

MenEngage Africa Sexual and Reproductive Health and Rights Strategic Plan 2023–2027



MenEngage

working with men and boys for gender equality

Africa



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Sexual and Reproductive Health
and Rights Strategic Plan
2023-2027

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Foreword

My body, My right,

A message of awareness that we always hear in the context of campaigns related to sexual health and reproductive rights. Unfortunately, this often remains a slogan! Easy to say, but this little girl who lives far away in the countryside will never be able to say it so loud and clear:

"My body, my right."

This little girl in the distance in the countryside, this woman prisoner of the patriarchal culture, looks at us and says to herself, do they understand what we are really going through.

Sometimes, I want to change this slogan to "Their bodies, Their rights" to shout loud and clear for them! They, whom despite the efforts made by the militants, will never be able to change their lives.

MenEngage Africa launches its strategy to make sexual health and the right to reproductive health a reality. Yes, because it is a right. We tend to link the right to all aspects of life, but when it comes to reproductive health, especially of young girls and women, we find it difficult to give them this right to understand but above all to decide.

Every life counts, every birth must count too!
Thus, there is no need for a forced birth.

Every girl must have the opportunity to have control of her body, to be safe, especially at home.
What a tragedy to be mistreated in one's own territory!

We call on men and boys to put aside their egos and their powers. Powers traditionally decided by an unjust society, and to arm themselves with gender justice, so that this girl in the distance in the countryside can shout with all of us:
My body, my right and live the true freedom that giving to be a girl, to be a woman!

Mon corps, Mon droit,

Un message de sensibilisation que nous entendons toujours dans le cadre des campagnes liées à la santé sexuelle et aux droits reproductifs.

Hélas, cela reste souvent un slogan ! Facile à dire, mais cette petite fille qui vit au loin dans la campagne ne pourra jamais le dire aussi haut et fort : "Mon corps, mon droit".

Cette petite fille au loin dans la campagne, cette femme prisonnière de la culture patriarcal, nous regarde et se disent, est-ce qu'ils comprennent ce que nous vivons réellement.

Certaines fois, j'ai envie de changer ce slogan en « Leurs corps, Leurs droits » pour crier haut et fort pour elles ! Elles, que malgré les efforts faits par les militants ne pourront jamais changer de vie.

MenEngage Africa lance son stratégie pour que la santé sexuelle et le droit à la santé reproductive soit une réalité. Oui, car c'est un droit. On a tendance à relier le droit à tous les aspects de la vie, mais quand il s'agit de la santé reproductive surtout des jeunes filles et des femmes, nous arrivons difficilement à leur donner ce droit de comprendre mais surtout de décider.

Chaque vie compte, chaque naissance doit compter aussi ! Ainsi, on n'a pas besoin de naissance forcée.

Chaque fille doit avoir la possibilité de disposer de son corps, d'être en sécurité surtout à la maison.
Quelle tragédie que d'être maltraitée dans son propre territoire !

Nous appelons les hommes et les garçons à laisser de côté leurs égos et leurs pouvoirs. Pouvoirs décidés traditionnellement par une société injuste, et de s'armer de la justice du genre, pour que cette fille au loin dans la campagne puisse crier avec nous tous : Mon corps, mon droit et vivre la vraie liberté qu'offre le fait d'être une fille, d'être une femme !

*Sariaka Nantenaina
MenEngage Africa Chairperson*

Message from MenEngage Africa Steering Committee

At MenEngage Africa, we are cognisant of the sexual and reproductive health and rights issues that negatively impact the lives of women and girls across the region and are endorsed by harmful traditional norms. An urgent response to the issues that impact the bodily autonomy of women, girls, men and boys in the community is the need to actively engage men and boys to change masculinities and harmful practices through a gender-transformative lens.

MEA is committed to advocating for equitable, democratic, gender-just sexual and reproductive health and working with women's rights and sexual and reproductive health and rights (SRHR) activists; people with diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) activists and networks; and civil society organisations that promote social justice and human rights.

This bold and ambitious strategic plan seeks to stimulate change through four key interconnected strategies:

- **LINK:** Alliance and partnership building to strengthen the MEA network and leadership focus on SRHR;
- **LEARN:** Knowledge management, where we will continue to create and use evidence-based resources to improve knowledge and skills on SRHR;
- **IMPROVE:** Capacity strengthening. To build the movement, we will adapt to, contribute meaningfully, and act in harmony with gender and social justice movements.
- **INFLUENCE:** Advocacy and campaigning. We will advocate with policy influencers at all levels to increase our political voice to create an enabling policy environment for women, girls and people with diverse SOGIESC.

It gives us great pride to have this strategic plan, which should guide our work for the next couple of years and will provide a platform for our over 530-plus organisations to contribute meaningfully to the realisation of sexual and reproductive health and rights across the region. We are already grateful to the many organisations that have contributed to this and will be working tirelessly in the next couple of years to implement the strategic plan. Together, we will make this happen and count on your contributions.

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List of Acronyms and Abbreviations

CARMMA	Campaign for accelerating the reduction of maternal mortality in Africa
EAC	East African Community
ECOWAS	Economic Community of West African States
ESA	Eastern and Southern Africa
FGM	Female genital mutilation or cutting
LGBTIQ	Lesbian, gay, bisexual, transgender, intersex, queer. Collectively referred to as people with diverse SOGIESC
M&E	Monitoring and evaluation
MEA	MenEngage Africa
MoU	Memorandum of understanding
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-exposure prophylaxis
SADC	Southern African Development Community
SDG	Sustainable Development Goals
SOGIESC	Sexual orientation, gender identity and expression, and sex characteristics
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STIs	Sexually transmitted infections
UN	United Nations
UNAIDS	United Nations Joint Programme on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Glossary of Terms

Bodily autonomy ¹	Having the power and agency to make choices over one's body and future without violence or coercion. This includes when, whether, or with whom to have sex. It includes when, whether, or with whom you want to become pregnant. It means the freedom to go to a doctor whenever you need one.
Child marriage ²	Child marriage refers to any marriage where one or both of the spouses are below the age of 18. It is a violation of the Universal Declaration of Human Rights, which states that "marriage shall be entered into only with the free and full consent of the intending spouses". Girls are more likely to be child brides, and consequently drop out of school and experience other forms of violence.
Comprehensive sexuality education ³	<p>Age-appropriate, culturally relevant, scientifically accurate, realistic, non-judgemental information about sex and relationships. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk-reduction skills about many aspects of sexuality.</p> <p>The term "comprehensive" indicates "that this approach to sexuality education encompasses the full range of information, skills and values to enable young people in all their diversity to exercise their sexual and reproductive rights and to make decisions about their health and sexuality. It is important to understand that comprehensive sexuality education offers the full range of possibilities for young people to practice safer sex and does not just promote messages about abstinence".</p>
Female genital mutilation or cutting ⁴	Female genital mutilation includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. It is classified into four major types, and both the practice and the motivations behind it vary from place to place. FGM is a social norm, often considered a necessary step in preparing girls for adulthood and marriage and typically driven by beliefs about gender and its relation to appropriate sexual expression.
Feminism ⁵	The belief in full social, economic, and political equality of the sexes.
Feminist agenda	The goal of feminism is to challenge the systemic inequalities women face daily.
Gender ⁶	A social and cultural construct, which distinguishes differences in the attributes of men and women, girls and boys, and accordingly refers to the roles and responsibilities of men and women. Gender-based roles and other attributes, therefore, change over time and vary with different cultural contexts. The concept of gender includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men (femininity and masculinity). This concept is useful in analysing how commonly shared practices legitimise discrepancies between sexes.

¹UNFPA. (2021). *State of the world population report*. United Nations Population Fund.

https://www.unfpa.org/sites/default/files/pub-pdf/SoWP2021_Report_-_EN_web.3.21_0.pdf

²UN Women. (2022). *Key terms*. United Nations Women. <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence>

³UNAIDS. (2015). *Terminology guidelines*. Joint United Nations Programme on HIV and AIDS.

https://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

⁴UN Women. (2022). *Key terms*. United Nations Women. <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence>

⁵Britannica. (2022). *Feminism*. <https://www.britannica.com/topic/feminism>

⁶UNICEF. (2017). *Glossary of terms and concepts*. United Nations Children's Fund.

Gender-based violence ⁷	Gender-based violence refers to harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. The term is primarily used to underscore the fact that structural, gender-based power differentials place women and girls at risk of multiple forms of violence. While women and girls suffer disproportionately from gender-based violence, men and boys can also be targeted. The term is also sometimes used to describe targeted violence against LGBTIQ populations when referencing violence related to norms of masculinity/femininity and/or gender norm.
Gender equality ⁸	The concept that women and men, girls and boys have equal conditions, treatment and opportunities for realising their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development. Gender equality is, therefore, the equal valuing by society of the similarities and the differences of men and women, and the roles they play. It is based on women and men being full partners in the home, community and society. Equality means that a person's rights, responsibilities and opportunities will not depend on whether they are born male or female.
Gender-transformative approach ⁹	Seeks to actively challenge gender inequality by transforming harmful gender norms, roles and relations through programmatic inclusion of strategies to foster progressive changes in power relationships between genders. This happens at all levels of the social ecological model.
Intersectional feminism	The understanding of how women's overlapping identities—including race, class, ethnicity, religion and sexual orientation—impact the way they experience oppression and discrimination.
Intimate partner violence ¹⁰	Intimate partner violence, also called domestic abuse or domestic violence, is any pattern of behaviour that is used to gain or maintain power and control over an intimate partner. It encompasses all physical, sexual, emotional, economic and psychological actions or threats of actions that influence another person. This is one of the most common forms of violence experienced by women globally.
LGBTIQ	Includes lesbian, gay, bisexual, transgender, intersex and queer persons. To avoid stigma and discrimination LGBTIQ people are referred to as people with diverse sexual orientation gender identities and expressions and sex characteristics (SOGIESC).
Maternal mortality ¹¹	Refers to the deaths related to or aggravated by pregnancy or its management during pregnancy or childbirth or within 42 days of termination of pregnancy.
Maternal mortality rate ¹²	Annual number of female deaths from any cause related to or aggravated by pregnancy or its management during pregnancy and childbirth, or within 42 days of termination of pregnancy, expressed per 100 000 live births.
Modern methods of contraception ¹³	Are described as methods which use a product or medical procedure that interferes with reproduction from acts of sexual intercourse. These include sterilisation (male and female), intrauterine devices and systems, subdermal implants, oral contraceptives, condoms (internal and external), injectables, emergency contraceptive pills, patches, diaphragms and cervical caps, spermicidal agents (gels, foams, creams, suppositories, etc.), vaginal rings, sponge.

⁷UN Women. (2022). *Key terms*. United Nations Women. <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence>

⁸UNICEF. (2017). *Glossary of terms and concepts*. United Nations Children's Fund. <https://www.unicef.org/rosa/media/1761/file/Gender%20glossary%20of%20terms%20and%20concepts%20.pdf>

⁹WHO. (2011). *Gender mainstreaming for health managers: A practical approach*. World Health Organization. http://apps.who.int/iris/bitstream/handle/10665/44516/9789241501064_eng.pdf?sequence=2

¹⁰UN Women. (2022). *Key terms*. United Nations Women. <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence>

¹¹UNICEF. (2021). *Maternal mortality*. World Health Organization. <https://data.unicef.org/topic/maternal-health/maternal-mortality/>

¹²WHO. (2021). *Scorecard on sexual and reproductive health and rights in WHO African region – 2020*. World Health Organization. <https://www.afro.who.int/publications/scorecard-sexual-and-reproductive-health-and-rights-who-african-region>

¹³Hubacher, D., & Trussell, J. (2015). A definition of modern contraceptive methods. *Contraception*, 92(5), 420-421. <http://www.track20.org/download/pdf/Article%20-%20Hubacher%20and%20Trussell%20Contraception%202015.pdf>

Neonatal mortality rate	Number of deaths during the first 28 completed days of life per 1 000 live births in a given year or period.
Non-modern methods of contraception ¹⁴	Also known as traditional or natural methods, and are generally less reliable and effective than modern methods. These include fertility awareness approaches, withdrawal, lactational amenorrhoea, abstinence.
Realising sexual and reproductive rights ¹⁵	All individuals have the rights to have their bodily integrity, privacy and personal autonomy respected. They must be able to freely define their sexuality, including sexual orientation and gender expression and identity; to decide when and if to have sex and with whom; to have safe and pleasurable sexual experiences; and to make their own choices about marriage and children. These rights depend on access to and choices in high-quality services and information, tailored to different stages of life, and free from discrimination, coercion and violence.
Sex ¹⁶	Refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. In general use in many languages, the term "sex" is often used to mean "sexual activity", but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred.
Sexuality ¹⁷	Is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.
Sexual and reproductive health ¹⁸	Sexual and reproductive health is a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall well-being.
Sexual and reproductive health package ¹⁹	Essential sexual and reproductive health services must meet public health and human rights standards, including the "Availability, Accessibility, Acceptability, and Quality" framework of the right to health ²⁰ . The services should include: <ul style="list-style-type: none"> • accurate information and counselling on sexual and reproductive health, including evidence-based, comprehensive sexuality education, • information, counselling, and care related to sexual function and satisfaction, • prevention, detection, and management of sexual and gender-based violence and coercion, • a choice of safe and effective contraceptive methods, • safe and effective antenatal, childbirth, and postnatal care, • safe and effective abortion services and care,

¹⁴Hubacher, D., & Trussell, J. (2015). A definition of modern contraceptive methods. *Contraception*, 92(5), 420-421.

<http://www.track20.org/download/pdf/Article%20-%20Hubacher%20and%20Trussell%20Contraception%202015.pdf>

¹⁵UNAIDS. (2015). *Terminology guidelines*. Joint United Nations Programme on HIV and AIDS.

https://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

¹⁶WHO. (2017). *WHO working definitions*. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/258738/9789241512886-eng.pdf>

¹⁷WHO. (2017). *WHO working definitions*. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/258738/9789241512886-eng.pdf>

¹⁸Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J., Blum, T. R., et al. (2018). Accelerate progress—sexual and reproductive health and rights for all: Report of the Guttmacher–Lancet Commission. *The Lancet*, 391, June 30, 2642–2692.

[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)30293-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30293-9.pdf)

¹⁹Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J., Blum, T. R., et al. (2018). Accelerate progress—sexual and reproductive health and rights for all: Report of the Guttmacher–Lancet Commission. *The Lancet*, 391, June 30, 2642–2692.

[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)30293-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30293-9.pdf)

²⁰OHCHR, & WHO. (2008). *The right to health*. Fact sheet no. 323. Office of the United Nations High Commissioner for Human Rights & World Health Organization. <https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf>

	<ul style="list-style-type: none"> • prevention, management, and treatment of infertility, • prevention, detection, and treatment of sexually transmitted infections, including HIV, and of reproductive tract infections; and prevention, detection, and treatment of reproductive cancers.
Sexual and reproductive rights ²¹	<p>All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:</p> <ul style="list-style-type: none"> • have their bodily integrity, privacy, and personal autonomy respected, • freely define their own sexuality, including sexual orientation and gender identity and expression, • decide whether and when to be sexually active, • choose their sexual partners, • have safe and pleasurable sexual experiences, • decide whether, when, and whom to marry, • decide whether, when, and by what means to have a child or children, and how many children to have, • have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.
Sexual health ²²	The purpose of sexual health is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.
SOGIESC ²³	<p>Refers to people with diverse sexual orientation, gender identities and expressions and sex characteristics.</p> <p>Sexual orientation refers to each person's capacity for profound emotional, affectional and sexual attraction to (and intimate and sexual relations with) individuals of any sex. SOGIESC, an often-used abbreviation, stands for sexual orientation, gender identity expressions and sex characteristics.</p> <p>Gender identity refers to a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes both the personal sense of the body—which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means—as well as other expressions of gender, including dress, speech and mannerisms.</p> <p>Gender expression refers to external manifestations of gender, expressed through one's name, pronouns, clothing, haircut, behaviour, voice or body characteristics.</p> <p>Sex characteristics include primary sex characteristics (e.g., inner and outer genitalia and/or chromosomal and hormone structure) and secondary sex characteristics (e.g., muscle mass, hair distribution and stature).</p>

²¹Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J., Blum, T. R., et al. (2018). Accelerate progress—sexual and reproductive health and rights for all: Report of the Guttmacher–Lancet Commission. *The Lancet*, 391, June 30, 2642–2692. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)30293-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30293-9.pdf)

²²UNFPA. (1994). *International Conference on Population and Development*. United Nations Population Fund. <https://www.unfpa.org/events/international-conference-population-and-development-icpd>

²³ARCI, IBA, & ILGBTIA. (2016). *Sexual orientation, gender identity and expression, and sex characteristics at the Universal Periodic Review*. ARC International, International Bar Association, & the International Lesbian, Gay, Bisexual, Trans and Intersex Association. <https://www.pgaction.org/inclusion/pdf/resources/2016-11-SOGI-report-Arc-Intl.pdf>

Executive Summary

MenEngage Africa (MEA) transforms gender inequality and its negative effects on sexual and reproductive health outcomes by involving men and boys as agents of change. MEA is part of the Global MenEngage Alliance and consists of a network of women's rights and sexual and reproductive health and rights (SRHR) activists; and people with diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) activists and networks; and civil society organisations that promote social justice and human rights²⁴.

The vision of the MEA SRHR Strategic Plan is for women, girls, men, boys, and people with diverse SOGIESC to realise their rights to optimal sexual and reproductive health and well-being in Africa. The Plan will inform country networks on how to advocate for improved sexual and reproductive health and rights outcomes, and for societies free of gender inequality through four strategies summarised as Link, Learn, Improve and Influence. Under the MEA banner, each country network will be able to customise the MEA SRHR Strategic Plan to their local context without compromising on the sexual and reproductive principles, rights, quality, and minimum standards implied by the Plan. By standardising country approaches, harmonious progress towards achieving the Sustainable Development Goals and other regional and global SRHR agendas is possible.

This MEA SRHR Strategic Plan, like all MEA programmes and policies, is underpinned by evidence as well as global and regional policy commitments and objectives. The SRHR of girls and women in Africa, of different ages, religions, socio-economic status, sexual orientations, cultural associations and gender expressions guided the content of the strategy. During the development process, partners and bodies in the SRHR were widely consulted for input. MEA is committed to advocating for gender-transformation that will afford bodily autonomy and bodily integrity to all people free from coercion and discrimination.

²⁴MenEngage Alliance. (2019). *Masculinities, youth and SRHR*. MenEngage Alliance. <https://menengage.org/resources/masculinities-youth-and-srhr/>

What is sexual and reproductive health?

Sexual and reproductive health is a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. A positive approach to sexuality and reproduction should therefore recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall well-being²⁵.

Throughout the world, sexual and reproductive health is largely considered the sole responsibility of women, and many men neglect the sexual and reproductive health needs of their partners and their families, as well as their own²⁶. The ultimate goal of sexual health is the attainment of physical, emotional, mental and social well-being in relation to sexuality²⁷.

Reproductive health refers to the reproductive system and to its functions and processes. To attain reproductive health implies that people can have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so, without discrimination, violence and coercion.

Sexual and reproductive rights

All individuals have the right to have their bodily integrity, privacy and personal autonomy protected and respected; and everyone must be able to freely define their sexuality, including sexual orientation, gender identity, and to freely decide if and when and with whom to have sex; to have safe and pleasurable sexual experiences; and to have the freedom to make their own choices about marriage and children. Realising these rights require informed decision-making and consent to engage in sexual activity, have children, or enter into marriage²⁸. It must be freely and actively given and cannot be provided by someone who is under the influence of drugs or alcohol, by someone underage, or on behalf of a person. Consent is specific, meaning that consent to one act does not imply consent to any others, and reversible, meaning that it may be revoked at any time²⁹. These rights depend on access to and choices in high-quality services and information, tailored to different stages of life, and free from discrimination, coercion and violence. Some important rights that must be mutually upheld and enforced for the full realisation of sexual and reproductive health are detailed in Table 1.

A comprehensive sexual and reproductive health package guarantees access to:

- 1 Accurate information and counselling on sexual and reproductive health, including evidence-based, comprehensive sexuality education, in and out of school
- 2 Information, counselling, and care related to sexual function and satisfaction
- 3 Prevention, detection, and management of sexual and gender-based violence and coercion
- 4 A choice of safe and effective contraceptive methods
- 5 Safe and effective antenatal, childbirth, and postnatal care
- 6 Safe and effective abortion services and care, including treatment of complications of unsafe abortions
- 7 Prevention, management, and treatment of infertility
- 8 Prevention, detection, and treatment of sexually transmitted infections, including HIV infections

Figure 1 Comprehensive sexual and reproductive health package

²⁵Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J., Blum, T. R., et al. (2018). Accelerate progress—sexual and reproductive health and rights for all: Report of the Guttmacher–Lancet Commission. *The Lancet*, 391, June 30, 2642–2692.

²⁶MenEngage Alliance. (2019). *Masculinities, youth and SRHR*. MenEngage Alliance.

²⁷WHO. (2017). *Sexual health and its linkages to reproductive health: An operational approach*. World Health Organization.

²⁸UNFPA. (2022). *Seeing the unseen: The case for action in the neglected crisis of unintended pregnancy*. United Nations Population Fund.

²⁹UN Women. (2022). *Frequently asked questions: Types of violence against women and girls*. UN Women.

³⁰UN Women. (2022). *Frequently asked questions: Types of violence against women and girls*. UN Women.

Table 1 Important sexual and reproductive rights

The right to the highest attainable standard of health (including sexual and reproductive health) and health protection	The right to full expression of gender and sexual orientation without stigma, discrimination, prosecution, violence and violation	The right to freely choose whom to have a relationship with, whether to have sex, how to engage in sex
The right to liberty and freedom to make informed decisions about all aspects of one's life without interference from other people or the authorities	The right to be free from torture and ill treatment and cruel, inhumane or degrading treatment or punishment	The right to marry and to establish a family with free and full consent of the spouses, and to equality in and at the divorce
The right to equality and non-discrimination	The right to pursue a satisfying and pleasurable sexual life	The right to freedom of thought and expression
The right to be protected from harmful practices	The right to privacy and confidentiality	The right to be treated with respect and dignity
The right to decide freely whether and how to control fertility and decide whether to have children; choose any method of contraception; and access to safe abortion	The right to freedom from all forms of violence, abuse, exploitation and discrimination	The right to information and education
The right to access services regardless of race, gender identity, sexual orientation, marital status, age, religious or political belief, ethnicity, or disability	The right to recognition everywhere as a person before the law	The right to an effective remedy for violations of fundamental rights

MenEngage Global Alliance

MenEngage Global Alliance is an international social change network, which harnesses the collective capabilities of more than 1 000 diverse member organisations from 84 countries to transform patriarchal masculinities through male engagement. MenEngage Global Alliance's shared vision of gender, social, economic and environmental justice for all relies on freedom for everyone, including people with diverse SOGIESC, to access sexual and reproductive health and realise SRHR³⁰.

SRHR is a key part of MenEngage Alliance's broader commitment to supporting gender equality and removing power differences. Learning from and in partnership with feminist organisations, the alliance constantly improves its own understanding of the complexity of SRHR and how to expand access to sexual and reproductive health for women, girls, people with diverse SOGIESC, young people, and all who are excluded from health care, social services and education.

The SRHR Working Group standardises advocacy for SRHR services and approaches across regions, country networks and partners. The Group offers capacity building resources and technical assistance to create access to SRHR, hold governments and office bearers accountable for gender-just SRHR policies and its implementation, and engaging diverse

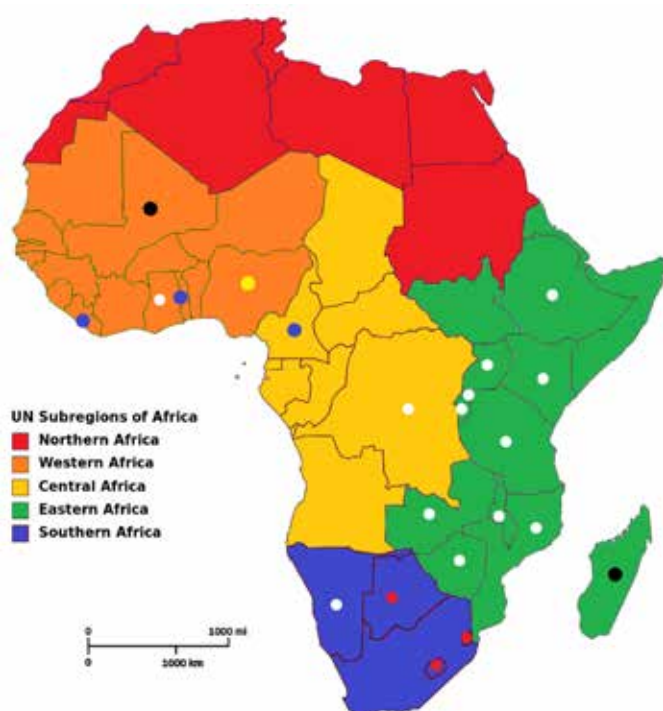
³⁰ MenEngage Alliance. (2021). *Sexual & reproductive health & rights discussion paper*. MenEngage Alliance. <https://menengage.org/resources/ubuntu-symposium-sexual-reproductive-health-rights-discussion-paper/>

partners in gender-equal SRHR. Available SRHR Working Group resources range from policy guidance through to advocacy support and communication tools (Appendix 1 on p. 45). Another objective of the Group is to increase boys' and men's own uptake of sexual and reproductive and HIV services; to improve their involvement in sexual and reproductive issues and family care responsibilities; and to empower them to be active, reflexive participants in the realisation of gender equality^{31, 32}.

MenEngage Africa

MEA supports the MenEngage Global Alliance vision by translating the global agenda into local realities and feeding back the learnings from the Africa region to inform the international plan on men and masculinities.

Figure 2 MEA member countries



As part of the global alliance, MEA started forming country level networks in 2006. Currently MEA has 550 member organisations and is the largest network of civil society organisations and activists on the continent and the strongest of the six regions in the MenEngage Global Alliance. MEA consists of 22 country networks³³ spread across East, West, Central and Southern Africa (Figure 2).

The country members implement joint advocacy programmes on the MEA thematic areas at the local level, regional economic communities, and on various international platforms. SRHR as a key thematic area focuses on men as diverse individuals with their own sexual and reproductive needs and rights.

Through male engagement, MEA advocates for, implements, and documents effective, evidence and rights-based programming and policies to achieve gender equality, promote health, reduce violence, and to question and address the structural barriers to gender equality. MEA's gender-transformative

approach addresses patriarchy and toxic masculinities. MEA engages men and boys to actively challenge gender norms, promote positions of social and political influence for women in communities, and address power inequities between persons of different genders at all levels^{34, 35}. With women and girls, the focus is on enhancing agency to claim rights and bodily autonomy.

³¹Sonke Gender Justice. (2022). *Global SRHR initiative. Sexual and reproductive health & rights*. Sonke Gender Justice. <https://genderjustice.org.za/project/sexual-reproductive-health-rights/global-srhr-initiative/>

³²MenEngage Alliance. (2022). *Sexual and reproductive health and rights*. MenEngage Alliance. <https://menengage.org/our-work/srhr/>

³³Botswana, Burundi, Cameroon, Ethiopia, Democratic Republic of Congo, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Nigeria, Rwanda, Sierra Leone, Swaziland, Tanzania, Togo, Uganda, Zambia, and Zimbabwe. The South African country network is currently being established.

³⁴Clark, H., Coll-Seck, A. M., & Banerjee, A., et al. (2020). A future for the world's children? A WHO–UNICEF–Lancet Commission. *The Lancet*, 395, February 22, 2020, 605–658. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2932540-1>

³⁵Edström, J., Hassink, A., Shahrokh, T., & Stern, E. (Eds). (2015). *Engendering men: A collaborative review of evidence on men and boys in social change and gender equality*. EMERGE evidence review. Promundo-US, Sonke Gender Justice, & the Institute of Development Studies. <https://www.repositorio.ciem.ucr.ac.cr/bitstream/123456789/291/1/RCIEM256.pdf>

MEA sexual and reproductive health and rights priorities

Although SRHR has been one of the integrated thematic areas in MEA, it has not been funded separately until now. A 2020 evaluation report of MEA identified several sexual and reproductive-specific barriers in Africa³⁶. Firstly, many faith-based organisations continue to promote sexual abstinence outside of heterosexual marriage and are often reluctant to discuss sexuality and reproduction in an open and accepting manner. Secondly, criminalisation and widespread stigmatisation of people with diverse SOGIESC, people who inject drugs, and sex workers are commonplace in Africa and could result in imprisonment in these countries. Faith-based and organisations representing people with diverse SOGIESC were poorly represented in the MEA network.

In line with the Global MenEngage Alliance SRHR Working Group, MEA prioritised creation and use of a capable, inclusive and accountable network to engage men and boys to:

- Advocate for improved access to rights-based and positive-oriented sexual and reproductive health services and education
- Support and hold governments and duty bearers accountable for developing and implementing gender-equal sexual and reproductive health policies and programmes
- Involve, learn from and build the capacity of diverse representative groups as clients, equal partners and positive agents of change in their communities

³⁶MenEngage Alliance. (2020). *Baseline evaluation report*.
<https://menengage.org/wp-content/uploads/2022/02/MenEngage-Alliance-Evaluation-Executive-Summary-2017-2020.pdf>

2

Sexual and reproductive health in Africa

Progress on the WHO SRHR indicators in Africa

Gender inequality increases vulnerability of women and girls who lack access to sexual and reproductive services and rights; are subjected to sexual and gender-based violence; and are exposed to infectious diseases, such as HIV and STIs³⁷. Evidence shows a direct link between high maternal mortality, high gender inequality and poor access to health services in Angola, Botswana, Malawi, Mozambique, South Africa, Zambia and Zimbabwe³⁸. Gender inequalities and poor sexual and reproductive health outcomes were also reported in Nigeria, Tanzania, and Kenya³⁹.

In 2019, countries in the Africa region were not meeting either their own goals or World Health Organization (WHO) targets to achieve the sexual and reproductive health-related Sustainable Development Goals (SDGs) by 2030. Harmful gender norms and inequality, combined with the absence of enabling laws, weak health systems, poor integration of sexual and reproductive health services and the lack of financial and human resources, were reported barriers to progress⁴⁰. More recently, the COVID-19 pandemic, war, conflict, natural disasters, the Global Gag Rule and other emergencies further hampered efforts to improve women's and girls' sexual and reproductive health and rights. Conflict and emergency situations also increase the risk to and occurrence of sexual and gender-based violence for women and girls in all their diversity, further limiting the advancement of sexual and reproductive rights and achievement of sexual and reproductive health outcomes⁴¹.

Table 2 summarises the available information on selected sexual and reproductive health and rights outcomes for the African region in 2019⁴². Out of 20 indicators, the continent was on track on only one indicator—the percentage of domestic government expenditure on sexual and reproductive health—with wide variation among individual countries⁴³.

Table 2 Selected sexual and reproductive health outcomes: African region WHO SRHR scorecard, 2019

1. Information on methods of contraception	2019	Targets
Percentage lower secondary schools that offer comprehensive sexuality education	77%	95%
2. Appropriate SRHR care, treatment and support	2019	Targets
Contraceptive prevalence rate, modern methods (utilisation)	23%	90%
3. Pregnancy-related services	2019	Targets
Percentage deliveries assisted by skilled attendant	41%	>95%

³⁷UN. (2015). *The Global Strategy for Women's, Children's And Adolescents' Health, 2016–2030*. United Nations.

http://www.everywomaneverychild.org/wp-content/uploads/2016/12/EWEC_Global_Strategy_EN_inside_LogoOK_web.pdf

³⁸Chirowa, F., Atwood, S., & Van der Putten, M. (2013) Gender inequality, health expenditure and maternal mortality in sub-Saharan Africa: A secondary data analysis. *African Journal of Primary Health & Family Medicine*, 5, 1–5. <https://doi.org/10.4102/phcfm.v5i1.471>

³⁹Okpara, J. (2006). Gender and the relationship between perceived fairness in pay, promotion, and job satisfaction in a sub-Saharan African economy. *Women in Management Review*, 21, 224–240. <https://doi.org/10.1108/09649420610657407>

⁴⁰AU Commission. (2006). *Sexual and reproductive health and rights. Continental policy framework*. Africa Union.

https://au.int/sites/default/files/documents/30921-doc-srhr_english_0.pdf

⁴¹UNAIDS. (2021). *Confronting inequalities: Lessons for pandemic responses from 40 years of AIDS*. Joint United Nations Programme on HIV and AIDS. <https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update>

⁴²WHO Regional Office for Africa. (2021). *Scorecard on sexual and reproductive health and rights in WHO African region – 2020*. World Health Organization. <https://www.afro.who.int/publications/scorecard-sexual-and-reproductive-health-and-rights-who-african-region>

⁴³WHO Regional Office for Africa. (2019). *Sexual and reproductive health and rights (SRHR) in WHO African region*. World Health Organization. <https://www.afro.who.int/sites/default/files/2021-04/Sexual%20and%20Reproductive%20Health%20and%20Rights%20%28SRHR%29%20in%20WHO%20African%20Region.pdf>

4. STI and HIV prevention	2019	Targets
Percentage women accessing antenatal care who tested positive for syphilis and were treated	86%	>95%
5. Prevention and care for survivors of gender-based violence	2019	Targets
Percentage women subjected to physical or sexual violence by a current or former partner	21%	100% reduction
6. Policy environment	2019	Targets
Prevalence of female genital mutilation	34%	0%
Percentage women married or in a union before age 18 years	31%	0%
Legal status of abortion	Legally restricted	100% legal

1. Information on methods of contraception

Only 77% of secondary schools offered comprehensive sexuality education despite evidence of its link to positive sexual behaviours⁴⁴. Ensuring that all schools support female and other vulnerable learners to finish school will not only improve economic prospects but also improve sexual and reproductive health and rights outcomes. Out-of-school youth are more vulnerable and must be supported with tailored health, social support and information on sexual and reproductive health and their rights.

The rights of adolescent girls and women, in all their diversity, to full and unbiased information should be guaranteed in all health-care settings and in the community. This includes basic information on infections that are sexually transmitted and HIV-risk factors, advantages, disadvantages and risks of different contraceptive methods, and the message that methods other than condoms do not prevent STIs or HIV⁴⁵.

2. Appropriate sexual and reproductive health care, treatment and support

Low coverage of modern contraceptives is common in many African countries with less than a quarter (23%) of women and girls meeting their needs for modern methods of contraception in 2019⁴⁶. High fertility rates, especially among adolescents, early marriage and early unintended pregnancy drive maternal deaths^{47, 48}. The risk of maternal death is highest for adolescent girls under 15 years, complications in pregnancy and childbirth (such as fistulas) are higher among those aged 10–19 (compared to those aged 20–24)^{49, 50} and risk increases with every pregnancy.

Ensuring access for all people to their preferred contraceptive methods advances several human rights including the right to equality and non-discrimination, to autonomy and bodily integrity, to respect and dignity, to life and liberty, to health—including sexual and reproductive health—freedom of opinion and expression, and the rights to work and education. Access to contraception prevents pregnancy-related health risks, especially for adolescent girls, and assists with spacing children by more than two years. Potential non-health benefits include enhanced access to education and future income-generating opportunities and empowerment for women, and sustainable population growth and economic development for countries⁵¹.

⁴⁴UNFPA. (2022). *Comprehensive sexuality education*. United Nations Food Programme. <https://esaro.unfpa.org/en/topics/comprehensive-sexuality-education>

⁴⁵WHO. (2020). *Preventing HIV and other STIs among women and girls using contraceptive services*. World Health Organization. <https://www.who.int/publications/i/item/WHO-UCN-HHS-19-58>

⁴⁶Melesse, D., Mutua, K., Choudhury, A., Wado, Y., Faye, F., Neal, S., & Boerma, T. (2020). Adolescent sexual and reproductive health in sub-Saharan Africa: Who is left behind? *British Medical Journal Global Health*, 5, e002231. doi:10.1136/bmjgh-2019-002231. <https://gh.bmj.com/content/bmjgh/5/1/e002231.full.pdf>

⁴⁷WHO Regional Office for Africa. (2019) *Sexual and reproductive health and rights (SRHR) in WHO African Region*. World Health Organization. <https://www.afro.who.int/sites/default/files/2021-04/Sexual%20and%20Reproductive%20Health%20and%20Rights%20%28SRHR%29%20in%20WHO%20African%20Region.pdf>

⁴⁸UNFPA. (2022). *Seeing the unseen: The case for action in the neglected crisis of unintended pregnancy*. United Nations Food Programme. https://www.unfpa.org/sites/default/files/pub-pdf/EN_SWP22%20report_0.pdf

⁴⁹Ganchimeg, T., Ota, E., Morisaki, N., et al. (2014). Pregnancy and childbirth outcomes among adolescent mothers: A World Health Organization multi-country study. *British Journal of Obstetrics & Gynaecology*, 121, Suppl 1, 40–48.

⁵⁰Althabe, F., Moore, J. L., Gibbons, L., et al. Adverse maternal and perinatal outcomes in adolescent pregnancies: The Global Network's Maternal New-born Health Registry study. (2015). *Reproductive Health*, 12 Suppl 2, S8.

⁵¹WHO. (2020). *Family planning/contraceptives*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>

3. Pregnancy-related services

Although Africa accounts for only one tenth of the world's population, one in five global births and nearly half of the number of persons who die during pregnancy and childbirth are from this region. The likelihood of dying of pregnancy-related causes is about one in 37 compared to one in 11 900 in Western Europe⁵². In 2017, around 300 000 deaths in Africa were due to preventable complications during pregnancy, such as unsafe abortion and inadequate care during childbirth⁵³. Almost one in five (16%) maternal deaths are due to complications of abortion. Around 1.8 million unsafe abortions are performed in West Africa alone every year⁵⁴.

Obstetric violence is violence that occurs against pregnant or birthing individuals and includes physical, emotional, psychological, and even sexual violence committed by health-care practitioners, such as doctors, nurses and midwives. Reported cases of obstetric violence include nurses using their fingernails to tear open mothers' vaginas, women being refused pain medication despite numerous requests, being sent to purchase their own medical supplies while in active labour, having procedures performed on them such as sterilisations without their consent, having their personal medical information (such as HIV status) discussed openly within the ward, as well as being scolded by health-care practitioners for having a child when HIV positive. Obstetric violence is prevalent and pervasive in Africa, and inadequately recognised by either the legal systems or governments⁵⁵.

Almost all maternal deaths can be prevented if births are attended by well-trained health personnel—doctors, nurses, midwives, or trained traditional birth attendants—who are regularly supervised, have the proper equipment and supplies, and can refer women to emergency obstetric care when complications are diagnosed⁵⁶.

4. STI and HIV prevention, diagnosis and treatment

High levels of HIV, and of other STIs, were found among women accessing routine contraceptive services in Africa. Women are at the highest risk of HIV and STIs and limited access to comprehensive integrated reproductive health services. Women who are younger, who have an STI and have more than one sexual partner should get priority to receive integrated HIV, STI and contraception services⁵⁷.

5. Prevention and care for gender-based violence

Almost half (46%) of African women are estimated to have experienced some form of gender-based violence in their lifetime⁵⁸, and this statistic increased during the COVID-19 pandemic⁵⁹. For persons with diverse SOGIESC, sex workers, migrants and people with disability, levels of risk for violence and discrimination are higher⁶⁰. The 2020 Humanitarian Needs Overviews and Humanitarian Response Plans found that 2.3 million women and girls need gender-based violence prevention, response, and risk mitigation services across Burkina Faso, Mali and Niger, which reported some of the highest rates of gender-based violence in the world⁶¹.

Evidence shows that effective gender-based violence preventions and support strategies include advocacy and law reform to 1. decriminalise same-sex relationships, sex work and abortion across the continent; 2. remove harmful gender norms and practices that restrict access to sexual and

⁵²WHO. (2021). *World health statistics. Monitoring health for the SDGs*. World Health Organization.

<https://apps.who.int/iris/bitstream/handle/10665/342703/9789240027053eng.pdf?sequence=1&isAllowed=y>

⁵³WHO. (2021). *Health statistics. Monitoring health for the SDGs*. World Health Organization

<https://apps.who.int/iris/bitstream/handle/10665/342703/9789240027053-eng.pdf?sequence=1&isAllowed=y>

⁵⁴WHO. (2012). *Safe and unsafe induced abortion. Global and regional levels in 2008, and trends during 1995–2008*. World Health Organization.

https://apps.who.int/iris/bitstream/handle/10665/75174/WHO_RHR_12.02_eng.pdf?sequence=1

⁵⁵UNAIDS. (2019). *Report on a human-rights based approach to mistreatment and obstetric violence during childbirth*. Joint United Nations Programme on HIV and AIDS.

<https://www.ohchr.org/en/calls-for-input/reports/2019/report-human-rights-based-approach-mistreatment-and-obstetric-violence>

⁵⁶UNICEF. (2021). *Maternal mortality*. United Nations Children's Fund. <https://data.unicef.org/topic/maternal-health/maternal-mortality/>

⁵⁷WHO. (2020). *Preventing HIV and other STIs among women and girls using contraceptive services*. World Health Organization.

<https://www.who.int/publications/i/item/WHO-UCN-HHS-19.58>

⁵⁸UN Women. (2021). *In focus: 16 Days of Activism against Gender-based Violence*. United Nations Women.

<https://www.unwomen.org/en/news/in-focus/end-violence-against-women>

⁵⁹UCT. (no date). *Fund, respond, protect, collect: A desktop review of the legal and policy frameworks that address gender-based violence in Africa*. Nelson Mandela School of Public Governance, University of Cape Town.

<https://genderjustice.org.za/publication/fund-respond-protect-collect-a-desktop-review-of-the-legal-and-policy-frameworks-that-address-gender-based-violence-in-africa/>

⁶⁰Thapa, S. J. (2015). Gender-based violence: Lesbian and transgender women face the highest risk but get the least attention. *World Bank Blogs*. <https://blogs.worldbank.org/voices/gender-based-violence-lesbian-and-transgender-women-face-highest-risk-get-least-attention>

⁶¹GBV AoR. (2020). *GBV in the Central Sahel. Briefing document for the Central Sahel Ministerial Meeting – 20 October 2020*. Gender-Based Violence Area of Responsibility West and Central Africa. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gbv_central_sahel_advocacy_doc_final_english.pdf

reproductive services, legal services and rights⁶²; 3. increase the minimum age for marriage to 18 years and enforce informed consent from both partners; 4. develop protective policy, law and practice to strengthen equal access to prevention and response services to end violence based on sex and gender⁶³; 5. provide for male engagement to change socio-cultural norms that classify contraceptive use, childcare and parenting as exclusive female duties⁶⁴; and 6. develop and implement progressive laws, mechanisms and practices that advocate for the engagement of men and boys to end female genital mutilation and other harmful norms⁶⁵.

6. Policy environment

Countries where laws afford human rights protections—particularly those that protect rights to equality, non-discrimination, autonomy and bodily integrity and that advance gender equality and respond to gender-based violence—achieve greater sexual and reproductive health gains. Despite this compelling evidence, discriminatory and punitive laws remain disturbingly common in Africa⁶⁶. Engaging men and boys, alongside women and girls in all their diversity, in sexual and reproductive health and rights programmes designed to challenge gender inequality is an integral part of the global agenda to achieve equality and health for all⁶⁷.

Harmful practices: Female genital mutilation and child marriage

Female genital mutilation is an extreme form of gender inequality, discrimination and violence aimed at controlling female sexuality. It poses a lifelong risk to health^{68,69}. An estimated 55 million girls under the age of 15 in 28 African countries have experienced or are at risk of experiencing female genital mutilation, which remains prevalent in parts of West, East, Central, and Northern Africa. Female genital mutilation persists despite laws prohibiting this practice⁷⁰.

Early and forced marriage are highest in sub-Saharan Africa where 38% of girls below the age of 18 are married. A study in Ivory Coast surveyed 5 556 people and recorded that 416 femicides, 1 290 cases of marriage of girls under 18 years of age, and 1 121 rapes occurred over a two-year period⁷¹.

Punitive laws: Sex work, abortion and same-sex relationships

In all African countries the selling of sex is criminalised, resulting in high levels of gender-based violence from police, clients, partners and the community. In 2021, a national survey in South Africa reported 71% of sex workers were exposed to physical violence, 58% reported being raped and, of those, one in seven indicated that they had been raped by a policeman⁷².

⁶²UCT. (no date). *Fund, respond, protect, collect: A desktop review of the legal and policy frameworks that address gender-based violence in Africa*. Nelson Mandela School of Public Governance, University of Cape Town. <https://genderjustice.org.za/publication/fund-respond-protect-collect-a-desktop-review-of-the-legal-and-policy-frameworks-that-address-gender-based-violence-in-africa/>

⁶³UCT. (no date). *Fund, respond, protect, collect: A desktop review of the legal and policy frameworks that address gender-based violence in Africa*. Nelson Mandela School of Public Governance, University of Cape Town. <https://genderjustice.org.za/publication/fund-respond-protect-collect-a-desktop-review-of-the-legal-and-policy-frameworks-that-address-gender-based-violence-in-africa/>

⁶⁴Edström, J., Hassink, A., Shahrokh, T., & Stern, E. (Eds). (2015). *Engendering men: A collaborative review of evidence on men and boys in social change and gender equality*. EMERGE evidence review. Promundo-US, Sonke Gender Justice, & the Institute of Development Studies. <https://www.repositorio.ciem.ucr.ac.cr/bitstream/123456789/291/1/RCIEM256.pdf>

⁶⁵UNICEF. (2016). *Female genital mutilation/cutting: A global concern*. United Nations Children's Fund. <https://data.unicef.org/resources/female-genital-mutilationcutting-global-concern/>

⁶⁶UNAIDS. (2022) *Discriminatory and punitive laws alarmingly common*. Joint United Nations Programme on HIV and AIDS. https://www.unaids.org/en/resources/presscentre/featurestories/2022/february/20211220_gow_criminalization

⁶⁷Ruane-McAteer, E., Gillespie, K., Amin, A., Aventin, A., Robinson, M., Hanratty, J., & Khosla, R. (2020). Gender-transformative programming with men and boys to improve sexual and reproductive health and rights: A systematic review of intervention studies. *British Medical Journal of Global Health* 5, e002997. <https://gh.bmj.com/content/5/10/e002997.full>

⁶⁸Odukogbe, A. T. A., Afolabi, B. B., Bello, O. O., & Adeyanju, A. S. (2017). Female genital mutilation/cutting in Africa. *Translational Andrology and Urology*, 6(2), 138.

⁶⁹UNICEF. (2016). *Female genital mutilation/cutting: A global concern*. United Nations Children's Fund.

<https://data.unicef.org/resources/female-genital-mutilationcutting-global-concern/>

⁷⁰Equality Now. (2022). *Female genital mutilation in Africa*. Equality Now. https://www.equalitynow.org/fgm_in_africa/

⁷¹CPDEFM. (2019). *Enquête de sondage d'opinion sur les violences conjugales*. L'Organisation des Citoyennes pour la Promotion et Défense des Droits des Enfants, Femmes et Minorités.

<http://www.cpdefm.org/medias/files/enquete-desondage-d-opinion-sur-les-violences-conjugales-a-abidjan-cpdefm-1.pdf>

Nassirou, M., Ly, M., Fofana, N., O'Connell, K. A., Golwalkar, R., & Agarwal, A. (2021). *Public attacks on sexual and reproductive health and rights and how feminist organizations can quickly respond: Lessons learned from Côte d'Ivoire*. EngenderHealth.

<https://www.engenderhealth.org/wp-content/uploads/2022/01/Public-Attacks-on-SRHR-and-How-Feminist-Orgs-Can-Respond.pdf>

⁷²Jewkes, R., Otjombe, K., Dunkle, K., Milovanovic, M., Hlongwane, K., et al. (2021) Sexual IPV and non-partner rape of female sex workers: Findings of a cross-sectional community-centric national study in South Africa. *SSM – Mental Health*, 1, 100012. <https://doi.org/10.1016/j.ssmmh.2021.100012>

Only five out of 60 African countries permit abortion on demand. Ways to reduce deaths due to unsafe abortion, include 1. changing punitive laws against abortion; 2. removing moral objections against abortion by communities, religious leaders, and health providers refusing to do abortions; 3. increasing the number of trained providers and facilities offering safe abortion and care; 4. ending unsafe abortions performed by untrained providers; and 5. increasing access to pregnancy testing to detect pregnancy early.

Prosecution and conviction for consensual same-sex sexual acts still take place in several criminalising countries in Africa. Out of the 54 African states, only 22 have legalised homosexuality. In some countries it is punishable by imprisonment, while it is punishable by death in four—Mauritania, Nigeria, Somalia, and South Sudan⁷³. Life imprisonment is the maximum penalty in Tanzania*, Uganda* and Zambia*, while jail terms of up to 14 years are possible in Gambia, Kenya* and Malawi*⁷⁴.

Legal reforms, such as decriminalising sex work, same-sex sexual relationships and access to safe legal abortion and considering exceptions to a standard age of consent policy are critical enablers that can change a hostile environment to a supportive environment for all women and girls⁷⁵. Supporting enabling legal and social environments are key to advancing gender equality and attaining sexual and reproductive health and rights outcomes in Africa.

Alignment with commitments and instruments including policies, protocols, declarations, and strategies

MEA member countries are committed to advocate for the honouring and thereafter domestication of gender-just sexual and reproductive health and rights into national laws, policies, standard operating procedures and costed national plans.

International documents

The global policy framework (Figure 3) affirms the need to accelerate action on sexual and reproductive health, to adapt international commitments to local country context, and to implement comprehensive strategies towards achieving the SDGs by 2030.

The SDGs were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. Sustainability Development Goal 3 calls for universal access to sexual and reproductive health as key to improving quality of life for everyone⁷⁶. Goal 5 aspires to end gender inequality; and Goal 10 aims to ensure equal opportunity for all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. The sexual and reproductive health-related Sustainability Development Goals are summarised in Table 3.

Figure 3 Alignment with international documents

Key international documents

- 2030 Agenda for Sustainable Development
- The International Covenant on Economic, Social and Cultural Rights
- Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)
- International Conference on Population and Development (ICPD) Programme of Action
- UN Global Strategy for Women's, Children's and Adolescent Health 2016–2030
- Nairobi Statement: 12 Global Commitments to Deliver on the ICPD and the SDGs

⁷³ILGA. (2020). *State-sponsored homophobia*. ILGA World. https://ilga.org/downloads/ILGA_State_Sponsored_Homophobia_2019.pdf

⁷⁴* denotes MEA member countries.

⁷⁵WHO. (2022). *Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations*. World Health Organization. <https://www.who.int/publications/i/item/9789240052390>

⁷⁶WHO Regional Office for Europe. (2016). *Action plan for sexual and reproductive health: Towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind*. World Health Organization. <http://www.euro.who.int/en/health-topics/Lifestages/sexual-and-reproductive-health/publications/2016/action-plan-for-sexual-and-reproductive-health-towards-achieving-the2030-agenda-for-sustainable-development-in-europe-leaving-no-one-behind-2016>

Table 3 SDGs related to sexual and reproductive health policies and programmes

Goal 3: Ensure healthy lives and promote well-being for all at all ages	
Target 3.1	Reduce the global maternal mortality ratio to less than 70 per 100 000 live births
Target 3.3	End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases
Target 3.7	Ensure universal access to sexual and reproductive health services
Goal 5: Achieve gender equality and empower all women and girls	
Target 5.1	End all forms of discrimination against all women and girls everywhere
Target 5.2	Eliminate all forms of violence against all women and girls, including sex workers
Target 5.3	Eliminate all harmful practices such as child and early marriages and female genital mutilation
Target 5.6	Ensure universal access to sexual and reproductive health and reproductive rights
Goal 10: Reduce inequality within and among countries. Relates to achieving sexual and reproductive health for populations most affected by HIV, discrimination, and fulfilling the right to development	

Africa region documents

Several documents acknowledge the sexual and reproductive health challenges in Africa and identify that the specific areas for fast-tracking include reducing maternal mortality, increasing access to safe abortion, decreasing HIV incidence, and improving comprehensive sexuality education.

Figure 4 Important policy documents from the African region

Africa region documents
<ul style="list-style-type: none"> • Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women (Maputo Protocol) and plan of action on the rights of women in Africa • Campaign for Accelerating the Reduction of Maternal Mortality in Africa (CARMMA) • Agenda 2063: The Africa We Want • UN Implementation in the African Region (AFR/RC66/9) • Southern African Development Community (SADC) Protocol on Gender and Development, SRHR Strategy and Scorecard (2019–2030), Gender-based Violence Model Law and Gender-based Violence Strategy and Framework for Action • Eastern and Southern Africa Ministerial Commitment. Fulfilling our promise to education, health and well-being for adolescents and young people • African Union Strategy for Gender Equality and Women's Empowerment 2018–2028

3

The MEA SRHR Strategic Plan

Development of the Plan

This MEA SRHR Strategic Plan 2022–2025 has been developed through a collaborative process with MEA leadership and member country representatives and partners. At an MEA team meeting, represented by 22 country networks, an analysis was conducted to inform MEA's sexual and reproductive health goals and objectives. A first draft of the plan was reviewed by Sonke Gender Justice's Regional Programmes and Networks unit and the MEA SRHR Technical Working Group. These inputs informed a second draft of the Plan, which was validated in an online workshop attended by representatives from the country networks. Subsequently, the final draft was reviewed by the MenEngage Africa Steering Committee.

The MEA SRHR Plan is aligned to the Global MenEngage Alliance Strategic Plan 2021–2024⁷⁷ and is informed by findings from an extensive review of regional and global literature and MenEngage Global Alliance documents, strategies and training resources.

Purpose, vision and mission of the Plan

This strategy will guide MEA country networks and partner organisations and other like-minded civil society organisations, donors, individuals and government officials on using gender-transformative approaches to improve sexual and reproductive health outcomes, and for those advocating for gender-equal SRHR in Africa.

Vision

The vision of the MEA SRHR Strategic Plan is for women, girls, men, boys, and people with diverse SOGIESC to realise their rights to optimal sexual and reproductive health and well-being in Africa.

Mission

We will actively engage men and boys to change masculinities and harmful practices through a gender-transformative lens. MEA is committed to advocating for equitable, democratic, gender-just sexual and reproductive health and working with women's rights and SRHR activists, people with diverse SOGIESC activists and networks, and civil society organisations that promote social justice and human rights⁷⁸.

Strategies to strengthen access to and use of SRH

MEA aims to achieve its vision through four interdependent strategies for change:

- 1 LINK:** Alliance and partnership building to strengthen MEA network and leadership focus on SRHR. To create an inclusive, democratic and sustainable social-change network, we will strengthen our own leadership capabilities, improve membership engagement, strengthen interaction and communication among members. MEA will build capacity on SRHR issues in country networks and offer technical assistance to execute local operational plans.

⁷⁷MenEngage Alliance. (2022). *Strategic plan 2021 – 2024*. MenEngage Alliance.

<https://menengage.org/wp-content/uploads/2022/02/MenEngage-Alliance-Strategic-Plan-2021-24.pdf>

⁷⁸MenEngage Alliance. (2020). *Masculinities, youth and SRHR: An international collaboration for change*. MenEngage Alliance.

<https://menengage.org/resources/masculinities-youth-and-srhr/>

- 2 LEARN:** Knowledge management. We will continue to create and use evidence-based resources to improve knowledge and skills on SRHR. This will start with better data collection and reporting on sexual and reproductive health, periodic evaluation of progress, operational research, dissemination and exchange of best practices, and country commitment to improving access to sexual and reproductive health services and to fund local SRHR Plans from domestic funding. At the same time, we will find effective ways to counter the backlash against feminist agendas and support country networks to advocate for the advancement of SRHR using central training resources (Appendix 1: Examples of evidence-based MenEngage and other resources to advocate for SRHR).
- 3 IMPROVE:** Capacity strengthening. To build the movement we will adapt to and contribute meaningfully to and act in harmony with gender and social justice movements. We will consider and respect intersectionality, diversity and heterogeneity in all work on SRHR—including 1. collaboration with and among our diverse members; 2. partnerships and solidarity with feminist, people with diverse SOGIESC, youth, racial, indigenous, economic and climate justice organisations, networks, and movements; 3. adopt diverse SOGIESC-inclusive practices together with relevant organisations.
- 4 INFLUENCE:** Advocacy and campaigning. We will advocate with policy influencers at all levels to increase our political voice to create an enabling policy environment for women, girls and people with diverse SOGIESC. Through strong country networks, capable of improving regional and national accountability, we will advocate for protective sexual and reproductive laws and policies.

Guiding principles⁷⁹

The MEA SRHR strategy is underpinned by the following commitments:

- Gender-transformative approach to improve access to SRHR, based on feminist principles
- Holistic approach to sexual and reproductive health
- Respect, protection and fulfilment of SRHR
- Multilevel advocacy influences on access to sexual and reproductive health services
- Evidence-based, respectful and positive male engagement to dismantle patriarchal masculinities that hinder access to the realisation of SRHR

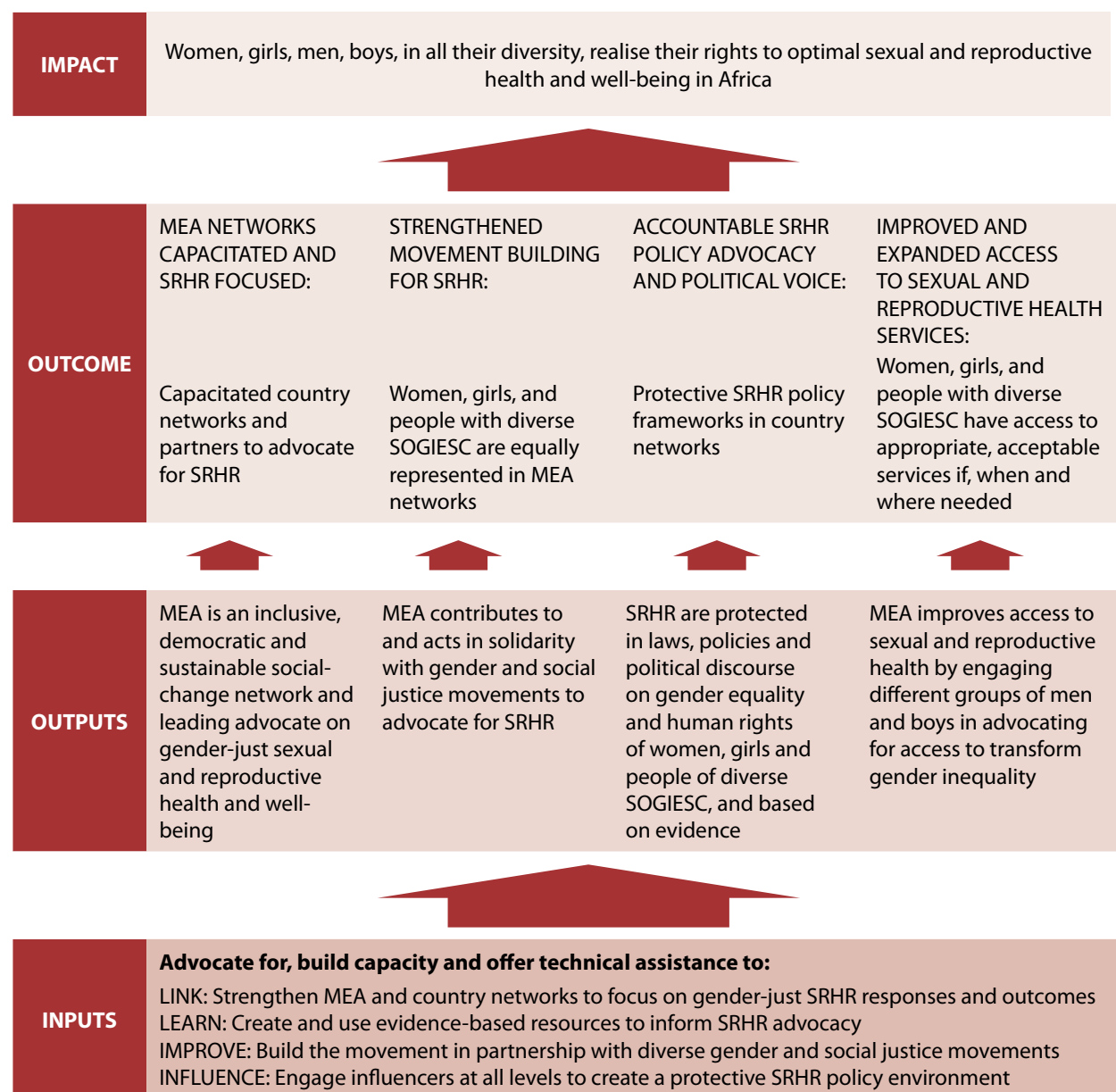
Theory of change

The four strategies to Link, Learn, Improve and Influence are generic and can be applied to any of the SRHR priorities, such as information, appropriate care, treatment and support, pregnancy, HIV, gender-based violence, and protective policies. Link, Learn, Improve and Influence represent leverage points in the system for SRHR advocacy, capacity building and technical assistance.

The theory of change assumes that if the four strategies are implemented in synergy with each other, this will result in the desired change at outcome and impact levels; and a stronger MEA, with diverse representation, that uses evidence to advocate for gender-equal SRHR. At least two of the strategies must be adopted in order to effect change and create synergy. Leverage points are usually not effective if implemented in isolation to other processes of change at country and regional levels. Different strategies will be more relevant in different country contexts and for different priorities and issues.

⁷⁹ WHO. (2017). *Sexual health and its linkages to reproductive health: An operational approach*. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/258738/9789241512886-eng.pdf>

Figure 5 SRHR theory of change



The four strategies will guide MEA and its country networks to make effective contributions to broader agendas for gender equality; human rights of all women, girls, and people with diverse SOGIESC; SRHR; and social justice. Each strategy will help MEA and its country networks toward an outcome area provided that the strategic activities are implemented and measured.

Outcome area 1: Strengthened Network and Leadership focus on SRHR

Output 1: MEA is an inclusive, democratic and sustainable social-change network advocating for gender-just SRHR responses

Rationale

SRHR is not only a critical part of health care, but also an essential element for achieving gender equality, promoting gender-equal rights, and reducing the prevalence and impact of sexual and gender-based violence. SRHR enable women and girls, in all their diversity, to make autonomous decisions about their own bodies, sexuality and reproduction, keeping them healthy, dignified and safe.

MEA will strengthen its focus on SRHR by building capacity in MEA and in country networks. MEA will also strengthen leadership commitment to comprehensive and inclusive SRHR advocacy and offer technical assistance to countries to develop and cost local SRHR strategic and operational plans. Effective communication and engagement with and among countries will improve shared learning from best practices and strengthen cross-country collaboration, exchange and communication.

Strategic activities

1. Build the capacity and expertise of MEA country networks and organisations to engage men and boys at all levels of society to advance gender equality and gender-just SRHR responses (Outcome Area 4)
2. Support MEA country networks to use country audits to determine the unmet needs for sexual and reproductive health services and punitive laws in their countries
 - Support MEA country networks to advocate for fast-tracking local SRHR plans that address identified gaps in service delivery and policy frameworks and finding funds for these activities
 - Advocate for countries to develop fully costed local SRHR plans
 - Advocate for SRHR budget allocation in national budgets in MEA country networks and offer support to mobilise additional funding from international donors
 - Encourage country networks to monitor and evaluate progress on SRHR operational plans and regularly report on results and best practices
3. Increase cross-country collaborations and learning among MEA members to optimise gender-just SRHR outcomes in Africa

Outputs

Output 1.1: Strengthened democratic governance structures and leadership capabilities of MEA and its country networks to execute the MEA SRHR Strategic Plan and local SRHR operational plans

Output 1.2: Improved membership engagement and support to execute the MEA SRHR Strategic Plan

Output 1.3: Increased cross-country collaboration and exchange of SRHR learnings and best practices among MEA members

Indicators

- Number of country networks with local SRHR plans that are funded
- Percentage of country networks and organisations trained by the MEA secretariat on the MEA SRHR Strategic Plan, SRHR-related themes, including SOGIESC
- Number of country networks who increase SRHR focus and activities
- Virtual SRHR knowledge hub in place to inform members' transformative work with men and boys

Outcome area 2: Strengthened Movement-Building Approaches

Output 2: MEA contributes to and acts in solidarity with gender and social justice movements in the advocacy for SRHR

Rationale

Intersectionality builds on the idea that people's lived experiences are shaped by interlocking structures of inequality based on sex, gender, class, and race, sexual orientation, occupation, and other factors. Each of these structures is influenced by legacies of colonialism which continue to shape economic and ethnic/racial relations, as well as imposing certain ideals on the Global South, including restrictive gender binaries that marginalise those with diverse gender identities that have always existed across the world⁸⁰.

Gender is a complex social system that structures the life experience of all human beings. Gender norms and gender inequality are powerful determinants of SRHR and well-being that negatively affect sexual and reproductive health outcomes for girls, women, boys and men, in all their diversity⁸¹. Research shows that 1. gender norms are complex and can intersect with other social factors to impact health over the life course; 2. early gender-normative influences by parents and peers can have multiple and differing health consequences for children and adolescents; 3. non-conformity with real and perceived gender norms (and binaries) can be harmful to health, particularly when they trigger negative sanctions; and 4. the impact of gender norms on health can be context specific, demanding care when designing effective gender-transformative health policies and programmes⁸².

Patriarchy, moral judgement based on religious beliefs, and some harmful cultural practices and norms block progress with evidence-based SRHR implementation even in countries with rights-based policy frameworks. Traditionally, women bear multiple responsibilities for childrearing, domestic duties and other unpaid care work that compromise their education and income-generation opportunities. Social norms and expectations around gender

⁸⁰UN Women. (2021). *Beyond COVID-19: A feminist plan for sustainability and social justice*. UN Women. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2021/Feminist-plan-for-sustainability-and-social-justice-en.pdf>

⁸¹Heise, L., Greene, M. E., Opper, N., Stavropoulou, M., Harper, C. Nascimento, M., et al. (2019). Gender inequality and restrictive gender norms: framing the challenges to health. *The Lancet Series on Gender Equality, Norms, and Health*, June 2019, 393, 10189, 2440–2454. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30652-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30652-X/fulltext)

⁸²Weber, A. M., Cislighi, B., Meausoone, V., Abdalla, S., Mejía-Guevara, I., Loftus, P., et al. (2019). Gender norms and health: Insights from global survey data. *The Lancet Series on Gender Equality, Norms, and Health*, June 2019, 393, 10189, 245–2468. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(19\)30765-2.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(19)30765-2.pdf)

also shape interactions between couples (inside and outside of marriage and formal relationships) and determine an individual's ability to engage in conversations around sex, sexual health, family planning, safe pregnancy, and gender-based violence. Engaging and educating boys and men about their own and their partners' SRHR is essential to reducing the burden of responsibility on women, girls, and people with diverse SOGIESC, and prevent STIs and pregnancies and other negative outcomes. Importantly, men and boys need to take responsibility by being engaged as allies and activists for the realisation of SRHR for all⁸³.

Effects of intersectional stigma on different groups

Women and girls

Harmful practices and gender inequality, driven by culture, social norms and religion, prevent women and girls in all their diversity from exercising bodily autonomy, independent decision-making, and poor sexual and reproductive health outcomes. Examples of harmful practices include:

- Female genital mutilation or cutting
- Early marriage and early unintended pregnancy
- Widow inheritance
- An unfair burden of unpaid domestic work and caring duties on women
- Low parental involvement and responsibility for childrearing and maintenance
- Gender-based and interpersonal violence that restrict the choice and ability to negotiate safer sex, limit access to critical sexual and reproductive health and increase the likelihood of pregnancy and STIs
- Social privileges, superior status, and more resources for men
- Men holding primary power and dominating in roles of political leadership, policy development and implementation
- Unequal access to education and health care leading to school dropout, underemployment and female poverty
- Unequal power in relationships also rob women of decision-making in domestic and economic affairs, including property rights and inheritance

Persons with diverse SOGIESC

Recent years have seen the erosion of reproductive rights and the continued denial of sexual rights. This is particularly true for people who do not conform to traditional norms about sex, gender, and sexuality. This reality is a reminder of the need for resistance and action⁸⁴. People with diverse SOGIESC are exposed to widespread stigma, discrimination, transphobia and homophobia leading to:

Figure 6 Intersectional stigma

Intersectional stigma
<p>People may experience more than one form of discrimination. A person may experience discrimination because of their health status and because of their race, gender identity, sexual orientation, disability or migrancy status, and these compound the effects on the individual and on stigmatised groups.</p>

⁸³MenEngage Alliance. (2020). *Masculinities, youth and SRHR: An international collaboration for change*. MenEngage Alliance. <https://menengage.org/resources/masculinities-youth-and-srhr/>

⁸⁴MenEngage Alliance. (2020). *Masculinities, youth and SRHR: An international collaboration for change*. MenEngage Alliance. <https://menengage.org/resources/masculinities-youth-and-srhr/>

- Criminalisation of same-sex relationships
- Discrimination against learners with diverse SOGIESC at school
- Diverse SOGIESC issues not being addressed in comprehensive sexuality education
- Homophobic and transphobic violence and murder with limited recourse for violence and other human rights violations

These effects are worse for criminalised populations.

Sex workers

Sex work is criminalised in all African countries. Criminalisation puts sex workers at increased risk of violence by law enforcement officials, health-care workers, intimate partners, and the public; homelessness; social exclusion; and without labour protection in the workplace.

Migrants

Migrants face discrimination in the form of xenophobic violence and social exclusion. Social exclusion negatively affects access to SRHR and social protection which negatively affects health outcomes. Migrants are also vulnerable to sexual violence, exploitation, and corrupt officials.

People with disabilities

People with disabilities may experience a combination of physical, mental and social barriers to accessing SRHR and to join in social and educational activities. They are also vulnerable to sexual exploitation and often depend on other people for help with daily chores and survival.

Strategic activities

1. Expand and improve MEA membership with representation from feminist women's rights, diverse SOGIESC, religious, migrant, sex worker and youth organisations:
 - Strengthen movement building among MEA country networks, including capabilities on building meaningful relationships and accountable partnerships with diverse feminist and social justice activists, organisations, networks and movements
 - Strengthen knowledge and understanding of the MEA SRHR Strategic Plan's theory of change, including solidarity with feminist and social justice networks and movements, among members
2. Engage men to mainstream shifts in fatherhood beliefs and parenting practices⁸⁵:
 - Work with men to end child marriage, homophobia, transphobia, xenophobia and other stigma
 - Advocate for shared responsibilities for unpaid caregiving and contraception
 - Engage men to end violence against children in the home and in all spaces, including corporal punishment
 - Use youth advocacy and intergenerational dialogues to reduce gender inequality in adolescents and young people

⁸⁵Van den Berg, W., Hendricks, L., Hatcher, A., Peacock, D., Godana, P., & Dworkin, S. (2013). 'One Man Can': Shifts in fatherhood beliefs and parenting practices following a gender-transformative programme in Eastern Cape, South Africa. *Gender & Development*, February 2013, 21(1), 111–125. <https://doi.org/10.1080/13552074.2013.769775>

3. Engage Ministries of Education to offer comprehensive sexuality education in all secondary schools and for out-of-school youth:
 - Include SOGIESC sensitisation in comprehensive sexuality education
 - Include people of diverse SOGIESC to add real-life experiences to SOGIESC sensitisation
 - Give teachers the tools to support young people of diverse SOGIESC
 - Offer comprehensive sexuality education through trained peer educators from diverse groups
4. Support behaviour change and health promotion communication campaigns to:
 - Debunk myths and promote facts on SRHR and the benefits of sexual and reproductive health
 - Promote early care-seeking behaviour for HIV and other STIs and SRHR-related issues
 - Promote consistent condom use for protection against pregnancy, HIV and other STIs
 - Inform men and boys, in all their diversity, about unsafe sexual behaviour
 - Inform men and boys about their own and women's sexual and reproductive health and rights
 - Promote shared responsibility for contraception, childrearing, unpaid care work and family welfare
 - Promote positive parenting and parental involvement

Outputs

Output 2.1 Strengthened understanding of and commitment to collaborative advocacy on SRHR with gender justice and social justice movements among MenEngage Alliance members

Output 2.2 Strengthened partnerships and solidarity actions with feminist, people with diverse SOGIESC, youth, racial, indigenous, economic and climate justice organisations, networks and movements by MEA and members to promote the SRHR agenda

Output 2.3 Strengthened diverse SOGIESC-inclusive organising, approaches and politics, together with relevant organisations, networks and movements by MEA members

Indicators

- Number of SOGIESC organisations leading and shaping the MEA SRHR strategy in the network
- Number of organisations representing feminist women's rights and people with diverse SOGIESC engaged in MEA networks
- Number of organisations representing migrants, people with disabilities, sex workers and young people engaged in MEA networks
- Number of religious and other community leaders and networks engaged

Outcome area 3: Accountable SRHR Policy Advocacy and Political Voice

Output 3: Sexual and reproductive health is protected in laws, policies and political discourse on gender equality and human rights of women, girls, and people with diverse SOGIESC, and based on evidence

Rationale

The economic and social case for investing in women, children and adolescents, in all their diversity, is clear and evidence based^{86, 87}. The legal imperative of upholding the human rights of all women, girls, and people with diverse SOGIESC to the highest attainable standard of health, as protected by international law, is indisputable^{88, 89}. A person's power to control their own body is linked to how much control they have in other areas of life. The right to bodily autonomy means that people in all their diversity have the power and agency to make choices, without fear of violence or having someone else decide on their behalf. Entangled with bodily autonomy is the right to bodily integrity, where people can live free from doing things to which they do not consent. Gender discrimination, which reflects and sustains patriarchal systems of power and drives gender inequality and disempowerment, is reflected in the criminalisation of sex work and same-sex relationships, and the maintenance of harmful gender norms⁹⁰. MEA supports the removal of all laws, policies and practices that criminalise and compromise bodily autonomy and integrity, including the use of respectful language.

Shared accountability, responsibility, and strong leadership are central to achieving gender-equal and just access to comprehensive SRHR policies, laws and services. Evidence shows engaging men and boys as holders of power in gender-transformative activities and promoting equal representation in decision-making positions could improve political willingness^{91, 92}.

Male domination extends to leadership roles at all levels from the household to communities, parliaments and policy implementers, negatively affecting political will to advance gender-equal sexual and reproductive health services. Power positions and therefore decision-making on sexual and reproductive health remain in the hands of conservative men in most countries. Politicians and opinion leaders have different personal views on SRHR issues, often rooted in patriarchy, harmful norms, and backlash against feminist agendas. These views are usually reinforced by religion, popularity with voters, and growing demand from women for equal treatment.

States have a moral and legal obligation under several international obligations to remove discriminatory laws and to enact laws that protect people from discrimination⁹³. Countries must reform laws that hamper the exercise of the right to health and adopt "appropriate legislative, administrative, budgetary, judicial, promotional and other measures to ensure the full realisation of the right to sexual and reproductive health"⁹⁴.

⁸⁶Stenberg, K., Axelson, H., Sheehan, P., et al. (2014). Advancing social and economic development by investing in women's and children's health: A new Global Investment Framework. *The Lancet*, 383, 1333–1354.

⁸⁷UNFPA. (2014). *The power of 1.8 billion: Adolescents, youth and the transformation of the future*. United Nations Food Programme.

⁸⁸WHO Regional Office for Africa. (2019) *Sexual and reproductive health and rights (SRHR) in WHO African Region*. World Health Organization. <https://www.afro.who.int/sites/default/files/2021-04/Sexual%20and%20Reproductive%20Health%20and%20Rights%20%28SRHR%29%20in%20WHO%20African%20Region.pdf>

⁸⁹UN. (2015). *The Global Strategy for Women's, Children's And Adolescents' Health, 2016–2030*. United Nations.

http://www.everywomaneverychild.org/wp-content/uploads/2016/12/EWEC_Global_Strategy_EN_inside_LogoOK_web.pdf

⁹⁰UNFPA. (2021). *State of the world report: My body is my own*. United Nations Food Programme. <https://www.unfpa.org/sowp-2021>

⁹¹Edström, J., Hassink, A., Shahrokh, T., & Stern, E. (Eds). (2015). *Engendering men: A collaborative review of evidence on men and boys in social change and gender equality*. EMERGE evidence review. Promundo-US, Sonke Gender Justice, & the Institute of Development Studies.

<https://www.repositorio.ciem.ucr.ac.cr/bitstream/123456789/291/1/RCIEM256.pdf>

⁹²Casey, E., Carlson, J., Two Bulls, J., & Yager, A. (2016). Gender transformative approaches to engaging men in gender-based violence prevention: A review and conceptual model. *Trauma, Violence, & Abuse*, 1-16.

⁹³UNAIDS. (2022). *Remove laws that harm, create laws that empower — Zero Discrimination Day 1 March 2022*. Joint United Nations Programme on HIV and AIDS. https://www.unaids.org/en/resources/documents/2022/20220301_zero-discrimination-day-brochure

⁹⁴UN General Assembly. (2016). *General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*. United Nations General Assembly.

<http://docstore.ohchr.org/SelfServices/FilesHandler>.

Promoting laws and policies that support gender-transformative approaches to SRHR can contribute to better health, well-being and achievement of SRHR goals and rights for women, girls, and people with diverse SOGIESC (see Appendix 3: Specific SRHR advocacy topics). Punitive laws result in people being treated differently, excluded from essential sexual and reproductive health services, or being subject to unfair restrictions on how they live their lives simply because of who they are, what they do or who they love. Such laws deny human rights and fundamental freedoms⁹⁵. Laws can affect people in different ways. Examples of laws that can contain discriminatory SRHR provisions include⁹⁶:

- Marriage and civil union laws
- Parental consent laws that affect access by young people to services, parental leave to support newborn care
- Corporal punishment and laws that govern the education or health sector
- Laws that limit access to services and that exclude certain people based on, for example, their SOGIESC, work, age, race, nationality, socio-economic status, migration, and citizenship
- Banking, insurance, property, workplace, and inheritance laws
- Public order and security laws
- Laws that regulate sexual conduct or access to reproductive health services
- Laws that punish people based on their health status, such as HIV or pregnancy

Strategic activities

1. Recognise and engage men and boys at household, community and national levels to support changes in harmful sexual and reproductive health laws, frameworks, policies and practices:
 - Foster linkages between and accountability for protective policies and sexual and reproductive health and rights programme implementation
 - Lobby regional and international structures to keep states and international organisations accountable for SRHR policy commitments
2. Advocate for protective SRHR policy frameworks through MEA country networks:
 - Review and audit policy frameworks in countries with MEA presence
 - Highlight discriminatory laws and gaps in policy implementation
 - Lobby and advocate politicians and policy makers to review, amend or repeal discriminatory laws
 - In collaboration with MEA country networks, engage with and build capacity of law enforcement officials to respond to gender-based violence and other human rights violations
 - Advocate for inclusive laws and policies that protect SRHR⁹⁷ and are informed by the lived experiences and needs of those whom they are meant to protect:

⁹⁵UN General Assembly. (2016). *General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*. United Nations General Assembly.

<http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmIBEDzFEovLCuW1a0Szab0oXTdlmnsJZZVQfQejF41Tob4CvIjeTiAP6sGFQktiae1vlbbOAekmaOwDOWsUe7N8Tlm%2BP3HJPzjHySkUoHMavD%2Fpyfcp3YlZg>

⁹⁶UN General Assembly. (2016). *General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*. United Nations General Assembly.

http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4sIQ6QSmIBEDzFEovLCuW1a0Szab0oXTdlmnsJZZVQfQejF41Tob4CvIjeTiAP6sGFQktiae1vlbbOAekmaOwDOWsUe7N8Tlm%2BP3HJPzjHySkUoHMavD%2Fpyfcp3YlZg_en.pdf

⁹⁷SADC. (2008). *Protocol on Gender and Development*. Southern African Development Community.

https://www.sadc.int/sites/default/files/2021-08/Protocol_on_Gender_and_Development_2008.pdf

- Laws and policies that prohibit all forms of violence and discrimination, including inferior status of women, harmful gender practices, gender-based violence, criminalisation of sex work and same-sex relationships
- Laws and policies that provide for access to emergency contraception, pre-exposure prophylaxis (PrEP), prevention of HIV and other STIs, psychosocial support to survivors of sexual assault, and access to safe abortion and post-care
- Laws and policies that prevent and protect against discrimination on the basis of gender, such as:
 - Equal treatment in legal proceedings
 - Equal legal status and capacity in civil and customary law
 - Equal representation and participation in all courts and complaint procedures
 - Accessible and affordable legal services for all
- Engage and co-campaign with organisations that litigate on behalf of individuals affected by discriminatory sexual and reproductive health-related laws

Outputs

Output 3.1 Strengthened capabilities and mechanisms to engage in accountable SRHR advocacy actions at regional, country and local level

Output 3.2: Increased joint accountable advocacy actions around SRHR policy issues

Output 3.3 Increased support for gender equality and social justice to support feminist SRHR agendas

Indicators

- Number of punitive laws recorded for advocacy action in annual policy audits including but not limited to:
 - Legal status of safe abortion
 - Legal status of sex work and same-sex relationships
 - Minimum legal age for consent to marriage is 18 years or older (Maputo Protocol 6(c))
 - Existence of laws and policies that allow adolescents to access sexual and reproductive health services without third-party authorisation (SDG 5.6.2, Contraceptive and family planning)
 - Availability of comprehensive sexuality education in schools (SDG 5.6.2, Section 3, Comprehensive sexuality education)
 - Employment and economic benefits for women (SDG 5.1.1, Area 3, Employment and economic benefits)
 - Legal status related to access and control of property
- Number of politicians, religious and community leaders engaged to amend punitive policies and laws to be more rights based
- Number of supportive statements by policy makers demonstrating their awareness on gender-transformative approaches to engage men and boys in SRHR agendas
- Proportion of budget allocated to sexual and reproductive health increased
- Number of laws and policies changed because of MEA engagement
- Percentage of female members of parliament (SDG 16.7.1)

Outcome area 4: Advocacy for Effective and Strengthened Sexual and Reproductive Health Services

Output 4: MEA country networks and partners transform patriarchal masculinities by engaging men and boys in advocating for access to sexual and reproductive health as part of resilient health-care systems

Rationale

The COVID-19 pandemic highlighted weaknesses in already over-burdened health-care systems and presented opportunities to expand outreach services and other forms of decentralised service delivery, as well as foregrounded the importance of self-care to increase access to sexual and reproductive health.

Unequal gender norms result in differences in sexual socialisation of girls and boys. Women and people with diverse SOGIESC lack power to make decisions and to exercise control over their bodies, their own sexuality, and reproduction. Advocating for robust health systems that include evidence-based SRHR approaches will improve sexual and reproductive health outcomes, decrease human rights violations, and reduce related injury and death in Africa^{98, 99}.

Effective advocacy requires engagement of boys and men, in all diversity, at individual, relationship, community and institutional levels. Table 4 summarises the four levels of advocacy engagement and suggests targeted groups and advocacy themes for each level.

Table 4 Advocacy levels and target groups to increase gender-equal SRHR¹⁰⁰

Level	Potential targeted groups
Institutional level (Outcome Area 2)	International:
	<ul style="list-style-type: none"> National sexual and reproductive health policy makers who are involved in international policy and strategy processes; international companies; international organisations; delegates at UN and WHO meetings
	Regional: Members of Regional Economic Committees ¹⁰¹
	National:
	<ul style="list-style-type: none"> Advocate for gender-equal SRHR with male members of parliament and policy makers, special advisors to ministers, as well as Departments of Health and Social Development; and advocate for the repeal of existing discriminatory laws Support female members of parliament, in all their diversity, with capacity building to get support for gender-equal SRHR policies and laws

⁹⁸Clark, H., Coll-Seck, A. M., & Banerjee, A., et al. (2020). A future for the world's children? A WHO–UNICEF–Lancet Commission. *The Lancet*, 395, February 22, 2020, 605–658. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2932540-1>

⁹⁹Edström, J., Hassink, A., Shahrokhi, T., & Stern, E. (Eds). (2015). *Engendering men: A collaborative review of evidence on men and boys in social change and gender equality*. EMERGE evidence review. Promundo-US, Sonke Gender Justice, & the Institute of Development Studies. <https://www.repositorio.ciem.ucr.ac.cr/bitstream/123456789/291/1/RCIEM256.pdf>

¹⁰⁰Sonke Gender Justice & MEA. (2019). *SRHR advocacy toolkit for youth*. Sonke Gender Justice & MenEngage Africa. <https://menengageafrica.org/publication/srhr-advocacy-toolkit-for-young-people/>

¹⁰¹For more information on representative Regional Bodies in Africa, see: <https://www.uneca.org/oria/pages/regionaleconomic-communities>

Community level	<ul style="list-style-type: none"> • Male community leaders, such as traditional leaders, religious leaders, heads of schools, mayors or municipal councillors. Local decision-makers often are more accessible and more willing to be engaged than decision-makers at other levels. This is because they are closer to the experiences of those on the ground, and they often are very invested in helping local communities through life's daily challenges. For many, local decision-makers provide a key bridge between the community and the national government, acting as a spokesperson for issues. This makes them a valuable target group to influence the decision-makers. • Women in communities as role models, e.g., older women who judge and prevent access to SRHR for younger women, female health providers who discriminate against sexually active adolescent, female teachers • Civil society actors to foster joint collaboration and coordination within and outside the network and promote an integrated response to SRHR advocacy • Community health workers who are the first port of call and interaction with clients and serve as bridges between their communities, health-care systems and state departments. Studies show that community health workers who are unaware of relevant legislation or their own attitudes towards gender issues, may severely restrict access to sexual and reproductive health services for key and vulnerable groups, e.g., young people, single women, sex workers, trans-persons
Relationship level	<ul style="list-style-type: none"> • Men and boys as equal and respectful partners who share in unpaid household duties and as parents (positive parenting for men and boys) • Women, girls and people with diverse SOGIESC as parents and role models, e.g., parents and older family members are open to discuss adolescent SRHR in households and respect adolescent freedom of choice to engage in responsible sexual activity
Individual level	<ul style="list-style-type: none"> • Personal attitudes and behaviours of men and boys towards women, girls, and people with diverse SOGIESC regarding SRHR.

Decision-making based on the best available evidence

Data collection and health information systems

WHO has called on all countries to make urgent investments and focused efforts to strengthen health information systems to track progress on SRHR outcomes. Specifically, the ability to generate high-quality, timely, reliable and disaggregated data, which is critical for identifying the health inequalities to inform targeted, effective decision-making¹⁰². WHO also called for improved sexual health information and counselling, safe abortion care, and the prevention and treatment of HIV and other STIs. As an accountability tool, the WHO Regional SRHR Scorecard has been developed to track progress in SRHR in the African Region (Appendix 2: WHO SRHR indicators for the African region). The Scorecard was informed by global, regional and national commitments and is intended to become the tool for peer review and accountability¹⁰³.

¹⁰²WHO. (2022). *World health statistics, 2021: A visual summary*. World Health Organization. <https://www.who.int/data/stories/world-health-statistics-2021-a-visual-summary>

¹⁰³WHO Regional Office for Africa. (2020). *Scorecard on sexual and reproductive health and rights in WHO African region – 2020*. World Health Organization. <https://www.afro.who.int/publications/scorecard-sexual-and-reproductive-health-and-rights-who-african-region>

Research

MEA and MenEngage Global Alliance networks have built a growing body of knowledge on gender-transformative approaches. They have collectively produced a pool of curricula and training tools; fact sheets and infographics; case studies; journal articles; regional research projects; policy scans in MEA country networks that are used as advocacy tools; digital stories; toolkits; and reports. Many of these resources have been adopted worldwide by both MenEngage and non-MenEngage members (Appendix 1, Table 5 Examples of evidence-based MenEngage and other resources for SRHR).

Achieving universal access to sexual and reproductive health

Achieving universal health coverage requires well-functioning health systems within a protective legal and policy environment and protective cultural and social norms that create access and prevent any gender and human rights-related barriers^{104, 105}. Target 3.7 of the SDGs calls for universal access to sexual and reproductive health services at primary health-care level, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes¹⁰⁶.

Strategic activities: Evidence-based decision-making

1. Encourage MEA country networks and organisations to collect and disseminate best practices on gender-transformative approaches to advance gender equality and promote gender-equal, just and comprehensive SRHR:
 - Write up best practices from MEA country networks
 - Disseminate and exchange best practices on gender-equal, just and comprehensive SRHR
2. Support MEA country networks to collect data and track progress of key SRHR indicators:
 - Collect and analyse baseline data on SRHR indicators to monitor progress against targets
 - Collect data and report on SRHR indicators to regional bodies and MEA at determined intervals, at least annually
 - Identify and respond to new evidence on country and regional progress of advancing gender equality and attaining just SRHR
3. Advocate for gender equality and gender-just SRHR in research, education and access to care:
 - Eliminate gender bias in research by ensuring representation of women in all their diversity as researchers and participants

Strategic activities: Universal access to sexual and reproductive health

1. Support MEA country networks to advocate for effective and strengthened health systems:
 - Fill vacancies at facilities with human resources that are trained to deliver inclusive SRHR
 - Increase capacity with decentralised SRHR service delivery in the community, remote consultations and health promotion using social media¹⁰⁷

¹⁰⁴WHO. (2011). *Sexual and reproductive health: Core competencies in primary care*. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/44507/9789241501002_eng.pdf

¹⁰⁵AU Commission. (2006). *Sexual and reproductive health and rights. Continental policy framework*. Africa Union.

¹⁰⁶UN. (2019). *Family planning and the 2030 Agenda for Sustainable Development. Data booklet*. United Nations. https://www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning_DataBooklet_2019.pdf

¹⁰⁷PEPFAR. (2021). *PEPFAR 2021 country and regional operational plan (COP/ROP). Guidance for all PEPFAR countries. U.S. President's emergency plan for AIDS relief*. <https://www.state.gov/wp-content/uploads/2020/12/PEPFAR-COP21-Guidance-Final.pdf>

- Promote longer-term and self-care options for SRHR such as HIV self-screening, long-term contraception and HIV prevention (PrEP, condoms), over-the-counter medical abortion options¹⁰⁸
 - Advocate Ministries of Health to integrate SRHR services at primary health-care level and Ministries of Education to offer comprehensive sexuality education in all schools
 - Advocate for inclusive SRHR to be included in emergency responses in MEA country networks
2. Advocate for countries to improve access to gender equality and SRHR information, education and communication through different media channels:
- Evidence-based behaviour change communication on social media
 - Comprehensive sexuality education in schools
 - Youth advocacy on SRHR for in- and out-of-school youth
 - Develop and implement a strategy to deal with backlash against gender-equal SRHR

Outputs

Output 4.1 Increased access to knowledge and uptake of evidence-based approaches to advance the gender equality and SRHR agendas through gender-transformative approaches

Output 4.2 Strengthened collective actions by MEA members and partners to challenge backlash against gender justice and human rights—including by anti-feminist men and men's groups

Output 4.3 Strengthened commitment from MEA country networks to advocate for comprehensive and inclusive SRHR services at primary health-care level

Output 4.4 M&E framework in place, which enables learning how MEA contributes to improved gender-equal and just SRHR programming and includes collectively agreed core indicators for SRHR

Indicators

- Number of promising sexual and reproductive health practices and lessons identified, analysed, and shared across country networks
- Number of SRHR advocacy agendas formulated and shared in key advocacy spaces
- Number of reporting mechanisms in place to report MEA country network progress to regional platforms, including MEA, SADC, East and Southern Africa, Economic Community of West African States (ECOWAS), the African Union, East African Community (EAC)
- Number of times where external practitioners and decision-makers approach MEA for expertise, training, materials, partnerships and resources on SRHR and men and masculinities work
- Number of country networks who agreed to integrate comprehensive SRHR into primary health-care services
- Progress on WHO SRHR indicators for the African region¹⁰⁹ and UNAIDS Men and HIV Framework

¹⁰⁸WHO. (2019). *WHO consolidated guidelines on self-care interventions for health: Sexual and reproductive health and rights*. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/325480/9789241550550-eng.pdf?ua=1>

¹⁰⁹WHO Regional Office for Africa. (2020). *Scorecard on sexual and reproductive health and rights in WHO African region – 2020*. World Health Organization. <https://www.afro.who.int/publications/scorecard-sexual-and-reproductive-health-and-rights-who-african-region>

4 Results Framework with Key Indicators

	RESPONSIBLE	INDICATOR	BASELINE	TARGET: 3 YEARS	TARGET: 5 YEARS
Outcome area 1: Strengthened Network and Leadership Focus on SRHR					
Outcome 1: MEA is an inclusive, democratic and sustainable social-change network advocating for gender-just SRHR responses					
Output 1.1: Strengthened democratic governance structures and leadership capabilities of MEA and its country networks to execute the MEA SRHR Strategic Plan 2023–2028 and local SRHR operational plans					
1. MEA country networks supported with technical and financial resources (subgrants) to support development and implementation of national MEA SRHR strategic plans		# of country networks with local SRHR plans that are funded # of SRHR subgrants to MEA country networks			
2. MEA country networks strengthened to advance the mission and vision of the MEA SRHR Strategic Plan		% of country networks and organisations trained by the MEA secretariat on the MEA SRHR Strategic Plan and its supporting SRHR resources			
3. MEA leadership at partner, country, and regional levels, have strengthened capabilities for SRHR leadership, agenda-setting and organising models that support decolonisation and address power dynamics and hierarchies within MEA		# of country networks increasing the number of SRHR activities and SRHR campaigns implemented annually			
Output 1.2: Improved membership engagement and support to execute the MEA SRHR Strategic Plan 2023–2028					
1. MEA and its country networks have increased capabilities and resources to advocate for local SRHR operational plans		# of country networks trained on MEA SRHR Plan # of country networks with local SRHR plans that are funded			
2. Local SRHR operational plans are costed		# of costed SRHR operational plans in countries			
3. Local budget is available to implement operational SRHR plans		% of SRHR plans that have allocated budget available			
Output 1.3: Increased cross-country collaboration and exchange of SRHR learnings and best practices among MEA members					
1. MEA cross-country approaches established and operational to facilitate SRHR information and knowledge sharing among members		# of cross-country meetings held			

	RESPONSIBLE	INDICATOR	BASELINE	TARGET: 3 YEARS	
2. Cross-country SRHR campaigns and joint initiatives among members initiated and supported		# of cross-country campaigns completed			
3. MEA SRHR Strategic Plan and its Theory of Change are well disseminated among country networks for adaptation and execution		# of country networks trained on MEA SRHR Strategic Plan			
5. A functional SRHR website page, with news updates, a resource database and virtual spaces for members to interact, is maintained and operated		# of dedicated website pages (target 1)			
6. Active participation of members in MEA online communities on mutual SRHR priorities and interests; facilitating virtual connections for peer-to-peer exchange and learning		# of virtual engagements			

Outcome Area 2: Strengthened Movement-Building Approaches

Output 2: MEA contributes to and acts in solidarity with gender and social justice movements in the advocacy for SRHR

Output 2.1 Strengthened understanding of and commitment to collaborative advocacy on SRHR with gender justice and social justice movements among MenEngage Alliance members

1. Strengthened movement building among MEA country networks, including capabilities on building meaningful relationships and accountable partnerships with diverse feminist and social justice activists, organisations, networks and movements		# of representative organisations			
2. Strengthened knowledge and understanding of the MEA SRHR Strategic Plan's Theory of Change, including solidarity with feminist and social justice networks and movements among members		% of members who demonstrate understanding of the MEA SRHR Strategic Plan			
3. Partnerships and solidarity with key leaders and constituencies in the women's rights, LGBTIQ rights and social justice fields established		# of MoUs or collaboration agreements with key leaders and constituencies in the women's rights, LGBTIQ rights and social justice fields			
4. Increased representation and participation of feminist women's rights, LGBTIQ individuals, and young people in MEA leadership and decision-making at country and regional levels		# of new feminist, women's rights, LGBTIQ, and youth-led organisations			

	RESPONSIBLE	INDICATOR	BASELINE	TARGET: 3 YEARS	TARGET: 5 YEARS
Output 2.2 Strengthened partnerships and solidarity actions with feminist, people with diverse SOGIESC, youth, racial, indigenous, economic and climate justice organisations, networks and movements by MEA and members to promote the SRHR agenda					
1. Mainstream responsible citizenship and fatherhood		# of projects that promoted gender-equal fatherhood and citizenship			
2. Engage Ministries of Education to offer comprehensive sexuality education in all secondary schools		# of ministerial commitments on comprehensive sexuality education implementation			
3. Support behaviour change and health promotion communication campaigns		# of behaviour change and health promotion communication campaigns supported			
Output 2.3 Strengthened diverse SOGIESC-inclusive organising, approaches and politics together with relevant organisations, networks and movements by MEA members					
Outcome Area 3: Accountable SRHR Policy Advocacy and Political Voice					
Output 3: Sexual and reproductive health is protected in laws, policies and political discourse on gender equality and human rights of women, girls, and people with diverse SOGIESC, and based on evidence					
Output 3.1 Strengthened capabilities and mechanisms to engage in accountable SRHR advocacy actions at regional, country and local level					
1. Foster linkages between and accountability for protective policies and SRHR programme implementation		# of members of parliament engaged # of community leaders engaged			
2. Youth activists are supported to develop their capacities on accountable advocacy and are engaged in the SRHR advocacy activities of MEA		# of country networks implemented youth advocacy strategy			
3. Policy assessment and monitoring tools (scorecards) are used to monitor policy frameworks		# of policy reports produced			
4. SRHR policies, laws and statements by policy makers on gender equality, women's rights and social justice are monitored, analysed and synthesised by MEA and member countries		# of statements reported			
Output 3.2 Increased joint accountable advocacy actions around SRHR policy issues					
1. Review and audit policy frameworks in countries with MEA presence		# of country networks performed policy audits			
2. Highlight discriminatory laws and gaps in policy implementation		# of policy audits performed			

	RESPONSIBLE	INDICATOR	BASELINE	TARGET: 3 YEARS	TARGET: 5 YEARS
3. Lobby and advocate politicians and policy makers to review, amend or repeal discriminatory laws		# of policies amended or repealed			
4. Advocate for laws and policies that are informed by the lived experiences and needs of those whom they are meant to protect		% of targeted laws and policies that show change due to campaign influence			
5. MEA SRHR policy analysis, advocacy briefs and statements developed and broadly disseminated based on evidence emerging from the field		# of policy briefs developed			
6. Policy and lawmakers are supported by MEA and country networks in their policy development around SRHR		# of meetings to support policy change			
7. Regional and national decision- and policy makers are held to account for upholding SRHR and international commitments with collective policy advocacy together with women's rights, LGBTIQ rights and social justice networks and movements		# of accountability initiatives completed			
8. At least 50% women or people with diverse SOGIESC in decision-making positions in MEA, member country governments, private and public sector, policy formulation and implementation of SRHR policies, and are offered support		% of change in female representation			
Output 3.3 Increased support for gender equality and social justice to support feminist SRHR agendas					
1. Advocate for 50% women or people with diverse SOGIESC in decision-making positions in governments, private and public sector, policy formulation and implementation of SRHR policies and offer support to elected leaders		% of change in female representation			
Outcome Area 4: Advocacy for Effective and Strengthened Sexual and Reproductive Health Services					
Output 4: MEA country networks and partners transform patriarchal masculinities by engaging men and boys in advocating for access to sexual and reproductive health as part of resilient health-care systems					
Output 4.1 Increased access to knowledge and uptake of evidence-based approaches to advance the gender equality and SRHR agendas through gender-transformative approaches					
1. Collect and write up best practices from MEA country networks		# of best practices collected and written up			
2. Disseminate and exchange best practices on comprehensive SRHR		# of best practices disseminated			

Output 4.2 Strengthened collective actions by MEA members and partners to challenge backlash against gender justice and human rights—including by anti-feminist men and men's groups					
	RESPONSIBLE	INDICATOR	BASELINE	TARGET: 3 YEARS	TARGET: 5 YEARS
1. Collect and analyse baseline data on SRHR indicators to monitor progress against targets		# of country networks with baseline SRHR data			
2. Collect data and report on SRHR indicators to regional bodies and MEA, at determined intervals, at least annually		# of country networks reported SRHR data			
3. Identify and respond to new evidence on country and regional progress		# of new research results from country networks			
Output 4.3 Strengthened commitment from MEA country networks to advocate for comprehensive and inclusive SRHR services at primary health-care level					
1. Eliminate gender bias in research by ensuring representation of women in all their diversity as researchers and participants		# of meetings with research organisations			
Output 4.4 M&E framework in place that enables learning on how MEA contributes to improved gender-equal and just SRHR programming and includes collectively agreed core indicators for SRHR					
1. Evidence-based behaviour change communication on social media		# of behaviour change communication campaigns influenced			
2. Comprehensive sexuality education in schools		% of increase in number of schools implementing comprehensive sexuality education programmes			
3. Youth advocacy on SRHR for in- and out-of-school youth		# of young people reached with SRHR programmes			
4. Develop and implement a strategy to deal with backlash against gender-equal SRHR		# of actions taken to deal with conservative backlash			

Appendix 1: Examples of evidence-based MenEngage and other resources to advocate for SRHR

Table 5 Examples of evidence-based MenEngage and other resources for SRHR

Level	Rationale	Evidence-based best practice tools
Changing organisational practices	Adopt policies, procedures and organisational practices that support efforts to increase male engagement in gender-equal SRHR	MEA Training Initiative Course Materials (MATI) ¹¹⁰
Policy framework audits	Audit policy frameworks for punitive SRHR laws and advocate for change	FGM Policy Scan in selected African countries ¹¹¹ Scorecard on FGM Laws and Policies in five selected countries ¹¹² MEA Policy Advocacy Strategy ¹¹³
Influencing policy legislation at the societal level	Developing laws and policies that provide sanctions for gender unequal access to SRHR and reinforcement for positive male engagement	MEA Policy Advocacy Strategy to end FGM ¹¹⁴ Strengthening Family Planning Policies and Programs in Developing Countries: An Advocacy Toolkit ¹¹⁵
Strengthening individual knowledge and strength	Help men and boys to understand how gender and social norms influence their partners and families and develop the skills necessary to carry out healthier and more equitable behaviours	Program H curriculum – 15–24 years ¹¹⁶ MenCare+ ¹¹⁷ and One Man Can ¹¹⁸ programmes
Advocacy for SRHR budget	It is important to understand the public resources that government has assigned to SRHR. Having information on the budget is both a right and an analytical tool that can be used to advocate for better allocation of public resources	Handbook for Analysing Public Budgets in SRHR ¹¹⁹
Mobilising youth to support SRHR	Educate community members and groups on healthier and more equitable behaviours for women, girls, and people with diverse SOGIESC and how to support individuals to take actions that promote health and safety	SRHR Advocacy Toolkit for Young People ¹²⁰ ICPD25 Youth Engagement Toolkit ¹²¹

¹¹⁰MEA. (2022). *MenEngage Africa Training Initiative (MATI)* [Course materials]. MenEngage Africa. <https://menengageafrica.org/publication/menengage-africa-training-initiative/>

¹¹¹MEA. (2021). *Female genital mutilation policy scan in selected African countries*. MenEngage Africa.

<https://genderjustice.org.za/publication/scan-on-fgm-laws-and-policies-in-5-menengage-africa-countries/>

¹¹²Sonke Gender Justice, & MEA. (2021). *Scorecard on FGM laws and policies in five (5) MenEngage Africa countries*.

<https://genderjustice.org.za/publication/scorecard-on-fgm-laws-and-policies-in-five-5-menengage-africa-countries/>

¹¹³MEA. (2021). *MEA policy advocacy strategy on engaging men to end FGM*. MenEngage Africa.

<https://genderjustice.org.za/publication/MEA-policy-advocacy-strategy-on-engaging-men-to-end-fgm/>

¹¹⁴MEA. (2021). *MEA policy advocacy strategy on engaging men to end FGM*. MenEngage Africa.

<https://genderjustice.org.za/publication/MEA-policy-advocacy-strategy-on-engaging-men-to-end-fgm/>

¹¹⁵USAID. (2005). *Strengthening family planning policies and programs in developing countries: An advocacy toolkit*. United States Agency for International Development.

https://advocacyaccelerator.org/resource/http-www-results-org-skills_center-empower_yourself_activist_milestone_2/

¹¹⁶Equimundo. (2022). *Program H: Engaging young men and empowering young women to promote gender equality and health*. Equimundo: Center for Masculinities and Social Justice. <https://www.equimundo.org/resources/program-h-working-with-young-men/>

¹¹⁷MenCare (2022). *MenCare+*. MenCare. <http://men-care.org/what-we-do/programming/mencareplus/>

¹¹⁸Sonke Gender Justice, & Provincial Government of the Western Cape. (2008). *One man can toolkit*. Sonke Gender Justice & Provincial Government of the Western Cape.

<https://genderjustice.org.za/publication/one-man-can-toolkit-english/>

¹¹⁹PPF. (2015). *Handbook for analyzing public budgets in sexual and reproductive health*. International Planned Parenthood Federation/Western Hemisphere Region.

https://fosfeminista.org/wp-content/uploads/2018/08/Budget_Analysis_Guide_English_FINAL_WEB_0.pdf

¹²⁰Sonke Gender Justice, & MEA. (2019). *SRHR advocacy toolkit for youth*. Sonke Gender Justice & MenEngage Africa.

<https://menengageafrica.org/publication/srhr-advocacy-toolkit-for-young-people/>

¹²¹High-Level Commission on the Nairobi Summit on ICPD25 Follow-up. (2021). *No exceptions, no exclusions: Realizing sexual and reproductive health, rights and justice for all*.

2021 Report of the High-Level Commission on the Nairobi Summit on ICPD25 Follow-up. High-Level Commission on the Nairobi Summit on ICPD25 Follow-up.

https://www.nairobisummitcpd.org/sites/default/files/NairobiHLC-ENGLISH_0.pdf

UNFPA. (no date). *ICPD25 youth engagement toolkit*. United Nations Population Fund. <https://www.nairobisummitcpd.org/sites/default/files/files/ICPD25%20Youth%20Engagement%20Toolkit%281%29.pdf>

Mobilising community members to support SRHR	Develop and implement advocacy and campaign initiatives to mobilise communities to address the underlying gender norms that discourage men and boys from supporting women, girls, and people with diverse SOGIESC to access safe abortion services	Social and Behaviour Change Communication Strategy for Enhancing Male Involvement in Advancing SRHR for All Project in Africa ¹²²
Strengthening social institutions by educating health and social service providers and teachers on Comprehensive Sexuality Education	Educate health, education and other service providers about the importance of addressing gender norms with men and boys in clinics, schools and other health service settings Train health providers to address men's own health-care needs as well as to engage them in supporting their partners' access to health information and services Make teachers aware of how schools can shape and reinforce gender norms and offer access to gender-sensitive curricular materials	Advocate for Comprehensive Sexuality Education: We demand more! A Sexuality Education Handbook for Young People ¹²³ Stepping Stones Training Manual ¹²⁴ Strategy to Strengthen Youth Advocacy for Comprehensive Sexuality Education and SRHR ¹²⁵
Creating supportive peer and family structures	Educate peers and family members about the benefits of more gender-equitable behaviours and relationships and the ways they can support one other to promote gender equality, responsive parenting and health among their families and peer groups	Policy Brief: Children's Rights and Positive Parenting Issues in Zambia ¹²⁶
MenEngage Alliance governance standards and guidelines for adaptation to local context	A guide for promoting high standards of accountability, and for carefully considered, impactful work with men and boys for gender equality	MenEngage Accountability Standards and Guidelines ¹²⁷
	Commitment to gender justice, human rights, and social justice means actively practicing what we preach in both our personal and professional lives	MenEngage Code of Conduct ¹²⁸
		MenEngage Core Principles ¹²⁹
Male engagement	The framework is an evidence-based action road map to guide the development of national strategies. When contextualised to local and national contexts and epidemiological situations, the framework provides a foundation for country-led movements to achieve the globally agreed HIV goals in the Global AIDS Strategy 2021–2026 and work towards achieving gender equality	Framework for Action ¹³⁰

¹²²MenEngage Alliance. (2021). *The social and behaviour change communication strategy for enhancing male involvement in advancing SRHR for All project in Africa*. MenEngage Alliance. <https://menengage.org/resources/engaging-men-and-boys-in-srhr-communications-toolkit/>

¹²³The PACT. (2017). *We demand more! A sexuality education handbook for young people*. The PACT. <https://www.childrenandaids.org/sites/default/files/2018-11/We%20demand%20more!%20A%20sexuality%20education%20advocacy%20handbook%20for%20young%20people.pdf>

¹²⁴Medical Research Council. (2010). *Stepping Stones. A training manual for sexual and reproductive health communication and relationship skills. Edition III*. South African Medical Research Council. <https://www.whatworks.co.za/documents/publications/86-stepping-stones-training-manual/file>

¹²⁵Sonke Gender Justice, & MEA. 2019. *MenEngage Africa strategy to strengthen youth advocacy for comprehensive sexuality education and sexual and reproductive health and rights (SRHR), 2019–2023*. Sonke Gender Justice & MenEngage Africa. <https://genderjustice.org.za/publication/menengage-africa-strategy-to-strengthen-youth-advocacy-for-comprehensive-sexuality-education-and-sexual-and-reproductive-health-and-rights/>

¹²⁶Sonke Gender Justice, MEA, & Save the Children. (2021). *Policy brief: Children's rights and positive parenting issues in Zambia*. Sonke Gender Justice, MenEngage Africa, & Save the Children. <https://resourcecentre.savethechildren.net/pdf/Final-Policy-Brief-for-Zambia-July-2021.pdf>

¹²⁷MenEngage Alliance. (2014). *Accountability standards and guidelines*. MenEngage Alliance. <https://menengage.org/resources/accountability-standards-guidelines/>

¹²⁸MenEngage Alliance. (2022). *Our code of conduct*. MenEngage Alliance. <https://menengage.org/about/code-of-conduct/>

¹²⁹MenEngage Alliance. (2022). *Our core principles*. MenEngage Alliance. <https://menengage.org/about/our-core-principles/>

¹³⁰UNAIDS, Sonke Gender Justice, UN Women, & WHO. (2022). *Male engagement in HIV testing, treatment and prevention in Eastern and Southern Africa: A framework for action*. Joint United Nations Programme on HIV and AIDS, Sonke Gender Justice, UN Women, & World Health Organization. https://www.unaids.org/sites/default/files/media_asset/east-south-africa-engaging-men_en.pdf

Appendix 2: WHO SRHR indicators for the African region

Table 6 WHO SRHR indicators for the African region

Impact indicators	Maternal mortality rate	Neonatal mortality rate	Adolescent birth rate	Maternal deaths due to abortion	HIV incidence	STI incidence
Service coverage indicators	Percentage pregnant women living with HIV who received PMTCT	Proportion women and girls who received recommended HPV vaccines doses before age 15	Health workers per 1 000 population	Unmet need for family planning (contraception)	Percentage demand satisfied for modern contraception	Proportion of deliveries assisted by a skilled birth attendant
	Percentage women accessing antenatal care who tested positive for syphilis and were treated	Proportion women between 30–49 screened for cervical cancer at least once or more often	Proportion of service delivery points providing post-abortion care services and safe abortion			
Utilisation	Contraceptive prevalence rate, modern methods					
Policy	Prevalence of female genital mutilation or cutting	Proportion of women aged 20–24 years married or in a union before age 18	Existence of laws and policies that allow adolescents to access SRH services without third-party authorisation	Legal status of abortion (Upon request, Restricted, Forbidden)	Proportion of lower secondary schools that provide life skills-based HIV and sexuality education	Proportion of women subjected to physical and/or sexual violence by a current or former partner
Resource mobilisation	Annual expenditure on SRHR from government domestic health budget	Annual expenditure on family planning from government domestic health budget				

Appendix 3: Specific SRHR advocacy topics

Harmful norms and cultural practices

Advocacy to:

- Reduce gender-based and interpersonal violence, female genital mutilation, early marriage and early pregnancy through male engagement and capacity building of country networks
- Try perpetrators of gender-based violence by a competent court

Marriage and family rights

Advocacy to:

- Ban marriage of persons under age 18 and register all marriages
- Promote free and full consent of both parties in all marriages
- Promote the shared responsibility of parents to raise children
- Promote equal rights if spouses separate, divorce or annul their marriages:
 - The children's best interest remains central with joint rights and responsibilities
 - Equitable share of property and other assets acquired during marriage
 - Maintenance orders are enforced
- Protect the rights of widows:
 - Are not subjected to inhumane, humiliating or degrading treatment
 - Automatically become the custodian of children
 - Keep the right to stay in the house and remarry a person of choice

People with diverse SOGIESC

Advocacy to:

- Achieve zero discrimination on the grounds of sex and gender
- Include sexual minorities in school curricula and comprehensive sexuality education
- Address gender stereotypes in schools and communities
- Protect and avail recourse for human rights violations

People with disabilities

Advocacy to:

- Achieve zero discrimination against people with disabilities
- Protection and avail recourse that consider the particular disabilities and vulnerabilities of the individual

Migrants, people on the move and displaced populations

Advocacy to:

- Achieve zero xenophobia against migrants
- Promote access to comprehensive SRHR

Adolescents and youth

Advocacy to:

- Grant boys and girls the same rights
- Autonomy to access SRHR prevention, care and treatment services regardless of age
- Promote equal access to education and retention in formal and informal education
- Promote equal responsibility for contraception and childcare
- Protect from exploitation and harmful practices and norms¹³¹
- Protect from economic exploitation, trafficking and all forms of violence including sexual abuse
- Promote equal access to youth in all their diversity to SRHR information, services and facilities

¹³¹UN. (1990). *Convention on the rights of the child*. United Nations.
<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>
 AU. (1990). *African charter on the rights and welfare of the child*. African Union.
https://www.achpr.org/public/Document/file/English/achpr_instr_charterchild_eng.pdf





MenEngage

working with men and boys for gender equality

Africa