

# Partnering to Advance Sexual and Reproductive Health and Rights (SRHR) and Eliminate Gender-Based Violence (GBV) in West and Central Africa

## Perspectives of and Reflections from Working with Nine Youth-Led Organizations in Benin, Burkina Faso, and Côte d'Ivoire

### Project Summary

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 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.



### Country Programming

#### Benin

The prevalence of GBV in Benin is significant, with 69% of women reporting having experienced GBV, including 27% reporting having experienced physical violence and 10% reporting to have experienced sexual violence.<sup>1</sup> 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.<sup>2</sup> 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.

In Benin, EngenderHealth is collaborating with three YLOs: Family Nutrition and Development (FND), Young Health Volunteers (JVS), and West African Network of Young Women Leaders (ROAJELF). Together, this consortium developed 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; participants in the community dialogues then analyzed observations from the competition as part of discussions around promoting gender equality and positive masculinity as well as preventing GBV. The consortium also contributed to renewed efforts for promoting gender equity and SRHR by integrating care for GBV survivors with provision of SRHR services.

#### Burkina Faso

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 widespread<sup>3</sup> and 76% of women aged 15 to 49 years

<sup>1</sup> 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://instad.bj/images/docs/insae-statistiques/enquetes-recensements/EDS/2017-2018/1.Benin\\_EDSBV\\_Rapport\\_final.pdf](https://instad.bj/images/docs/insae-statistiques/enquetes-recensements/EDS/2017-2018/1.Benin_EDSBV_Rapport_final.pdf).

<sup>2</sup> *ibid.*

<sup>3</sup> 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>.



have undergone genital mutilation.<sup>4</sup> 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.

In Burkina Faso, EngenderHealth is collaborating with three YLOs: 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). Together, this consortium developed an action plan to collect and document the SRHR experiences and needs of youth and GBV survivors through a participatory survey. The consortium used these findings to produce video clips to incorporate into community mobilization activities, including community discussions and dialogues. The consortium also used these findings used 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.

### Côte d'Ivoire

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.<sup>5</sup> 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.<sup>6</sup>

In Côte d'Ivoire, EngenderHealth is collaborating with three YLOs: Actuelles, Ecoutez-Moi Aussi CIV, and Youth Action Movement (YAM). These organizations came together to create 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 has three main goals: (1) advocate to 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 includes a pilot activity and proposes to document innovations for dissemination and potential expansion.

## Partner Experiences and Perspectives

Improving equitable partnerships with and meaningful participation of YLOs is a central component of the Partnering to Advance SRHR and Eliminate GBV in West and Central Africa project. Our partner YLOs are therefore critical to the achievements of this project. To determine the success of our approach and to inform future activities, EngenderHealth staff interviewed members from all nine YLOs in the second year of the project. Below we share the questions we asked and select responses from the YLOs. This feedback illustrates the YLOs' experiences and perspectives—in their own words.

<sup>4</sup> INSD. 2019. *Mutilations Génitales Féminines & Mariage d'Enfants*. Ouagadougou: INSD. [http://www.insd.bf/contenu/autres\\_publications/Analyse\\_MGF\\_ME\\_Final\\_INSD.pdf](http://www.insd.bf/contenu/autres_publications/Analyse_MGF_ME_Final_INSD.pdf).

<sup>5</sup> 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>.

<sup>6</sup> Ibid.

## When you joined the coalition, what excited you the most?

**Actuelles:** What we were most excited about was being able to expand our reach through this project, reaching a large number of beneficiaries through EngenderHealth's partnership and collaboration with other youth organizations.

**AFEEJ:** When we first joined the coalition, what we were most excited about was the equitable partnership initiative that put young people into learning and into action.

**Ecoutez-Moi Aussi CIV:** We were mostly inspired by project Hewlett, which allowed us to unleash our creativity to develop advocacy, awareness-raising, and creative initiatives to ensure that women and girls could exercise their SRHR in a violence-free Côte d'Ivoire.

**FND:** When we joined the coalition, we were excited to share experiences and unite efforts to strengthen women's leadership and increase the impact of advocacy on women and girls.

**JVS:** Coming together and sharing the experiences and potential of the three organizations for a great impact in advancing the status and rights of women were a motivating factor from the very beginning. It was an opportunity to learn from the experiences of other feminist organizations and to work together for the success of the project. Being at the heart of planning, implementing, and monitoring actions were also delightful from the start.

**OJEPC:** What excited us most was the work with other sister organizations and the project's approach, including flexible and equitable partnerships. In fact, it is our very first experience of this type of partnership that is in line with our mission. In addition, we were also excited about the idea of forming a consortium of youth organizations. And, here again, this experience of working in a consortium is unique.

**REJEFE:** When we first joined the coalition, what we were most excited about were the human rights workshops and training sessions. This allowed our members to strengthen their knowledge and skills in this area.

**ROAJELF:** What excited us the most was the diversity of the coalition countries and the desire to confront the realities of our countries on SRHR and GBV issues. Being part of a regional project offers a unique opportunity to learn from the work of others in different contexts.

**YAM:** The opportunity to work in related areas (such as GBV) and to have a broader reach and impact on peers.

## When you first joined the coalition, what worried you the most?

**Actuelles:** Our fear was whether we would be up to the project's expectations, given that we are a small organization with very little experience. We were both excited and nervous about collaborating with an international nongovernmental organization.

**Ecoutez-Moi Aussi CIV:** When we joined the coalition for the first time, we really did not have any apprehension, we did not even think there would be conflicts or challenges internally. The challenge we faced was internal and personal.

**JVS:** Lack of good collaboration with other coalition organizations due to individual interests or objectives is one of the main factors that can undermine the project's objectives. This was our greatest fear.

**OJEPC:** Disagreement on certain aspects of the project, including how to conduct the various activities and especially the distribution of roles and responsibilities. We were also worried about the fear of failing in our mission as the consortium leader.

**ROAJELF:** We did not have any major concerns, as we have already become accustomed to working with structures at both national and regional levels. However, the big question was about understanding EngenderHealth's strategies and tools.



**YAM:** Working with new colleagues we have never worked with before. Also, working on GBV was a new technical area, and we were wondering if we would be able to do a good job.

### What success are you most proud of and why?

**AFEEJ:** One of our proudest successes is the referral of some women to social work services to solve their problems as a result of our intervention in their village.

**Ecoutez-Moi Aussi CIV:** Our greatest pride was being trained in SRHR and GBV by EngenderHealth. Having selected us to improve our knowledge and our capacity to respond to the context and the environment in Côte d'Ivoire, we are now able to embrace any field related to gender and women's protection.

**FND:** The greatest achievement we are proud of is the adoption of a regulatory framework on free medical certificates for GBV survivors, the existence of a "gender desk" in some police stations in the project's intervention area to address the care of GBV survivors, and access to justice for some survivors through the medical certificates they have received through the project. There are even open proceedings pending before the courts.

**JVS:** Thanks to the opportunities, experiences, and institutional capacity building acquired, our organization also benefited from a [new] grant. The other thing we are proud of is the impact of community debates on young male beneficiaries. This activity has helped to challenge social norms. Finally, we got a ministerial order for the free medical certificate. This strengthened our work as a consortium that has worked on the care of GBV survivors.

**OJEPC:** We are proud to have mobilized youth organizations, government, and community leaders for the success of our action plan, and to have successfully completed all major activities of our project.

**REJEFE:** We took many training courses in the project, and they were beneficial. Our team benefited from new skills in human rights, SRHR, and GBV. Administratively, we learned to collaborate with large institutions. Financially, the most positive thing for us was the financial support we received from EngenderHealth for our equipment and operating needs.

**YAM:** This project enabled us to improve our professional skills [and] also enabled us to develop a plan for monitoring and evaluating the activities of our action plan and to achieve timely results. Thanks to the Femmes et Résilience consortium, we were able to mobilize additional funds, in addition to the Hewlett funds.

### What challenges did you face in this partnership and collaboration?

**Actuelles:** As young local organizations, it was difficult for us to manage the project financially, administratively, and programmatically as we do not have enough professional experience at these levels. But with the overall support we received, we were able to fix it for the project to go forward.

**FND:** The challenge for this partnership was to stick to the timeline and to use informal means of communication to exchange information between organizations. The use of decentralized communications was also a challenge in inter-organizational collaboration.

**OJEPC:** One of the big challenges was to find a way to assert, assume, and sell its leadership vis-à-vis other youth organizations when we are also a youth organization. This delayed the start of the project, though the implementation period was already short.

**REJEFE:** The first major challenge we addressed was that of working in a mixed team. This was the first time that our organization had worked as a consortium. For some members of our team, speaking out in public was a big deal for them.

**ROAJELF:** The organization of activities on time to ensure the timely and quality of supporting documents from partner organizations was our main challenge.



**YAM:** As young organizations, we had no experience in project management. We also didn't have experience in the area of GBV. As a result, we had to learn how to implement GBV programs to ensure that they were effective and reached the desired number of people. For the implementation problems of the projects, we turned to EngenderHealth, which helped us develop the required skills.

### What did you find most beneficial in your participation in your coalition?

**Actuelles:** One of the things that was most beneficial to me in this project is the overall support received from EngenderHealth, which has increased our professional capacity in project organization and management. We now know how to prepare action plans based on the objectives and results we want to achieve.

**Ecoutez-Moi Aussi CIV:** Proving that we have been trained by EngenderHealth gives us weight to move into other positions or participate in fellowships or personal development opportunities. We truly appreciate EngenderHealth because, through this coalition, we experienced significant growth and progress. Proof of this is that our participation in the Femmes et Résilience consortium enabled us to enter into a communications consulting contract with UNFPA Côte d'Ivoire.

**FND:** The most beneficial thing for us [was] our first experience in running an SRHR campaign from which we learned a lot, thanks to the support and contribution of other organizations. It is true that our organization works mainly on GBV, but thanks to this experience, we have had the opportunity to learn more about SRHR.

**JVS:** The great impact of the actions at the community level is due to the pooled forces and the financial support. These are the benefits of each YLO. This partnership has also significantly enhanced the participation of our members in activities as everything was planned and executed by ourselves. In addition, we were able to benefit from institutional and organizational support through this collaboration, including a contribution to our expenses (rent, water, electricity, and staff).

**REJEFE:** The very idea of a coalition was beneficial to us, as we had to compare our knowledge and pool our skills for the implementation of the project.

**ROAJELF:** EngenderHealth's accounting support was of great interest to us during this wonderful collaboration.

**YAM:** Capacity building in multiple areas. Expanding the reach of recipients to help them deliver their SRHR.

### What advice would you give to other YLOs wishing to do similar work?

**Actuelles:** Avoid self-doubt and commit yourself to this work. There will be opportunities and you will have to seize them. You have to be engaged. Don't hesitate to ask for help from your more experienced partner organizations—benefit from their knowledge and experience.

**AFEEJ:** For other YLOs wishing to do similar work, we would advise them to: (1) form a coalition according to the harmony of their aspirations and visions; (2) analyze the operational strengths and weaknesses of each structure before establishing the coalition; (3) identify responsibilities and tasks; (4) come up with a field analysis before proposing the budget and action plan; and (5) engage local communities from the beginning of the project.

**FND:** For a successful experience of working as a consortium between youth organizations to advance SRHR and reduce GBV, it is important to: (1) trust each other by remaining transparent with each other; (2) be guided by the fulfillment of collective objectives.

**JVS:** It would be important to give priority to communication and interactivity for real synergy of actions. It would also be beneficial to honor the common interest over the individual interests of each organization.

**OJEPC:** With regards to organizations wishing to do similar work, it is important to know how to delegate tasks

and make concessions at times for the smooth running of activities. A shared and clear vision from the outset is also needed to know which youth organizations to work with.

**REJEFE:** We would advise other youth associations wishing to carry out a similar project not to hesitate, and above all to empower their most dynamic and especially available members.

**YAM:** Project management is not easy, and you will make mistakes. But you will learn from these mistakes and the experience gained will make you stronger. Know your limits and it will help you grow. We really appreciate EngenderHealth trusting us to do this work. We also look forward to continued collaboration.

### What could be improved in this partnership?

**Actuelles:** In Côte d'Ivoire, there are a lot of challenges when it comes to GBV. So, we need more organizations working in this area. We could also increase the number of partners, to help more organizations have experience in the field of GBV to improve their skills and reach more people.

**AFEEJ:** Increased involvement of YLOs in the drafting of the project and providing operating funds in six-month increments.

**FND:** The costs of supporting human resources and the running of the organization.

**JVS:** The duration of the partnership could be extended. Support for institutional and organizational strengthening cannot bear fruit in just a few months. We need more time to become strong and viable organizations.

**REJEFE:** First, taking risk factors into account in budgeting their solutions would benefit everyone in the future. Secondly, we propose that, for an action plan that is also provided in terms of activities, the timeframe for implementation should be slightly reviewed in the long-term for good preparation. Finally, we would like, in the context of possible new collaborations, for a reduced budget, we should also be able to reduce activities to facilitate their implementation. We believe that it is better to carry out a few high-impact activities than to carry out a few low-impact ones for lack of resources.

**ROAJELF:** Capacity-building sessions on administrative and financial procedures should be extended to all consortium members. It is also important to maintain a good level of communication between the structures.

### If you could continue this partnership, what would you like to do first together?

**Actuelles:** The priority is to carry out the work plan that we prepared for this project. We completed the pilot phase and understood the challenges facing recipients. Now we want to focus on identifying solutions for the beneficiaries. So, we would like to increase the number of organizations to have more impact and thus reach more people.

**AFEEJ:** If we were to continue this partnership, as a matter of priority, we would like to find together a solution to address the needs of GBV survivors and to improve access to information and knowledge of SRHR in the municipalities previously engaged by the project.

**Ecoutez-Moi Aussi CIV:** If we were to continue our involvement in the Femmes et Résilience consortium, we would focus on everything related to resource mobilization, partnership, and innovation, to put in place long-term initiatives that will allow the consortium to be registered as an organization.

**OJEPC:** In the context of a possible continuation of this partnership, we would like to extend the actions to other regions and strengthen our actions on the sites we have already covered.

**REJEFE:** As part of a possible continuation of this partnership, we would like to capitalize on the achievements and experiences and share them with stakeholders.

## What would you do differently in the future to partner with organizations like EngenderHealth?

**AFEEJ:** We would propose to EngenderHealth an action plan in relation to the themes it addresses during its interventions and would like to be involved at the beginning of the implementation of the project.

**Ecoutez-Moi Aussi CIV:** Share the organizational objectives to be achieved with all those involved in the project from the outset; encourage the development of human capital; innovate and improve credibility by offering consultancy contracts with a substantial remuneration that allows any young professional to work full-time on the project.

**FND:** To partner with other organizations like EngenderHealth in the future, we can demand more equity and a sharing of power and responsibility. For example, we would be able to negotiate a better match between the running costs and the human resources costs of our organization.

**OJEP:** Clearly define the roles of all consortium stakeholders and ensure monitoring and evaluation at all levels within the consortium.

**ROAJELF:** With EngenderHealth, we appreciated the equitable partnership that integrates the needs and realities of the structures. [However], we might negotiate the possibility of taking into account the financing of a part of the structures' action plans.

## Reflections: Lessons Learned and Recommendations

This project has strengthened collaboration between young activists and across youth-led and youth-serving groups and institutions by enhancing advocacy efforts to improve laws, standards, guidelines, and procedures for SRHR and GBV in Benin, Burkina Faso, and Côte d'Ivoire. These rich experiences have generated many lessons learned and recommendations, within Benin, Burkina Faso and Cote d'Ivoire, and more broadly in West Africa and around the world.

### Equitable partnerships with young people require flexible use of funds and resources.

**Lesson:** Our experience demonstrates that an equitable partnership approach must include institutional and financial support for facilities and equipment (e.g., laptops, printers, rent, and travel allowances) as well as programmatic activity costs and staffing costs. Through this, we also saw that we can accompany and support the strengthening of capacity while simultaneously supporting the implementation of project activities.

**Recommendation:** Ensure that future partnerships with youth-led organizations build in flexibility in budgets and agreements to support what YLOs need.

### Strengthening the capacity of YLOs requires individualized and tailored support that includes institutional (financial, administrative, programmatic) support.

**Lesson:** Critical to this partnership approach is a participatory process with the YLOs that includes customized training to ensure institutional and organizational support. We learned that such trainings must be customized, given that each YLO has their own unique needs that cannot be replicated without adaptation across different countries or organizations.

**Recommendation:** Conduct a participatory process at the beginning of the partnership development to jointly determine what specific capacity strengthening each organization would like to receive.

**Recommendation:** Continuously reflect and challenge assumptions about whose capacity should be built.

### The inclusion of young people across all project phases enhances their responsibility and decision-making power while affirming their leadership.

**Lesson:** This has provided young people with the space to exercise their leadership skills and take action in their own communities to advance SRHR and address GBV. At the same time, we could have done even more to include these organizations earlier on in the process.

**Recommendation:** Continue to elevate the voices and leadership of diverse groups of young people through more intentional recruitment and support efforts.

**Recommendation:** Begin engaging with YLOs right from the beginning of a project or initiative and as soon as possible to avoid situations where decisions are made without them.

### Accompanying and supporting YLOs is a rich and time-consuming process.

**Lesson:** The need for tailored support to each YLO that formed part of the consortia across countries required more time and support from staff than initially expected. Additionally, remote accompaniment during the height of the COVID-19 pandemic added an additional layer of complexity.

**Recommendation:** Budget time and adequate resources to support those involved in the capacity strengthening process.

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