

Partnering to Advance Sexual and Reproductive Health and Rights and Eliminate Gender-Based Violence in West and Central Africa

Project Brief

Introduction and Context

With funding from the William and Flora Hewlett Foundation, the Partnering to Advance Sexual and Reproductive Health and Rights (SRHR) and Eliminate Gender-Based Violence (GBV) in West and Central Africa program is strengthening partnerships among youth-led organizations (YLOs) and feminist activists and organizations in the region. The goal of this project is to ensure that women, girls, and young people understand and can exercise their SRHR and live in a world free from violence. Led by EngenderHealth, this project is strengthening collaboration among activists and enhancing advocacy efforts to improve laws, standards, guidelines, and procedures for SRHR and GBV in Benin, Burkina Faso, and Côte d'Ivoire—in alignment with respective government commitments.



The prevalence of GBV in Benin is significant, with 69% of women reporting having experienced GBV, including 27% having experienced physical violence and 10% having experienced sexual violence.¹ The perpetrators of this violence are frequently the woman's husband or partner; indeed, 42% of women aged 15 to 49 reported having experienced emotional, physical, and/or sexual violence at some point by a husband or partner.² Despite laws to protect women—including laws to prevent violence against women and children, to prevent sexual harassment, and to ensure punishment of related offenses—harmful traditional norms continue to perpetuate GBV in Benin.

SRHR challenges facing women and girls in Burkina Faso are exacerbated by the humanitarian crisis and sociopolitical instability that the country has experienced for more than a decade. Violence against adolescent girls, abduction, rape, and repeat excision practices are widespread³ and 76% of women aged 15 to 49 years have undergone genital mutilation.⁴ The government has prioritized SRHR in health strategies and programs, such as the Sexual and Reproductive Health Program; however, the rights of women and girls are frequently ignored and violated. Geographical remoteness of health services is one challenge; lack of knowledge of SRHR laws and inadequate access to justice in cases of rights violations is another challenge. Both challenges impede effectiveness of national SRHR programming.

The 2016 Constitution of Côte d'Ivoire explicitly condemns discrimination and violence against women and guarantees fair trials, access to information, freedom of expression, and freedom of conscience. However, GBV remains prevalent, with 36% of women ages 15 to 49 experiencing physical violence at some point in their lives since the age of 15 and 20% having experienced violence in the past year.⁵ Regarding SRHR, while 93% of women and 97% of men report knowing at least one modern contraceptive method only 18% of women in union reported using any contraceptive method and only 13% using a modern method.⁶

¹ Institut National de la Statistique et de l'Analyse Économique (INSAE) and ICF. 2019. *Enquête Démographique et de Santé au Bénin, 2017-2018*. Cotonou: INSAE and Rockville, MD: ICF. https://instd.bj/images/docs/insae-statistiques/enquetes-recensements/EDS/2017-2018/1.Benin_EDSBV_Rapport_final.pdf.

² *ibid.*

³ Institut National de la Statistique et de la Démographie (INSD) and ICF. 2012. *2010 Demographic and Health Survey*. Ouagadougou: INSD and Rockville, MD: ICF. <https://dhsprogram.com/pubs/pdf/FR256/FR256.pdf>.

⁴ INSD. 2019. *Mutilations Génitales Féminines & Mariage d'Enfants*. Ouagadougou: INSD. http://www.insd.bf/contenu/autres_publications/Analyse_MGF_ME_Final_INSD.pdf.

⁵ Ministère de la Santé et de la Lutte contre le Sida (MSLS) and Ministère du Plan et du Développement (MEMPD) and ICF. 2013. *Enquête Démographique et de Santé et à Indicateurs Multiples 2011-2012*. Abidjan: MSLS and MEMPD and Calverton, MD: ICF. <https://dhsprogram.com/pubs/pdf/fr272/fr272.pdf>.

⁶ *ibid.*



Key Partners

Ensuring equitable partnerships with and meaningful participation of YLOs is a central component of this project and our partner YLOs are critical to the achievements of this project. EngenderHealth identified nine reputable YLOs in Benin, Burkina Faso, and Côte d'Ivoire committed to the project's objectives and with the ability to quickly mobilize. In Benin, we are collaborating with Family Nutrition and Development (FND), Young Health Volunteers (JVS), and West African Network of Young Women Leaders (ROAJELF). In Burkina Faso, we are collaborating with Flame of Hope for the Emergence of Young People (AFEEJ), Organization of Young People Engaged for Citizen Participation and Sustainable Development (OJEPC), and Burkina Faso Young Women Entrepreneurs Network (REJEFE). In Côte d'Ivoire, we are collaborating with Actuelles, Ecoutez-Moi Aussi CIV, and Youth Action Movement (YAM).

Key Activities and Results

After identifying partner YLOs, we assessed their administrative, financial, and programmatic capabilities and concluded that they would benefit from organizational capacity strengthening assistance. Based on this assessment, we developed a tailored capacity strengthening initiative, with technical and thematic support focusing on enhancing advocacy capabilities and improving understanding of critical process associated with creating laws and decrees. In addition, we oriented these YLOs on EngenderHealth's established gender, youth, and social integration tools and processes.

Across the three countries, we engaged 75 active youth leaders ages 18 to 30 and nearly 1,300 volunteers and YLO members. Through co-creation workshops, each country consortium of YLOs developed flexible, youth-led and youth-focused action plans to advance SRHR and respond to GBV. Together, these nine YLOs now serve as a vibrant regional network of stakeholders in the region that are actively engaged in a variety of SRHR and GBV platforms. Further, each YLO is now better positioned and funded to continue leading SRHR and GBV advocacy and programming in their respective countries.

Benin

Together with FND, JVS, and ROAJELF, EngenderHealth supported the development of an action plan to promote positive masculinity and advance feminism as a strategy to mitigate GBV and strengthen girls' and women's access to GBV and SRHR services. The project engaged men and boys through innovative approaches; for instance, by convening a cooking competition for men and facilitating community dialogues. The cooking competition provided an opportunity to observe power dynamics related to gender roles in the community. The cooking competition generated positive discussions related to promoting gender equality and positive masculinity as well as preventing GBV. The consortium also worked to promote gender equity and to integrate care for GBV survivors with SRHR services, including through facilitating values clarification and attitudes transformation sessions, advocacy trainings, and forums and providing organizational support to local advocacy organizations.

At the national level, the consortium improved the enabling environment for comprehensive abortion care. For example, the project increased access to safe abortion care by supporting the adoption of an amendment to the existing SRHR law (Law No. 2003-04) to allow for the termination of pregnancy up to twelve weeks "when the pregnancy is likely to aggravate or cause a situation of material, educational, professional, or moral distress." The project also garnered national support for our partners' GBV efforts; FND, JVS, and ROAJELF received official recognition from the Ministry of Gender to jointly implement the ministry's gender action plan.

Leveraging these successes, the YLOs secured additional funding from the Dutch Ministry of Foreign Affairs to expand activities. JVS also received funding from International Planned Parenthood and the Safe Abortion Access Fund.

Burkina Faso

Together with AFEEJ, OJEPC, and REJEFE, EngenderHealth supported an action plan to collect and document the SRHR experiences and needs of youth and GBV survivors through a participatory survey. The survey, which collected stories from community members in three areas around Ouagadougou, provided personal testimonies of GBV in the country and showed that GBV is common in both urban and rural areas. The survey also found that girls and women are unaware of their rights and unfamiliar with governmental protection and care mechanisms. The YLOs used these findings to produce short videos to incorporate into community mobilization activities, including community discussions and dialogues. The consortium also used these findings to inform advocacy efforts at regional and national levels to reduce GBV and improve young people's access to SRHR and GBV information and services. Building upon these findings, OJEPC secured additional funds from the Urgent Action Fund to extend project activities.

Côte d'Ivoire

In Côte d'Ivoire, partner YLOs Actuelles, Ecoutez-Moi Aussi CIV, and YAM formed the Femmes et Résilience consortium, with an aim to ensure that women and girls can exercise their SRHR in a violence-free Côte d'Ivoire. The consortium established three main goals: (1) strengthen the legal environment for SRHR and GBV, (2) strengthen the prevention and facilitate the management of GBV cases through feminist networks, and (3) engage young people and adolescents in mitigating GBV and promoting SRHR through learning, documentation, and sharing of experiences. Using a continuous improvement approach embodied in a system for monitoring changes and capitalizing on experience, the consortium's action plan included a pilot activity and documented innovations for dissemination and potential expansion.

The project also conducted community consultations and dialogues with women's groups and GBV prevention and support organizations in targeted areas through which we identified key challenges regarding GBV prevention and care for survivors. We shared findings from the consultations at a community workshop and established a directory of influential women in each of the targeted areas to facilitate the GBV prevention and care actions. Actuelles secured additional funds from the Urgent Action Fund to continue these activities.

Lessons Learned and Recommendations

This collaboration presented us with the following lessons and challenges:

- **Partnerships are key to achieving SRHR outcomes**, including partnerships with local authorities to advance standards and protocols, partnerships with other organizations to avoid duplication and to promote synergy of actions, and partnerships with YLOs to increase meaningful youth participation.
- **Flexible partnership can improve meaningful youth participation and gender, youth, and social integration** in SRHR and GBV prevention programs and activities. Including young people across all project phases enhances their responsibility and decision-making powers while affirming their leadership and allowing for their voices to be heard and for them to take action in favor of SRHR and prevention of GBV.
- **Holistic partnerships that incorporate participatory processes and customized training are the most sustainable but are also time-intensive.** Every YLO has its own unique needs; thus, trainings must be contextualized. Remote assistance, due to COVID-19 pandemic, also proved ineffective and highlighted the value of more resource-intensive support.
- **Consortia work best when organizations with shared visions chose each other as partners.** To rapidly mobilize project activities, EngenderHealth sought to leverage the collective power of YLOs with similar mandates that we deemed most capable and relevant to the project. However, many of these YLOs were unaccustomed to working with one another and we unexpectedly needed to devote time to addressing communication and leadership concerns before beginning to design and implement activities. In the future, we

recommend YLOs select their own partners, based on existing relationships, to ensure smooth collaboration from the outset.

- **There are administrative and operational challenges and risks associated with working with nascent YLOs.** While new organizations may offer high potential for impact, we learned we must invest time and resources in exploring each YLOs' administrative and operational capabilities and then address any needs and gaps.
- **Flexible funding and collaborative action from civil society organizations can encourage decision-makers to act swiftly.** The flexible funding structure of this project has enabled us to quickly adapt interventions to respond to urgent and unexpected needs and opportunities. For instance, by shifting resources to mobilize feminists in Côte d'Ivoire to jointly address a televised attack on SRHR and bodily autonomy, we were able to garner a formal apology from the television station and facilitate criminal charges against the television show host and guest (the former received a 12-month suspended sentence and the latter was sentenced to 24 months in prison).
- **Strengthening and structuring feminist movements in humanitarian contexts is complex.** Strengthening the feminist movement in Burkina Faso proved more challenging than in Benin and Côte d'Ivoire, due to the humanitarian situation and political instability—both of which are hostile to changing existing inequitable gender norms and expanding access to SRHR.

Acknowledgments and Citation

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