



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

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Executive Summary

MenEngage Africa (MEA) is a network of 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. 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 health and well-being in Africa through four strategies summarised as Link, Learn, Improve and Influence. The Plan is underpinned by evidence and global and regional policy commitments and objectives, and 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. MEA is committed to advocating for gender-transformation that will afford bodily autonomy and bodily integrity to all people free from coercion and discrimination.

MEA sexual and reproductive health and rights priorities

The 2020 evaluation report of MEA identified several sexual and reproductive-specific barriers in Africa, such as faith-based organisations promoting sexual abstinence outside of heterosexual marriage, criminalisation and stigmatisation of people with diverse SOGIESC, people who inject drugs, and sex workers, and a lack of representation of faith-based and non-faith-based organisations. 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.

Development of the Plan

The MEA SRHR Strategic Plan 2022–2025 was developed through a collaborative process with MEA leadership, 22 country networks, Sonke Gender Justice, and the MenEngage Africa Steering Committee. It is aligned to the Global MenEngage Alliance Strategic Plan 2021–2024¹ and is informed by findings from regional and global literature.

Purpose, vision and mission of the Plan

This strategy will guide MEA country networks and partner organisations and other likeminded 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.

¹ MenEngage Alliance. (2022). *Strategic plan 2021 – 2024*. MenEngage Alliance.
<https://menengage.org/wp-content/uploads/2022/02/MenEngage-Alliance-Strategic-Plan-2021-24.pdf>

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 wellbeing 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 rights².

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.
 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, 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
 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 and 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.
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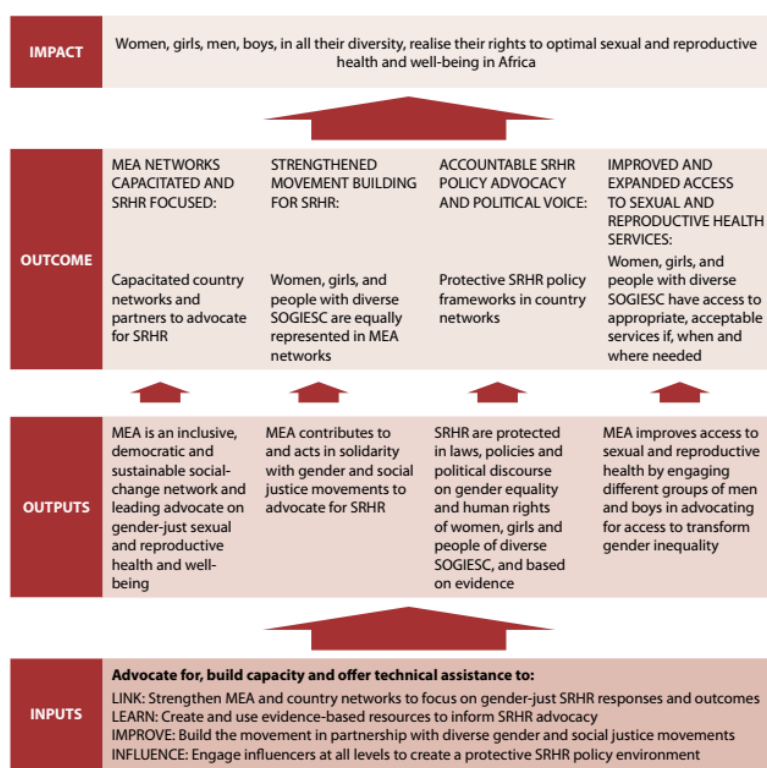
Guiding principles³

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. The theory of change assumes that if the four strategies are implemented in synergy with each other, this will result in desired change at outcome and impact levels. At least two of the strategies must be adopted to effect change and create synergy. Different strategies will be more relevant in different country contexts and for different priorities and issues.



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.

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

³ 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>

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 optimize 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.

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 practices⁴:

⁴ Van 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,

- 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.
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.

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:
 - 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 healthcare systems.

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 quality 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.
- 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 media⁵
 - 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 options⁶
 - 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

⁵ PEPFAR. (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>

⁶ WHO. (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>

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 region⁷ and UNAIDS Men and HIV Framework

⁷ WHO 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>