most important tool to reach out and speak to their congregations and the communities as a whole; (3) churches engage in reproductive health debates at high level meetings.

AACC assumed that in order for church leaders to speak out they will require knowledge, skills and courage through capacity building, support from their hierarchy, church leaders and their constituencies, and increased engagement with NGOs/CSOs and governments to support policies in line with population issues.

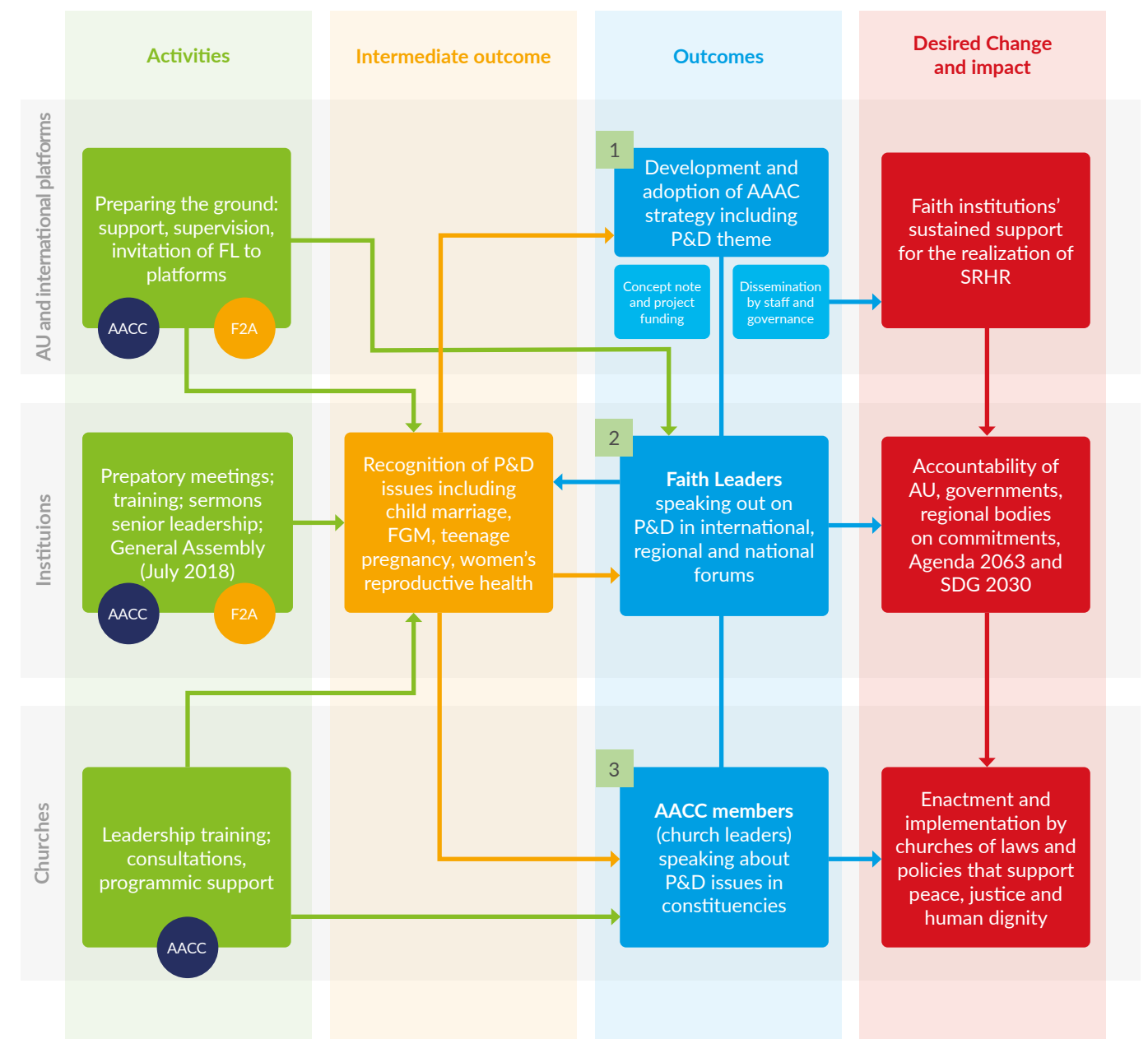
It is in this context that AACC was supported by Faith to Action Network who provided technical assistance, and who accompanied senior staff and leaders of member churches to participate in national, global and regional policy making processes (Agenda 2063, AU Gender Strategy, CPD51 and CPD52). In the lead to development of the AU Gender Strategy,<sup>37</sup> Faith to Action Network and AACC worked in partnership to organise an continental interfaith conference in Nairobi to provide inputs to the draft gender strategy. The conference was held between 22-25th October 2017. This partnership laid the foundation for discussion and final inclusion of population and SRHR issues in the AACC Strategy.

The AU Gender Strategy borrows a lot from international instruments such as CEDAW and ICPD. It also borrows from continental frameworks such as the Maputo Plan of Action. All these instruments place SRHR central to development and human rights. The preparation and discussions around the AU Gender Strategy, especially issues on sexual and reproductive health and rights (SRHR), is a key milestone in the subsequent discussions and adoption of population and development as a key issue by the 11th AACC General Assembly and subsequent inclusion in the AACC Strategy.

Other milestones include Faith to Action Network participation in a panel during the AACC Women-Preassembly to present on scriptural basis for family planning. It also advocated with different delegations attending the General Assembly (Theological Institute and women and youth delegates). Indeed, Faith to Action Network was a member of the working group that was tasked with drafting the 8th Theological Institute's Statement to AACC's 11th General Assembly. Although the Theological Institute's statement did not specifically address SRHR, it included issues such as gender and noted the need to address cultures that harm women and girls like FGM, child marriage, teenage pregnancy, breast flattening, and inheritance of widows which lead to undignified humanity.

Figure 12 presents the main activities of AACC and Faith to Action Network and their expected outcomes.

Figure 12.  
Theory of Change



<sup>37</sup> <https://au.int/en/documents/20190320/au-strategy-gender-equality-womens-empowerment-2018-2028>

## Pathways to change

### Outcome 1: an AACC strategy with P&D as a central theme

The AACC strategy 2019-2023<sup>38</sup> proposes that the best theological approach to tackle the topic is from the basis of the family and to highlight the issue of sustainable population growth and its impact on development. Through this approach, AACC in its proposed interventions will demonstrate the link between population growth and development, assist churches to responsibly engage in reproductive health issues and research and make available statistical data and analysis on population growth in Africa.

The adoption of a multi-annual institutional strategy which recognizes population and development issues is the result of a long trajectory of initiatives and deliberations. The All Africa Conference of Churches (AACC) in line with its constitution held its 11th General Assembly in Kigali, Rwanda from 2nd -7th July 2018, under the theme “*Respecting the Dignity and God’s image in Every Human Being*” (**Genesis 1:26 – 27**). In its deliberations, the assembly examined inter alia, the issues facing the continent and considered the role of the churches with the AACC taking the leading role. During the deliberations, reports were presented and discussed and resolutions passed or adopted.

There were pre-assemblies from various groups i.e Women, Youth and Theological Institute which led to **statements** that were integrated in the **Assembly resolutions**. These resolutions were adopted in the **general resolution**. After the Assembly, during the planning of the years 2019 – 2023 under the leadership of the AACC General Secretary, the staff converged to begin the development of the **AACC Strategy 2019-2023** with the help of a consultant. Inspired by the presentations on various thematic areas a decision was made to include the link between population and development, increase participation of men in the fight against SGBV, encourage abused men to open up/to for help, the plight of widows and the issue of migration and human trafficking. The AACC Strategy was tabled for discussion and approval by the General Committee. The secretariat also developed a specific concept note with population and development as a thematic area.

The adoption of the strategy and the concept note provides a window of opportunity for churches to address potential future problems arising from the population trends. It also proposes concrete actions and ideas to implement the strategy and hence forms a source of fundraising in order to achieve the objectives of P&D.

The outcome was achieved through several factors including the commitment of senior leadership within AACC and the content of the message in the strategy that combines evidence-based and faith-based perspectives and embeds the theme in the wider debate of gender justice and women’s rights.

#### Commitment of senior leadership

The adoption of the recommendations from the Women Pre-assembly by the 11th AACC General Assembly in 2018 marked a turn on adoption of SRH as a key programmatic issue for action by members. It is important to note that the General Assembly is the highest decision making structure at AACC. The 193 members come from Protestant, Anglican, Orthodox and Indigenous churches comprising of Churches, National Councils of Churches (NCCs), theological and lay training institutions and other Christian organizations in 42 African countries. The Assembly is attended by senior religious leaders from member institutions, women and youth representatives. The decisions made at the General Assembly form the basis for policy making and programmatic work undertaken to address the issues articulated in the AACC strategy which is often domesticated into institutional level strategies by member institutions. Indeed, AACC’s leadership has continued to lead the sensitization of leaders of its member churches to actively be involved in interventions to realise sustainable population for development. The leadership has also acknowledged the misperceptions that exist on family planning within the faith community. In the new message for the year 2020, AACC General Secretary noted that “As AACC led the participation of faith-based actors at the International Conference on Population and Development (ICPD)+25 Nairobi Summit in 2019, it became very clear that there are a lot of distortions about the issue”. In his statement<sup>39</sup> during the World Population Day 2020, Dr. Fidon Mwombeki called on churches in Africa to start addressing the issue and other challenges associated with unsustainable population growth on the continent. He observed that “without sustainable population growth, sustainable development is not possible.”

#### Emphasising the need for partnerships for sustainable development

Using evidence, in developing the Strategy, the AACC recognises and affirms the commitment expressed in the Sustainable Development Goal (SDG) 17<sup>40</sup> supporting the argument that a successful sustainable development agenda requires partnerships between governments, the private sector and Civil Society Organisations / Faith Based Organisation. These inclusive partnerships built upon principles and values, a shared vision, and shared goals that place people and the planet at the centre, are needed at the global, regional, national and local level.

#### Embedding of population and development issues in broader issues of social justice

Within the AACC Strategy, the thematic issue of population and development has been embedded under the pillar of ‘Peace, Diakonia and Development’. One of the reasons in including it in this thematic area is that achieving sustainable population is enveloped in contraversion. It implies by extension, practicing family planning and respecting engaging in sexual reproductive health information sharing and education. Including population and development in this pillar gives it same value as addressing peace, migration and human trafficking, climate change, environment and care for creation, engagement with global and continental agendas, advocacy for economic justice and diakonia. By strategically not including the issue under ‘Gender, Women and Youth’, population and development has been centrally positioned and divorced from being seen as a women or youth issue where it can easily be ignored or treated with less priority.

The statements<sup>41</sup> of commitments made by the faith community (interfaith), the issue of access to SRHR services was considered in the same context with addressing harmful practices such as female genital mutilation (FGM), gender based violence (GBV), forced and early marriages and gender injustices perpetrated on a person of any gender.



<sup>38</sup> <http://aacc-ceta.org/en/resources?download=17:strategic-plan&start=45>

<sup>39</sup> <http://www.aacc-ceta.org/en/news/193-new-year-message-from-the-all-africa-conference-of-churches-general-secretary>

<sup>40</sup> <https://www.un.org/sustainabledevelopment/globalpartnerships/> Accessed 13/2/2019

<sup>41</sup> <http://www.aacc-ceta.org/en/resources?start=30>



## Outcome 2: Faith Leaders speaking out on population and development issues at the global level

Whereas the development and adoption of the P&D theme constitute an important step towards the integration of population and development issues it requires translation into practice. AACC used different strategies to influence church leaders.

Through consultations and conferences, the AACC highlighted the issue of sustainable population and its impact on development. This encouraged church leaders to speak out openly, address and engage in discussions on reproductive health as a means of responsible stewardship on behalf of God. The AACC Governance and members of staff were encouraged to disseminate information on the Strategy in their respective regions and through their programmatic meetings respectively. The AACC has managed to speak on the Strategy and reach a huge number through its training on leadership and development.

In total approximately 150 church leaders from the Protestant, Orthodox and Indigenous churches both men, women and youth were reached through these strategies.

The ICPD+25 Nairobi Summit in 2019 provided an opportunity to strengthen faith leaders' voice at the global level. The AACC has been at the forefront in championing the involvement of faith leaders. In November 2019 AACC and F2A in collaboration with other ecumenical and interfaith organisations hosted the ICPD faith pre-summit in Nairobi, Kenya. The pre-summit provided a platform for faith actors to meet and plan their participation at the ICPD+25 Nairobi Summit through a series of consultative forums. A statement that reflects the specific roles of the faith actors was generated as well as a press release on the communique. The statement was captured during the Faith Leaders' Consultative Forum held on 28th March, 2019.

The 39 interreligious leaders present expressed that globally, over 83 per cent of the population identifies with a religion. Religion is a powerful force for social and cultural change, and therefore there is need for strengthening and expanding sustained engagement with a range of faith-based actors: religious leaders, faith-based organizations, as well as religious institutions (including churches, mosques and inter-religious councils) in ICPD engagements. Because of the role of religion in constituting or legitimizing social and structural dimensions of sexuality, people, organizations and governments must recognize that religious community will help accelerate the realization of the ICPD commitments instead of taking an adversarial position and perceptions that religion perpetuates stigma and unequal power relations between men and women in many of our societies (Faith Leaders' Consultative Forum on ICPD25-The Nairobi Summit, 2019).<sup>42</sup>

This engagement shows the added value of including religion as a main stakeholder in the implementation of ICPD PoA. It demonstrates a renewed focus on culture and religion as part of the broader efforts to move beyond religious and cultural stereotypes which impede promotion of gender equality and SRHR, hence a commitment to collaborate with governments and other stakeholders in implementation the Program of Action of the International Conference on Population and Development (ICPD PoA).

It is in the interest of the religious community and their moral responsibility that the ICPD Programme of Action is implemented, as it is essential for the achievement of the Sustainable Development Goals, 2030 Agenda, and African Agenda 2063. The outcomes of this consultative meeting served as input for the statement<sup>43</sup> made at the Nairobi Summit. One of the commitments in the statement was for religious leaders representing Hindu, Muslim and Christian faiths "to provide information and services on family planning/child spacing, to all persons, as is consistent with our faith values".

Factors that led to faith leaders' statement at the Consultative Forum include an extensive process of engagement and partnership with global actors and national governments. The faith community has been active at the United Nations Commission on Population and Development (UN CPD) sessions. In Kenya, the two representatives from the faith community, Rev. Dr. Lydia Mwaniki of the AACC and Peter K. Munene of Faith to Action Network had twice attended CPD as part of the official Kenyan delegation. During the CPD session in 2019 (CPD52), pre-planning meetings for ICPD+25 Nairobi Summit were held at UNFPA headquarters in New York and the two delegates were involved. Their close working relationship with the Kenyan government (host of ICPD+25 Nairobi Summit) called for the faith community to extend support to the government in organizing the summit. Equally, the links established with UNFPA ensured the delegations checking on readiness for ICPD+25 Summit always met the two delegates while in Nairobi. As supporters of ICPD agenda, it was important for the faith community to have a statement that clearly defined their support to ICPD+25.

The issues that ICPD+25 Summit planned to address itself (such as zero maternal deaths, zero unmet need for family planning and zero gender based violence and harmful practices against women and girls) were issues the faith community was actively addressing in Africa. Through inclusion of such issues in the ICPD+25 Nairobi Summit agenda, the faith community found synergy and an opportunity to share experiences, learn and establish partnerships.



<sup>42</sup> Concept Paper on Faith Participation in the Nairobi Summit-Faith Leaders' Consultative Forum held at the Desmond Tutu Conference Center, Nairobi on 28th August, 2019.

<sup>43</sup> Statement of Commitments of Faith Actors Attending Nairobi Summit on ICPD25

## Lessons learnt

Trust between organisations, the identification of shared values and objectives are crucial in securing a lasting partnership. Faith to Action Network and AACC established a trusting relationship in early 2017. This relationship had received the support from the top management from both organisations. Among the commitments made in the relationship was to identify partnership opportunities for joint advocacy and other actions. As such, when the AU gender strategy policy making process started, the two organisations agreed to pool resources (human and financial) together to maximise on inputs from a diverse interfaith representation. Equally, Faith to Action Network identified AACC as one faith organisation that could send a delegate to UN CPD through sponsorship of Church of Sweden.

Exposure and linkages with various institutions (government, civil society, intergovernmental) are crucial for effective 'domestication' within organizational and institutional frameworks. AACC has observer status at AU. On the other hand, Faith to Action Network is a member of the UN Taskforce on Religion and SRHR and has led and participated in advocacy actions at national subregional, regional and global levels. Both organisations have engaged with justice and development issues at different levels and have members who are based at the grassroots level. These members trust the representation and the safeguarding of their interests by AACC and Faith to Action Network. As such, both organisations facilitate in establishing linkages between local needs (as articulated by their members) and international policy making processes and platforms (AU, UNCPD, UNCSW..) while representing the interests of their members. Both organisations feel the need to have faith institutions establish institutional frameworks that domesticate the provisions of some of the international instruments as a means to achieve transformation.

## Progressing on the unfinished business: women and girls' rights in SRHR

**Health and bodily integrity lie at the heart of well-being for all. Women and girls' sexual and reproductive health and rights (SRHR) are critical elements of health and bodily integrity. The State of African Women campaign advocated for progressing on the unfinished business on women and girls' health and bodily integrity. The main objective of the State of African Women (SoAW) campaign is to contribute to securing, realizing and extending women's rights enshrined in African Union (AU) policies in African countries. The campaign seeks to influence both legal and social norms change towards women and girls' rights in SRHR, at continental, regional, national and sub-national levels, through a stronger voice and meaningful participation of civil society in decision-making. This synthesis brief reflects on the strategies pursued by this campaign to safeguard gains made and to advance progress in women and girls' rights in SRHR.**

The synthesis brief is based on six case studies that were formulated as part of an action learning process with the consortium partners.<sup>44</sup> The case studies are prepared by: IPPF Africa Region, YWCA Kenya, Faith to Action Network and the OAFIAD (see page 2 for an overview of case studies).

The case studies form the basis of two synthesis briefs: one on 'Progressing on the unfinished business', and another one on 'Coalition-building and multilevel connections'. Both synthesis briefs seek to pull out strategies and joint learning across the diverse advocacy processes that are presented in the six case studies.



### COLOPHON

This case study was published in the context of the State of African Women Campaign project implemented by a consortium of eight partners, funded by the European Union. It was developed by Christine Onyango and Rev. Dr. Lydia Mwaniki from the All Africa Conference of Churches (AACC) together with Vitalis Mukhebi and Peter Munene of Faith to Action Network (F2A).

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Photography by Brian Otieno, Design by Kapusniak Design

<sup>44</sup> Between 2018 and 2020 KIT facilitated an action-learning trajectory with the SOAWC partners. The aim of the trajectory was to 1) build capacities of consortium partners, CSOs and champions to critically interrogate their advocacy actions, and reflect on achievements and challenges; 2) to recalibrate advocacy activities, and 3) to document experiences and lessons learned from advocacy initiatives. The trajectory consisted of four phases: 1) an action learning skills building workshop (2018); 2) an action learning planning workshop (2018); 3) the implementation of action learning plans through data collection, reflection and documentation (2019) and 4) a writeshop to prepare case studies (2019). Throughout the trajectory, collective learning questions and recurrent themes were identified that formed the basis for two synthesis briefs. The process of developing the synthesis briefs during 2020 has been inductive and interactive, and involved both researchers, advocacy officers and staff from participating CSOs. As a result of the action learning trajectory 6 case studies were produced and 2 synthesis briefs.



Unfinished business, contestations and resistance

The State of African Women campaign unfolded at a time that was marked by 15th anniversary of the Maputo Protocol (adopted in 2003) and the five-year review of the Addis Ababa Declaration on Population and Development (adopted in 2014). These provided an excellent opportunity to appreciate progress made and to identify where to accelerate on the unfinished business.

The SoAW campaign seized the opportunities these anniversaries and reviews offered to advance the realization of women and girls' rights in SRHR. At the heart of the State of African Women campaign are four core rights areas (see also Figure 13)<sup>45</sup>:

- 1. Gender-based violence against women (GVAW)
- 2. Harmful practices (in particular child marriage and female genital mutilation, FGM)
- 3. Reproductive rights and sexual and reproductive health (RR and SRH)
- 4. HIV and AIDS

Figure 13. The four core rights area of this report, with the cross-cutting issues

CORE RIGHTS AREAS



CROSS-CUTTING ISSUES



45 Alongside the four core rights areas, the SoAW campaign and SoAW reports took into account four cross-cutting issues: 1) peace and security; 2) education and training; 3) participation of women in political and decision-making processes; and 4) marginalised and vulnerable groups of women and girls (in particular adolescent girls and young women, elderly women, women with disabilities, women in distress, and individuals marginalised on the basis of their sexual orientation or gender identity or expression, SOGIE).

Box 4 African and international commitments on women and girls' sexual and reproductive health and rights

Protocol to the African Charter on Human's and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol, 2003)	15th anniversary in 2018
Addis Ababa Declaration on Population and Development (2014)	5-year review in 2019
International Conference on Population and Development (Cairo, 1994)	25-year review in 2019
Fourth World Conference on Women (Beijing, 1995)	25 years in 2020

The State of African Women report - and subsequent regional reports<sup>46</sup> drawn from it - takes stock on progress and challenges in African countries in these four core rights areas. The Maputo Protocol, the Addis Ababa Declaration and the International Conference on Population and Development are landmark achievements that articulate continental commitments to women and girls' rights in SRHR. Since their adoption, progress has been made on many rights areas, in many countries, and at international, continental, regional, national and sub-national level to realize women and girls' rights. Yet, there is unfinished business that needs to be addressed, both in terms of content and of process.

In terms of **content**, part of the unfinished business concerns specific rights that are not being met, or to rights that are subject to contestation and resistance.<sup>47</sup> Such challenges and contestations have manifested themselves around child marriage, FGM, marital rape, adolescent sexual and reproductive health, unsafe abortion, limitations to full, free and informed consent, or the criminalization of transmission of HIV, to mention only a few. In addition, unfinished business also concerns to neglect and violation of the sexual and reproductive health and rights of specific marginalized groups. Continental commitments on the rights of women apply to all women, yet certain groups of women and girls face more challenges and restrictions. These can be adolescent, young and unmarried women, as well as women with disability, or elderly women. These can also relate to the realization of the human rights of lesbian, bisexual or transgender women, of female sex workers and of other so-called key populations.

In terms of **process**, unfinished business manifests itself in the extent to which continental commitments have been domesticated in national (and regional) laws and policies, that is the extent to which countries have gone through and completed the legal and policy reform process to bring their national frameworks in line with the commitments they agreed to continentally. Further legal and policy reform is needed to address weaknesses in these national frameworks, or loopholes and inconsistencies. Domestication also requires translating laws and policies into appropriate budgets, monitoring mechanisms, and operationalized guidelines. It often requires further harmonization of legal and policy frameworks, either a national or regional levels (for instance in the Regional Economic Communities). Along all these steps of the legal and policy processes, progress can and needs to be made, and resistance and contestations can come up. In several instances, unfinished business in legal and policy terms concerns the introduction of actually retrogressive laws or policies, that go against the agreed commitments. A final and critical 'process' aspect is the space for civil society engagement in progressing on legal and policy reform, as well as strengthening and monitoring of implementation.

This Synthesis Brief draws on the six case studies to reflect on how the SoAW partners and their champions sought to progress on unfinished business. This reflection and synthesis is guided by two key questions:

- 1. How to safeguard gains and advocate for critical gaps in the agenda and landscape on women and girls' rights in SRHR?
- 2. How to engage with contestations and resistance?

This Brief continues with a brief overview of aspects of unfinished business and resistance in the six case studies. It then presents four strategies to engage with that, based on concrete examples and illustrations from the case studies. The Brief ends with lessons learned and concluding remarks.

46 There are two regional SoAW reports: for EAC and for ECOWAS. For each a fact sheet summarizing key points is available.  
• Lodenstein, Elsbet, Anouka van Eerdewijk, Mariam Kamunyu & Marlies Visser (2019). The State of African Women: Regional Report - The East African Community (EAC). Nairobi/Amsterdam: SOAWC project, IPPF & KIT.  
• Lodenstein, Elsbet, Anouka van Eerdewijk, Rainatou Sow & Marlies Visser (2020). La condition des femmes Africaines: Rapport Régional - Communauté économique des Etats de l'Afrique de l'Ouest (CEDEAO). Nairobi/Amsterdam: SOAWC project, IPPF & KIT.

47 See *State of African Women report* for a comprehensive analysis, and its chapter 2 for a presentation of key findings and conclusions.

## Overview of unfinished business and resistance in the case studies

The State of African Women campaign is firmly situated with this broader landscape of unfinished business and engaging with resistance and contestations. The six case studies that this synthesis brief speaks to seek to make progress on unfinished business in different ways, and encounter manifestations of contestation and resistance in various forms.

In the case of YWCA's advocacy towards **eradication of FGM in Kenya**, unfinished business was multifaceted. The 2011 Prohibition of FGM Act was a significant legal reform, but more work was needed to consolidate it and to make it translate to full impact on the ground. Firstly, social norm change, especially at community and county level, is needed to shift cultural, religious and social norms and practices supportive of FGM. Secondly, the legal reform process also entailed unfinished business, with the law not being comprehensively binding, and having loopholes; it also was weakly enforced, and survivors of FGM have limited access to justice. Thirdly, FGM proponents have emerged that seek to legalize FGM, and actively contest and resist the legal gains won so far.

The **journalist network** engages with unfinished business on women and girls' SRHR by intentionally targeting public opinion, with the **media** - in its multiple forms - being a critical lever in both policy and legal reform, and social norm change. With increased and more objective SRHR reporting, the journalist network fills gaps in knowledge and awareness, among the general public and in particular among policy makers and decision-makers. The journalist reporting also seeks to open up space for voiceless and marginalized groups to speak out on their realities. The journalists' work meets with resistance among mainstream media – for instance from newsroom editors -, of decision-makers or opinion leaders in powerful positions, and in negative responses more generally towards journalists working on progressive or sensitive topics.

The case study, written by IPPF AR, on **civil society alliances in the ICPD+25 process**, lays out the State of African Women campaign's advocacy strategy in order to safeguard the gains made in advocacy and African continental commitments since the mid-1990s. It looks at maintaining a social and human rights perspective on SRH issues, and safeguarding SRHR for all, as well as the importance of protecting and expanding space for civil society organisations. The case study highlights multilevel advocacy along the policy continuum, combined with strengthening a broad-based civil society alliance as core strategies. The campaign actively engaged with contestations and resistance – both among civil society organisations and with decision-makers and policy-makers - by stimulating dialogue, building knowledge and strengthening capacities, i.e. through technical support. One of the contestations manifested itself in attempts of opposition groups to re-open negotiations on existing language and water down these commitments. Another one is the more or less intentional misinterpretation of policies at national levels, or the (intentional or unintentional) fragmenting of rights over various ministries resulting in a lack of holistic and comprehensive

approaches and frameworks. In both continental and national level negotiations, the campaign focused on moving forward in implementing that what is already agreed upon.

The **EALA case of the SRHR Bill** provides insight into how faith leadership contributed to the re-tabling, redrafting and eventually the adoption of the SRHR Bill of the East Africa Community (EAC). The SRHR Bill leverages the binding nature of regionally adopted laws in EAC to advance and harmonize legal reform in EAC countries. The Bill risked getting lost in translation, partly partly due to contestations from governmental and civil society voices on an earlier version of the Bill. Resistance and backlash in the region has surfaced in pressure to reverse SRH policies, for example the banning of CSE in Ugandan schools, the halting of the Kenyan bill on sexuality education and access to contraceptives in schools, and the Tanzanian president's declaration to not allow pregnant students to return to schools. The case study documents how faith leadership deployed a range of strategies to convene civil society organisations in the region and articulate a common CSO agenda, and to increase acceptance of and neutralize resistance to the Bill.

The **Free to Shine campaign** was launched in 2018, under co-leadership of the Organization of African First Ladies for Development (OAFLAD) and the African Union. It seeks to make progress by addressing mother-to-child transmission of HIV; this vertical transmission of HIV causes the majority of new infections in children, and needs to be addressed in order to fully eliminate AIDS in 2030. This case study describes the process of advocacy and concerted effort that lead to the development of the campaign and its acceptance and adoption by stakeholders and communities at the continental, national and local levels. As 'mothers of the nation', First Ladies can play a vital role in building awareness as well as political commitment for effective AIDS responses. Their moral authority can be leveraged to mobilize communities as well as governments towards joint decision-making and stronger synergies.

The case study on institutional change in the **All Africa Conference of Churches (AACC)** sheds light on how the potential of faith institutions can be stimulated to support norm change towards reproductive health and sustainable development. Churches and faith institutions have considerable potential to leverage for transformative change, considering their influence in society and their wide grassroots networks. Progress was sought through a set of interlinked and multilevel strategies addressing institutional change within the AACC itself, supporting faith leaders to speak to population, reproductive health and development issues in a variety of platforms, and supporting them in speaking in these with their constituencies. Among the contestations to address, were misconceptions around family planning within the faith community. AACC and its partner Faith to Action Network engaged with that through a combination of strategies, including providing data, statistics and analysis on the issues, clarifying interpretation of relevant bible scriptures, and accompaniment of faith leaders to speak at national, regional or continental platforms and meetings.

## Strategies

To advance legal and policy reform on women and girls' rights to SRHR, the advocacy work of the State of African Women campaign and its key partners and champions pursued a combination of strategies. With respect to the content of progressing on unfinished business, these are:

- Awareness raising and reconstructing the narrative (strategy 1)
- Engaging with resistance, contestations and backlash (strategy 2)

### Strategy 1: Awareness raising and reconstructing the narrative

In advancing progress and furthering the unfinished business, **awareness raising** of a broad constituency of stakeholders and partners is of critical significance. This entails awareness raising of different aspects, including:

- Articulating existing commitments in continental, regional, international and national legal and policy frameworks, in particular the AADPD, ICPD, Maputo Protocol, African Charter, CEDAW and the Beijing conference (FWCW).
- Collecting and presenting evidence regarding progress and backlog in legal and policy reform, domestication and implementation of continental and international commitments, and weaknesses and loopholes in legal and policy framework. This also includes identification of (attempted) reversals in laws and policies. This is for instance done via policy tracking tools, and the State of African Women report and related briefs.
- Bringing the realities and challenges of women and girls' sexual and reproductive health and rights to the front and on the agenda. This includes both real life testimonies, as well as analysis of key indicators on prevalence and quality of SRHR services, and evidence on women and girls' challenges and on violations of their rights.
- Identifying and leveraging multiple sources in support of women and girls' SRHR, also on contested issues. These sources include provisions in the Maputo Protocol (and related General Comments), as well as clarified interpretations of religious texts or AACC-level resolutions, and high-level leadership and commitment of for instance First Ladies.

With respect to the process of legal and policy reform, these are:

- Safeguarding representation and access to decision-making spaces (strategy 3)
- Working with allies and joining forces (strategy 4).

In raising awareness, constructing the narrative is of key importance. Firstly, this framing emphasized the significance of existing commitments as well as of progress that has been made; this forms the basis of articulating the direction of further change: where do want to reach, why is that important and what are necessary and priority steps to get there? Secondly, because progress on unfinished business is part of a long process, already encompassing multiple decades of commitments, legal and policy reform, and contestations and negotiations, CSOs need to constantly adapt and frame their messages and demands in relation to emerging priorities that feature on the agendas of national and intergovernmental institutions. This means linking SRHR issues to themes as migration, humanitarian responses or, more recently, the COVID-19 pandemic that have been prominent on these agendas. Thematic focus on migration or humanitarian settings allows for highlighting the SRHR needs and rights of women and girls in vulnerable and marginalized settings, and contribute to realizing the international ambition to 'leave no one behind'. Thirdly, the narrative and messaging need to respond to resistance and backlash around strongly contested issues, such as certain rights violations – including FGM, child marriage, or violence on the basis of Sexual Orientation of Gender Identity and Expression (SOGIE) - being considered part of African culture or the right to culture.



**Capacity strengthening** of change agents, (potential) champions and also decision-makers themselves is an important and often pursued activity in this regard. The YWCA focused on strengthening capacity of young women champions, actively engaging at community level. The journalist network invested largely in capacity building of journalists, in combination with linking them to national organisations to invite reporting on real life stories. In the Free to Shine campaign, the OAFIAD secretariat provides technical assistance, on an on-going basis and in its brokering capacity, to a variety of AU, multilateral and governmental stakeholders and partners.

Strategy 2: Engaging with resistance, contestations and backlash

Contestations around women and girls’ rights in SRHR are often specific to particular issues, and might differ per context, forum, institution and constituency. Engaging with resistance and backlash requires sensitivity to and understanding of the particularities and context-specificity of who resists what norms and practices on the basis of what grounds and beliefs. It can also benefit from strong knowledge on foundational human rights values, including dignity and freedom of the person.

The AADPD+5 and ICPD+25 processes entailed capacity strengthening workshops during continental and regional intergovernmental meetings, on the ins and outs of these policy and negotiation processes and their linkages with national level decision-making and policy and legal reform. These targeted civil society organisations as well as parliamentarians or journalists. In the EALA SRHR Bill process, both informal interactions and formal events provided opportunities to Faith to Action Network and its CSO partners to sensitize EALA parliamentarians and technical staff on the SRHR Bill and the underlying issues that needed further attention.

These can provide a basis to building a shared vision around ending discrimination of women and girls, and with that change disrespectful and inequitable gender relations.<sup>48</sup> Understanding the context specificity of contestations, and their relation to women’s health, dignity and bodily integrity - which are fundamental human rights – provide an important perspective on engaging with resistance and backlash.

Box 5 presents the provisions in the Maputo protocol on harmful practices and the right to positive cultural context.

Box 5: Harmful practices and right to culture

The Maputo Protocol defines **harmful practices** as ‘*all behaviour, attitudes and/or practices which negatively affect the fundamental rights of women and girls, such as their right to life, health, dignity, education and physical integrity*’ (Art. 1). Harmful practices include a wide range of non-therapeutic practices that constitute a form of discrimination that disproportionately affects women and girls. They are often based on cultural or socio-conventional norms and deeply rooted in gender inequalities and discriminatory values.

In addition to the prohibition and elimination of all harmful practices, the Maputo Protocol provides that ‘women shall have the right to live in a **positive cultural context**’ (Art. 17.1). This is qualified in its Preamble that refers to ‘the preservation of *African values based on the principles of equality, peace, freedom, dignity justice, solidarity and democracy*’. Art. 17 also articulates women’s right ‘to **participate in all levels in the determination of cultural policies**’. As such, the Protocol identifies shifts in gender-discriminatory cultural values that are impeding women and girls’ enjoyment of their rights, as well as women and girls’ socio-economic rights and their right to participate in political decision-making as being of equal value in ending harmful practices.<sup>49</sup>

Strategies that intentionally engage with resistance and contestations include:

- **Ensuring *diversity* in coalitions** with diverse actors and stakeholders. By building a broad-based coalition, space is opened up for strengthening trust, understanding and joint orientation on shared priorities. This was indeed the foundation of the State of African Women consortium and campaign itself, but also for instance clearly visible in the EALA Regional Task Force. (More detailed discussed on coalition-building in the Synthesis Brief 2, on Coalition-Building and Multilevel Connections).
- **Extensive processes of *consultation***, as a point in case that process matters. The EAC SRHR Bill encompasses multiple EAC level consultations, with different groups of stakeholders (including civil society, technical staff, external stakeholders, EALA MPs), as well as national level public hearings. The policy continuum in the ICPD+25 processes visualizes the importance of various consultations at multiple levels and their many interconnections. The institutional change process in the All Africa Conference of Churches (AACC) itself, towards a Population and Development Strategy, also entailed a series of interlinked meetings, workshops, consultations, and assemblies.
- **Mobilizing *positive voices*** to speak out. This can be positive faith voices speaking out in support of promotion of women and girls’ health, dignity and bodily integrity. This is prominent in both the AACC case - in which faith leaders commit to and speak out within their churches as well as in international fora -, and in the EALA SRHR Bill case - where faith leaders are mobilized during national hearings and regional events and for a to support the re-tabling and adoption of the SRHR Bill. Positive voices not only counter resistance and regressive argumentations and frames, but also inspire others that change is possible and that they can be part of positive change.
- Engaging with representatives and institutions of cultural, community and faith institutions. In the FGM campaign of YWCA in Kenya, youth champions the champions engage with the so-called ***custodians of culture*** (community leaders, elders and circumcisers), to jointly raise awareness and promote change at community level.

Successful responses to backlash and resistance recognize that legal reform brings about and needs to be accompanied with changes in **social norms and practices**; yet, for social norms to shift, more is needed than ‘only’ legal reform. Successful strategies need to find a balance between building understanding and trust, through exchange and dialogues, and ‘holding the line’. In faith based and community level settings as well as formal (inter)government spaces, significant progress can be made by addressing **misinterpretations**, and responding to **knowledge gaps and misleading information**. Dialogue and increased understanding contributes to negotiating and finding shared values and language. In faith-based and community settings, supportive references to existing policy documents as well as to important religious texts can be of particular relevance. In governmental settings, existing continental and international commitments can be leveraged in response to resistance and backlash, especially when accompanied by analysis of progress and setbacks in policy and legal reform. The journalist network gains specific significance, because of how improved SRHR reporting in the media can address knowledge gaps and misinterpretations among both the general public and key decision-makers at multiple levels.

In addition to exploring space to move forward, strategies in response to backlash and resistance also need to know which hard-won gains are not up for discussion and negotiation. In the **retrogressive** pro-FGM court case, this entailed a coordinated and broad-based response to prepare a counter response, and mobilize diverse constituencies in support of approval of the amended 2011 Act. In some cases, reversal and resistant voices can offer an opportunity to expose loopholes in hard won gains and legal reforms, and leverage these to further strengthen legal and policy frameworks and their implementation.

In the ICPD+25 process, resistance manifested itself in attempts to review both progress on the AADPD as well as its actual text. Opening up the agreed text to re-negotiation risked removal or considerable watering down of existing commitments. this entailed not going along with the proposed review of fundamentalist actors of ICPD commitments. This called for considerable efforts to ensure that the AADPD+5 review focused on progress in implementation, and an emphasis on **operationalizing** agreed commitments into strategies and plans that are accompanied with resources and monitoring framework.

<sup>48</sup> State of African Women report, Key Findings 2018 (p. 7-9).  
<sup>49</sup> State of African Women report, Key Findings, 2018 (p. 46-47)

Strategy 3: Leveraging networks and access to spaces

Access to decision-making fora and spaces is a key prerequisite and, simultaneously, an on-going contestation for CSO advocacy. The role of CSOs in decision-making can never be taken for granted, and is often under pressure from different angles. The advocacy strategies in the six case studies sought to safeguard access to and representation in decision-making spaces through shaping and building broad-based alliances collaborating on **longer-term advocacy strategies and roadmaps**.

The advocacy strategy of State of African Women campaign as a whole, as presented in the ICPD+25 case study, was long-term and encompassing. It explored and multiplied linkages between a set of processes along a **policy continuum encompassing different levels**: continental, international, regional and national. These included the ICPD+25 review and its African AADPD+5 process, as well as the fifteenth celebration of the Maputo Protocol, in the context of the AU's Agenda 2063 and it's formulation of an Common African Position on Population and Development (CAP). The policy continuum also encompassed technical committees and task forces, as well as national level consultations on for instance the AADPD+5 review.

With its broad-based nature, the State of African Women consortium was able to **leverage access and the networks** of a variety of partners to different fora. The SoAW campaign leveraged the observer status of IPPF to the UN and AU, as well as Faith to Action Network's relationship with the All African Council of Churches which also has observer status. OAFLAD is uniquely positioned to leverage the moral authority and high-level leadership of African First Ladies, at both national levels and in international fora, including around AU Summits. Being considered as 'mothers of their nations', First Ladies have a moral authority that can resonate in both policy processes and community norms. YWCA's unique position offers the strengths of connecting the continental and international negotiations to grassroots mobilizing and advocacy, and to bring young women's voices and realities to decision-making spaces at national and community level. The European partners in the consortium offered opportunities to advocate at EU level.

In the EALA case study, the establishment and re-activation of the Civil Society Task Force for Enactment of Regional Legislation on SRHR in East Africa was an important step. The regional steering team of this Task Force, and Faith to Action Network as one of the two co-chairs, developed a **CSO roadmap** bringing together activities across different stakeholder groups. This fed into the development of a roadmap of the GPC towards enactment of the SRHR Bill. The longer-term engagement, close collaboration and joint roadmap shaped and safeguarded re-tabling and enactment of the Bill, including the process to get there and the role of civil society in that.

Whereas formal relations are important in these processes, the case studies underline the importance of **informal relations and back-office lobbying as well**. Faith to Action Network, and the regional steering team of this Task Force, built and maintained relations with EALA's General Purpose Committee, and partnership with important partners, such as the UNFPA and the EAC Health Department. Already in an early phase, informal relations and back office advocacy with EALA technical staff and parliamentarians was key to gaining better insight into the EALA processes, and also on the calendar and timing of respective events. Also in the AADPD+5 and ICPD+25 processes, informal relations with key stakeholders, including AU representatives and staff, UNFPA, national delegations and CSO actors, provided important. They contribute to building trust, developing shared understanding, and to gaining relevant information on decision-making that help target energy and focus.

Strategy 4: Working with allies and joining forces

The promotion, expansion and realization of women and girls' rights to SRHR requires a complex set of changes in legal and policy frameworks, in shifts in social norms, and in actual implementation of laws and policies. This can only be realized when progressive voices join forces and work with allies.

A first aspect in this is reaching out to and engaging with a broader set of allies, often 'unusual suspects'. Broad-based alliances represent larger constituencies and multiple voices. When joining forces around shared priorities and agenda, they can be very powerful. Even when not in full agreement on issues or priorities, they can coordinate their actions and messages to support each other's causes and strategies, and avoid being disempowered by 'divide and rule' strategies of opponents. At a minimum, broad alliances allow for joint coordination and for agreeing on and defending 'bare minimum' positions. For such broad alliances to effectively and jointly make progress on unfinished business, it is important to convene and agree on shared priorities and recommendations; CSO position papers serve as important points of reference for strong collaboration.

Joining forces with allies is effective at all levels of advocacy. At the community level, youth champions - in the anti-FGM campaign of YWCA in Kenya - engage in intergenerational dialogues, where younger and older generations exchange and find solutions to challenges of young people in SRHR. These lead to statements and positions of communities and their leaders to sub-national representatives, as well as media declarations of community leaders on the abandonment of FGM. The journalist network itself is an example of broadening allies, and mobilizing journalists and media within the context of broader advocacy strategies. Over time, the journalists themselves are realizing their need to engage with news room editors as potential allies, as part of a deepening of their activities to enhance objective SRHR reporting.

At the continental and international level, OAFLAD and African First Ladies build partnerships and join forces with the AU, multilateral agencies and national governments. Similarly, CSOs like IPPF convene other CSOs to jointly agree on a common framework and position paper that can serve as a basis for joint advocacy and messaging. The broad nature of the SoAW consortium itself offered a basis to facilitate and stimulate interactions between groups that not always engage with each other: journalists, young people, parliamentarians, government and intergovernmental representatives, faith leaders, and women's rights and SRHR activists. Much of the faith-based work of Faith to Action Network leverages the potential of mobilizing the silent middle to engage and speak out in support of values promoting women and girls' health, dignity and bodily integrity. This middle group can represent large, sometimes less outspoken or vocal constituencies; engaging with and mobilizing this majority voice, or voices, is a potentially successful strategy for promoting change.

A second important element of successful strategies to work with allies is that the building and maintenance of these relationships requires a long-term engagement. Allies do not become allies in one-off interactions and short-term collaborations. It is over time, and with continued attention for partnership building, that relationship are knit and consolidated. Exchange contributes to building confidence and trust, and also nurtures shared understanding. It is these dimensions that can shift affiliations and grow commitment to a common cause. The AADPD+5 process, embedded in the longer process of the ICPD+25 process, is a point in case, where longer-term objectives that have significance within the 'bigger picture' can guide collaboration and create a view of shared or common interests. A longer-term engagement and orientation also helps to rise above oneself and put issues and different views in perspective. Longer-term collaborations and coalitions are also of key value, because policy processes are often dynamic, with delays as well as unexpected opportunities. Joint allies can more easily navigate and take advantage of these dynamics, and might possess more flexibility in adapting messages and recommendations to circumstances and contexts.



## Lessons learned and concluding insights

In conclusion, this Synthesis Brief highlights five lessons learned in light of the questions it posed on progressing on the unfinished business in women and girls' rights in SRHR.

A first lesson learned is the importance of seeing and agreeing on the long-term objectives of advocacy to advance progress and realize women and girls' sexual and reproductive health and rights. The focus in this is on implementation and moving forward. Both the domestication and implementation of the landmark African commitments on women and girls' rights in these areas are *multilevel and long-term legal and policy processes*, that each entail multiple steps. It also means that ending discrimination of women and girls, and advancing and realizing their human rights, freedom and dignity are part of challenging existing *inequalities and gender norms* in which this dignity and their freedoms are ignored, denied or violated. Each step in the formulation, operationalization, budgeting, implementation and monitoring of policy and legal frameworks engages with such gender norms and power dynamics. In keeping the eye on the ball and also accepting that the transformative change is a long-term process, advocacy processes and legal and policy reform can and need to consider the pacing of change. Allowing time for change to happen, and have allies and stakeholders on board is important. So is keeping track that progress is not diluted or reversed along the way.

A second lesson pertains to having a solid understanding of what is at stake. This means that it is important to have a **holistic and comprehensive** understanding of women and girls' rights in SRHR. This means that sexual and reproductive health are an integral part of people's health, and that attaining and maintaining health implies respecting and promoting fundamental human rights of women and girls. It also means that sexual and reproductive health and rights are integrally linked to the elimination of discrimination of women, and to respectful and equitable gender relations.<sup>50</sup> A comprehensive approach in advocating for women and girls' SRHR is more successful when legal and policy negotiations are linked to the realities of women, girls, men and boys on the ground, for example by sharing testimonies, presenting data and evidence, consistent policy tracking, and by objective SRHR coverage in the media. It is particularly important to bring forward and responding to the most pressing and urgent issues, for instance in the context of conflict and war, humanitarian crisis, the COVID-19 pandemic, or forced displacement.

Thirdly, engage with your audience and **tailor your advocacy** messages and activities to the decision-makers and power holders you are targeting. Understand their perspective, their realities, their values and concerns, and then make yourself relevant to them. Knowing what to ask and how to ask it, is critical for several reasons. To start with, tailoring your messages will contribute to decision-makers actually hearing and understanding what you are trying to get across, in a way that makes sense to them. This also means figuring out what makes decision-makers 'tick'. What data and evidence do they need? But also, how do SRHR issues affect those decision-makers themselves, in their own lives and realities? And what are important values and beliefs to them, that are supportive and can be leveraged in advancing women and girls' rights in SRHR? Figuring this out then also means that understanding where contestations, diverging views or resistance come from, and what they are about. Many of the case studies speak to the importance of understanding and engaging with contestations and resistance, by nurturing dialogue and finding common ground in long-term objectives.

A fourth insight is that the strategy of the State of African Women campaign to strongly **link capacity strengthening and advocacy** actions works well. Capacity strengthening was targeted at selected champions and change agents, including young women, journalists, parliamentarians, and SRHR advocates. Such activities with champions often took place in the context of advocacy processes and events, where champions could immediately benefit from and make use of what they had gained and learned. Interestingly and importantly, capacity strengthening was also tailored to decision-makers that were targeted in advocacy strategies, in workshops as well as through the provision of various forms of technical assistance. It has proven successful to present advocacy asks to government and decision-makers and simultaneously address and fill knowledge or capacity gaps.

A fifth and closely related lesson is to find and nurture allies, stakeholders and champions, among diverse constituencies, leaders and decision-makers. In civil society, among political and traditional leaders at national and community levels, among faith leaders in large as well as community level faith institutions, among young people, among First Ladies and other important moral authorities, among decision-makers, politicians, parliamentarians at sub-national, national, regional and continental levels, among journalists working in a variety of media channels. They can be positive voices and forces for change towards the realization of women and girls' sexual and reproductive health and rights. For real change to happen, and to sustain, a broad range of stakeholders needs to be mobilized to join forces and move progress forward. These can also include 'unusual suspects', or stakeholders that initially misunderstand or mistrust each other.

The sixth and final lessons learned is that for these collaborations and partnership to become and be meaningful, trust and shared understanding are key. That means nurturing dialogue and conversations, and supporting allies with information, evidence, and assistance. Building that kind of trust-based relations only evolve in long-term engagements and collaborations, where allies get to know, understand and trust each other. And where they can also complement each other, with resources and networks. And where they build joint understanding and joint action for change, especially in an approach that is issue-based and goal oriented. In that joint engagement, agreed set of recommendations and messages can be put and pushed forward to address critical gaps and advance on unfinished business.

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<sup>50</sup> For a more elaborate articulation of this comprehensive and holistic understanding, see State of African Women report (2018, Full Report, pages 24-26). <https://rightbyher.org/resource/rapport-sur-la-condition-des-femmes-africaines-rapport-regional-cedeao/>



### COLOPHON

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# Coalition-building and multi level connections

Health and bodily integrity lie at the heart of well-being for all. Women and girls’ sexual and reproductive health and rights are critical elements of health and bodily integrity. The State of African Women campaign advocated for progressing on the unfinished business on women’s health and bodily integrity. The main objective of the State of African Women (SoAW) campaign is to contribute to securing, realizing and extending women’s rights enshrined in African Union (AU) policies in African countries. The campaign seeks to influence both legal and social norms change towards women and girls’ rights in SRHR, at continental, regional, national and sub-national levels, through a stronger voice and meaningful participation of civil society in decision-making. This synthesis brief reflects on the strategies pursued by this campaign to advance women and girls’ rights through coalition-building and advocacy for legal and social norms change and better implementation of policy commitments at multiple levels.

The synthesis brief is based on six case studies that were formulated as part of an action learning process with the consortium partners.<sup>51</sup> The case studies are prepared by: IPPF Africa Region, YWCA Kenya, Faith to Action Network and the OAFLAD (see page 2 for an overview of case studies). The case studies form the basis of two synthesis briefs: one on ‘*Progressing on the unfinished business*’, and another one on ‘Coalition-building and multilevel connections’. Both synthesis briefs seek to pull out strategies and joint learning across the diverse advocacy processes that are presented in the six case studies.

<sup>51</sup> Between 2018 and 2020 KIT facilitated an action-learning trajectory with the SOAWC partners. The aim of the trajectory was to 1) build capacities of consortium partners, CSOs and champions to critically interrogate their advocacy actions, and reflect on achievements and challenges; 2) to recalibrate advocacy activities, and 3) to document experiences and lessons learned from advocacy initiatives. The trajectory consisted of four phases: 1) an action learning skills building workshop (2018); 2) an action learning planning workshop (2018); 3) the implementation of action learning plans through data collection, reflection and documentation (2019) and 4) a writeshop to prepare case studies (2019). Throughout the trajectory, collective learning questions and recurrent themes were identified that formed the basis for two synthesis briefs. The process of developing the synthesis briefs during 2020 has been inductive and interactive, and involved both researchers, advocacy officers and staff from participating CSOs. As a result of the action learning trajectory 6 case studies were produced and 2 synthesis briefs.

# Coalition-building and multilevel connections

The SoAW partnership was set up recognizing the need to approach women and girls’ rights from multiple perspectives. A unique coalition of youth-serving organizations, faith organizations, feminist groups and SRHR activists joined to shape the SoAW campaign at the global, regional, national and local level. The assumption was that their combined strength would create a more united CSO voice, reach large and diverse constituencies and amplify the coalitions’ ability to leverage change at scale. The diverse coalition was the foundation of the State of African Women consortium itself but it was also clearly visible in the coalitions that were formed around specific advocacy goals, as presented in the case studies.

Especially in the field of women and girls’ rights in SRHR, CSOs operate in a diversified and constantly changing civic arena where backlashes happen and at the same time, different forms of activism emerge. Anticipating of, and responding to resistance as well as opportunities for activism requires a flexible and strategic approach to advocacy in which the building and diversification of coalitions is crucial. CSOs in a coalition have different constituents, political, financial and intellectual resources and therefore gain leverage through different strategies, towards different targets. Diversity of CSOs in a coalition provides credibility and legitimacy, and the opportunity to navigate power relations and to act collectively.

In the roll-out of the SoAW campaign, CSOs were exposed to a range of opportunities for collaboration at local, national and international levels, with a range of types of CSOs. Drawing from six case studies, in which CSOs have contributed to significant policy changes, this synthesis brief will engage with, and bring fresh insights to the relevance of collaboration and coalition-building among CSOs. Looking across the cases, we ask:

1. How can CSOs with different constituencies, worldviews, histories, political and financial resources, and operating style work together to achieve a common goal?
2. Which structure or coalition of actors is well placed and capacitated to facilitate this collaboration? How do you convene, broker, facilitate such coalitions?
3. How do effective linkages between different levels work (grassroots – national – international – regional-continental)?



## Overview and features of the coalitions in the case studies

The SoAW campaign focused on four priority rights areas: gender-based violence against women (GVAW), harmful practices (in particular child marriage and female genital mutilation), reproductive rights and sexual and reproductive health (RR and SRH) and HIV and AIDS. The six case studies that this synthesis speaks to seek to make progress in one of these areas in different ways through different forms of coalitions and advocacy at different levels. The CSO collaborations in our case studies are variously called coalition, steering committee or group, regional taskforce, network or partnership. Table 4 provides an overview of the coalitions, their advocacy goals and levels of intervention.

Table 4.  
Six advocacy coalitions in SoAW

Name of coalition	Advocacy goal(s)	Level(s) of campaign
1. Anti-FGM coalition	Eradication of FGM in families and communities; adoption of a consistent FGM act; approval of national FGM policy.	National and local
2. SRHR bill – Steering committee of Civil Society Task Force for Enactment of Regional Legislation on SRHR in East Africa	Re-tabling, re-drafting and adoption of the EAC SRHR Bill and its passage into law by EALA.	Regional and national
3. Free to Shine campaign – steering committee	PMTCT on the national agendas Alignment of agendas AU + OAFILAD + donors	Continental and national
4. ICPD+25/ AADPD+5 CSO steering group	Common CSO agenda (position paper)	International, continental, national
5. Journalist network	Improve the quality, accuracy and intensity of SRHR reporting to influence policymakers and decisions on reforms	Local, national, continental
6. AACC and F2A partnership	Institutional change in faith institutions and strengthen voice of faith leaders in continental platforms on SRHR	Local, national, continental

The coalitions reviewed were diverse in terms of their membership. The Anti-FGM coalition in Kenya, the ICPD+25/ AADPD+5 CSO steering group, the journalist network, and the AACC-Faith to Action Network partnership were mainly CSO based. The EAC steering committee of the regional taskforce on the SRHR bill included faith-based, rights-based, technical and development organizations and the Free to Shine campaign steering committee also included donors.

## Strategies

To advance their advocacy goals, coalitions used a range of strategies to build a common agenda and advocacy strategy and to join forces in advocacy campaigns. These are:

- Diversity in coalitions and strategic leadership (strategy 1)
- Multi-level advocacy (strategy 2)

### Strategy 1: Diversity in coalitions and strategic leadership

Most coalitions in the case studies were formed for the specific purpose of the campaign but they draw on longer-term experience and relationships. They all seek to **establish or strengthen a diverse membership** for a number of reasons:

- **Changes in context** prompting the broadening of the coalition. The Anti-FGM coalition consisted of an initial core group of leading activists and CSOs but its membership was expanded in response to a the threat of the reversal of the Anti-FGM law. Legal advocacy organizations joined the group to prepare evidence and a counter response against a retrogressive pro-FGM court case.
- **Broadening the reach of the general public and support base.** In the journalist network, among 40 members, different types of media producers (print, social media, radio, television) were represented as to broaden the reach of audiences.
- **Ensure complementarity in expertise and capacities.** The coalitions in the case studies sought to mobilize different types of expertise and capacity to advance their advocacy campaigns. Together, the coalition members combined political, technical, research, communication, diplomatic and social capacities that lead to a clear **division of labour**.
  - This was particularly evident when it concerns the building of the evidence for advocacy by **combining legal evidence and evidence on lived realities of women and girls**. In both the anti-FGM case study and the EALA case study, legal analysts and auditors were called upon to collect and present evidence regarding progress and gaps in legal documents, policy reforms and frameworks. In the anti-FGM case this resulted in the development of a counter response to the Anti-FGM court case and a roadmap for advocacy. At the same time, in the Anti-FGM coalition, YWCA Kenya brought in real life testimonies and evidence from the counties on rights violations to strengthen the evidence base. In the EALA case study, the Civil Society Task Force for Enactment of Regional Legislation on SRHR in East Africa (RTF) was re-activated and its membership expanded to include faith voices, and parliamentarians and the taskforce leveraged more legal expertise through the inclusion of the East Africa Law Society.

- Within coalitions, some partners were also called upon their specific **capacity strengthening and training expertise**. Capacity strengthening of coalition members and allies was a core strategy in most coalitions, often in preparation for advocacy actions. They ranged from light breakfast orientations with EALA parliamentarians (EALA case study) to large-scale campaign launches that were combined with sensitization sessions (OAFILAD case study). Continental summits and global conferences, such as the ICPD+25 Nairobi Summit in 2019, were used by coalition leads to organize pre-assemblies (ICPD faith pre-summit in the EALA case study) or side-events to strengthen understanding of rights issues, build advocacy skills and arrive at the formulation of joint statements.

The coalitions in the case studies started with a core group of CSOs; membership expanded and diversified for different reasons. However, the expansion not only concerned the core groups but included a strategy to **build alliances with champions** around the coalition. Across all coalitions, there were targeted efforts to broaden the reach of the coalition by engaging with allies who are not direct members of the coalition but who are influential for the roll-out of the campaigns. This engagement concerned awareness raising and capacity strengthening activities. In the **Anti-FGM coalition**, YWCA Kenya trained CSOs and young women champions on the issues and contestations around the FGM law and policy and on advocacy messaging. In the **AAPDP+5 and ICPD+25** process, the core team organized capacity strengthening workshops targeting civil society organisations, parliamentarians and journalists on policy and negotiation processes, the functioning of decision-making institutions and platforms. In the **EALA case study**, targeted efforts were made to mobilise regional parliamentarians and staff. Members of Parliament of the EALA supportive of the Bill, EALA staff who know the EALA calendar and decision-making processes, and EAC staff, who provide links between EALA the EAC secretariat and the governments of partner states. collaboration and partnerships between CSOs, faith leadership, members of parliament, and technical (government) staff at national and EAC levels was a condition to move the SRHR Bill forward. In the **journalist network case study**, IPPFAR has developed strategies to sensitize journalist champions and provide them with guidance on how to report objectively and on diverse SRHR topics. In most case studies, the use of social media worked to sensitize the public and call people to action in an effort to expand the SRHR movement beyond coalitions and allies.

The case studies underline the importance of **strategic leadership** in convening coalition members and bringing together the diverse coalition members around a common agenda or roadmap. In the AACC, EALA and OAFLAD case study, a **co-leadership** was established between two institutions, building on existing relations and shared purpose but also strategic considerations.

- In the **EALA case study**, Faith to Action Network and EANNASO co-chaired the steering committee of the civil society taskforce. Faith to Action Network was well positioned to mobilize positive faith voices whereas EANNASO is a strong leading organisation among CSOs working on health rights.
- In the **OAFLAD case study**, the Free to Shine campaign was co-lead by OAFLAD and the African Union Commission (AUC) who speak to different constituents and can leverage different **sources of authority**. OAFLAD secretariat could leverage the moral authority and high-level leadership of African First Ladies, at both national levels and in international fora, including around AU Summits. OAFLAD, through its General Assemblies, was also able to expand the number of African First Ladies adhering to the campaign through facilitating experience sharing between First Ladies. The AUC provided the political authority to mobilize member states; its’ formal note verbal to member states accelerated the roll-out of the campaign.

- In the **AACC case study**, the co-leads (AACC and Faith to Action Network) of the campaign for strengthened faith voices in SRHR issues, also complemented each other in terms of ambitions, strategic positioning and linkages to members at the grassroots. Both have long-term engagement with justice and development issues and both are membership organizations who had gained the trust of their members in representing faith interests. Whereas AACC has observer status at the AU, the Faith to Action Network is a member of the UN Taskforce on Religion and SRHR, each leveraging access to different policy processes and decision-making spaces.

Strategic leadership also entails the identification of, and reaction to, **windows of opportunity** that arise. Given that moments for actual policy change often come and go as political, social and economic contexts change, coalitions need to use and create windows of opportunity. Coalition members may perceive and have access to different opportunities, and if well-coordinated, this provides “readiness” and flexibility of coalitions to respond. A court case against the criminalization of FGM in Kenya provided a momentum for the **Anti-FGM coalition** to prepare a counter response through the active membership of a CSO experienced in litigation. It also provided a strong incentive to strengthen legal literacy at the grassroots level. In the **EALA case study**, the coalition worked with a roadmap that was continuously adapted to respond to new realities and opportunities. One of the co-leads, Faith to Action Network, was well positioned to navigate policy processes by being present and **engaging in different advocacy processes simultaneously**. Faith to Action Network contributed to policy development at subnational and national levels on youth development and at regional level on gender-based violence and FGM. The presence and contributions of faith leaders at these levels leveraged the voice of faith leaders in the SRHR Bill process. At the same time, the visibility and constructive support of faith leaders built the legitimacy of the Network, generating trust among faith actors and building rapport with government ministries, the EALA and EAC actors, allowing for well-informed advocacy strategy and actions.

Strategy 2: Multilevel work

Coalitions at national (Anti-FGM case study), regional (EALA case study) and continental (AACC case study, Journalist network case study, OAFLAD case study, AAPDP+5 and ICPD+25 case study) levels are the groups that lead the articulation of claims and that are present in political spaces. Their agendas, however, are derived directly or indirectly, from needs, experiences and rights held by women and girls in communities and at the local levels of governance. These “grassroots” take diverse organizational forms ranging from community-level young women’s groups (Anti-FGM case study), faith-based groups and youth groups (EALA case study), and women’s right champions (all case studies).

The cases represent a spectrum in respect of how central the connection with grassroots groups and women and girls at the local level was established and how national, regional and continental coalitions relate to them. At one end of the spectrum would be the national **Anti-FGM coalition** in which one member, YWCA, uses multiple strategies at the local level, from consultations and engagement of women with lived experiences. It has as an explicit objective to enhance linkages between national level processes and grassroots movement to achieve social and policy norm change regarding the practice of FGM. It mobilizes young women champions and peer educators to discuss the negative impact of FGM on women and girls at community level and in schools and at bringing young women’s voices into county-level Gender Technical Working groups, that constitute coalitions at the local level. Input and evidence from the county level is brought up to the national anti-FGM taskforce. Inversely, YWCA translates knowledge and information from the national to the local level.

At the other end would be the **Free to Shine campaign** that started as a continental campaign, engaging policymakers and international partners in designing and endorsing the campaign, down to the national level, engaging ministers to adopt the campaign and First Ladies to engage with the larger public. In the **EALA case study**, formal processes of citizen voice were created through national level public hearings of which results were transferred to national EALA MPs. The national hearings revealed contestations that informed the CSO agenda. In the **AAPDP+5 and ICPD+25** case study a bottom-up process from the local to the continental level was designed to provide input from the grassroots to the advocacy process. The journalists in the **journalist network** function as intermediaries between grassroots organisations (IPPF member associations) and continental (such as Gender is My Agenda) and social media platforms where they share stories from the field on issues such as gender-based violence, FGM and unsafe abortion.



## Lessons learned

In conclusion, this brief highlights four lessons learned in relation to the learning questions it posed on building coalitions and working at multiple levels to achieve advocacy goals.

### Capacity strengthening as a condition to develop common ground

Most cases included capacity strengthening of CSO members on advocacy tactics, the political, social and legal aspects around women and girls' rights in SRHR. Whereas campaign leads have learned and enhanced their abilities to lead, adapt, and manage relations in a coalition, members have accessed new data and knowledge. Capacity strengthening has proven an important strategy to build common ground as well as to enhance the effectiveness of advocacy coalitions.

### Stronger and diversified coalitions as intermediate outcome of advocacy

The building of a strong(er) or broad(er) coalition was one of the core objectives of the advocacy campaigns. Coalition-building is a process and an outcome in itself and an intermediate step towards enhanced advocacy impact. In addition, in all the cases, it has resulted in the advocacy capacity strengthening of members, individuals and organizations. For example, coalition-building resulted in a **stronger journalist network** that has become a sustainable community of practice with a mutual support structure, peer review and joint media coverage of SRHR stories. This encourages individual members to speak out and deepen and sustain their role as advocates, and it enables them to cope with challenges that individual members face. The other coalitions have been able to diversify their membership, bring on board new expertise, new constituencies or champions and other allies.

### Linking with organizations, champions and leaders at the grassroots

The grassroots organizations involved in advocacy work in the case-studies are organized around different identities, activities or themes. They harbor a legitimacy because they emerge from their members' (e.g. youth, faith groups, young women) needs or rights claims, and they bring to the coalition their convening and mobilizing power. We have seen in the case studies that apart from bringing in the evidence and voice of women and girls' in subnational or national advocacy, grassroots mobilization in itself can change the public discourse and social norms and practices needed to sustain the higher-level policy change aspired by national coalitions.

### Investing in identifying complementarities and potential conflict

The process of coalition-building can consume time, especially when political circumstances change and enthusiasm or commitment fades in allies and partners. Diversity in a coalition can be seen as a barrier for creating a unified agenda or voice, while the push to develop a common agenda may push valuable diversities to the background. The case studies showed that strong (co-)leadership is crucial to facilitate discussions between organizations and individuals with different worldviews and opinions and keep members on board. However, most coalitions in the case studies could have made **more use of complementarities and synergies through a more conscious mapping of organizations and collaborations**. Such maps can show where and how members will add value, whether some members' strategies unintentionally work in opposition and it can identify potential points of conflict. The map could indicate how a particular member is contributing to the collective goal and hence inform the division of labour, but it could also identify how coalition membership can strengthen individual members' strategic positioning, impact and operational power.



### COLOPHON

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