KELIN
Reclaiming Rights, Rebuilding Lives

**2023**
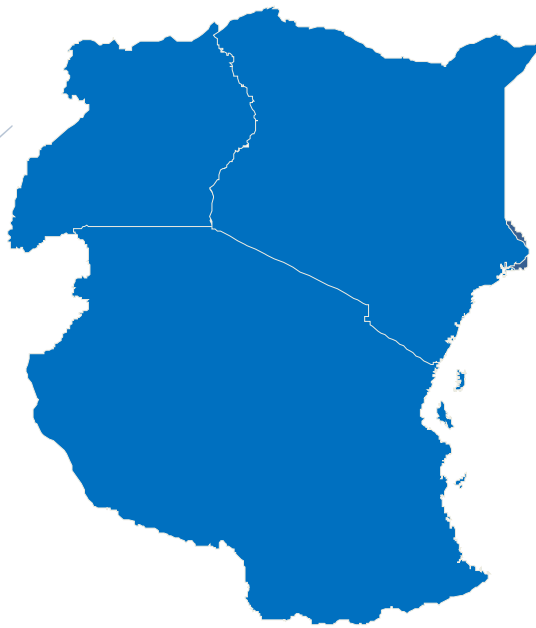
# TRAINING CURRICULUM FOR THE ADVANCEMENT OF SEXUAL AND REPRODUCTIVE HEALTH RIGHTS IN THE EAST AFRICA REGION

KELIN
Reclaiming Rights, Rebuilding Lives

JUSTICE to HEALTH
& health for all

**AUTHOR & TECHNICAL EXPERT**
Dorise Ng'ong'a

**KELIN TEAM**
Elsie Milimu, Ngina Muyanga and Dorcas Gitonga

# ABBREVIATION & ACRONYMS

**AU**          African Union
**BPfA**        Beijing Declaration and Platform for Action
**CEDAW**       Convention on the Elimination of All Forms of Discrimination Against Women
**CRPD**        Convention on the Rights of Persons with Disabilities
**DRC**         Democratic Republic of Congo
**EVAWG**       Ending Violence Against Women and Girls
**FGM/C**       Female genital mutilation/cutting.
**FP**          Family Planning
**GEF**         Generation Equality Forum
**ICPD**        International Conference on Population and Development
**SGBV**        Sexual Gender-Based Violence
**SRHR**        Sexual and reproductive health and rights
**SDGs**        Sustainable Development Goals
**ToT**         Training of Trainers
**UN**          United Nations
**UNFPA**       United Nations Population Fund
**EAC**         East African Community

# ACKNOWLEDGEMENT

# CONTENTS

# INTRODUCTION

## Background Summary

The East Africa region faces a myriad of challenges in the realm of sexual and reproductive health and rights (SRHR) as well as the pervasive issue of Sexual and Gender Based Violence (SGBV). A report by the United Nations Population Fund (UNFPA) highlights these pressing concerns, shedding light on the region's struggle to ensure comprehensive SRHR services and address the scourge of violence against its female population.

Compared to other regions, East Africa contends with relatively low contraceptive prevalence rates, mirroring the situation in other parts of the African continent. In 2020, only 21 percent of married or in-union women in East Africa were using modern contraception, underscoring the need for increased access and awareness regarding family planning options. Furthermore, unmet need for family planning remains a substantial issue, affecting 28 percent of all women and 39 percent of adolescents aged 15-19 in the region. Tragically, maternal mortality rates remain alarmingly high in East Africa, representing some of the highest levels globally. Approximately 476 maternal deaths per 100,000 live births were reported, emphasizing the urgent need for improved maternal health care services and infrastructure. In Kenya the Maternal and newborn deaths remain to be a major public health problem. In 2020 the maternal mortality ratio was 530 deaths per 100,000 live births. This is much higher than the global average of 223 maternal deaths per 100,000 live births. The ratio of babies who die in the first month of life (neonatal deaths) is also higher than the global average.

Access to sexual and reproductive health and rights (SRHR) is essential for the wellbeing of all people. Significant barriers, however, still prevent people from accessing and benefiting from lifesaving services, treatments, medications, and information, which negatively impact their health, wellbeing, and ability to thrive and provide for those in their care: a situation that worsens in situations of crisis.

Since the adoption of the ICPD by 179 United Nations member states in 1994, SRHR has gained recognition as health care that must be protected. Many governments, however, continue to reject the relevance of SRHR and dispute the concepts of sexual rights. Of particular concern are the attempts by member states that have recently begun to actively oppose full recognition of SRHR and gender identity. Legal and policy barriers exacerbate these challenges. Restrictive laws mandating spousal or parental consent for contraceptive use, coupled with policies limiting the range of healthcare providers authorized to offer contraception, impede access to essential services. Cultural and religious beliefs further compound these issues, limiting the availability of SRHR services.

To surmount these multifaceted challenges, it is imperative to adopt a comprehensive approach that addresses both the supply and demand sides of SRHR and SGBV. Governments, civil society organizations, international non-governmental organizations, and multilateral partners must collaborate in a

concerted effort to dismantle systemic barriers. Legal and policy reforms grounded in human rights principles are crucial, as are inclusive comprehensive sexuality education initiatives and community engagement programs. Moreover, enhancing health systems, bolstering policy frameworks, and dismantling socio-cultural barriers are central to ensuring equitable access to quality SRHR and protection against SGBV.

Internationally, the adoption of regional human rights treaties and mechanisms, such as the African Union's Maputo Protocol and Banjul Charter, plays a pivotal role in demanding accountability in the arena of SRHR and SGBV  These instruments advocate for women's SRHR, RR, and an end to violence against women and girls, emphasizing access to reproductive health information, services, and safe abortion care in cases of sexual assault, rape, incest, and endangerment of a woman's life and health. The Maputo Plan of Action 2016-2039 reinforces the call for Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa, providing a roadmap for regional progress.

In conclusion, the challenges faced by East Africa in the domains of SRHR necessitate a collaborative, cross-sectoral approach. Governments, civil society, and international partners must work together to dismantle barriers, enhance health systems, and promote comprehensive education and engagement, all in service of achieving equitable access to high-quality SRHR services.

## About the Curriculum

The primary objective of this training curriculum is to empower advocates with the skills and knowledge required to effect positive change in the field of Sexual and Reproductive Health and Rights (SRHR) awareness, policies, and implementation. Our collective mission is to create an environment where individuals' SRHR is not only respected but also fully protected and fulfilled.

With a focused curriculum that addresses advocacy strategies, stakeholder engagement, and barrier elimination, we aspire to nurture a vibrant and well-informed SRHR movement. By providing advocates with targeted training, we aim to initiate a ripple effect that extends to communities, policymakers, and decision-makers.

The first level of training will produce trainers through a "Training of Trainers" approach. These trainers will subsequently replicate the training at various levels, targeting participants from Women's Rights Organizations (WROs) and Civil Society Organizations (CSOs) dedicated to SRHR and SGBV.

Our training curriculum encompasses several modules and a variety of sessions designed to cater to different learning styles. It includes group work, opportunities for sharing experiences and best practices, as well as presentations to ensure that participants can effectively apply what they have learned in their specific contexts. The training is divided into five

modules, each covering different aspects of SRHR advocacy, including legal and policy frameworks, as well as Monitoring and Evaluation (M&E). The modules are as follows:

### Module 1: The Current Environment of SRHR and SGBV in East Africa

This module will explore the current environment of SRHR in East Africa, high-lighting the progress made, challenges faced, and barriers and threats encountered in advocacy effort

### Module 2: Legal and Policy Frameworks on SRHR

This module will provide an overview of the existing legal and policy frameworks on SRHR in East Africa, including regional and international instruments, commitments and action plans.

### Module 3: SRHR Budget Advocacy

This module will cover the effective strategies, barriers, and challenges related to policy and budget advocacy for SRHR including tracking allocations and social accountability.

### Module 4: Strategies for effective advocacy in SRHR

This module focuses on advocacy strategies for addressing sexual reproductive and health rights. This module will discuss how to sharpen existing strategies and adopt new innovations for SRHR advocacy, including potential innovative approaches, tools, and technologies that can be used to enhance advocacy efforts.

### Module 5: Outcome Harvesting

This module will cover Outcome Harvesting that collects ("harvests") evidence of what has changed ("outcomes") and then, working backwards, determines whether and how an intervention has contributed to these changes.

**By the end of the training, participants will have a deep understanding of the SRHR policy and budget advocacy landscape in Kenya and East Africa, as well as the tools and strategies to effectively advocate for change in their respective contexts to continue to make a difference in the lives of women and girls in the region.**

## Setting the Pace: SRHR and SGBV Policy and Budget Advocacy in Kenya and East Africa.

The introductory session is critical because it sets the climate for participants to interact openly and freely with the training content and with one another.

### Facilitator's Note

During this session, the Facilitator carries out introduction and discusses the training objectives with the participants, participants get to know each other and build trust. The purpose of this training session is to provide participants with the knowledge and skills necessary to engage in policy and budget advocacy for SRHR issues in East Africa. The training will cover topics such as understanding policy and legal frameworks, developing policy and legal analysis, engaging in legislative and policy processes, and mobilizing resources and support.

### Learning Objectives

- ❖ Understanding the regional context, common challenges and opportunities on SHRH in the Kenya and EAC.
- ❖ Understand the policy and legal frameworks related to SRHR in East Africa.
- ❖ Develop policy and legal analysis skills to effectively engage in advocacy efforts.
- ❖ Learn strategies for engaging in legislative and policy processes to influence policy and laws.
- ❖ Understand how to mobilize resources and support for advocacy efforts.
- ❖ Learn from successful advocacy examples in the region.

# Importance of Building a Stronger SRHR Movement in East Africa

**Addressing Disparities and Inequalities**: East Africa, like many regions, faces disparities and inequalities in accessing SRHR services, particularly among marginalized and vulnerable groups, including adolescent girls, young women, and key populations. A stronger SRHR movement can address these disparities and strive for equity and inclusivity in healthcare provision

**Promoting Health and Well-being:** By strengthening the SRHR movement, we can advocate for improved access to quality reproductive healthcare, education, and services, leading to better health outcomes for all.

**Ensuring Human Rights:** Building a stronger SRHR movement in East Africa is vital to safeguarding these rights for all individuals.

**Influencing Policies and Systems:** By amplifying the voices of SRHR advocates, we can influence policy decisions, shape legal frameworks, and secure commitments to ensure the realization of SRHR for all.

**Combating Stigma and Discrimination**: A stronger SRHR movement can challenge and change these harmful narratives, promoting acceptance, inclusivity, and respect for individual choices and rights.

**Influencing Policies and Systems:** By amplifying the voices of SRHR advocates, we can influence policy decisions, shape legal frameworks, and secure commitments to ensure the realization of SRHR for all.

**Empowering Individuals and Communities:** Through education, awareness-raising, and capacity-building, we can empower advocates to drive change and shape policies that prioritize SRHR.

# PRE-TRAINING ASSESSMENT

Before we start the training, please take a moment to answer the following questions. This assessment is specifically focused on your current understanding and knowledge of Sexual and Reproductive Health and Rights (SRHR) Policy and Budget Advocacy in the context Kenya/ your country in East Africa.

**What does SRHR stand for?**
a)  Comprehensive education about social relationships and health
b)  Secure retirement and housing resources
c)  Sexual and Reproductive Health and Rights
d)  Scientific research for healthcare advancements

**On a scale of 1 to 5, how well do you understand the legal and policy frameworks on SRHR in your country?**
a) 1 - Very Poor
b) 2 - Poor
c) 3 - Moderate
d) 4 - Good
e) 5 - Very Good

**Can you identify any regional and international instruments, commitments, and action plans related to SRHR in your country or region (East Africa)?**
a) The African Charter on Human and Peoples' Rights
b) The Maputo Protocol
c) The Sustainable Development Goals
d) National Action Plan on Business and human rights Kenya
e) Beijing Declaration and Platform for Action
f) The agenda 2026
g) Continental Education Strategy for Africa

h) All of the above

**Have you been involved in any advocacy efforts related to SRHR, in your country or East Africa?**
a) Yes
b) No

**What are some of the achievements, challenges, barriers, and threats encountered in SRHR advocacy efforts in East Africa?**
a) Lack of funding and resources
b) Social and cultural norms
c) Resistance from religious and traditional leaders
d) All of the above

**Have you participated in any policy and budget advocacy initiatives related to SRHR in your country? If yes, kindly elaborate on your experience.**
a) Yes
b) No

**In your experience, what strategies have proved effective in advancing policy and budget advocacy (at regional, national, or community levels) for SRHR Kenya? Which approaches have been less effective?**
a) Mobilizing civil society organizations and advocacy networks
b) Engaging with policymakers and decision-makers
c) Using evidence-based research to support advocacy efforts
d) All of the above
e) None of the above

**Have you utilized innovative approaches, tools, or technologies to enhance your advocacy for SRHR? If so, please share your experiences.**
a) Yes
b) No

**What are your expectations for this training? What are your desired learning outcomes or achievements by the training's conclusion?**
a) Acquiring insights into effective advocacy strategies for promoting SRHR
b) Comprehending the legal and policy frameworks relevant to SRHR
c) Networking with fellow advocates to exchange experiences
d) All of the above

**Thank you for taking the time to complete this assessment. Your responses will help us tailor the training tobetter meet your needs and expectations**.

# TRAINING MODULES

## Training Module 1: Exploring the Current Environment of SRHR in East Africa

### Title: Exploring the Current Environment of SRHR in East Africa

This learning module will provide an overview of the current environment of Sexual and Reproductive Health and Rights (SRHR) in East African states, including progress, challenges, barriers, and threats. Participants will have the opportunity to develop strategies and solutions to address the identified challenges and barriers in their respective countries. By the end of this learning module, participants will gain a clear understanding of the current SRHR environment in their respective countries and will have developed actionable strategies for overcoming challenges.

**Objective:** The objective of this learning module is to provide an overview of the current environment of SRHR in East African states, including progress, challenges, barriers, gaps, and threats.

**Methodology:** The learning module will utilize a combination of presentations, group discussions, and mapping exercises to facilitate learning and knowledge sharing. The module will be conducted online using virtual communication tools.

**Learning Materials:**
PowerPoint presentation on the current environment of SRHR in East African states.
**Assessment:** The learning module will be assessed based on the level of participation and engagement of the participants, the quality of the country-level mapping exercise and strategy development, and the feedback provided by the facilitators.

**Duration:** 2 hours

# Session 1: Overview of SRHR in East African States (45 Minutes)

An overview of the current environment of SRHR in East African states, including progress, challenges, barriers, and threats.

## Overview of SRHR in Kenya

Kenya is committed that its citizens have the highest standard of health by 2030 through elimination of preventable maternal and newborn mortality, mother to chid transmission of HIV, teenage pregnancies, new adolescents, and youth infections of HIV. Kenya has put in place supporting policies to advance Sexual Reproduction and Health Rights (SRHR) as part of achieving universal health coverage. However, practice on the ground shows gaps in Kenya's SRHR. Lack of knowledge exists among women and girls about menstruation, contraception, safe abortion, sexual gender-based violence, reproductive rights, and Kenya's constitutional provisions on SRHR. Access to water and sanitation in Kenya has not been keeping pace with population growth, as only 58% of Kenyans have access to basic drinking water and 30% have access to basic sanitation currently affecting SRHR.

## SRHR Challenges in East Africa

The East African region encounters significant challenges in promoting and safeguarding SRHR. Efforts to improve access to SRH services and information are impeded by barriers such as limited infrastructure, insufficient resources, and cultural norms.

Quality family planning services and commodities remain inaccessible for many women and girls, contributing to high rates of unintended pregnancies and maternal mortality. The uptake of modern contraception methods is below the global average.

Gender-based violence (GBV) and harmful practices are pervasive in the region. GBV includes various forms such as child marriage, FGM/C, and sexual violence linked to conflict. These challenges hinder girls' education and access to SRH services and information.

Despite progress, FGM persists in some East African countries, defying legal bans. Stigma and inadequate enforcement of laws further exacerbate the situation.

Despite ongoing efforts to enhance access to sexual and reproductive health (SRH) services and information, progress remains sluggish, and substantial barriers persist. Notably, many women and girls residing in rural areas encounter difficulties in accessing essential services and commodities. Insufficient infrastructure and resources in various parts of the region pose challenges to the provision and sustainability of services.

## Access to SRH Services and Commodities

Women and girls in East Africa continue to face obstacles when attempting to access quality family planning services and commodities, including contraceptives. Comprehensive sexual reproductive health services, ranging from antenatal care to delivery and postnatal care, are often inaccessible. When available, the cost of contraceptives proves prohibitive for many women and girls. This situation contributes to high rates of unintended pregnancies, maternal mortality, and an unmet demand for family planning services. In the East African context, the usage of modern contraception methods remains below the global average of 56%, reflecting insufficient access to quality family planning services, especially in rural settings. Cultural and religious barriers compound these challenges. Social norms, particularly in patriarchal and male-dominated communities, hinder the uptake of sexual reproductive health services. This is evident in the East African region, where women's decision-making power concerning family size, resource allocation within households, and seeking assistance during reproductive health emergencies is restricted.

## Gender-Based Violence (GBV) and Harmful Practices

Gender-based violence, encompassing harmful practices such as child marriage and female genital mutilation/cutting (FGM/C), as well as various forms of sexual violence linked to conflicts, humanitarian settings, and emerging forms like online and technology-aided violence, remains a pressing concern in East Africa. Statistics from the region illustrate the magnitude of the problem. For instance, over 30% of women aged 15-49 in some East African countries, such as Kenya and Uganda, report having experienced physical or sexual violence. GBV, often intertwined with conflicts, further exacerbates the situation. A significant number of women, particularly between the ages of 20 and 24, were married before the age of 18. In some East African countries, this figure exceeds 70%, underscoring the barriers to girls' education and their access to SRH services and information. These practices also elevate the risks associated with maternal mortality, morbidity, and complications like obstetric fistula. Despite legal prohibitions, FGM/C remains prevalent in several parts of the region, indicative of the challenges in enforcing and implementing protective laws and policies. The stigma and shame surrounding GBV frequently deter women and girls from reporting incidents and seeking assistance. Existing laws and policies aimed at safeguarding them from GBV are often ineffective or inadequately enforced.

# Session 2: Status in Kenya(30 mins)

### Gender Based Violence

- ❖ At least 40% of women in Kenya likely to face physical and or SGBV including lifetime physical and/or sexual intimate partner violence in their lifetime.
- ❖ In June 2021, the Government of Kenya made a valiant decision to end Gender-Based Violence (GBV) including sexual violence by 2026 .
- ❖ The Sexual Offences Act No. 3 that was revised in 2007 recognizes males as victims of GBV .
- ❖ One in three Kenyan females has experienced an episode of sexual violence before attaining age. Between 39% and 47% of Kenyan women

experience GBV in their lifetime- among the highest rates in the world

- ❖ GBV towards pregnant women in Kenya is estimated to be 13.5%, a higher prevalence than that of many conditions normally screened for during pregnancy.
- ❖ Only about 1 in 10 men who have experienced physical violence since age 15 mentioning their current spouse as a perpetrator of physical violence
- ❖ Domestic Violence -38% of ever-married women have ever experienced physical violence compared to 9% of ever-married men.
- ❖ 14% of ever-married women have ever experienced sexual violence compared to 4% of ever-married men. 41% of ever-married women have ever experienced physical or sexual violence, while 11% of ever-married men have ever experience either form of violence from a partner.

### Access to Safe Abortion

- ❖ Kenya has the Standard and Guidelines for reducing morbidity and mortality from unsafe abortion and there is need to create awareness and reduce stigma for access to safe abortion.
- ❖ Kenya's constitution eased access to abortions in 2010 but the procedure is extremely difficult to access at state hospitals. Some private health providers perform the procedure, for a fee of around 3,000-4,000 Kenyan shillings, on which many women and girls cannot afford even the pills that are used to curtail shorter-term pregnancies.
- ❖ In Kenya, about seven women and girls die every day due to unsafe abortions. More than 40% of pregnancies in Kenya are not planned to result in unwanted pregnancies and frequently unsafe abortion.
- ❖ Kenya's maternal mortality is the highest among women of peak reproductive (25-39) at about 6,000 deaths per year, and up to about 13% of deaths are associated with unsafe abortion.
- ❖ Restricted access to abortion disproportionately affects the poor who are often unable to support a child. There is a high number of foetuses and abandoned babies in the slums where there is little or no access to safe abortion.
- ❖ In Kenya, the unintended pregnancy rate declined 33% between 1990–1994 and 2015–2019. During the same period, the abortion rate remained fairly level. The share of unintended pregnancies ending in abortion rose from 24% to 38%.
- ❖ In Kenya in 2015–2019, there were a total of 2,380,000 pregnancies annually. Of these, 1,450,000 pregnancies were unintended and 551,000 ended in abortion. Abortion in Kenya is legal only to preserve the pregnant person's health.

### Adolescents and SRHR

- ❖ Almost 33% of Kenya's population consists of young people between 10 and 24 years of age.
- ❖ The median age at first sexual intercourse in Kenya was 18.2 years for women and 17.6 years for men.
- ❖ A number of factors have been associated with adolescent pregnancies. While many adolescents may choose to get pregnant, many pregnancies

occur in the context of human rights violations such as child marriage, coerced sex or sexual abuse.

❖ An estimated 665,000 young women aged 15–19 in Kenya are married or sexually active and want to avoid becoming pregnant in the next two years.

❖ More than half of this group (357,000 adolescents) have an unmet need for modern contraception because they either use no contraceptive method or use traditional methods.

# Session 3: Mapping of Progress/Backlash, Challenges, Barriers, and Threats (60 minutes)

- Participants will be divided into small groups.
- Each group will map the progress/backlash, challenges, barriers, and threats related to SRHR in legislation, Prevalence of GBV/violence, social stigma and investments (budget allocations)
- Facilitator will provide guidance and feedback to each group including material for further reference this includes statistical data bases (UNFPA, WHO, UN Women) Resources on specific legislation,Data on prevalence of GBV at country level.

### Relevant examples from EAC

- **Kenya:** Kenya has made notable strides in the realm of SRHR. The country has seen improvements in maternal and child health services, access to family planning, and comprehensive sexual education programs. Initiatives to combat harmful practices like female genital mutilation (FGM) have been implemented, and steps have been taken to address gender-based violence. However, challenges persist, such as regional disparities in healthcare access, inadequate funding for SRHR programs, and barriers to reaching marginalized communities. Despite progress, teenage pregnancies remain a concern, underscoring the need for continuous efforts to enhance education and services.

- **Uganda:** Uganda has witnessed positive developments in SRHR, including expanded access to family planning services and increased awareness about reproductive health. The country's efforts to reduce maternal mortality rates have led to improved maternal healthcare and safer delivery practices. However, challenges remain, including limited access to quality healthcare in rural areas, a high unmet need for contraception, and cultural norms that can perpetuate early marriages and gender-based violence. Additionally, stigma around seeking reproductive health services and information still exists, particularly for young people.

- **Tanzania:** Tanzania has made strides in addressing SRHR issues by introducing policies to expand access to family planning services and advocating for comprehensive sexual education. Progress has been

achieved in reducing maternal mortality rates, yet challenges persist due to limited access to healthcare facilities, particularly in rural areas. Traditional practices, including child marriage and FGM, continue to impact young girls' well-being. Furthermore, there are concerns about the shrinking space for civil society organizations working in the SRHR sector, leading to potential setbacks in advocacy efforts.

- **Rwanda:** Rwanda has demonstrated remarkable progress in SRHR, driven by its commitment to gender equality and women's empowerment. The country has taken significant steps to improve maternal and child health, resulting in reduced maternal mortality rates and increased access to family planning services. Rwanda's policies on comprehensive sexual education and its efforts to combat gender-based violence have also shown positive outcomes. However, challenges remain, including disparities in healthcare access between urban and rural areas. Cultural norms and gender inequalities persist, affecting the well-being of women and girls. As Rwanda continues its advancement, ongoing efforts to address these challenges and ensure equitable SRHR services will be crucial.

- **Burundi:** Burundi confronts significant challenges in SRHR, including limited access to reproductive health services and family planning. High fertility rates, coupled with inadequate healthcare infrastructure, contribute to maternal and child health concerns. Efforts to combat gender-based violence and child marriage have been initiated, but cultural norms and social factors continue to impact progress. The country's recovery from past conflicts also affects healthcare access and service delivery. Sustained investment in improving healthcare infrastructure and addressing societal norms is essential to advance SRHR in Burundi.

- **South Sudan:** South Sudan faces complex challenges in SRHR due to ongoing conflict, displacement, and limited infrastructure. Maternal mortality rates are among the highest globally, and access to reproductive health services is severely constrained. Humanitarian crises have disrupted healthcare delivery, exacerbating existing vulnerabilities. Efforts to address gender-based violence and early marriages are hampered by the prevailing instability. The lack of resources, inadequate facilities, and limited access to education further contribute to SRHR challenges. While initiatives to provide basic services are in progress, achieving sustainable improvements in SRHR requires addressing conflict-related barriers and rebuilding the healthcare system.

- **DRC:** The Democratic Republic of Congo (DRC) faces significant challenges in addressing sexual and reproductive health issues, including high rates of maternal and infant mortality, limited access to family planning services, and a high unmet need for contraception. Gender-based violence, including rape and sexual exploitation, is also prevalent,

particularly in conflict-affected areas. However, the government has made some progress in recent years, including the expansion of family planning services and efforts to address gender-based violence.

# Session 4: Sharing and Analyzing Country-Level Findings (30 minutes)

- Each group will share their findings with the larger group.
- Facilitators will guide the group in analyzing the commonalities and differences in the progress, challenges, barriers, and threats across the country.

**Facilitator's Notes**

- All countries in the region face significant differentiated challenges in addressing SRHR particularly due to socio-cultural and economic factors such as gender social norms and limited investments by governments towards maternal and reproductive health that in turn limit access to services, education, and resources.

- High maternal mortality rates, low contraceptive prevalence rates, and high levels of unmet need for family planning are common challenges across the countries.

- The region also experiences high levels of child marriage, female genital mutilation/cutting, and sexual and gender-based violence.

- All countries have ratified international and regional agreements aimed at promoting and protecting the rights of women and girls, including the Maputo Protocol, CEDAW, and the SDGs.

- The political and social context varies across the countries, with some countries experiencing conflict or political instability, which further exacerbates the challenges in addressing SRHR. Conflicts limit access to services and increase vulnerability to different form of violence including sexual violence such as rape and defilement. Political instability prevents the passing of legislations and allocation of resources /budgets towards VAW, SRH among others.

- While all countries have laws and policies in place aimed at promoting SRHR, the implementation and enforcement of these laws vary across the countries, with some countries facing significant challenges in this regard.

## Session 5: Exercise sharing experiences and emerging issues as well as best practices in dealing with challenges, barriers, backlash, and threats. (30 min)

- Participants will brainstorm and identify.
- Socio-cultural and economic factors preventing access to services?

# Training Module 2: Existing Legal SRHR Frameworks

## Title: Existing Legal SRHR Frameworks in East Africa: Key Regional and International Instruments.

This training module will provide an overview of the existing legal frameworks on SRHR and SGBV in East Africa, including key regional and international instruments, policies, commitments, and action plans. By the end of the training, participants will have a better understanding of what these legal tools are, how they can use these legal frameworks to advance SRHR and SGBV policy and budget advocacy, and reflections on whether the available legal frameworks give response to the challenges.

**Objective:** The objective of this training module is to provide an overview of the existing legal frameworks on Sexual and Reproductive Health and Rights (SRHR) and SGBV in East Africa, including key regional and international instruments, policies, commitments, and action plans.

**Methodology:** The training module will use a combination of presentations, and group discussions, to facilitate learning and knowledge sharing. The training module will be conducted online using virtual communication tools.

**Learning Materials:**
- PowerPoint presentation on the existing legal frameworks on SRHR and SGBV in East Africa
- Handout on the key regional and international instruments, policies, commitments, and action plans on SRHR and SGBV
- Action planning worksheet

**Assessment:** The training module will be evaluated through participant feedback and engagement during the training and through the evaluation form provided at the end of the training module.

**Duration:** 2 hours

# Session 1: Overview of Legal SRHR Frameworks in East Africa (1 hour)

## Definition of SRHR and SGBV

- SRHR stands for Sexual and Reproductive Health and Rights. According to the International Planned Parenthood Federation (IPPF)[1], SRHR encompasses a wide range of issues related to people's sexual and reproductive health and their right to access information, services, and care related to these issues. Specifically, SRHR includes the right to make informed choices about one's own sexual and reproductive health, including the right to access contraception, safe and legal abortion, and information and services related to preventing and treating sexually transmitted infections (STIs) and HIV/AIDS. It also includes the right to access comprehensive sexuality education, to have safe and consensual sexual relationships, and to receive respectful and non-discriminatory care related to one's sexual and reproductive health. According to the United Nations Population Fund (UNFPA)[2], reproductive rights refers to "the basic human right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health." Furthermore, reproductive rights are considered a subset of human rights, and are recognized as an essential element of achieving gender quality and women's empowerment. Reproductive rights are therefore an integral part of the broader framework of human rights and social justice.

- SGBV stands for Sexual and Gender Based Violence. This term refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional or psychological and sexual violence, and denial of resources or access to services. Violence includes threats of violence and coercion. SGBV inflicts harm on women, girls, men and boys and is a severe violation of several human rights. SGBV encompasses acts that target individuals based on their gender, sexuality, or reproductive choices, undermining their autonomy and well-being. GBV can manifest in a variety of ways. Some of these include physical violence, such as assault or slavery; emotional or psychological violence, such as verbal abuse or confinement; sexual abuse, including rape; harmful practices, like child marriage and female genital mutilation; socio-economic violence, which includes denial of resources; and sexual harassment, exploitation and abuse.

# Session 2: Overview of existing legal frameworks in East Africa

**Facilitator Notes**

- **SRHR:** In general, legal frameworks that recognize sexual and reproductive health and rights. Many countries have ratified international conventions and agreementsrelated to SRHR, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Maputo Protocol. However, there can be gaps between legal frameworks and the actual implementation of SRHR policies and programs, and many states face challenges related to limited resources, infrastructure, and social and cultural norms. An exhaustive list of countries that have ratified can be found at: https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsgno=IV8& chap- ter=4&cla_ng=_en

  In terms of budget frameworks, SRHR funds are often allocated and delivered under the relevant National Health ministry while issues of SGBV are allocated funds under National Gender or State Department for Gender. In East Africa challenges relate to limited resources for health care, and Gender equality/women's rights /social services, which can affect the implementation of policies related to SRHR. Some states may also face challenges related to corruption and inefficient use of resources. Many advocates and organizations are working to increase funding for these issues and ensure that resources are allocated effectively to address theunique challenges faced by each state.

# Session 3: Key international instruments treaties on SRHR and SGBV

**Facilitator's Notes**

❖ **Maputo Protocol for Action**

- The Maputo Protocol of Action urges member states to combat all forms of discrimination against women through appropriate legislative, institution and othermeasures.

- States will enact and effectively implement appropriate legislative and regulatory measures, including those prohibiting and curbing all forms of discrimination, particularly harmful practices which endanger the health and general being of women.

- States will modify the social and cultural patterns of

conduct of men and women through public education, information, and communication strategies with a view to achieving the elimination of harmful cultural and traditional practices.

- The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) seeks to address SRHR in States by recognizing reproductive rights as human rights and calling for the elimination of harmful practices such as female genital mutilation/cutting (FGM/C) and child marriage. It also calls for the protection of women's rights during armed conflict and the prevention and punishment of all forms of violence against women.

- In relation to SRHR, the Charter recognizes the right of individuals to make decisions concerning their own reproductive health and to have access to the necessary information and services to exercise this right. The Charter also recognizes the right of women to be protected from harmful traditional practices, such as female genital mutilation and forced marriage.

## Status of the Maputo Protocol

| Countries That Have Ratified (41) | Countries That Have Not Signed (Three) | Countries That Have Ratified with Reservations | Countries That Have Signed but Not Ratified |
|---|---|---|---|
| Zambia | Egypt | Ethiopia | Chad |
| Mozambique | Botswana | Kenya | Niger |
| Guinea-Conakry | Morocco | Uganda | Somalia |
| Liberia | | South Africa | Sudan |
| Tanzania | | Namibia | Western Sahara |
| Rwanda | | Cameroun | Madagascar |
| Zimbabwe | | | Central African Republic |
| Mali | | | |
| Ghana | | | |
| And More… | | | |

#FollowTheProtocol
- Ratified (41)
- Ratified with reservatoions (7)
- Signed but not ratified (11)
- Not signed (3)
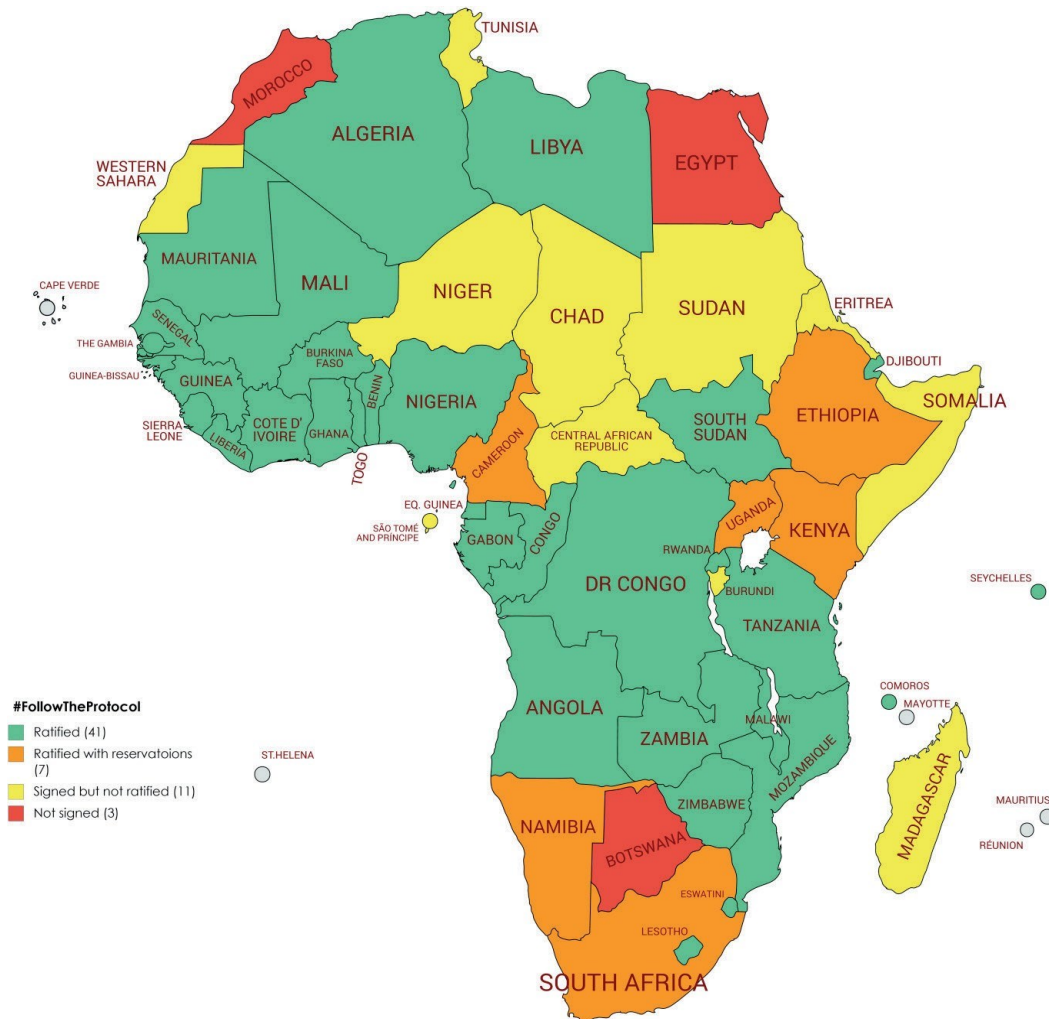
❖ **Abuja Declaration**

In 2001, African countries, met in Abuja and declared to set a target of allocating at least 15 percent of their annual national budget to improve the health sector.

❖ **Beijing Platform for Action**

It notes that women need to be healthy to realise their full potential. This includes proper nutrition, sexual and reproductive rights, mental health as well as freedom from violence.

It advocates for states to better coordinate provision of health services for women and girls including survivors of violence.

❖ **Convention on Elimination of all forms of Discrimination Against Women (CEDAW)**

i.  Adopted in 1979, CEDAW notes that discrimination against women violates the principle of equality of human rights and respect for human dignity.

ii.  Challenges states to take all appropriate measures to eliminate discrimination against women by any person, organization or enterprise.

iii.  States to take all appropriate measures including legislation to modify or abolish existing laws, regulations, customs and practices which

constitute discrimination against women.

    iv. States to take appropriate measures to eliminate discrimination against women in the field of health care in order to ensure on the basis of equality of men and women access to health care including those related to family planning.

    v. CEDAW recognizes reproductive rights as human rights and calls for the elimination of harmful practices such as FGM/C and child marriage.

### ❖ The International Conference on Population and Development (ICPD)

This is a global conference that sought to address population issues and promote human rights, including SRHR. The ICPD recognized the importance of ensuring universal access to reproductive health services, reducing maternal mortality, and promoting gender equality.

### ❖ The Beijing Declaration and Platform for Action

This is a global blueprint for advancing women's rights and gender equality. It includes commitments to ensuring women's access to SRHR services, promoting gender equality, and eliminating violence against women and girls.

### ❖ The Convention on the Rights of Persons with Disabilities (CRPD)

It aims to promote and protect the rights of persons with disabilities, including their right to health and access to SRHR services. The CRPD recognizes that persons with disabilities may face barriers in accessing SRHR services and calls for the elimination of discrimination and barriers in accessing these services.

### ❖ The Generation Equality Forum

This is a global gathering focused on advancing gender equality and promoting women's rights. The forum includes a focus on promoting SRHR, including commitments to ensuring universal access to sexual and reproductive health services, preventing, and responding to gender-based violence, and promoting gender equality. The forum includes a focus on addressing the needs of marginalized groups, such as women and girls with disabilities and refugees.

## The United Nations Sustainable Development Goals (SDGs)

These are a set of 17 global goals aimed at ending poverty, protecting the planet, and promoting prosperity for all. The SDGs include targets related to SRHR as well as Indicators.

- **SDG 1** aims to end poverty in all its forms and dimensions, and it includes targets such as eradicating extreme poverty, reducing the proportion of people living below the poverty line, implementing social protection systems, and ensuring equal rights to economic resources and access to basic services.

- **SDG 3:** Ensure healthy lives and promote well-being for all at all ages, including targets to reduce maternal mortality and ensure universal access to sexual and reproductive health services.
- **SDG 4:** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, including targets to promote comprehensive sexuality education and eliminate gender disparities in education.
- **SDG 5:** Achieve gender equality and empower all women and girls, including targets to eliminate all forms of violence against women and girls, end child marriage, and ensure universal access to sexual and reproductive health and rights.
- **SDG 10:** Reduce inequality within and among countries, including targets to ensure equal opportunities for all, regardless of gender, and eliminate discriminatory laws and practices.
- **SDG 16:** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable, and inclusive institutions at all levels, including targets to eliminate all forms of violence against women and girls and strengthen institutions to prevent and respond to gender-based violence.
- https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-8&chapter=4&clang=_en

## Facilitator's Notes

- The African Union's Agenda 2063: This framework, adopted in 2013, includes several goals related to SRHR, such as improving maternal and child health, reducing maternal mortality, and eliminating harmful practices such as FGM/C and child marriage.
- Regarding SRHR, the agenda prioritizes access to comprehensive sexuality education, increased access to family planning services, and the reduction of maternal mortality rates through improved reproductive health care. It also recognizes the importance of addressing harmful traditional practices such as female genital mutilation and child marriage.
- In terms of Reproductive Rights, the agenda highlights the need to ensure universal access to sexual and reproductive health services, including safe and legal abortion, while also acknowledging the importance of empowering women and girls to make informed decisions about their reproductive health.

# National Level Policies and frameworks in regard to SRHR - Kenya

- **National Reproductive Health Policy (2014)**

This policy outlines the government's commitment to improving reproductive health services in Kenya. It emphasizes the importance of family planning, maternal and child health, and addressing reproductive health issues, including HIV/AIDS prevention and management.

- **National Adolescent Sexual and Reproductive Health Policy (2015)**

This policy focuses on the unique SRHR needs of adolescents in Kenya. It aims to provide age-appropriate information and services, promote healthy behavior, and reduce teenage pregnancies and sexually transmitted infections among adolescents.

- **Kenya Health Policy 2014-2030**

This policy sets the broader framework for health service delivery in Kenya, with components related to maternal and child health, family planning, and HIV/AIDS prevention and treatment.

- **National Family Planning Costed Implementation Plan (2017-2020)**

This plan outlines strategies and interventions to increase access to family planning services in Kenya, with the goal of reducing the unmet need for contraception and improving maternal and child health outcomes.

- **HIV Prevention Revolution Road Map (2014)**

This initiative focuses on HIV prevention and management, including efforts to reduce mother-to-child transmission (PMTCT) of HIV and promote access to antiretroviral therapy (ART) for pregnant women living with HIV.

- **National Guidelines for Comprehensive Sexuality Education (2018)**

These guidelines provide a framework for the provision of comprehensive sexuality education in schools. They aim to equip young people with knowledge and skills to make informed decisions about their sexual and reproductive health.

- **Reproductive Health Act (2010)**

This legislation provides a legal framework for reproductive health services in Kenya, including issues related to maternal health, family planning, and reproductive rights.

- **National Policy on the Prevention and Response to Gender-Based Violence (2014)**

This policy addresses the critical issue of gender-based violence, which can have significant implications for the sexual and reproductive health and rights of individuals.

# Training Module 3: SRHR: Strategies for General Advocacy

## Title: Advocating for SRHR: Strategies for Effective Advocacy

This module will provide an overview of the key strategies and tactics for effective advocacy on Sexual reproductive health (SRH) sexual and reproductive health and rights (SRHR), reproductive rights (RR) in East Africa. It will provide guidance on identifying advocacy spaces, building coalitions and partnerships, engaging stakeholders, and influencing policies and laws. It will also cover ways to overcome common challenges and barriers to advocacy.

**Objectives:**

1. Understand what advocacy is and its importance in advancing SRHR in East Africa.

2. Learn key general advocacy strategies and tactics for engaging decision-makers and influencing policies, laws, budgets, commitments, and action plans.

3. Identify key stakeholders and partners for building coalitions to advance SRHR.

4. Learn how to identify allies and opposition, and how to effectively engage with them.

**Methodology:**

The learning module will use a combination of presentations, group discussions, and case studies to facilitate learning and knowledge sharing. The learning module will be conducted online using virtual communication tools.

**Learning Materials:**

- PowerPoint presentation on the importance of engaging men and boys as allies in EVAWG and SRH&RR
- Handout on effective strategies for engaging men and boys

**Assessment:**

The learning module will be assessed based on the level of participation and engagement of the participants, the quality of the advocacy strategies developed by the groups, and the feedback provided by the facilitators.

## Session1: Introduction to Advocacy for SRHR

### Facilitator's Notes

**Advocacy:** What is it?

UN Women defines advocacy as a deliberate process of influencing those who make decisions on policies, laws, and resource allocation. Advocacy involves collecting evidence and building support for an issue or cause to

influence policy change. It can be used to promote women's rights and gender equality by influencing decision-makers at all levels of government and society.

**Why advocacy is useful for advancing social causes.**

- Advocacy efforts can raise awareness about the issues, mobilize communities to take action, and influence policies, and practices at the local, national, and international levels.

- By engaging with decision-makers and stakeholders, advocates can work to promote policies and programs that promote gender equality, reproductive health and rights, and ending violence against women and girls.

- Advocacy efforts can lead to increased funding for programs and services that support SRHR which can have a significant impact on the lives of individuals and communities.

Therefore, it is important to analyze your context and determine what advocacy strategy to deploy and when to do so. It is worth noting that advocacy strategies are not cast in stone and are subject to review to align to change changes in context such as shifts in political ideologies and priorities etc.

## Session 2: Identifying Advocacy Spaces and Mapping the advocacy environment.

**Facilitator's Notes**

- To effectively advocate for change, it is important to map the advocacy environment and identify key stakeholders and decision makers. This includes understanding the political and social contexts in which advocacy efforts will take place. This can be done through research, needs assessments, and community consultations.

- To address the challenges facing SRHR, advocacy efforts must focus on increasing awareness, changing policies and legal frameworks, and increasing funding and resources. Advocacy efforts should also prioritize engaging men and boys as allies in promoting gender equality and addressing gender-based violence.

  Overall, advocacy is a critical component in advancing SRHR in East Africa. By engaging key stakeholders, raising awareness, and advocating for change, advocates can drive progress towards greater gender equality and improved access to sexual and reproductive health services.

# Examples of advocacy spaces in East Africa

Advocacy spaces for SRHR in East Africa can take various forms, such as civil society organizations, networks, coalitions, and movements. It is important to undertake an ally and opposition analysis in each context and at every level. Identifying allies and opposition can vary depending on the country and context.

Allies are individuals and or groups/ organizations and or institutions that similar values, missions, vision, and goals and believe in the same cause, agenda and outcomes, while the opposition are the people, groups, institutions organizations that do not believe in your agenda or cause and will loudly or quietly oppose and or sabotage. Allies can include governmental bodies, international organizations, and other civil society organizations that share similar values and goals.

Opposition can come from conservative religious groups, traditional patriarchal values, or other organizations that may not prioritize women's rights or gender equality. Building alliances with other organizations and advocating for policy change can help address opposition and advance SRHR. It is worth noting that advocacy efforts can be led by organized groups such as Civil Society Organizations, National thematic organizations and "ad hoc" groups such as social movements and or citizens movements.

These examples highlight key actors in Kenya, Uganda, and Tanzania-Participants to brainstorm and give more

## Kenya

❖ *Federation of Women Lawyers (FIDA) Kenya:* FIDA Kenya is a prominent women's rights organization that advocates for gender equality and women's empowerment, including issues related to SRHR.

❖ *Kenya SRHR Alliance*: This alliance comprises various civil society organizations working collaboratively to promote SRHR, including access to family planning services and maternal health care.

❖ *Centre for Reproductive Rights (CRR) - Kenya:* CRR is an international organization with a presence in Kenya, advocating for reproductive rights, including legal advocacy on issues like safe abortion access.

| Allies | Opposition |
|---|---|
| ❖ Ministry of Health<br>❖ National Council for Population and Development<br>❖ International organizations like UNFPA and UN Women | ❖ Conservative religious groups<br>❖ Traditional values that may oppose certain aspects of SRHR |

## Uganda

- ❖ *Center for Health, Human Rights, and Development (CEHURD*): CEHURD is a leading advocacy organization in Uganda focusing on health and human rights, including SRHR issues.
- ❖ *Reproductive Health Uganda (RHU):* RHU is a key player in providing SRHR services and advocating for comprehensive sexual and reproductive health education and services.
- ❖ *Uganda Youth and Adolescents Health Forum (UYAHF*): UYAHF is a youth-led organization dedicated to advocating for the sexual and reproductive health rights of young people.

| Allies | Opposition |
|---|---|
| ❖ Ministry of Health<br>❖ Uganda National Population Council<br>❖ International organizations like UNFPA and IPPF<br>❖ Opposition in Uganda: | ❖ Conservative religious groups<br>❖ Societal stigmatization of certain SRHR issues |

## Tanzania

*Tanzania Gender Networking Programme (TGNP): TGNP* is a prominent feminist organization in Tanzania advocating for gender equality, which includes SRHR as a core component.

*Tanzania Youth Alliance (TAYOA):* TAYOA focuses on youth empowerment, including advocacy for comprehensive sexual and reproductive health education and services for young people.

*Tanzania Association of Non-Governmental Organizations (TANGO*): TANGO is an umbrella organization for NGOs in Tanzania, and many of its member organizations work on SRHR-related issues.

| Allies | Opposition |
|---|---|
| ❖ Ministry of Health, Community Development, Gender, Elderly, and Children<br>❖ United Nations agencies like UNFPA and UNICEF<br>❖ International and local NGOs dedicated to SRHR | ❖ Conservative religious groups<br>❖ Sociocultural norms that may hinder certain SRHR initiatives |

It's important to note that the advocacy landscape is dynamic, and the specific actors and dynamics may change over time. Additionally, effective advocacy often involves building alliances and coalitions with a wide range of stakeholders to advance SRHR in the East African context.

# Session 3: Building Coalitions and Partnerships

## Examples of successful coalitions and partnerships in Kenya and East Africa

**Exercise: In groups, Participants to identify the existing coalitions in Kenya**

## Human Rights-Based advocacy

- Anchored upon a non-discriminatory process that reflects human rights values and, therefore, it becomes an objective in and of itself. Furthermore, a human rights-based advocacy aims at ensuring that national laws and policies comply with international human rights instruments.

- State Membership of International and regional organizations places

obligations on national governments to enforce laws on violence against women and girls. There are two general categories of mechanisms: bodies created pursuant to an international treaty or convention, and bodies that exist independently of such treaties and conventions. National compliance with international human rights treaties is monitored by United Nations committees. Nations that are parties to these treaties are required to submit periodic reports to these committees.

- At the regional level, the strategies closely resemble the work undertaken at the international level requiring compliance by members of the African Union. The Banjul Charter requires States Parties to submit reports to the African Commission every two years to document compliance with human rights norms. Also, the African Commission may receive and review communications from other sources, including victims of violations or anyone acting on behalf of such victims. the African Protocol on Women's Rights, obligates state parties to the protocol to ensure the implementation of the protocol at the national level and requiring submission of periodic reports to the African Commission on their compliance with the protocol.

# Session 4: Developing Advocacy Strategies

### Facilitator's Notes

- Setting advocacy goals and objectives: Advocacy goals and objectives should Be Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) and well linked to the strategy which could either be political (Sensitizing a cause so government feels pressured to take any measure). By setting clear goals and objectives, developing effective messaging and communication strategies, and mobilizing resources and support, advocates can effect positive change in the region.

- To set effective advocacy goals and objectives, it's important to conduct a thorough analysis of the problem and the context, identify key stakeholders, and determine the most effective strategies for achieving the desired outcomes.

- Messaging and communication strategies should be tailored to the target audience and the specific context. Effective messaging should be clear, concise, and compelling, and should resonate with the values and beliefs of the target audience. Communication strategies may include storytelling and use of social media such as launching social media campaigns, community engagement, media outreach, and advocacy events.

- Mobilizing resources and support requires building strong partnerships and coalitions, identifying potential allies, and engaging

stakeholders at all levels. Effective mobilization strategies may include donor outreach, fundraising events, advocacy training and capacity building, and building networks of like-minded organizations and individuals.

- SRHR and VAWG are critical issues that require advocacy efforts to effect change and create a better world for all. To achieve these goals, advocates may employ different strategies, including political and social strategies, to influence government policies and public opinion.

- Political strategy involves engaging with policymakers and legislators to create policies and laws that promote SRHR and prevent SGBV. This approach includes lobbying in parliaments and engaging with political leaders and government officials. For example, advocates may lobby for the allocation of more funds to programs that promote SRHR and VAWG prevention, the inclusion of SRHR and VAWG prevention in national development plans, and the passing of laws that protect women and girls from violence. This strategy requires advocates to have a good understanding of the political landscape and to be able to engage with policymakers effectively.

- On the other hand, social or citizen-based strategies involve raising awareness among the public to mobilize support for SRHR and SGBV prevention efforts. This approach involves engaging with citizens to advocate for these issues and exert pressure on governments to act. This strategy may include community mobilization, social media campaigns, and public demonstrations, among others. For example, advocates may organize public awareness campaigns to highlight the impact of VAWG and the importance of SRHR. By raising public awareness, advocates can create a groundswell of support that can influence government policy.

In terms of specific advocacy goals and objectives, advocates may set out the following:

### SRHR Advocacy Goals:
- To promote access to comprehensive SRHR services for all individuals, including access to contraception, maternal health services, and safe abortion services.
- To eliminate gender-based discrimination and harmful gender stereotypes that affect access to SRHR services and education.
- To promote comprehensive sexuality education in schools and other settings.
- To address the social and cultural barriers that prevent women and girls from accessing SRHR services.

### SRHR Advocacy Objectives:
- To lobby for the allocation of more funds to SRHR programs at the national and international levels.

- To advocate for policies that promote SRHR, such as the provision of free or low-cost contraceptivesand maternal health services.
- To promote gender-sensitive healthcare that addresses the unique needs of women and girls.
- To promote comprehensive sexuality education in schools and other settings.

### SGBV Advocacy Goals:
- To eliminate all forms of Sexual Gender Based Violence (SGBV).
- To advocate for robust laws and policies protecting SRHR and preventing SGBV.
- To raise awareness about the impact of SGBV on individuals and communities.
- To advance gender equality and empower individuals to prevent SGBV.

### SGBV Advocacy Objectives:
- To promote policies guiding SGBV prevention, response, and support.
- To ensure gender-sensitive legal systems for addressing SGBV.
- To launch targeted awareness campaigns and educational programs.
- To strengthen reporting and support mechanisms for SGBV survivors.
- To establish robust monitoring and evaluation systems for advocacy efforts.



ADVOCACY STRATEGY

# Session 5: Stakeholders Engagement

- It is key to define who a stakeholder is and the types of stakeholders that exist at different levels, women and girls remain key stakeholders.

- According to the International Organization for Standardization (ISO) stakeholders are "individuals or organizations that can affect, be affected by, or perceive themselves to be affected by a decision. Or activity. Thus, engaging stakeholders, decision-makers, and influencers: Engaging stakeholders, decision-makers, and influencers involves building relationships, establishing trust, and identifying common ground. Effective general engagement strategies may include conducting research and analysis, organizing advocacy events, leveraging media outreach, and building coalitions and partnerships. Key stakeholders and influencers may include government officials, religious leaders, traditional leaders, healthcare providers, and civil society organizations.

- Mobilizing communities and grassroots organizations: Mobilizing communities and grassroots organizations is important in building support for SRHR agendas. Mobilization strategies may include community organizing, engaging local leaders and influencers, leveraging social media and other communication tools, and organizing awareness-raising events. Mobilization efforts should be tailored to the specific context and culture of the communities being targeted.

- In addition to engaging stakeholders and mobilizing communities, media and public engagement is also critical in advancing these agendas. Effective media and public engagement strategies may include developing compelling messaging, leveraging social media and other communication tools, and organizing awareness-raising events.

- Many a times or sometimes advocacy efforts are prone to encountering resistance at different levels or spaces. It is therefore important to devise strategies of overcoming resistance and ensuring effective engagement. Some of the strategies of overcoming resistance include engaging in community dialogue to clarify and identify points of resistance, leaders of resistance and solutions to resistance. Cultural mediation is another strategy for overcoming resistance. Many at times it is key to keep monitoring the opposition and maintaining the advocacy momentum such that it doesn't lose impetus and or the efforts persist. It is worth noting that social change takes time. We can only accelerate the pace by remaining consistent and strategic.

### Facilitator's Notes

- In Kajiado Kenya, traditional leaders and community members have partnered with civil society organizations to promote gender equality and end harmful practices such as female genital mutilation and child marriage.

- In Kenya, the government, civil society organizations, and international partners have worked together to combat gender-based violence. The government has established legal frameworks to protect women and girls from violence, while civil society organizations have organized awareness-raising campaigns and provided support to survivors. International partners have provided technical and financial support to these efforts.

# Session 6: Influencing Policies and Laws

### Facilitator's notes

- Influencing policies and laws is critical to advancing Sexual and Reproductive Health and Rights (SRHR). Here are some keyways to engage in policy and legislative processes in the region:

- *Understanding policy and legal frameworks:* It is essential to have a clear understanding of the policy and legal frameworks that impact SRHR in the country. This includes understanding national laws, international treaties and conventions, and regional agreements that relate to these issues. This understanding will help advocates to identify gaps in policies and laws and develop targeted advocacy strategies.

- *Developing policy and legal analysis:* Policy and legal analysis involves examining laws, regulations, and policies to identify gaps, strengths, and weaknesses. It helps advocates to develop evidence-based arguments to support their advocacy efforts. Policy and legal analysis can also help advocates to identify potential allies and opponents and develop targeted advocacy strategies.

- *Engaging in legislative and policy processes:* Advocates can engage in legislative and policy processes by submitting written comments, participating in public hearings, and meeting with policymakers and legislators. These engagements can help advocates to build relationships with decision-makers and influencers and to influence the development of policies and laws.

# Session 7: Overcoming Barriers and Challenges

**Facilitator's notes**

**Common barriers and challenges to advocacy**

- *Socio-cultural norms and beliefs:* Sociocultural norms and beliefs often perpetuate harmful practices such as child marriage and female genital mutilation, making it difficult to advocate for SRHR issues.

- *Limited access to information and resources:* Limited access to information and resources can limit the ability of advocates to build their knowledge and skills and to effectively engage in advocacy efforts.

- *Limited funding for advocacy:* Limited funding for advocacy can limit the resources available to advocates, making it difficult to sustain advocacy efforts over time.

**Strategies for overcoming barriers and challenges:**
- *Build coalitions and partnerships*: Building coalitions and partnerships with like-minded organizations can help advocates to leverage resources and share knowledge and skills.

- *Use evidence-based advocacy:* Using evidence-based advocacy can help advocates to develop strong arguments and to persuade decision-makers to support SRHR issues.

- *Engage with religious and community leaders:* Engaging with religious and community leaders can help advocates to shift sociocultural norms and beliefs and to build support for SRHR issues.

**Examples of successful advocacy in the face of barriers and challenges:**
- In Kenya, advocates have worked to address the issue of early marriage by engaging with religious leaders and communities. The advocacy efforts involved building partnerships with local organizations and developing messaging that emphasized the negative impact of early marriage on girls' health and education.

- In Kenya, advocates have worked to address the issue of female genital mutilation by engaging with community leaders and building awareness about the harmful effects of the practice. The advocacy efforts involved developing messaging that emphasized the importance of women's health and education and building partnerships with local organizations.

## Golden rules of abortion messaging
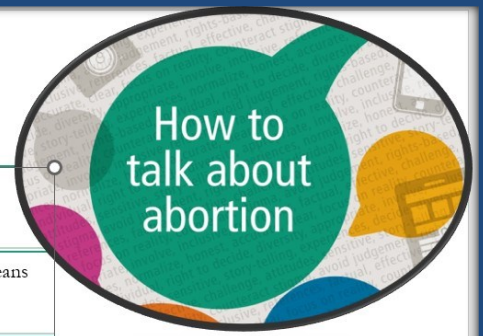
| | |
|---|---|
| **Be** | Be honest and accurate: All abortion messaging should aim to be accurate and clear. |
| **Be non-judgemental:** | Believing that individuals have the right to make decisions about their own bodies means that no one abortion is more 'justified' than another. |
| **Focus on** | **Focus on the individual:** It is important to maintain a focus on the health and rights of the pregnant woman in all messaging. |
| **Recognize** | **Recognize diversity:** No two abortions are the same; they occur in a huge variety of different socio-economic and cultural settings, and affect a wide range of people with different experiences and values. |
| **Avoid** | **Avoid stigmatizing language and images:** It is easy to unintentionally stigmatize abortion through inaccurate and negative language and poorly chosen images. |
| **Involve** | Involve the intended audience as much as possible during the development of communication materials |
| **Provide** | Always provide references and resources: As well as giving citations for factual information, all communications materials about abortion |

**How to talk about abortion**

# Abortion messaging checklists and guidance

- ✓ Facts and statistics
- ✓ Legal situation
- ✓ Abortion provision
- ✓ Responding to social norms
- ✓ and stigma
- ✓ Sharing personal stories
- ✓ about abortion
- ✓ Language
- • Guide to suggested messages
- • Guide to avoiding stigmatizing language
- ✓ Images and film
- • Guide to rights-based
- • imagery
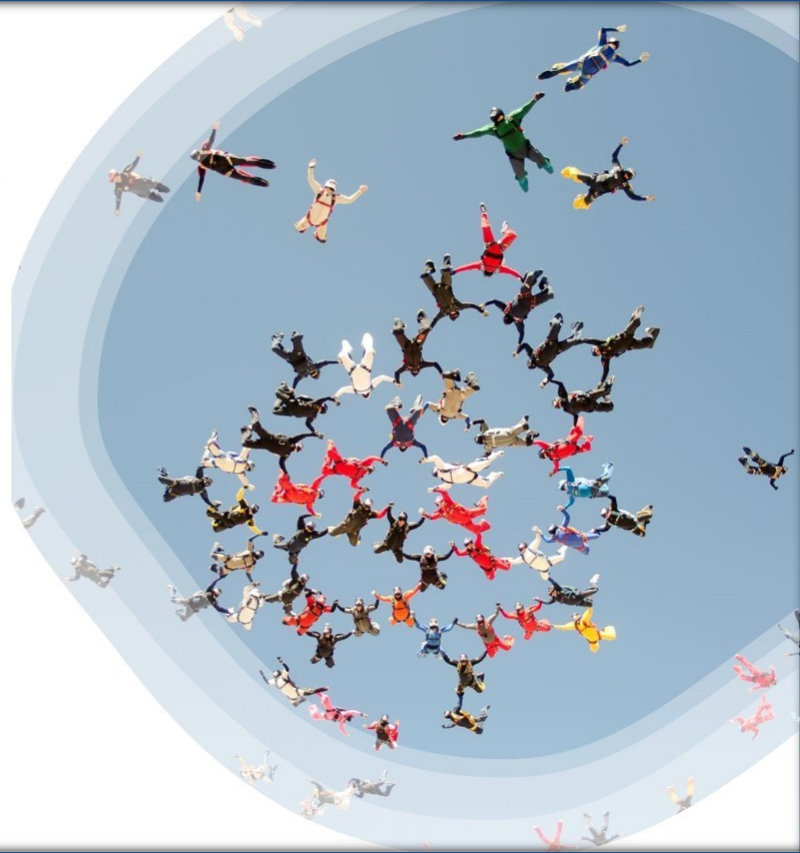
# Training Module 4: SRHR Budget Advocacy Strategies

## Title: SRHR and Budget Advocacy

Budget advocacy is a crucial tool for advancing Sexual and Reproductive Health and Rights (SRHR), Sexual Reproductive Health (SRH), Rights and Reproductive (RR), and ending violence against women and girls (EVAWG). Advocacy for increased funding for these areas helps to ensure that adequate resources are allocated to support programming and policies that will improve the lives of women and girls. Key, to this is understanding Gender Responsive Budgeting or Gender Budgets. This module will provide an overview of budget advocacy and Gender Responsive Budgeting/ gender Budgeting importance in promoting SRHR. The training session provides an overview of GRB and its core goals, objectives, and categories of gender budgets. The session also explains the rationale for GRB, GRB requirements, enabling environment, and GRB frameworks and tools.

### Objectives:
1. Understand the importance of budget advocacy for promoting SRHR.
2. Learn about the budget advocacy process and key stakeholders.
3. Identify strategies for effective budget advocacy.
4. Understand the challenges and opportunities in budget advocacy for SRHR.

## Session 1: Overview of Budget Advocacy

### Facilitator's notes
- Budget advocacy is the process of influencing resource allocation decisions made by governments or other stakeholders to ensure adequate funding for programs and policies that support a particular cause or issue.

- Budget advocacy is an important tool for advancing SRHR in East Africa. By advocating for increased funding and effective use of resources, advocates can help ensure that these issues are prioritized and adequately addressed within the larger framework of national development.

- In the context of SRHR, budget advocacy refers to efforts aimed at securing and increasing funding for programs and policies that promote sexual and reproductive health and rights, reduce sexual and gender-based violence, and advance gender equality.

- Budget advocacy is crucial for SRHR is crucial several reasons. Firstly, budget advocacy can help ensure that these issues are adequately

addressed within the larger framework of national development plans and strategies. Secondly, it can help ensure that sufficient funding is allocated for programs and policies that aim to improve the lives of women and girls, reduce gender-based violence, and promote sexual and reproductive health and rights. Finally, budget advocacy can help hold governments accountable for their commitments to address these issues and ensure that resources are being used effectively to achieve tangible results.

- The Abuja declaration on Health capped at 15% of African government's budget to be allocated to health for purchase of services and commodities. There is an emerging push for the practice of 3-5% budgets to be for gender.

# Session 2: The Budget Advocacy Process

### Facilitator's notes

SRHR budget advocacy is a critical process for ensuring that governments allocate adequate resources to programs and policies that promote these The following is a summary of the budget advocacy process, key stakeholders, and tools that can be used to facilitate the process:

1. **Steps in the Budget Advocacy Process:**
- **Identify the advocacy issue:** This involves identifying the specific issue or policy that needs to be addressed, such as increasing funding for family planning programs.

- **Conduct research:** This involves gathering data and evidence to support the advocacy issue and build a strong case for why it is important.

- **Develop an advocacy strategy:** This involves developing a clear plan for how to advocate for the issue, including identifying target audiences, messages, and tactics.

- **Build alliances:** This involves identifying and engaging key stakeholders, such as civil society organizations, policymakers, and media outlets, to build support for the issue.

- **Monitor the budget process:** This involves tracking the budget process to ensure that the issue is being considered and that adequate resources are being allocated.

- **Evaluate the advocacy efforts:** This involves assessing the impact of the advocacy efforts and identifying areas for improvement.

2. **Key Stakeholders in the Budget Advocacy Process:**
- **Policymakers:** Policymakers have the power to allocate resources and make decisions that impact SRHR programs and policies

- **Civil society organizations:** These organizations play a critical role in advocating for SRHR issues and mobilizing communities to support the cause.
- **Media outlets:** The media can help raise awareness of SRHR issues and build public support for these causes.
- **Donors:** Donors can provide funding and support to civil society organizations and other stakeholders to advance SRHR issues.

3. **Tools for Budget Advocacy:**
  - **Budget analysis:** This involves analyzing the government budget to identify areas where funding can be increased or redirected to support SRHR programs and policies. It is key that during budget analysis one looks at budget commitments, allocation, actual disbursement, and expenditure as well as budget audit reports. In budget analysis the aim is to look at the trends in allocations, disbursement and expenditure for Health and Gender commitments and priorities. It's therefore important that CSOs and WROs engage with budget development processes at country level with the aim of influencing and advocating for adherence to commitments and increased allocations to health and gender budgets.
  - **Policy briefs:** These are short, targeted documents that summarize key information and arguments in support of the advocacy issue.
  - **Policy and or budget blogs:** These are short, targeted communication documents that summarize key information and arguments in support of the advocacy issue. They are normally published on websites and on social media.
  - **Advocacy campaigns:** These are coordinated efforts to raise awareness and build support for the advocacy issue, such as social media campaigns or community mobilization events.
  - **Lobbying:** This involves directly engaging policymakers to advocate for the issue and build support for the cause.

# Session 3: Gender Responsive Budgeting/Gender Budgets

### Facilitator's notes
- Gender Responsive Budgeting (GRB), which is a process of conceiving, planning, approving, executing, monitoring, analyzing, and auditing budgets in a gender-sensitive way. GRB is an essential tool for promoting gender equality and advancing women's human rights. GRB is a tool that ensures that gender perspectives are integrated into all stages of the budget process and promotes transparency and accountability of the gender impacts of government budgets.

- GRB is not a separate budget for women and men, nor does it divide the budget equally between women and men. Instead, it involves analyzing the actual expenditure and revenue on women and girls/men and boys.

- **Rationale for GRB:** The core rationale for GRB is to promote gender equality and advance women's human rights. It helps to alleviate poverty more effectively, accelerate the pace towards ending all forms of violence against women, men, girls, and boys as well as children, promote good health at household level and enhance economic efficiency. GRB helps to monitor the achievement of policy goals, promote good governance, and enhance accountability and transparency. By analyzing the actual expenditure and revenue on women and girls/men and boys, GRB helps to identify the gaps between policy and budget allocations.

- **Core Goals of GRB:** The core goals of GRB are to raise awareness of gender issues in budgets and programs, promote transparency and accountability of the gender impacts of government budgets, change/adjust programs, and budgets to promote gender equality.

- **Objectives of GRB:** The objectives of GRB are to raise awareness of the gendered impact of policies and corresponding budget allocations, highlight the gap between policy and budget allocations, make government and communities accountable to gender equality, and bring about changes to policies and budgets that promote gender equality.

- **Categories of Gender Budgets:** There are three categories of gender budgets:

- **Women-specific targeted expenditures:** Resources allocated for programs that specifically target women. More often under affirmative action programs and or projects

- **Equal employment opportunity expenditures:** Resources allocated to affirmative action to promote employment of women and men in equal numbers, equal representation within management posts, and equal pay.

- **Mainstream expenditures:** The bulk of the remaining expenditures not covered by the first two categories and considered in terms of their impact on gender equality.

- GRB Requirements include gender knowledge, budget knowledge, issue/sector-specific knowledge.

- GRB Enabling Environment includes access to the budget, availability of gender-disaggregated data, awareness of the need for/benefits of GRB, political will, citizen support and clear objectives, and adequate resources.

- **GRB Frameworks and Tools:** There are several frameworks and tools for GRB, including:

- **Mainstream allocations:** Mainstream allocations need to be examined for their gender impacts.
- **Equal opportunity employment allocations:** Such allocations are intended to promote gender equality in the public service.
- **Challenges:** Effective implementation, conflict between civil-customary laws, instability, and backlash against gender equality are all big challenges in the region for effective legal frameworks.

## Session 4: Group Exercise

- How would you classify your country's budget?
- In your opinion, what is the impact of your country's budget on the existing pattern of gender differencesand inequalities?

# Training Module 5: Outcome Harvesting
(3 hours)

## Title: What is Outcome harvesting?

This module will cover Outcome Harvesting that collects ("harvests") evidence of what has changed ("outcomes") and, then, working backwards, determines whether and how an intervention has contributed to these changes.

### Facilitators notes

Outcome Harvesting is an evaluation approach in which evaluators, grant makers, and/or programme managers and staff identify, formulate, verify, analyse and interpret 'outcomes' in programming contexts where relations of cause and effect are not fully understood.

Outcomes are defined as changes in the "behaviour writ large" (such as actions, relationships, policies, practices) of one or more social actors influenced by an intervention. For example, a religious leader making a proclamation that is unprecedented and considered to be important; a change in the behaviour between organizations or between communities; changes in regulations, formal laws or cultural norms.

Unlike some evaluation approaches, Outcome Harvesting does not measure progress towards predetermined objectives or outcomes, but rather, collects evidence of what has changed and, then, working backwards, determines whether and how an intervention contributed to these changes. The outcome(s) can be positive or negative, intended or unintended, direct or indirect, but the connection between the intervention and the outcomes should be plausible.

Information is collected or "harvested" using a range of methods to yield evidence-based answers to useful, actionable questions ("harvesting questions").



**What is an outcome in OH?**
Social actors taking action to change the way they do things

Individual — Group or community — SOCIAL ACTOR — Institution — Organisation

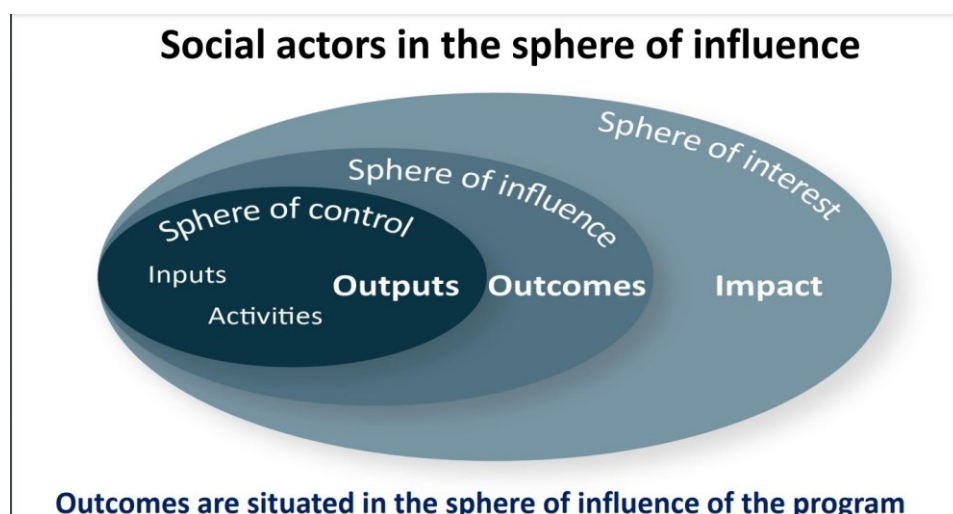Agendas — Actions — CHANGES — Relationships — Practices — Policies

# Session 1: When to Use Outcome Harvesting

Outcome Harvesting is particularly useful when outcomes, and even, inputs, activities and outputs, are not sufficiently specific or measurable at the time of planning an intervention. Thus, Outcome Harvesting is well-suited for evaluation in dynamic, uncertain (i.e., complex) situations.

**Outcome Harvesting is recommended when:**

The focus is primarily on outcomes rather than activities. Outcome Harvesting is designed for situations where decision-makers (as "harvest users") are most interested in learning about what was achieved and how. In other words, there is an emphasis on effectiveness rather than efficiency or performance. The approach is also a good fit when the aim is to understand the process of change and how each outcome contributes to this change.

The programming context is complex. Outcome Harvesting is suitable for programming contexts where relations of cause and effect are not fully understood. Conventional monitoring and evaluation aimed at determining results compares planned outcomes with what is actually achieved, and planned activities with what was actually done. In complex environments, however, objectives and the paths to achieve them are largely unpredictable and predefined objectives and theories of change must be modified over time to respond to changes in the context. Outcome Harvesting is particularly appropriate in these more dynamic and uncertain environments in which unintended outcomes dominate, including negative ones. Consequently, Outcome Harvesting is particularly suitable to assess social change interventions or innovation and development work.



**Social actors in the sphere of influence**

Sphere of interest

Sphere of influence

Sphere of control

Inputs

**Outputs** Outcomes

Activities

**Impact**

Outcomes are situated in the <u>sphere of influence</u> of the program

# Session 2: Who should be involved in Outcome Harvesting?

Depending on the situation, either an external or internal person ("the harvester") is designated to lead the Outcome Harvesting process. Harvesters facilitate and support appropriate participation and ensure that the data are credible, the criteria and standards to analyse the evidence are rigorous, and, the methods of synthesis and interpretation are solid.

"Harvest users" are individuals or organizations requiring the findings to make decisions or take action. They should be engaged throughout the process. These users must be involved in making decisions about the design and re-design of the approach as both the process and the outcomes unfold. Also, the principal uses for the harvest may shift as findings are generated which, in turn, may require re-design decisions.



**Who are the main Players in OH**

Change agent: Individual or organization that influences an outcome.

Social actor: Individual, group, community, organization, or institution that changes as a result of a change agent intervention.

Harvest user: The individual(s) who require the findings of an Outcome Harvest to make decisions or act. This may be one or more people within the change agent organization or third parties such as a donor.

Harvester: Person responsible for managing the Outcome Harvest, often an evaluator (external or internal)

# Session 3: How is Outcome Harvesting done (overview)?

The harvester obtains information from the individual(s) or organisation(s) implementing the intervention whose actions aim to influence outcome(s) to identify actual changes in the social actors and how the intervention influenced them.

"Outcome descriptions" are drafted to a level of detail considered useful for answering the harvesting questions. The descriptions may be as brief as a single sentence or as detailed as a page or more of text. They may include explanations of context, collaboration with or contributions from others to the specific outcome; diverse perspectives on the outcome; and, the importance of

the outcome. The harvested information undergoes several rounds of revisions to make it specific and comprehensive enough to be verifiable.

Subsequently, the information about select outcomes is validated by comparing it with information collected from other knowledgeable and authoritative, but independent, sources.

Finally, the validated outcome descriptions are analysed and interpreted –either as an individual outcome or as a group of outcomes– for their significance in achieving a mission, goal or strategy and are used to answer the harvesting questions.

# Session 4: Steps in Outcome Harvesting

The Outcome Harvesting approach should be customized to the specific needs of the primary intended users/uses. The six "steps", discussed below, are to be taken more as guiding principles rather than rigid formulae to follow. Nonetheless, the rigorous application of all six principles is necessary for a sound and credible outcome harvest.
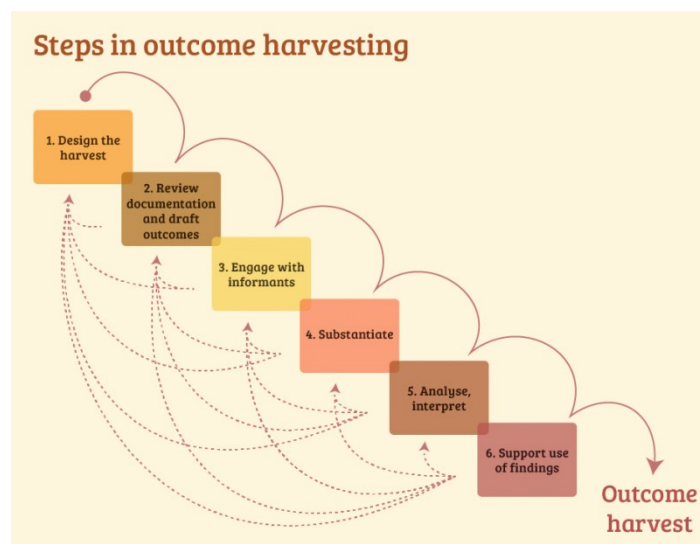


❖ **Design the Outcome Harvest:**
 The first step is to identify the primary intended users of the harvest and their principal intended uses for the harvest process and findings. Based on those, the harvest users and harvesters agree what needs to be known and write useful, actionable questions to guide the harvest (harvesting questions). For example, a useful question may be: What has been the collective effect of grantees on making the national governance regime more democratic and what does it mean for the portfolio´s strategy? Then, they agree what information is to be collected and from whom in order to answer the questions. At a minimum, this involves obtaining information about the changes in social actors and how the intervention influenced them.

❖ **Review documentation and draft outcome descriptions:**
 From reports, previous evaluations, press releases and other documentation, harvesters identify potential outcomes (i.e., changes in individuals, groups,

communities, organisations or institutions) and what the intervention did to contribute to them. For example, the change can be a president's public commitment to being transparent (behaviour); two government agencies collaborating rather than competing (relationships); a minister firing a corrupt civil servant (action); the legislature passing a new anti-corruption law (policy); or a third successive government publishing its procurement records (practice).

❖ **Engage with informants in formulating outcome descriptions:**

Harvesters engage directly with informants to review the outcome descriptions based on the document review, and to identify and formulate additional outcomes. Informants will often consult with others inside or outside their organisation knowledgeable about outcomes to which they have contributed.

❖ **Substantiate:**

Harvest users and harvesters review the final outcomes and select those to be verified in order to increase the accuracy and credibility of the findings. The harvesters obtain the views of one or more individuals who are independent of the intervention (third party) but knowledgeable about one or more of the outcomes and the change agent's contribution.

❖ **Analyse and interpret:**

Harvesters classify all outcomes, often in consultation with the informants. The classifications are usually derived from useful questions; they may also be related to the objectives and strategies of either the implementer of the intervention or other stakeholders, such as donors. For large, multidimensional harvests, a database is required to store and analyse the outcome descriptions. Harvesters interpret the information and provide evidence-based answers to the harvesting questions.

❖ **Support use of findings:**

Harvesters propose issues for discussion to harvest users grounded in the evidence-based answers to the harvesting questions. They facilitate discussions with users, which may include how they can make use of the findings.

These steps are not necessarily distinct; they may overlap and can be iterative; feedback can spark decisions to re-design a next step or return to or modify an earlier step. Typically, feedback from step 4 (substantiation) and step 5 (analysis and interpretation) does not influence the earlier steps; feedback from step 6 (support of use) only affects step 5 (analysis and interpretation). Nonetheless, feedback from all the steps can, of course, influence decisions about future harvesting for either monitoring or evaluation purposes.

It should be noted that "Outcome Harvesting" is done as often as necessary to understand what the change agent is achieving. Depending on the time period covered and the number of outcomes involved, the approach can require a substantial time commitment from informants. To reduce the burden of time on informants, outcomes may be harvested monthly, quarterly, biannually, or annually. Findings may be substantiated, analysed or interpreted less frequently.

# Session 5: Strengths and limitations of Outcome Harvesting

**The following are recognized strengths of Outcome Harvesting**:

- ❖ Overcomes the common failure to search for unintended outcomes of interventions.

- ❖ Generates verifiable outcomes.

- ❖ Uses a common-sense, accessible approach that engages informants quite easily.

- ❖ Employs various data collection methods such as interviews and surveys (face-to-face, by telephone, by e-mail), workshops and document review

- ❖ Answers actionable questions with concrete evidence.

**Limitations and challenges include:**

- ❖ Skill and time, as well as timeliness, are required to identify and formulate high-quality outcome descriptions.

- ❖ Only those outcomes that informants are aware of, are captured.

- ❖ Participation of those who influenced the outcomes is crucial.

- ❖ Starting with the outcomes and working backwards represents a new way of thinking about change for some participants.

# CONCLUSION AND NEXT STEPS

## 20 mins

**Facilitator's Notes**

- This training curriculum has highlighted the importance of advocacy as a tool for change, and the strategies that can be used to promote SRHR, including engaging with decision-makers, building alliances, and using evidence-based advocacy.

- One of the key takeaways from this training curriculum is that advocacy efforts are grounded in feminist and Gender Equality and Women Empowerment principles as well as human rights-based approaches. The main focus being empowering marginalized groups, including women and girls, adolescents, and people living with disabilities, among others. It is also important to engage men and boys in advocacy efforts to address harmful gender norms and promote gender equality.

- Another important takeaway is the role of budget advocacy in promoting SRHR. Advocating for increased funding for health services and programs that promote SRHR is crucial for ensuring that these issues remain a priority on the policy agenda.

- Furthermore, this training curriculum has emphasized the importance of building strong partnerships and alliances to strengthen advocacy efforts. Identifying allies and understanding opposition are key steps in building effective coalitions.

- Finally, it is important to recognize the challenges and barriers that exist in East Africa in addressing SRHR issues. These include legal and policy barriers, cultural norms and practices, limited access to information and services, and social and economic inequality. However, by using evidence-based advocacy strategies, building strong partnerships, and engaging with decision-makers, progress can be made to address these issues and promote the health and well-being of all individuals and communities in the region.

# Post-Training Assessment

Please take a few minutes to answer the following questions after the training. This assessment is designed to help us understand the impact of the training on your knowledge and skills related to Sexual and Reproductive Health and Rights (SRHR) Policy and Budget Advocacy East Africa Region.

1. **How would you rate your overall satisfaction with the training?**
   a) Very satisfied
   b) Somewhat satisfied
   c) Neutral
   d) Somewhat dissatisfied
   e) Very dissatisfied

2. **Did the training meet your expectations? If not, what was missing or what could have been improved?**
   a) Yes, it exceeded my expectations.
   b) Yes, it met my expectations.
   c) No, more hands-on activities were needed.
   d) No, more case studies/examples were needed
   e) No, more interaction with trainers was needed

3. **What were some of the most valuable aspects of the training for you?**
   a) Learning about policy and budget advocacy strategies
   b) Gaining new knowledge on SRHR
   c) Networking with other advocates and professionals
   d) Outcome Harvesting

4. **What new knowledge or skills did you gain from the training?**
   a) Understanding of policy and budget advocacy strategies
   b) Understanding of legal and policy frameworks related to SRHR.
   c) Knowledge of regional and international instruments, commitments, and action plans related to SRHR and SGBV
   d) Knowledge of successful advocacy efforts in the region

5. **Were the training materials and resources helpful and relevant to your learning needs?**
   a) Very helpful and relevant
   b) Somewhat helpful and relevant
   c) Neutral
   d) Somewhat unhelpful and irrelevant
   e) Very unhelpful and irrelevant

6. **Were the trainers knowledgeable, effective, and engaging?**
   a) Very knowledgeable, effective, and engaging
   b) Somewhat knowledgeable, effective, and engaging
   c) Neutral
   d) Somewhat unknowledgeable, ineffective, and unengaging
   e) Very unknowledgeable, ineffective, and unengaging

7. **Were there any topics or modules that you found more challenging or less interesting thanothers?**
   a) Yes, more challenging.
   b) Yes, less interesting.
   c) No, all topics and modules were equally challenging and interesting.
   d) N/A, some topics and modules were not covered.

8. **How do you plan to apply the knowledge and skills you gained from the training in your workor advocacy efforts related to SRHR and SGBV?**
   a) Develop new advocacy strategies.
   b) Improve existing advocacy strategies.
   c) Use new knowledge to influence policy and budget decisions.
   d) Share new knowledge with colleagues and partners.

9. **Do you have any suggestions or feedback for improving future training on SRHR Policy and Budget Advocacy in East Africa Region?**
   a) Provide more hands-on activities and case studies/examples.
   b) Increase interaction with trainers.
   c) Provide more practical tools and resources.
   d) Cover fewer topics and modules in more depth.

Thank you for taking the time to complete this assessment. Your feedback is important to us and will help us improve the quality and effectiveness of future trainings.

# REFERENCES

United Nations General Assembly. (1993). Declaration on the Elimination of Violence against Women. Retrieved from https://www.un.org/documents/ga/res/48/a48r104.htm

United Nations Population Fund (UNFPA) (2017). Reproductive Rights and the Sustainable Development Goals: A Human Rights-based Approach Retrieved from https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Reproductive_Rights_and_the_Sustainable_Development_Goals.pdf

United Nations Population Fund. (2021). State of the World Population 2021: My Body is My Own - Claiming the Right to Autonomy and Self-Determination.

African Union. (2003). Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol).

Eagly, A. H., & Wood, W. (2013). The nature–nurture debates: 25 years of challenges in understandingthe psychology of gender. Perspectives on psychological science, 8(3), 340-357.

Guttmacher Institute. (2021). Adding It Up: Investing in Sexual and Reproductive Health 2021. https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2021

Heise, L. L., Kotsadam, A., & Germain, A. (2019). Gender-based violence. In International Encyclopediaof Public Health (Second Edition) (pp. 137-145). Elsevier.

International Planned Parenthood Federation - What is Sexual and Reproductive Health and Rights?Retrieved from https://www.ippf.org/what-we-do/what-are-sexual-and-reproductive-health-and- rights. Accessed: April 14, 2023.

World Health Organization. (2021). Violence Against Women. https://www.who.int/news-room/ fact-sheets

UN-Women About UN Women | UN Women – Headquarters. https://www.unwomen.org/en/about-us/about-un-women.

UN-Women. (2022). Corporate evaluation on UN Women's policy advocacy work. https://www.unwomen.org/en/digital-library/publications/2022/05/evaluation-corporate-evaluation-of-un-womens-poli- cy-advocacy-work.

World Health Organization. (2021). Family planning/Contraception. Retrieved from https://www.who. int/newsroom/q-a-detail/family-planning-contraception.