Gender and Social Norms influencing SRHR in Eastern and Southern Africa: Translating evidence into policy and action workshop

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CONTENTS

ACRONYMS

ABYM	Adolescent boys and young men
AGYW	Adolescent girls and young women
ADAFIN	Advance Africa Initiative
AIDS	Acquired immune deficiency syndrome
AYP	Adolescents and young people
CSO	Civil society organization
EANNASO	Eastern Africa National Networks of AIDS and Health Service Organizations
ESARO	Eastern and Southern Africa Regional Office
GBV	Gender-based violence
HIV	Human immuno-deficiency virus
M&E	Monitoring and evaluation
NHRIs	National Human Rights Institutions
RITT	Regional Interagency Thematic Team on Gender and Social Norms
SADC	Southern African Development Community
SADC PF	SADC Parliamentary Forum
SDG	Sustainable development goal
SIDA	Swedish International Development Cooperation Agency
SRHR	Sexual and reproductive health and rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VACs	Violence Against Children and Youth Surveys
WHO	World Health Organization

EXECUTIVE SUMMARY

Workshop context and aims

In May 2025, the 2gether 4 SRHR programme, a joint initiative by UNICEF, UNFPA, UNAIDS, and WHO, supported by the Swedish International Development Cooperation Agency (SIDA), hosted a pivotal three-day hybrid workshop titled "Social and gender norms influencing sexual and reproductive health and rights in Eastern and Southern Africa: From policy to practice." Guided by the Regional Interagency Thematic Team on Gender and Social Norms (RITT), the workshop aimed to address Outcome 3 of the programme: tackling gender and social norms and behavioural drivers affecting the realisation of SRHR.

Drawing from extensive research, including assessments on gender-based violence services, men's and boys' SRHR needs, and regional mappings of norms, the workshop facilitated the sharing of evidence, south-to-South learning from successes across countries, and the development of a draft policy brief. This brief, intended for further consultation and validation, seeks to inform actionable policies and related implementation strategies at continental, regional, and national levels, ensuring equitable access to SRHR information and services across Eastern and Southern Africa, and ensuring that the social systems that support and reinforce positive norms are identified, capacitated and supported.

Attended by over 180 people, participants included representatives of the African Union Commission, the SADC Parliamentary Forum and SADC Secretariat, governments, civil society, academic and research institutions, traditional and religious leaders and faith-based organizations, youth networks and United Nations partners, from Botswana, Kenya, Lesotho, South Sudan, Tanzania and Uganda, and those working at the regional level in East and Southern Africa.

Reflecting on the networks of social and gender norms that influence access to SRHR in the region, and considering the key role that men and boys, families, young people, traditional and religious leaders, and legal and policy documents play in influencing social and gender norms, the workshop discussions informed the refinement of a draft policy brief and supporting guidance document to support the review, development and implementation of effective policies to advance the realisation of SRHR. Based on these inputs, the draft documents were revised and reshared with participants and their constituents for further validation to finalise the documents by 30 June 2025.

Regional actors and country delegations considered advocacy opportunities to influence policies and programmes in the region, and identified priority actions for the dissemination of these documents and the advancement of work to transform harmful social and gender norms. The 2gether 4 SRHR programme will provide the technical support to advance these priorities and the achievement of SRHR for all people in Eastern and Southern Africa.

INTRODUCTION

2gether 4 SRHR is a joint programme of four participating United Nations agencies: United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO). The programme is an initiative in partnership with the SRHR Regional Team of Sweden, and aims to improve the sexual and reproductive health and rights (SRHR) of all people in Eastern and Southern Africa.

In May 2025, the 2gether 4 SRHR programme, under the guidance of the Regional Interagency Thematic Team on Gender and Social Norms (RITT), hosted a three-day hybrid workshop (in-person and online participants): 'Social and gender norms influencing Sexual and Reproductive Health and Rights in Eastern and Southern Africa: From policy to practice.' The workshop is part of the work on the programmes' Outcome 3: 'Gender and social norms and behavioural drivers addressed for the realisation of SRHR for all', recognising the significant impact of social and gender norms in an individual's ability to access information and services regarding SRHR.

The aim of the workshop was to produce an informed policy brief, dissemination plan and action plans for use at continental, regional and country level to address social and gender norms that impact on access to, and realisation of, SRHR in Eastern and Southern Africa. This report outlines the context of the workshop, proceedings and next steps.

Background and context

In the period leading up to the workshop, the 2gether 4 SRHR programme invested in several research and evidence generation exercises to inform policy making, programme design, and service providers related to Sexual and Reproductive Health and Rights.

This included, among others:
- Assessments of country status of domesticating the Essential Services Packages (ESP) for gender-based violence (GBV) through reviewing national strategies, regulations, guidelines or standard operational procedures (SOPs) that operationalise the response to GBV;
- A situational-based needs assessment study of men and boys and their SRHR in five countries in East and Southern Africa;
- A regional mapping of gender and social norms influencing SRHR outcomes;
- Gender assessments to determine the extent to which policies and strategies address gender and social norms undermining social norms;
- Assessments into what works for HIV prevention for adolescent girls and young women (AGYW) in the region;
- Discussion sessions with multi-sectoral groups of representatives of governments, civil society organizations, associations of traditional and religious leaders, young people and representatives from the United Nations agencies from Botswana, Lesotho, Kenya, South Sudan, Tanzania and Uganda. The aim of the listening sessions was to gather an understanding

of the social and gender norms impacting on access to, and realisation of, SRHR, and to identify country level successes in this area.

Draft policy brief development

A Draft Policy Brief on social and gender norms impacting on access to SRHR in Eastern and Southern Africa titled was prepared based on a desktop review of the relevant research and evidence, and country listening sessions for discussion at the workshop. The aim of the Draft Policy Brief was to guide discussion in the development of a revised document for validation, dissemination and implementation at continental, regional and country level to address social and gender norms and improve access to, and realisation of, SRHR.

Workshop aims and objectives

The workshop aim at the start of the workshop was to produce and validate a policy brief, action plans, and a joint dissemination plan for the policy brief and the produced evidence for the period 2025 – 2026.

The workshop objectives were to:

- To jointly review the evidence produced and reflect on key recommendations
- To engage relevant stakeholders in the process of strengthening policy and the eco-system required
- To advocate for social and gender norms policies and programming
- To validate a policy brief to be used by policy makers at regional and country level to influence national priorities and programme design, including outlining an action and dissemination plan
- Revised Workshop aims and objectives

During the workshop, it was agreed that a revised draft policy brief should be prepared for wider consultation with continental, regional and country level stakeholders before validation and dissemination. The workshop provided guidance for revisions to prepare a shortened draft policy brief and supporting guidance document.

Participants

There were 61 participants in-person in Nairobi, including representatives of United Nations partners, African Union Commission, regional economic committees, government, civil society, academic and research institutions, professional institutions, traditional and religious or faith-based organizations, and youth networks.

An additional 121 participants joined remotely included multistakeholder delegations connecting from satellite workshop hubs Uganda, South Sudan, Botswana, Tanzania and Lesotho. Kenya country delegates were physically present at the workshop in Nairobi.

WORKSHOP PROCEEDINGS

The workshop was arranged to cover four thematic sessions:

1: Understanding the context of social and gender norms impacting SRHR and the need for policy efforts
2: Alignment of recommendations with existing laws, regulations, policy frameworks and priorities
3: Considering the policy brief
4: Opportunities, next steps and action plans

Welcoming remarks

Siddartha Shreshta, Social and Behaviour Change (SBC) Regional Advisor, UNICEF Eastern and Southern Africa Region

Siddartha Shreshta welcomed participants to the workshop, noting it as an opportunity to focus on how addressing social and gender norms accelerates results towards achieving SRHR as well as providing a return on investments. He welcomed participants and noted that the recommendations from the workshop would inform policy-making processes at continental, national, regional and country levels.

Opening address: Why policy matters now

Medhin Tseha, Deputy Regional Director for UNAIDS Eastern and Southern Africa

The Deputy Regional Director emphasised the importance of policy in achieving targets set for SRHR. She expressed gratitude to The Swedish International Development Cooperation Agency (SIDA) for continued support of the 2gether 4 SRHR program, where one of the four key focus areas is on addressing social and gender norms with the aim of developing actionable recommendations for improving SRHR in the Eastern and Southern Africa region.

She stressed that extensive research demonstrates how SRHR is influenced by unspoken social, political, cultural, religious, and gender norms which significantly restrict access to quality SRHR information and services, and highlighted that translating evidence into action is critical, especially as the sector faces resource constraints and policy shifts.

> "Advocacy will be needed to ensure that national policies, programmes, and budgeting systems respond to SRHR needs in this context… At a time when resources for SRHR are constrained, we need evidence to inform policy and practical action that is cost effective and impactful so that we sustain our gains and achieve SRHR for all."

1: Understanding the context of social and gender norms impacting SRHR and the need for policy efforts

The first section of the workshop included participatory activities to unpack and develop a shared understanding of social and gender norms and their impact on SRHR. A plenary presentation followed, presenting existing relevant research on social and behavioural norms impacting on SRHR access in the region. Following the presentations, small group discussions allowed participants to reflect on how existing research can be effectively used to enhance responsive policies in their own countries and in the region more broadly.

Research into social and gender norms in Eastern and Southern Africa
The research presented is part of the body of evidence commissioned by the 2gether 4 SRHR programme between 2020 and 2024 to examine how social and gender norms influence SRHR outcomes in Eastern and Southern Africa.

Understanding social norms and SRHR Outcomes among adolescent and young people in Eastern and Southern Africa
Luciana Leite, Accelerate Research Hub, University of Cape Town and University of Oxford

The research examined how social norms affect SRHR outcomes for adolescents and young people (AYP) in Eastern and Southern Africa and included a review of the network of norms; a review of existing norms transformation programmes; secondary data analysis of Violence Against Children and Youth Surveys (VACs), and a technical brief with policy and programming recommendations.

Highlights from the presentation:

- Adultism, gender norms, and privacy are key foundational norms underpinning SRHR outcomes, and impact on individual's agency, choices and behaviours.
- Three essential elements inform norms change: changing social expectations, publicising and diffusing change, and catalysing and reinforcing change. Programmes that include all these elements of norm change are more likely to be successful.
- Designing effective interventions requires formative and participatory research to identify context-specific norms.
- Successful implementation requires building on existing platforms and investing in skills building for service providers and facilitators.
- Programmes should consider service providers' gender and social norms attitudes.
- Longer timeframes and support for community-led movements are needed for sustainable change.
- Monitoring and evaluation should include measurements of norms change.

Are we getting any closer to including men and boys in sexual and reproductive health? A multi-country policy analysis on guidance to action in East and Southern Africa
Kaymarin Govender, Director, HEARD, University of KwaZulu-Natal

The research focused on a regional and country-level policy analysis examining the inclusion of men and boys in SRHR policies and programmes across five (Malawi, Uganda, Lesotho, Zambia and Zimbabwe). The analysis sought to assess how (if at all) the SRH needs, rights and roles of men and boys have been addressed in national policies and strategies, and whether these policies and strategies align with regional commitments to strengthen boys' and men's inclusion and advance SRHR for all.

The research applied the WHO framework with 12 areas of focus and three conceptual principles for engaging Men and Boys: as partners in sexual and reproductive health, as users of services, and as agents of social change. The analysis reviewed 73 country-level documents and eight regional documents finding significant gaps in how men and boys are represented and engaged in SRHR policies and programmes.

Highlights from the presentation:

- Health and strategic plans and SRHR policies emphasise differences between men and women in access to health care, health needs, and outcomes related to their gender and biological sex.
- There is predominantly a binary framing of gender and heterosexual assumptions in documents, neglecting other populations, and reflecting a lack of emphasis on diversified understandings or expressions of gender and sexuality. Critical and participatory approaches to deconstructing gender roles are missing.
- The term 'gender mainstreaming' is widely used but scarcely defined or elaborated on in health strategy documents, resulting in unclear utility of the term for in-country practice.
- Gender-neutral policy language obscures the meaning and practice of health system responsiveness to adolescents with specific health needs in the population.
- Tailored strategies and guidance responding to the differing needs of boys, girls and non-binary youth at different developmental phases of life do not come to the fore.
- There is a failure to engage men as a diverse group, often treating men as a "unity construct" that is immovable and unchangeable.
- There were significant gaps in addressing male fertility, cancer, sexual dysfunction, and vulnerability for boys under 15.
- There is a deficit in the focus on men as clients of SRHR services, particularly clinic and psychosocial care and as supporting partners in pre and postnatal care, safe abortion care and expectant fathers.
- There is a lack of disaggregation of data on service uptake by men and a lack of alignment between policies, strategies, programmes, budgets and monitoring mechanisms.
- Better mechanisms for monitoring and evaluation (M&E) and reframing men's sexual behaviours from being problematic to being more supportive are required.

A young African perspective of what works for HIV prevention
Cynthia Ngwalo-Lungu, UNAIDS, for Ketsiwe Dlamini, Triple C Advisory,

The presentation focused on research that mapped effective HIV prevention approaches for AGYW, and included a desktop review of 15 prevention initiatives across Eastern and Southern Africa where there was adequate public data, and interviewed over 800 young people. The research revealed the complexity of HIV prevention for AGYW due to their heterogeneity across age groups, risk factors, structural issues, and reach barriers.

Highlights from the presentation:

- HIV prevention strategies for adolescent girls and young women need to take into account that AGYW are not a homogenous group. There are different vulnerabilities across age groups (10-14, 15-19, 20-24 years), behavioural risk factors and structural risk factors.
- Adolescent girls who are members of key populations are often overlooked by blanket AGYW interventions.
- Multi-sectoral and tailored interventions like DREAMS yield the best results by engaging various stakeholders. DREAMS brought together governments, NGOs, foundations, international corporations and AGYW and led to significant reductions in HIV Infections.
- The 4I Framework (focusing on Incentives, Integration, Intersectionality, and Innovation) puts AGYW at the centre as co-creators and implementers throughout the programme cycle.
- The root causes of HIV infection and other ongoing poor SRHR outcomes, including gender inequality and harmful social norms must be addressed for programming to be effective.

Appraising the domestication of the 'Essential service package for women and girls subject to violence' in Eastern and Southern Africa
Presented by Jill Hancock, Health Research Unit, South African Medical Research Council (SAMRC)

The research focused on the domestication of the Essential Service Packages (ESPs) for women and girls subject to violence across Eastern and Southern Africa. The study developed and tested an appraisal tool and mapped the legal frameworks and foundational elements across ten countries, evaluating the existence and accessibility of strategies, guidelines, standard operating procedures (SOPs), and other implementation tools while creating country-specific case studies with detailed breakdowns of policy alignment with the ESP framework.

Highlights from the presentation:

- Most countries have developed legal frameworks addressing GBV, including Domestic Violence Acts, Sexual Offenses Acts, and specific laws for issues like child marriage.
- There is a variation between countries in the availability of accessible and current strategic plans, budgets, and SOPs for GBV response
- Medical and forensic elements of ESP frameworks are generally well-represented in guidelines, but mental health, training, and information materials are often lacking.

- Only two countries (South Africa and Zimbabwe) had emerging quality assurance tools to assess if services met expected standards.
- Key and vulnerable populations (including people with disabilities) were often not considered in service delivery guidelines.
- The research identified several good practices across countries that could be shared regionally.
- Resources for information materials and training were heavily concentrated in the NGO sector and with development partners, creating sustainability risks.
- The appraisal tool was deemed valuable for identifying evidence-based entry points for improving GBV response systems.

Legal environment assessment of HIV and gender-related laws: Namibia, Tanzania and Zambia
Michaela Clayton, Consultant

The research examined how laws and policies support or hinder effective responses to HIV, SRHR, and GBV in Namibia, Tanzania, and Zambia. The assessment identified common challenges including age of consent laws for testing and treatment, breaches of confidentiality that deter people from seeking healthcare, criminalisation of behaviours (same-sex relationships, sex work, and drug use) that act as barriers to using services, and customary laws affecting gender equality.

Highlights from the presentation:

- There is a need to amend laws to address the age of consent to testing and treatment.
- Confidentiality breaches are a major deterrent to seeking healthcare. This requires improvements in healthcare worker training and accessible complaint mechanisms
- Laws criminalising same-sex activity, sex work, and drug possession or use drive people away from services, and criminalisation is used to deny registration of civil society organizations serving key populations.
- Many countries lack data on key populations, affecting evidence-based programming.
- Comprehensive sexuality education exists in policies, but faces implementation challenges from teachers and resistance from parents.
- Marital rape is still not criminalised in Zambia and Tanzania, and safe abortion laws are insufficient across all countries.
- Customary laws and cultural practices often clash with formal laws, undermining gender equality.
- Access to justice requires strengthening affordable legal support services, sensitising judiciary members, and training police.
- Despite some enabling legal environments, significant funding cuts threaten to reverse gains, and anti-rights movements are actively pushing back against progress.

Key points from the discussion on the research presented:

- Adolescent boys and young men (ABYM) are often overlooked in SRHR policies, which focus primarily on HIV services and neglect areas like sexual dysfunction, infertility, and psychosocial support.
- There is a need to reframe male behaviour from being 'problematic' to more supportive approaches, particularly in the context of GBV response.
- Adolescent fathers are an emerging group needing attention, similar to adolescent mothers, and parenting skills are an unmet need.
- Unmarried AGYW often face significant stigma when accessing contraception, leading many to seek services at private clinics or facilities far from their communities due to confidentiality concerns.
- There is minimal guidance on training healthcare providers in adolescent-friendly services, indicating a gap in professional development.
- Young people express concerns about tokenistic participation in decision-making processes and seek opportunities to shape agendas and programs; and there is a need to strengthen youth networks and cultivate leadership skills to empower young individuals in SRHR initiatives.
- Traditional and religious leaders play a significant role in shaping community attitudes towards sexual behaviour and SRHR. Their involvement in decision-making and policy development is crucial for effective SRHR interventions.
- Young people with disabilities are often excluded from SRHR research and programmes, with assumptions made about their sexual inactivity. There is a need for more awareness and inclusive communication materials to reach and engage them in SRHR initiatives.
- Mental health support is lacking in many GBV response policies, indicating a need for integrated services that address both mental health and SRHR.
- Examples from Tanzania's One Stop Centres and Uganda's Community Learning Centres highlight the benefits of integrated service delivery models.
- There is concern that programming focuses heavily on prevention, neglecting the needs of individuals living with HIV, particularly young people.
- Research into the allocation of country budgets to SRH would be useful to ensure balanced funding between prevention and treatment efforts.
- Partnerships with the private sector, including social enterprises and startups, should be explored to advance SRHR goals.

Following the research presentations and discussion, small group discussions were held to allow participants to reflect on how existing research can be used to enhance responsive policies in their contexts. The following observations were noted:

- Involvement of stakeholders from parents, adults, girls and young women, local leaders and cultural leaders is key.
- Integrated service delivery is a priority.

- Economic empowerment of communities, adolescents and young women is critical for to improve on targets and indicators.
- Persons with disabilities are left out of research and SRHR programmes.
- Targeted programmes for boys and young men are important.
- It is imperative to harness political goodwill, especially with shrinking resources, to sustain gains.

2: Considering how recommendations will align with existing laws, regulations, policy frameworks and priorities

The aim of this section was to understand how existing legal and policy frameworks provide opportunities for acknowledging and advancing social and gender norms that promote access to SRHR in policies and programming.

The regulatory landscape: Existing laws, standards, policy frameworks, funding mechanisms and priorities at the regional level

A panel discussion was conducted, with contributions from Nena Thundu, Coordinator of Child Protection in the Department of Health, Humanitarian Affairs and Social Development of the African Union; Joseph Joel Manzi; the Director of Programmes and Parliamentary Business of the SADC Parliamentary Forum; Nomenzile Mamba from the Social and Human Development Directorate of the SADC Secretariat; and Dennis Bwana, the SRHR Programme Leader of the Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO).

Highlights from the discussion:

- The African Union has established frameworks like the Maputo Protocol and Agenda 2063 to promote gender equality and sexual and reproductive health and rights (SRHR), and collaborates with Member States to domesticate these frameworks into national policies and legal structures, supporting countries through policy guidance, convening power, and accountability mechanisms to ensure adherence to these commitments.
- Despite these commitments, harmful social and gender norms persist as significant barriers to implementation.
- Engagement with local stakeholders, including civil society, traditional, and faith leaders, is essential to address these barriers.
- SADC's regional strategies for HIV prevention, treatment, and care for key populations include gender-sensitive indicators. Regular reporting platforms every two years allow for the inclusion of data on key populations and gender norms, promoting accountability.
- The ongoing review of the SADC SRHR strategy, the framework of action for addressing GBV, and the Minimum Standards for SRHR offers avenues to integrate gender-transformative approaches and to incorporate indicators that address social and gender norms.

- Parliamentarians collaborate with traditional, faith, and community leaders, influencing policies that address harmful gender norms, and play a crucial role in enacting laws, overseeing implementation, and ensuring accountability in addressing gender norms.
- The SADC Parliamentary Forum has developed model laws to guide Member States in protecting children from harmful practices, which can be domesticated into national laws.
- Strategic engagement with parliamentarians can include workshops to enhance their capacity to advocate for SRHR and gender equality, and focusing on social and gender norms transformation in the context of their mandates.
- Ongoing work on a regional strategy for HIV prevention, treatment, and care for key populations, the SADC strategy for boys' and young men, and work on ensuring SRHR access within correctional services and prisons allow for further expansion of the norms transformation work.
- The EAC has developed the Gender Policy, setting standards for Partner States' national policies, yet challenges persist in translating these policies into practice.
- Variations in perceptions and practices among EAC Partner States, such as differing views on child marriage, complicate regional cohesion and fragmentation of these issues across multiple departments and a lack of political will impede progress.
- Policies are often developed without the direct involvement of the affected communities, hindering effective implementation; however, EANNASO mobilises communities to ensure their meaningful participation in policymaking processes.
- Efforts are underway in the EAC Partner States to transform policies into enforceable laws, exemplified by Tanzania's initiative to allow teenage mothers to return to school.
- While commitments and laws take significant time to enact at this level, successes include elevating SRHR and gender norms as agenda items in Partner States and engaging faith leaders in addressing these issues.
- Countries can learn from each other, and from successes in civil society engagements, to advance this work, and require resource allocation, support, and capacity to adopt strategies and frameworks.

Country successes in addressing social and gender norms

Arising out of the country listening sessions held in the lead up to the workshop is a focus on peer learning, locally owned solutions and country successes. The six participating countries were requested to share some of their successes in transforming social and gender norms to realise SRHR.

South Sudan: Addressing child marriages
Rachel Abuk, Advance Africa Initiative (ADAFIN)

South Sudan has high rates of child marriage (52%), high maternal deaths rates, unsafe abortions, and misconceptions about family planning, and deeply rooted cultural norms. In 2019, a best practice learning visit to Malawi led by UNFPA, and including the Ministry of Gender, Office of the President, and other key stakeholders resulted in an initiative where Paramount Chiefs from 32 States in South Sudan were invited to a three-day conference to share experiences on eliminating

child marriage. This meeting resulted in a Declaration which stated a commitment to end child marriage in their State and to champion girls' and women's rights. This has led to a reduction in child marriage cases across South Sudan. Other successes include formulating the GBV Bill, establishing GBV Courts, assisting Chiefs in formulating and enacting customary laws addressing gender issues, and creating 11 one-stop centres for GBV response, making sure that women have access to family planning, legal services, medical services, and psychosocial support.

Lesotho: Reaching men: Yes we can! Lesotho Men's Clinic Portfolio
Thabiso Lekhotsa, UNICEF Health Officer
Lesotho has a high HIV prevalence amongst men, who have poor health-seeking behaviour, are late in seeking services or decline health services. Focus group discussions highlighted that men avoided clinics due to long waiting times, unfavourable opening hours, and not wishing to be attended to by female healthcare workers. Men indicated they are not comfortable discussing sexual reproductive health issues, disclosing sexually transmitted infections, or being examined by female practitioners, and felt that waiting rooms were female-friendly. Based on this research, 'Men's Corners' were developed, staffed by male nurses, with dedicated clinic areas for men, flexible hours, and appointment systems. These Men's Corners are a welcome initiative among men in Lesotho, and have seen an increase in men testing for HIV and accessing treatment, resulting in improved viral load suppression and TB screening.

Botswana: Connect with Respect Programme
Seabotseng Bafeletse, Botswana GBV Prevention and Support Centre

'Connect with Respect' is a school-related GBV prevention strategy implemented by the Botswana Gender Based Violence Prevention and Support Centre and Step Up Schools International, in collaboration with the Ministry of Education. The programme goal is to reduce school-related GBV by increasing awareness among teachers and students, and enhancing students' knowledge, attitudes, and skills to promote respectful, violence-free relationships. Strategies include capacity building and training for teachers to support the almost 2000 students who have been enrolled in the programme.

Tanzania: Digital SRHR Platform
Dr Mariam Ngaeje, UNFPA Programme specialist

UNFPA Tanzania is working with local government to enhance young people's access to SRHR information in the Kigoma region in Tanzania. The initiative was initiated with a baseline survey of adolescents, young people, parents, and caregivers to understand the information they needed and gaps in accessing SRHR information. Based on these findings, messages on HIV prevention, GBV prevention, SRHR rights, poverty, menstrual health and hygiene, and family planning messages were created and made accessible through a toll-free number on the Vodacom network. Information about the toll-free number was shared widely, and 100 peer educators were trained to support access to the platform. In just six months, 195,000 callers accessed the platform, with most seeking information on HIV, followed by puberty, GBV family planning and SRHR. Additional messaging is

being developed to incorporate into government health call centres, and community-led monitoring will help improve these services.

Uganda: National framework on education for health and life skills
Charles Serwanja: Team Leader, Public Health & Social Measures, Inter-religious Council of Uganda

In 2018, the Minister of Education launched the Sexuality Education Framework which was rejected traditional gatekeepers, including religious leaders from the Catholic Church and the Anglican Church, who voiced concerns that the content did not resonate well with religious and cultural values and the process was insufficiently consultative. To resolve this, the Inter-Religious Council of Uganda, supported by UNFPA and UNICEF, led regional consultations on challenges facing adolescents and young people, reaching out to different stakeholders of parents, cultural leaders, local authorities, and traditional gatekeepers in the regions of Uganda. They consensus from this consultation was that a framework was needed due to changing roles of parents and caregivers, and the education system, platforms, and teachers can contribute to nurturing children. The Office of the First Lady initiated a process to restart the development of the framework, with the Inter-religious Council at the forefront of the conversation. A new National Framework on Education for Health and Life Skills, endorsed by all stakeholders in draft form, and due to be launched later in 2025, incorporates priorities of equality and social norms development.

Kenya: Constitutional and Legal Framework for SRH
Kuria K. Paul, OGW., Director Programs and Research, National Gender and Equality Commission,

In 2010, Kenya passed a constitution with clear provisions on the circumstances for legal abortion, leading to the formulation of guidelines for reducing maternal mortality and morbidity due to unsafe abortion. These provisions were later withdrawn from the Ministry, making it impossible to train health workers on safe abortion and medically managed abortion. The Human Rights Commission went to court to litigate this matter, and a five-judge bench ruled that the government had erred by withdrawing the guidelines without consultation; which highlights the importance of litigation to achieve advances in SRHR.

These country success-stories were engaging and informative, and workshop participants expressed their gratitude at this opportunity for South-to-South learning. Presenters were encouraged to share their presentations with other participants, and it was suggested that these might be made into case studies for broader knowledge-sharing.

3: Considering the policy brief

Leading up to the workshop, a draft policy brief was prepared and made available to participants with the aim of providing a basis for discussion, review and revision during the workshop. The policy brief developed was an extensive document to guide the effective implementation of policies, based on a desktop review of research commission in the region, and the findings from the country listening sessions held with the six participating countries.

The desktop review of research was summarised in a report titled *'Desktop Review: A summary of the collected evidence on social and gender norms affecting sexual and reproductive health and rights in Eastern and Southern Africa',* and was made available to workshop participants.
The review covers research commissioned by the 2gether 4 SHRH programme between 2020 and 2024 focusing on the impact of social and gender norms on access to SRHR services and SRHR outcomes in Eastern and Southern Africa.

The results of the country listening sessions were summarised in a report titled: *'Insights into the social and gender norms impacting on sexual and reproductive health and rights in six country contexts in Eastern and Southern Africa, and opportunities for norms transformation'., also made available to workshop participants prior to the workshop.*

The country listening sessions were organised by United Nations Country Offices who invited multisector stakeholders to attend online sessions, which lasted between sixty and ninety minutes each. The sessions aimed to gather information on how social and gender norms in each country impact on access to SRHR, how the norms are considered in programmes and policies, who this work is led by, and opportunities to embed social and gender norms in policy at both the national, regional and country level. The country listening sessions yielded valuable insights into the contexts, priorities and locally owned solutions and successes in the six countries.

An overview of the draft policy guidance document, informed by these two key areas of work, was presented to participants during the workshop, who considered its content in-depth during small group discussions which were led by youth representative facilitators, including:

(1) Lydia Achieng, UNFPA, Kenya;
(2) Puuvi Hengari, AfriYAN, Namibia;
(3) Innocent Indeje, Reproductive Health Network, Kenya;
(4) Idah Akinyi Omondi, Lean on Me Foundation, Kenya;
(6) Wiseman Nyondo, National Youth Network | AfriYAN Chapter, Malawi; and
(5) Sharon Siamanta, Youth Advisory Panel, UNFPA, Kenya.

 The multisector small group discussions offered an opportunity for participants to engage meaningfully with the content of the policy guidance document and propose amendments and revisions based on the following questions:

- Does the section you are reviewing talk to all sectors (education, justice, health, youth, social development sectors)? If not, how could it be adjusted to ensure resonance across all sectors?
- Is the policy brief sufficiently addressing recommendations from research and lessons learnt? If not, what is missing or how could it be better expressed?
- What additional suggestions do you have for making this a compelling document for decision-makers?

This approach both ensured that young people played a key role in developing the policy brief and that other sectors were meaningfully engaged in providing practical input to finalise both the policy guidance document to guide the implementation of policy, and a shorter policy brief to be used as an informative tool for decision-makers and other stakeholders.

Proposed refinements to the documents included:

Structural barriers and social norms
› Highlight how justice, education, families, religious and cultural institutions, legal systems and customary courts shape access to SRHR and reinforce social norms and behavioural expectations and how entrenched norms block policy implementation
› Reference additional regional and national frameworks and align with existing legal commitments.
› Reflect the diversity of cultural contexts, avoiding assumptions of cultural homogeneity.

Digital platforms, media, and communication
› Demonstrate how digital platforms and media present both risks and opportunities for shaping gender and social norms.
› Develop cost-effective, evidence-based communication strategies for advocacy and engagement.

Key influencers and agents of change
› Acknowledge the roles of families, youth, faith leaders, traditional authorities, political champions (e.g. First Lady), and community groups as agents of change.
› Advocate for recognition and financial and technical support for civil society organizations, community-based and youth-led organizations, and grassroots actors as vital for service delivery, advocacy, and bridging state-community gaps.
› Clarify how law enforcers, lawmakers, and justice actors contribute to implementation, protection, and norm enforcement.

Intersectionality and inclusion
› Address intersecting vulnerabilities across age, gender, disability, socio-economic status, and displacement.
› Include persons with disabilities, key populations, and marginalised groups in both design and delivery of services and reforms.
› Integrate mental health and disability considerations into core policy and operational plans.
› Ensure gender, youth, and economic sectors are actively involved in policy and programme delivery.

Male engagement and family support
› Strengthen male engagement by framing men and boys as protectors and allies.

› Include strategies to support family mechanisms that foster gender-equitable behaviours and SRHR access.

Community-led and evidence-based practices
› Promote documentation and amplification of community-led stories and best practices.
› Support community-led evidence gathering and advocacy, especially where resistance or misinformation exists.
› Encourage feedback loops that return monitoring data to communities and support local problem-solving.

Capacity building and training
› Embed gender and norms training in ongoing professional development for key actors.
› Establish institutional learning systems such as e-learning modules, certification schemes, and standard operating procedures.

Data, measurement, and indicators
› Align indicators with sustainable development goals (SDGs) and policy objectives, and ensure they track changes at both community and policymaker levels.
› Set clear baselines and disaggregated targets (by age, gender, disability, geography).
› Use robust data sources (e.g. MICS, DHS, census) and identify gaps for future indicator development.
› Include structural and operational indicators such as budget allocations and integration of norm transformation in SRHR policies.

Financing and investment case
› Prioritise domestic resource mobilisation and public sector funding.
› Encourage public-private partnerships, philanthropic engagement, and innovative financing mechanisms (e.g. HIV levies).
› Support investment cases showing cost-benefits, and highlight the cost of inaction.

Document purpose, visuals, design, and accessibility
› Separate out a shorter policy brief and longer document to guide policy implementation.
› Frame a clear, urgent problem statement, supported by data and key recommendations.
› Use plain, direct language with a shorter, action-focused structure for the policy brief.
› Include trend snapshots, infographics, and visual tools to support clarity and impact.

The consultant team will include these recommendations into the updated versions of the documents, for further review and final validation by workshop participants and their constituents.

4: Opportunities and action plans

In this section of the workshop, six country groups and a combined group made of regional stakeholders and researchers reflected on opportunities for introducing the policy brief and implementing the policy proposals to transform social and gender norms that will improve access to SRHR services.

To guide discussions, participants were asked to consider the key stakeholders who might support the policy brief and opportunities to engage with them, and to identify two priority actions that can be undertaken in the next 18 months, and who will be responsible for these actions.

The results of the regional group discussion and the six country multi-sectoral group discussions are provided in *Annexure A: Regional and country roadmaps and action plans.*

Next steps

Following the workshop discussion of the existing research, regulatory frameworks, key country successes and the review of the draft policy brief, it was agreed that further work is required to finalise, validate and disseminate the policy brief, with the following steps agreed on:

- 2gether 4 SRHR consultants will prepare a revised draft of the policy brief to be shared with African Union, regional economic communities and multistakeholder partners by 02 June 2025.
- Workshop participants and other stakeholders will provide feedback on the updated draft by 13 June 2025.
- 2gether 4SHRH will produce a revised, final policy brief based on submissions for validation and dissemination by 30 June 2025.
- 2gether 4SHRH RITT will present the policy brief to key stakeholders and at key regional forums.
- 2gether 4SHRH will provide technical support to countries to advance priority actions related to the policy brief.

Final reflections and closing remarks

At the closing of the workshop, final reflections were provided by continental and regional partners.

Nomenzile Mamba of the SADC Secretariat reaffirmed SADC's commitment to a regional approach that is "bold, inclusive, and rooted in equity", noting that all polices have gender equity at their centre. She warned that while this work might face pushbacks and critiques, drawing parallels to HIV programmes that required perseverance, we should "press on and take up space wherever we are", calling on countries, civil societies, researchers, academics and other stakeholders to continue supporting the momentum of this work.

Denis Bwana of EANNASO voiced his appreciation for the workshop insights and commitment to engaging based on the evidence gathered from various presentations; acknowledging the work of 2gether 4 SRHR on SRHR that is saving lives across Eastern and Southern Africa. He emphasised the importance of engaging diverse stakeholders and highlighted upcoming opportunities for presenting the draft policy brief within various political platforms, including the EAC SRHR Bill and EAC Country Consultative meetings. He reaffirmed EANNASO's commitment to, and availability for, engagement and information sharing on these efforts.

Joseph Joel Manzi from the SADC Parliamentary Forum expressed appreciation for the way the workshop was presented, and the exchange of experiences and information.
He noted that the finalised policy brief will go a long way to in helping parliamentarians execute their constitutional mandates of lawmaking, oversight and passing national budgets and looked forward to further engagement on this work.

Closing remarks
Alison Parker, UNICEF Deputy Regional Director for Eastern and Southern Africa

The UNICEF Deputy Regional Director for Eastern and Southern Africa acknowledged members of the panel and expressed appreciation to all of the participants who had taken part in the workshop, and to SIDA as a formidable and committed partner in this process.

She recognised the workshop, and prior work, as representing a significant step forward in harmonising efforts on social and gender norms to promote access to SRHR services; and emphasised the opportunities to broaden partnerships, scale up programmes and sustain interventions.

> "Progress has been made at continental, regional, sub-regional, and country levels to promote gender equality, equitable access to SRHR within healthcare systems and the protection of human rights and children's rights. However, there is a need to accelerate and scale up implementation. The achievement of development goals set collectively by nation states, regionally and globally, require critical investments in addressing social and gender norms at all levels… This is going to be an important area of reflection across continental, regional and sub-regional bodies."

Workshop evaluation

Daily workshop evaluations of the proceedings were held using the Slido polling platform, and a concluding poll revealed the following:

- Of 51 participant responses, 47% said that the workshop met the objectives of reflecting on evidence, engaging stakeholders to strengthen SGN work, advocating for increased work on SGN and validating the policy brief.

- Some (41%) noted that there was not enough time to reflect on evidence, while 6% thought that more focus on advocacy and more engagement towards validation of the brief was needed.

Participants reflections on the workshop included the following comments:
- *'Countries have common issues and priorities'*
- *'It was great to see all the connections of gender and social norms with SRHR'*
- *'There were well-moderated sessions and rich mix of relevant stakeholders'*
- *'Engagement of AYP was meaningful'*
- *'Meaningful engagement of SRHR actors'*
- *'It was educative, informative, experience sharing.'*
- *'It was very educative, learning from people in different communities and leaving us excited about possible changes that will be made once these policies are implemented'*.

Lessons learned from the hybrid workshop format

The hybrid nature of the workshop, with some participants present in the conference room in Nairobi, some joining in groups as the online 'country hubs', and some joining online as individuals from their respective workplaces resulted in some challenges, despite the overall positive feedback on the workshop. The following lessons can be taken from this experience:

Successes:

- Effective use of technology: Making use of Zoom's breakout rooms and Slido polls facilitated active engagement and interaction among both in-person and remote participants.
- Inclusive facilitation: Facilitators were attentive to contributions from all participants, ensuring a balanced mix of inputs from both in-person and remote attendees.
- Adaptability of participants: Despite technical challenges, participants demonstrated flexibility and resourcefulness in adjusting their setups to ensure effective communication.

Challenges encountered:

- Audio-visual issues: Inconsistent sound setups in both Nairobi and country hubs led to some difficulties in hearing speakers, affecting the overall experience for remote participants.
- Technical support limitations: The absence of immediate on-site and well-briefed technical support in Nairobi and the country hubs hindered prompt resolution of technical issues.
- Connectivity instability: Unstable internet connections in certain breakout rooms in Nairobi prevented remote participants from joining discussions, disrupting the flow of activities.
- Spatial constraints: Limited space in country hubs made it challenging to for participants to join separate conduct smaller group discussions, affecting the dynamics and composition of these groups.
- Reports and registers: Some of the feedback from small group discussions, and the registers shared by the country hubs, sent as photographs of hand-written documents, were difficult to decipher.

Recommendations for future hybrid workshops:

- Enhanced technical setup: Invest in high-quality audio-visual equipment and ensure reliable internet connections in all locations to facilitate seamless communication.
- Adequate technical support: Ensure the presence of experienced technical support personnel in all locations to address issues promptly and minimise disruptions.
- Pre-workshop testing: Conduct thorough testing of all technical setups, including audio-visual equipment and internet connections, well in advance of the workshop to identify and resolve potential issues.
- Flexible group arrangements: Design activities with flexibility in mind, allowing for adjustments in group compositions to accommodate spatial constraints and enhance participation.
- Feedback: Ensure that all feedback and registers are send in typed text as electronic documents for legibility and usability for the workshop reports.

ANNEXURE A: Regional and country roadmaps and action plans

Regional roadmap

The regional discussion group identified the following key opportunities for engagement around the policy brief and advancing transforming social and gender norms.

Priority actions for the short term (18 months)

- Continuous, systematic, engagement with partners on a technical level to ensure buy-in.
- Develop a calendar of events for upcoming forums for presentation and dissemination of the policy brief, and for advocacy related to the brief. (See table below for key events.)

The following additional priorities were identified:

- Roll out a strategic engagement roadmap, highlighting key events and international commemorative days to further create awareness, public support and advocacy for the policy brief. (See table below for key events.)
- Work with Medical Associations at conferences and in conversations, particularly on providing services to young people.
- Work with the United movement that brings youth-led movements together.
- Engage with the regional traditional leaders' platform to provide input into their upcoming capacity building exercise.
- Engage with the 2gether4SRHR planned framework for SRHR for intersex persons.
- Support academic and researcher institutions in disseminating relevant research and information.

Calendar of events and opportunities for advocacy and engagement

No	Opportunity	Detail	Dates
Days of observance			
1	**16 Days of Activism against Gender-Based Violence**	Days of observance offer an opportunity to promote the policy brief, build visibility and promote political traction.	25 November to 10 December – annual
2	**Day of the African Child**		16 June – annual
3	**International Day of the Girl Child**		11 October - annual

No	Opportunity	Detail	Dates
International Forums			
4	**G20 meeting in Cape Town**	Engage donor countries funding SRHR work.	October 2025
Continental and regional organisations			
African Union			
5	**Bilateral and multi-lateral mechanisms**	African Union Commission can use these mechanisms to build support for the policy brief.	Ongoing
6	**Department of Health, Humanitarian Affairs and Social Development (HHS).** Division of Social Welfare and Drug Control	Division is headed by Olubusayo Akinola, African Union Commission. This is a major stakeholder for sharing the policy brief.	Ongoing
7	**African Commission on Human and People's Rights (ACHPR):** Special Rapporteur on the Rights of Women in Africa	The Special Rapporteur supports the enforcement of the Maputo Protocol. There is an opportunity to advocate for the policy brief to be part of Protocol implementation toolkits.	Ongoing
8	**Specialised Technical Committee for Ministers**	Biennial meeting with Ministers from all 55 African Union countries is an opportunity to cascade the policy brief. Prior to this the policy brief must be submitted to technical experts to build buy-in.	2026
9	**African Committee of Experts on the Rights and Welfare of the Child (ACERWC)**	The Committee monitors Member States compliance with the African Charter on the Rights and Welfare of the Child. States' reporting mechanisms offer an opportunity for Policy brief integration.	Ongoing
10	**4th African Girls Summit**	Advocacy opportunity for policy brief promotion and dissemination.	Date to be confirmed
11	**Bilateral meetings with Member States' relevant Ministries**	Bilateral meetings, especially with Ministries of Gender, Justice, Social Welfare and Health responsible for implementing national legislation on GBV, female genital mutilation and	Ongoing

No	Opportunity	Detail	Dates
		child and forced marriage offer an engagement opportunity.	
African Union, United Nations and European Union partnership			
12	**Spotlight Initiative 2.0**	Programme will offer technical support for dissemination, piloting, and capacity building related to the policy brief.	Memorandum of Understanding (MOU) signed March 2025, ongoing implementation
Southern African Development Community (SADC)			
13	**SADC Ministers of Health and Finance Joint Meeting**	The agenda is closed, but the meeting is supported by UN partners and the Policy Brief could be /included in presentations to prompt discussion.	June 2025
14	**SADC Ministers of Health Standing Meeting**	Proposal: Submit the Policy Brief to the Director, SRHR Unit with a proposal that it be included in presentations to the meeting.	November 2025
15	**SADC Parliamentary Forum Standing Committees** • Gender Equality, Women's Advancement and Youth Development • Human and Social Development and Special Programmes.	Two key standing committees offer entry points for Policy Brief advocacy and dissemination.	Ongoing
16	**SADC Technical Teams / Working Groups:** Technical Working Groups for gender, peace and security, education, health, HIV and SRHR Managers Forum.	These forums present opportunities to present the Policy Brief to technical people. SADC Secretariat to consider inviting 2gether 4 SRHR team to present at these forums.	Various Ongoing
17	**SADC SRHR Framework review**	Review of the framework underway.	Work to be commissioned in 2025
18	**Regional Strategy for HIV Prevention, Treatment and Care and SRHR among key populations.**	The report is finalised.	May, June 2025

No	Opportunity	Detail	Dates
		There is an opportunity to propose key indicators to Member States to include in annual reporting.	
19	**SADC GBV Strategic Framework review**	Draft report available for input.	Review process is nearly completed Draft report available
20	**SADC Minimum Standards review**	Opportunity to incorporate norms reforms and actions directly into Minimum Standards: What actions do we want Member States to take? We can break it down to clinic level service provision	Ongoing
21	**SADC Health Net Assessment**	Led by Nomenzile Mamba, SADC Secretariat. Proposed that key questions related to gender and social norms be submitted to be shared with the technical working group.	Deadline for submission of key questions: 24 May 2025
22	**SADC SRHR Project**	A SIDA-funded project running from November 2023 to October 2026, which offers a key opportunity for information dissemination.	November 2023 to October 2026
23	**SADC HIV and AIDS Projects - Call for proposals**	SADC has launched a call for proposals. This represents an opportunity to amplify and support the policy brief recommendations, and promote a link to the Knowledge Hub. Young people, in particular, are encouraged to apply.	Information session: 22 May 2025
African Council for Religious Leaders – Religions for Peace (ACRL-RfP)			
24	**ACRL-RfP conference**	Key opportunity: ACRL-RfP Conference with the theme of uniting voices of religious leaders and other stakeholders to end harmful practices and promote children's rights at scale.	June 2025

No	Opportunity	Detail	Dates
		Noting that the Interreligious Council of Uganda (IRCU) will be part of the conference, and also participated in the development of the policy brief.	
25	**ACRL-RfP: Ongoing stakeholder engagements**	ACRL-RfP will use other key stakeholder engagements to raise awareness.	Ongoing
Academia			
26	**Academic workshops, seminars, webinars, SRHR projects, teaching programmes**	Academic and research forums and teaching programmes, offer an opportunity for advocacy. Key universities and individuals to move this forward to be identified.	Ongoing
United Nations and partners			
27	**2gether 4 SRHR Intersex Framework development**	This presents an opportunity to infuse gender and social norms interventions into the framework.	*Starting in 2025, with a scoping assessment.*
28	**UNAIDS youth leaders meeting (United Movement)**	Bringing together youth-led organizations in Eastern and Southern Africa through the United Movement; opportunity for policy brief presentation and action planning.	July 2025
Other platforms and opportunities			
29	**Disability Data Initiative workshops**	Initiative will hold stakeholder meetings and workshops with Organizations of persons with disabilities in Kenya, Rwanda, and South Africa. The focus is on disability, and not SRHR specifically – but this is an area where we have limited data, so it's an opportunity to engage with the sector.	Next 18 months
30	**Eastern and Southern Africa Regional Traditional and Religious Leaders platform**	Multi-country capacity building initiative; reviewing existing commitments.	Ongoing
31	**Women's rights organizations, Equality Now, and other relevant networks**	Civil society organizations working in the area offer opportunities for advocacy and dissemination.	Ongoing

Country roadmaps

Across the six country discussions, key stakeholders to engage to support the policy brief and associated implementation plans included the following:

- Offices of the President and Vice-President
- Ministries focused on the following issues and focal areas: Health and Social issues, including disability and mental health issues; Gender and Youth focused ministries; Education; Justice and Policing; Finance / Treasury; Parliamentary Committees and Parliamentarians.
- African Union and regional economic communities, including the EAC and SADC Parliamentary Forum.
- National Councils, for example National AIDS & Health Promotion Council (Botswana), National Council for Persons with Disabilities (Kenya) and National Council for Children Services (Kenya)
- Traditional/Community Leaders for example, Ntlo Ya Dikgosi/House of Chiefs (Botswana)
- Traditional healer organizations, for example Dingaka Association (Botswana)
- Engaging with cultural and religious/faith-based organizations and leaders, including religious councils.
- Civil society organizations, including women's associations and women's rights organizations, male sectors, mental health organizations, and community action groups, for example, Coalition to Stop Maternal Mortality due to Unsafe Abortion (Uganda).
- Reproductive health service providers
- Youth Organizations/commissions
- Development partners and United Nations agencies
- Academia, research Institutes and think tanks
- Private Sector
- Media

Key opportunities to engage stakeholders, identified across countries include:

- Technical and thematic working groups; focal point engagements
- Existing platforms and forums
- Coordination mechanisms
- Stakeholder engagement meetings and briefings
- Media engagement

Countries identified specific opportunities to engage as follows:
- Courtesy call to the Office of the President (Botswana); briefing of the Vice President (Botswana) and convening of Parliament.
- Traditional leaders: sitting of Traditional Leaders (Botswana)
- International Days and National Symposiums (Tanzania)
- Policy Consultations (Tanzania)
- Community Action Groups to target different categories of people

- Peer educators (South Sudan)
- Health Development Partner Group (Uganda)
- SRHR International Development Partner Working Group (Uganda)

Common categories of priority actions identified across countries included:

- Disseminate and contextualise the policy brief through key stakeholder engagements, building consensus support for the brief.
- Use existing cultural and religious organizations, peer educators and community led approaches to disseminate information and influence social norms and gender beliefs.
- Build co-ordination mechanisms for capacity building, collaboration, dissemination of information and monitoring and evaluation related to gender and social norms.
- Engage in advocacy to influence relevant laws and regulations, as well as relevant developing strategies, policies and national dialogues.
- Map opportunities for influencing policy, implementation and monitoring and evaluation; develop a responsibility matrix to assign roles, action points and commitments.

Priority action for the short term (18 months)	Responsible actors
Botswana	
Concept Note Development	Ministry of Health, National AIDS and Health Promotion Agency supported by UNFPA
National Stakeholder Engagement to build consensus	Ministry of Health, Ministry of Youth and Gender Affairs, National AIDS and Health Promotion Agency
Present policy brief to the National AIDS and Health Promotion Council.	Ministry of Health (Public Health), National AIDS and Health Promotion Agency, UNFPA, civil society organizations (CSOs), Botswana Council of Non-Governmental Organizations (BOCONGO)
Facilitate the conclusion of the age of consent for HIV Testing National Dialogue	Ministry of Health; National AIDS and Health Promotion Agency, CSOs, UNFPA
Capacitate law enforcement agencies, legislature, political, religious and traditional leaders on HIV and SRHR access for key and vulnerable populations	Gender Affairs, Ministry of Health, National AIDS and Health Promotion Agency, Ntlo Ya Dikgosi (House of Chiefs), UNFPA, UNAIDS, UNICEF
Lesotho	
Strengthen the National Co-ordination Mechanism on Gender and SHR through capacity building, collaboration, dissemination of information,	Ministry of Gender, Youth, & Social Development

accountability frameworks, monitoring and evaluation frameworks	
Integration of the policy brief in existing policies, laws and strategic document	Ministry of Gender, Youth, & Social Development
Kenya	
Dissemination of the policy brief, and mapping of opportunities for policy influencing. Key opportunities include: National Council for Persons with Disabilities (NCPWD) and the Ministry of Health are in the process of developing inclusion guidelines of Persons with Disabilities (PWD) in SRH programmes	Ministry of Health, Ministry of Gender, 2gether4SRHR country team, NCPWD
Advocacy for the adoption of recommendations for promoting positive social and gender norms into policies and legal frameworks being developed and reviewed	2gether4SRHR country team, CSOs, UN Agencies, National Human Rights Institutions (NHRIs), NCPWD, Ministry of Gender
Develop an action plan for implementation and monitoring and evaluation and mobilise resources	Ministry of Health, Ministry of Gender, 2gether4SRHR country team, CSOs
South Sudan	
Use existing clusters and forums to disseminate the policy brief and sensitise members	Line ministries, Co-chairs (partners)
Use existing community action groups, peer educators and the media fraternity to target categories of people to disseminate the policy brief and sensitise communities on the policy brief	Non-governmental organizations
Tanzania	
Develop a responsibility matrix to assign roles, action points, and commitments. Share a contextualised policy brief (articulating the problem statement and cost of inaction)	United Nations Agencies
Use existing awareness platforms, for example International Days, National Symposiums, Policy Consultations) to disseminate key messages on social and gender norms and misinformation.	Government & CSOs
Uganda	
Follow a community led approach, with men and boys being identified as key influencers of social norms and gender beliefs	Not specified
Use cultural and religious institutions to popularise change, and use a multi-sectoral approach	Not specified

ANNEXURE B: Workshop agenda

MONDAY 12 MAY

Time (EAT)	Session Title
WORKSHOP INTRODUCTION AND OVERVIEW	
09.00	**Welcome** UNICEF Eastern and Southern Africa Region: SBC Regional Advisor: Siddartha Shreshta
09.15	**Introduction of participants in-person and online**
09.35	**Overview of the workshop aims and objectives**
10.00	**Security briefing and housekeeping** Susan Achieng Elisha; Vigot Rono: UNICEF ESARO
10.45	**Refreshment break**
11.15	**Opening address: Why policy matters now** Deputy Regional Director for UNAIDS Eastern and Southern Africa: Medhin Tsehaiu
SECTION 1: UNDERSTANDING THE CONTEXT OF SOCIAL AND GENDER NORMS IMPACTING SRHR AND THE NEED FOR POLICY EFFORTS	
12.00	**Participatory activity: Exploring social and gender norms**
13.00	**Lunch break**
14.00	**Plenary: Overview of existing research on social and behavioural norms** Presentations from: Accelerate Research Hub, University of Cape Town and University of Oxford: Luciana Leite HEARD, University of KwaZulu-Natal: Kaymarin Govender South African Medical Research Council (SAMRC): Jill Hancock Triple C Advisory (TCA): Cynthia Lungu (UNAIDS) for Ketsiwe Dlamini UNAIDS: Michaela Clayton (online)
15.10	**Refreshment break**
15.25	**Small group discussions: Reflecting on research and its implications for policy**
16.15	**Day's end: evaluation activity**

TUESDAY 13 MAY

Time (EAT)	Session Title
SECTION 2: CONSIDERING HOW RECOMMENDATIONS WILL ALIGN WITH EXISTING LAWS, REGULATIONS, POLICY FRAMEWORKS AND PRIORITIES	
09.00	**Plenary Recap of Day 1**
09.15	**Plenary panel discussion: The regulatory landscape: Existing laws, standards, policy frameworks, funding mechanisms and priorities** Panel: African Union: Nena Thundu EANNASO: Denis Bwana SADC Parliamentary Forum: Joseph Joel Manzi SADC Secretariat: Nomenzile Mamba
10.00	**Plenary presentations: Country successes** Presentations: South Sudan: Rachel Abuk, Executive Director: Advance Africa Initiative (ADAFIN) Lesotho: Thabiso Lekhotsa - UNICEF Health Officer Botswana: Seabotseng Bafeletse, Botswana GBV Prevention and Support Centre Tanzania: Dr Mariam Ngaeje, UNFPA; Programme specialist for SRHR & focal person for 2gether 4 SRHR program, Tanzania Uganda: Charles Serwanja: Team Leader, Public Health & Social Measures from the Interreligious Council of Uganda Kenya: Kuria K. Paul, OGW., Director Programs and Research, The National Gender and Equality Commission
11.15	**Refreshment break**
SECTION 3: CONSIDERING THE POLICY BRIEF	
11.45	**Reflection on the draft policy document: Presentation and small group discussions**
13.00	**Lunch break**
14.00	**Small group discussions: Reflection on the draft policy document**
15.00	**Refreshment break**
15.15	**Plenary: Feedback from the small group discussions**
16.15	**Day's end: reflection and closure**

WEDNESDAY 14 MAY

Time (EAT)	Session Title
SECTION 4: OPPORTUNITIES AND ACTION PLANS	
09.00	**Plenary: Feedback session**
10.00	**Small group discussions: Roadmaps for strengthening the ecosystem for mainstreaming social and gender norms in SRHR policy and programmes**
11.00	**Refreshment break**
11.30	**Plenary: Country report backs on Roadmaps**

Time (EAT)	Session Title
12.30	**Plenary: Next steps**
12.45	**Plenary: Workshop evaluation**
13.00	**Plenary: Final reflections** Panel: African Union: Nena Thundu EANNASO: Denis Bwana SADC Secretariat: Nomenzile Mamba SADC Parliamentary Forum: Joseph Joel Manzi UNICEF ESAR Deputy Regional Director: Alison Parker
13.15	**Lunch and departure**

ANNEXURE C: Workshop participants

NO	First name(s)	Last name	Organisation
In room participants			
Including Kenya Country participants. Country facilitator: Ninah Ongera			
1.	Jane	*(Illegible)*	National AIDS and STIs Control Programme (NASCOP)
2.	Dorcus	Abuya	WHO
3.	Lydia	Achieng	UNICEF
4.	Rozilla	Adhiambo	African Council of Religious Leaders ACRL
5.	Meltem	Agduk	UNFPA
6.	Wisal	Ahmed	UNFPA
7.	Terezah	Alwar	UNICEF
8.	Brenda	Bakobye	Y+ Kenya
9.	Ludfine	Bunde	UNAIDS
10.	Dennis	Bwana	Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO)
11.	Joylyn	Chepkorir	The International Network of Religious Leaders Living with or Personally Affected by HIV (INERELA+)
12.	Khetsiwe	Dlamini	Triple C Advisory
13.	Rouzeh	Eghtessadi	SAfAIDS
14.	Francine	Ganter	UNICEF
15.	Rachel Abuk	Garang	Advance Africa Initiative (ADAFIN)
16.	Kaymarlin	Govender	HEARD, University of KwaZulu-Natal
17.	Jill	Hanass-Hancock	South African Medical Research Council (SAMRC)
18.	Puvitanda	Hengari	AfriYAN, ESA
19.	Innocent	Indeje	Reproductive Health Network
20.	Lillian	Kilwake	UNICEF
21.	Eddah	Kimani	Triple C Advisory
22.	Magdaline	Kipkenei	Ministry of Gender, Kenya
23.	Jackie	Kisia	Ministry of Health, Kenya
24.	Joan	Koima	National Council for Persons with Disability (NCPWD)
25.	Harriet	Kongin	UNAIDS
26.	Paul (OGW)	Kuria	National Gender and Equality Commission
27.	Lilian	Langat	UNFPA
28.	Luciana	Leite	Accelerate Research Hub, University of Cape Town and University of Oxford
29.	Jerop	Limo	Ambassador for Youth and Adolescent Reproductive Health Programmes (AYARHEP)

NO	First name(s)	Last name	Organisation
30.	Nomenzile	Mamba	SADC Secretariat
31.	Joseph Joel	Manzi	SADC Parliamentary Forum
32.	Tomone	Mori	UNICEF
33.	Celestine	Mugambi	National Syndemic Diseases Control Council (NSDCC), MOH
34.	David	Musoke	University of Makerere
35.	Rael	Mutai	UNFPA
36.	Roselyn	Mutemi	UNICEF
37.	Marineus	Mwombeki	MSM
38.	Harriet	Ndagire	UNFPA
39.	Cynthia	Ngwalo-Lungu	UNAIDS
40.	Nicholas	Niwagaba	UNICEF
41.	Purity	Njeru	
42.	Jude Thaddeus	Njikem	MenEngage
43.	Tapiwa	Nyasulu	UNFPA
44.	Wiseman	Nyondo	Malawi National Youth Network (AfriYAN)
45.	Nicole Ondisa	Oduya	KESWA
46.	Gabriella	Ogom	National Council for Persons with Disability (NCPWD)
47.	Brian	Oketch	UNAIDS
48.	Idah Akinyi	Omondi	Lean on Me Foundation, Kenya
49.	Ninnah	Ongera	UNFPA
50.	Alison	Parker	UNICEF
51.	Catherine	Poulton	UNICEF
52.	Elijah	Rottok	Kenya National Commission on Human Rights (KNCHR)
53.	Indrani	Sarkar	UNICEF
54.	Siddartha	Shreshta	UNICEF
55.	Sharon	Siamanta	UNFPA - Youth Advisory Panel (YAP)
56.	Gaia Chiti	Strigelli	UNICEF
57.	Duncan	Taabu	Advance Africa Initiative (ADAFIN)
58.	Rosemary	Temwanani	UNAIDS
59.	Medhin	Tsehaiu	UNAIDS
60.	Kalani	Walter	East Africa Trans Health and Advocacy Network (EATHAN)
Remote participants			
61.	Olubusayo	Akinola	African Union Commission
62.	Michaela	Clayton	AIDS and Rights Alliance for Southern Africa
63.	Nena	Thundu	African Union Commission

NO	First name(s)	Last name	Organisation
Remote Country Participants			
Botswana			
Country facilitator: Kagiso Molatlhwa			
64.	Seabotseng	Bafeletse	Botswana Gender Based Violence Prevention and Support Centre (BGBVC)
65.	Goitsemodimo	Ditsele	SRHR Africa Trust (SAT)
66.	Kefilwe	Koogotsitse	UNICEF
67.	Elain	Lebani	SENTEBALE
68.	Kgwaneng	Leungo	Botswana Network on Ethics Law and HIV/AIDS (BONELA)
69.	Mabole	Masweu	Ministry of Health (MOH) – SRH
70.	Omphemetse	Mmunyane	Ministry of Health (MOH) – SRH
71.	Kagiso	Molatlhwa	UNFPA
72.	Tsaone	Mosweu	UNFPA
73.	Diana	Meswele	National AIDS and Health Promotion Agency (NAHPA)
74.	Kabo	Ngombe	National AIDS and Health Promotion Agency (NAHPA)
75.	Kutlwano	Pelontle	Botswana Council of Non-Governmental Organisations (BOCONGO)
76.	Goitseone	Phatshwane	Ministry of Health (MOH)
77.	Naledi Neo	Segokgo-Rantleru	Ministry of Health (MOH) – SRH
78.	Pearl	Shamukuni	Botswana Gender Based Violence Prevention and Support Centre (BGBVC)
79.	Lenna	Tau	UNFPA
80.	Nametsego	Tswetla	UNAIDS
81.	Laone	Van Vuuren	Lesbians, Gays and Bisexuals of Botswana (LEGABIBO)
Lesotho			
Country facilitator: Blandinah Motaung			
82.	Teboho	Chaka	Crime Prevention, Rehabilitation, and Reintegration of Ex-Offenders Association (CRROA)
83.	Refiloe	Harris	She-Hive Association
84.	Ntsoaki	Khosi	Catholic Relief Services (CRS)
85.	Thabang	Leeto	Man Up Lesotho
86.	Thabiso	Lekhotsa	UNICEF
87.	Palamang	Lenanya	Khotla Lesotho
88.	Matlali	Lesenya	Ministry of Gender, Youth and Social Development (MGYSD)
89.	Thato	Letsela	Help Lesotho
90.	Amelia	Mashea	National University of Lesotho

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91.	Ntheka	Matobo	Ministry of Gender, Youth and Social Development (MGYSD)
92.	Koeli	Moabi	UNPFA
93.	Matseliso	Mokone	UNFPA
94.	Blandinah	Motaung	UNFPA
95.	Mothabi	Mothobi	Crime Prevention, Rehabilitation, and Reintegration of Ex-Offenders Association (CRROA)
96.	Bataung	Ntoko	Women and Law in Southern Africa (WLSA)
97.	Ntsoaki	Khosi	CRC
98.	Maseretse	Ratia	UNFPA
99.	Makhauta	Shasha	Help Lesotho
100.	Mpho	Theko	Baylor
101.	Mosala	Zulu	WHO
South Sudan			
Country facilitator: Mary Juan Marle			
102.	Kevina	Abalo	Resilience Organization (RO)
103.	Maimuna	Alokore	UNFPA
104.	Precious	Arkangello	YAP
105.	Akuen	Awan	Community Skills Development (CSD)
106.	Sam	Bojo	UNAIDS
107.	Emmanuel	Changun	UNFPA
108.	John	Dap	MOH
109.	Sarah	Dew	Nile Hope
110.	Victoria	Diki	UVICES
111.	John	Dorp	MOH
112.	Oyella	Josephine	AMREF
113.	Catherine	Juma	MJH
114.	Penina	Justine	Shabab Le Shabab
115.	Emmanual	Kuku	AfriYAN
116.	Francis	Lado	UNFPA
117.	Regina Ossa	Lullo	Ministry of Gender, Child and Social Welfare (MGCSW)
118.	Mary	Marle	UNFPA
119.	Patricia	Modong	Young Positives South Sudan (YPSS)
120.	Rose	Monday	ADRA South Sudan
121.	Zekia	Musa	Union of Person with Visual Impairment
122.	Auma	Nancy	Young Positives South Sudan (YPSS)
123.	Joana	Oliver	ADAFIN

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124.	Josephine	Oyella	Amref
125.	Abraham	Pieng	Shabab Le Shabab
126.	Monday	Rose	ADRA South Sudan
127.	Dr.Bojo	Sam	UNAIDS
128.	Daniel	Sanya	MHW
129.	David	Sanya	M4W
130.	Emmanual	Tongun	AfriYAN
131.	Kato	Tonny	IHO
132.	Jane	Tumalu	Ministry of Gender, Child and Social Welfare (MGCSW)
133.	Shruti	Upedhyay	UNFPA
134.	Akoon	Wol	CSD
Tanzania			
Country facilitator: Mary Juan Marle			
Tazania: Dar es Salaam			
135.	Amabilis	Batamula	Femina Hip
136.	Getrude	Clement	AfriYAN
137.	Elizabeth	Isilam	Tanzania Women Initiatives for Development Organization (Tawido)
138.	Edda	Kawale	KIWOHEDE
139.	Mkula Joseph	Mandago	WILDAF
140.	Faith	Mkony	C-Sema
141.	Livinus	Ndibalema	TIP
142.	Anna	Sangay	Tanzania Gender Networking Programme (TGNP)
Tanzania: Dodoma			
143.	John	George	UNICEF
144.	Rajabu	Juma	DOTODO
145.	Simon N	Laurent	Prime Minister's Office: Labour, Youth, Employment and Persons with Disability (PMO-LYED)
146.	Judith	Luande	Tanzania Commission for AIDS (TACAIDS)
147.	Grace	Mawazo	Ministry of Home Affairs (MOHA)
148.	Vannesser A.	Mkagilage	VAF
149.	Bonaventura	Mpondo	UNAIDS
150.	Mariam	Ngaeje	UNFPA
151.	Yohana	Sekimweri	Ministry of Community Development, Gender, Women and Special Groups (MOCDGWSG)
152.	Edwin	Swai	WHO

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Tanzania: Zanzibar			
153.	Masoud Juma	Haji	Government: Ministry of Youth
154.	Juma Suleiman	Juma	Government: Ministry of Gender
155.	Rufeya Khamis	Juma	CSO: ZAFELA. Zanzibar Female Lawyers Association
156.	Abushir S.	Khatib	Government: First Vice President's Office
157.	Ali K	Machano	CSO: SHIJUWAZA. *Zanzibar Federation of Disabled People Organizations*
158.	Saida A.	Mohamed	Government: Integrated Reproductive and Child Health Programme (IRCHP) – Ministry of Health (MOH), Zanzibar
159.	Halima A.	Mohammed	Government: Zanzibar AIDS Commission (ZAC)
160.	Farashuu Khamis	Mussa	Government: MUFTI's Office
161.	Sabah Ali	Mzee	CSO: JUWAUZA. Jumuiya ya Wanawake wenye Ulemavu Zanzibar |*Organization of Women with Disabilities in Zanzibar*
162.	Zaina A	Mzee	CSO: Tanzania Media Women's Association, Zanzibar (TAMWA-ZNZ)
Uganda Country facilitator: Francis Engwau			
163.	Susan	Achen	Uganda Women's Network
164.	Yosuf	Amran	WHO
165.	Barbara	Asire	UNICEF
166.	Owek Yudaya	Babirye	Minister, Busoga Kingdom Affairs
167.	Daniel	Byamukama	Uganda AIDS Commission (UAC)
168.	Juiliet	Cheptoris	Ministry of Health, Uganda
169.	Francis	Engwau	UNFPA
170.	Kwabaho	Juliet	UNFPA
171.	Maureen	Kwikiriza	Uganda AIDS Commission (UAC)
172.	Lyagoba	Moses	Kamuli District Local Government (DLG)
173.	Betty Nandudu	Mubiita	DCDO, Namayingo District Local Government (DLG)
174.	Evelyne	Nabukenya	Ministry of Gender, Labour and Social Development (MGLSD)
175.	Lydia Joyce	Najjemba	Ministry of Gender, Labour and Social Development (MGLSD)
176.	Sarah	Nakku	UNAIDS
177.	Tereza	Nyapandi	AIDS Information Center (AIC)
178.	Ivan Kasvan	Opio	UNFPA
179.	Laura	Criado	UNFPA

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180.	Charles	Serwanja	Interreligious Council of Uganda
181.	Desmond	Ssekyewa	UNFPA