



REGIONAL ADVOCACY TOOLKIT

FOR STAKEHOLDERS ON
THE AGE OF ACCESS
AND ADVANCING ADOLESCENT SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS IN
EASTERN AND SOUTHERN AFRICA



Adolescents in our region face a triple threat: laws that contradict each other, climate shocks that destroy the infrastructure they depend on, and stigma that drives them away from services. Age of Access reform is the structural intervention that unlocks everything else



Acknowledgements

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Abbreviations and Acronyms

ACWRC	African Charter on the Rights and Welfare of the Child
AFP	Advance Family Planning
AIDS	Acquired Immunodeficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
AU	African Union
CEO	Chief Executive Officer
CRC	Convention on the Rights of the Child
CSE	Comprehensive Sexuality Education
CSOs	Civil Society Organizations
ESA	Eastern and Southern Africa
ESAParC	Eastern and Southern Africa Parliamentary Caucus for Sexual and Reproductive Health and Sustainable Development
FAQs	Frequently Asked Questions
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GEWE	Gender Equality and Women's Empowerment
HIV	Human Immunodeficiency Virus
HIVOS	Humanist Institute for Cooperation with Developing Countries
ICASA	International Conference on AIDS and Sexually Transmitted Infections in Africa
mHealth	Mobile Health
PEPFAR	President's Emergency Plan for AIDS Relief
PrEP	Pre-Exposure Prophylaxis
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
Sida / SIDA	Swedish International Development Cooperation Agency
SMART	Specific, Measurable, Attainable, Relevant, Time-Bound
SMS	Short Message Service
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
ToR	Terms of Reference
U-Report	UNICEF's digital youth engagement and social messaging platform
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
YFHS	Youth-Friendly Health Services

SECTION A: THE FUNDAMENTALS OF ADVOCACY

1. About This Toolkit

1.1 Purpose

This Regional Advocacy Toolkit provides practical, evidence-based guidance for stakeholders working to reform Age of Access policies for adolescent Sexual and Reproductive Health and Rights (SRHR) services across Eastern and Southern Africa (ESA). It synthesizes findings from a seven-country evidence review conducted by the Population Council (2025) and country-level position papers developed by Hivos, the Regional SRHR Fund, and Youth Advocates covering Kenya, Malawi, Uganda, Zambia, and Zimbabwe. This toolkit aims to strengthen coordinated, evidence-based advocacy for reforming Age of Access policies across Eastern and Southern Africa, enabling stakeholders to better understand and address legal, policy, social and climate-related barriers that restrict adolescents' access to SRHR services. It seeks to offer guidance to users on how to engage decision-makers, promote greater harmonization and clarity of laws and policies, strengthen meaningful youth participation, mobilize coalitions and communities, and support sustained policy dialogue and accountability. Ultimately, the toolkit seeks to contribute to an enabling environment in which adolescents can access quality, confidential, inclusive and adolescent-responsive SRHR information and services without unnecessary legal, social or systemic barriers.

It was developed by Copper Rose Zambia under the Advocating for Meaningful Participation and Leadership in Youth Sexual Reproductive Health and Rights (AMPLIFY) Health Project, supported by the Regional Sexual and Reproductive Health and Rights (SRHR) Fund managed by Hivos Southern Africa with funding from Sida and the Ford Foundation. It builds on the #Consent2Access campaign and the broader regional momentum toward harmonizing minimum ages of access.

1.2 Who Is This Toolkit For?

- **Youth advocates and youth-led organisations** seeking to influence national and regional policy processes.
- **Civil society organizations (CSOs)** working in SRHR, HIV, gender equality, and human rights.
- **Policymakers and parliamentarians** considering legislative and policy reforms.
- **Health sector leaders and program managers** implementing adolescent-responsive health services.
- **Development partners and donors** investing in adolescent health and SRHR.
- **Regional bodies** (SADC, AU, SADC Parliamentary Forum), Eastern and Southern Africa Parliamentary Caucus for Sexual and Reproductive Health and Sustainable Development (ESAPaRC) with mandate over regional standards.

1.3 How to Use This Toolkit

This Toolkit is a compilation of information relating to Age of Access, adolescent SRHR, consent law harmonization, GEWE, and adolescents' health and rights across the ESA region. It has multiple uses:

- **Reference guide:** provides information on internationally agreed laws and standards governing adolescents' right to access SRH services (CRC Article 24, ACWRC Article 14), alongside the current country-level legal landscape across the seven ESA countries.
- **Tool for advocacy and action:** encourages stakeholders to adopt and adapt strategies for harmonizing consent laws, closing the "triple threat" gap between sexual consent, marriage, and SRH service consent ages.
- **Capacity building:** on Age of Access, adolescent SRHR, GEWE, and legal literacy for providers, youth advocates, and policymakers.
- **Enhance understanding of key legal frameworks:** (national Children's Acts, CRC, ACWRC) as tools to hold duty bearers, including governments, policymakers, and budget-holders, accountable. In-depth knowledge can facilitate access to policymakers and strengthen advocacy at all levels.

2. What is Advocacy?

2.1 Definitions

Advocacy is defined as a process of supporting and enabling people to have their voices heard; express their views and concerns on a situation, policy or programme; access information and services; defend and promote their rights and responsibilities; as well as explore their choices and options. Furthermore, advocacy is when people, including women, children, youth, and men, carry out grassroots and public advocacy to draw attention to an issue to realise rights, obtain improved service delivery, and benefits for disadvantaged people, or their communities. Advocacy could also be defined in diverse ways; however, the collective understanding is that, advocacy entails a range of activities that are directed towards influencing the desired change.

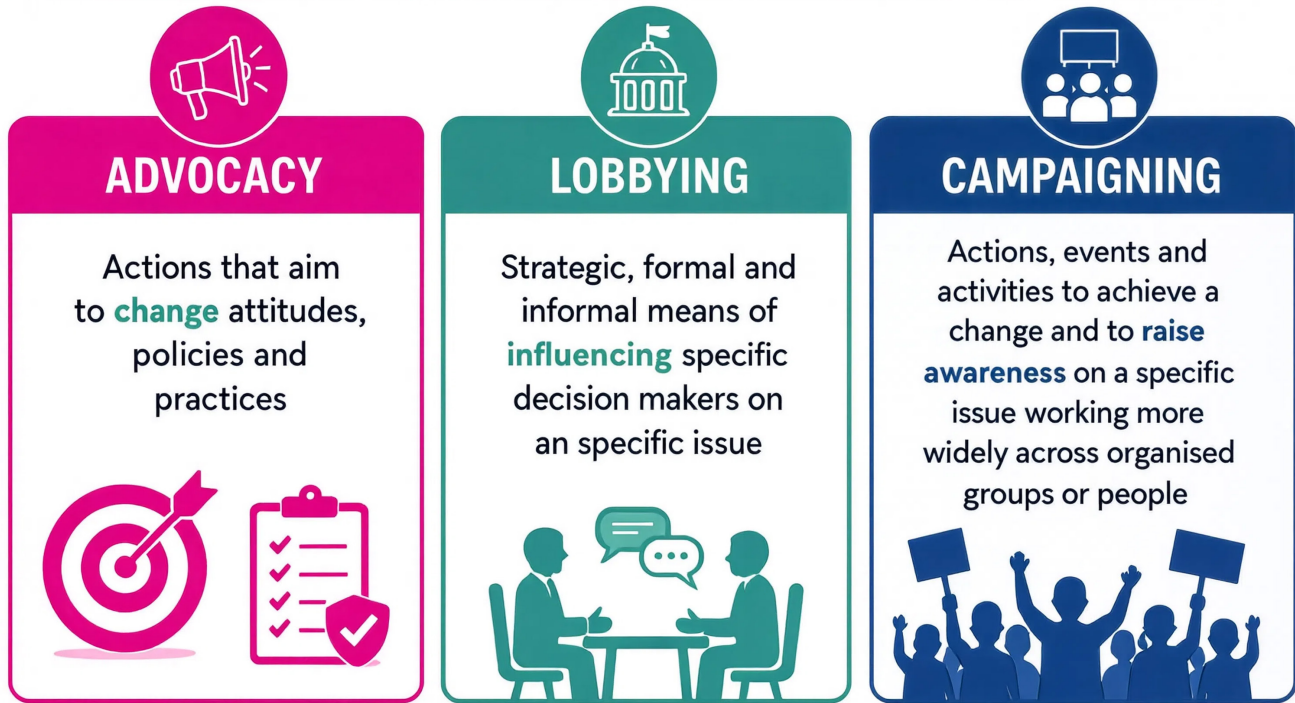
Table 1 – What Advocacy Involves

Advocacy Strategy	Description
Awareness Creation, Communications and Media Work	Enhancing group or an organisation's credibility and legitimacy as an advocate by promoting its public image and visibility; deliver persuasive, evidence-based and solution-oriented messages to the public, decision-makers, stakeholders and those who influence them.
Advocacy, Strategic Communication and Behaviour Change	Using strategic, evidence-based communication to influence policy and systems, engage key stakeholders, and promote positive attitudes, social norms and behaviours among target audiences.
Developing Partnerships/ Coalitions/ Alliance	Generating organizational support and momentum behind issues, connect messengers with decision-makers, and utilize diversity to achieve common advocacy goal

Lobbying and Negotiating	One-on-one discussions with decision-makers to influence them to change policy, practice or behaviour
Campaigning	Create and mobilize the public around the advocacy issue, change perceptions, and build support to influence decision-makers and stakeholders
Research/ Publication and Evidence for Advocacy	Generate and communicate credible evidence that identifies the underlying causes of key issues, highlights practical solutions, and provides actionable recommendations to inform advocacy, policy and decisions by stakeholders.
Amplifying Women's Voices and Mobilising Stakeholders	Create inclusive platforms that amplify women's voices and concerns, while engaging men, decision-makers and other stakeholders to champion, influence and act on issues affecting women and girls.
Social Mobilization	Engage multiple levels of society, including those who are marginalized, as allies and partners in overcoming barriers to implementation of programmes to protect children and women
Conference and Events	Bring together a variety of stakeholders and decision-makers to highlight the causes and identify the solutions to the issue, with follow-up that includes concrete and immediate action

ADVOCACY VS. LOBBYING & CAMPAIGNING: WHAT'S THE DIFFERENCE?

Campaigning, advocacy and lobbying are a range of tools, mechanisms, initiatives, processes and/or organised actions used to promote changes in policies, programmes or spending.



The aim of advocacy, lobbying and campaigning is similar, but the processes are different.



3. Advocacy Framework & Theory of Change

3.1 Vision

All adolescents in ESA can independently access comprehensive, quality SRHR services in an environment free from stigma, discrimination, and legal barriers.

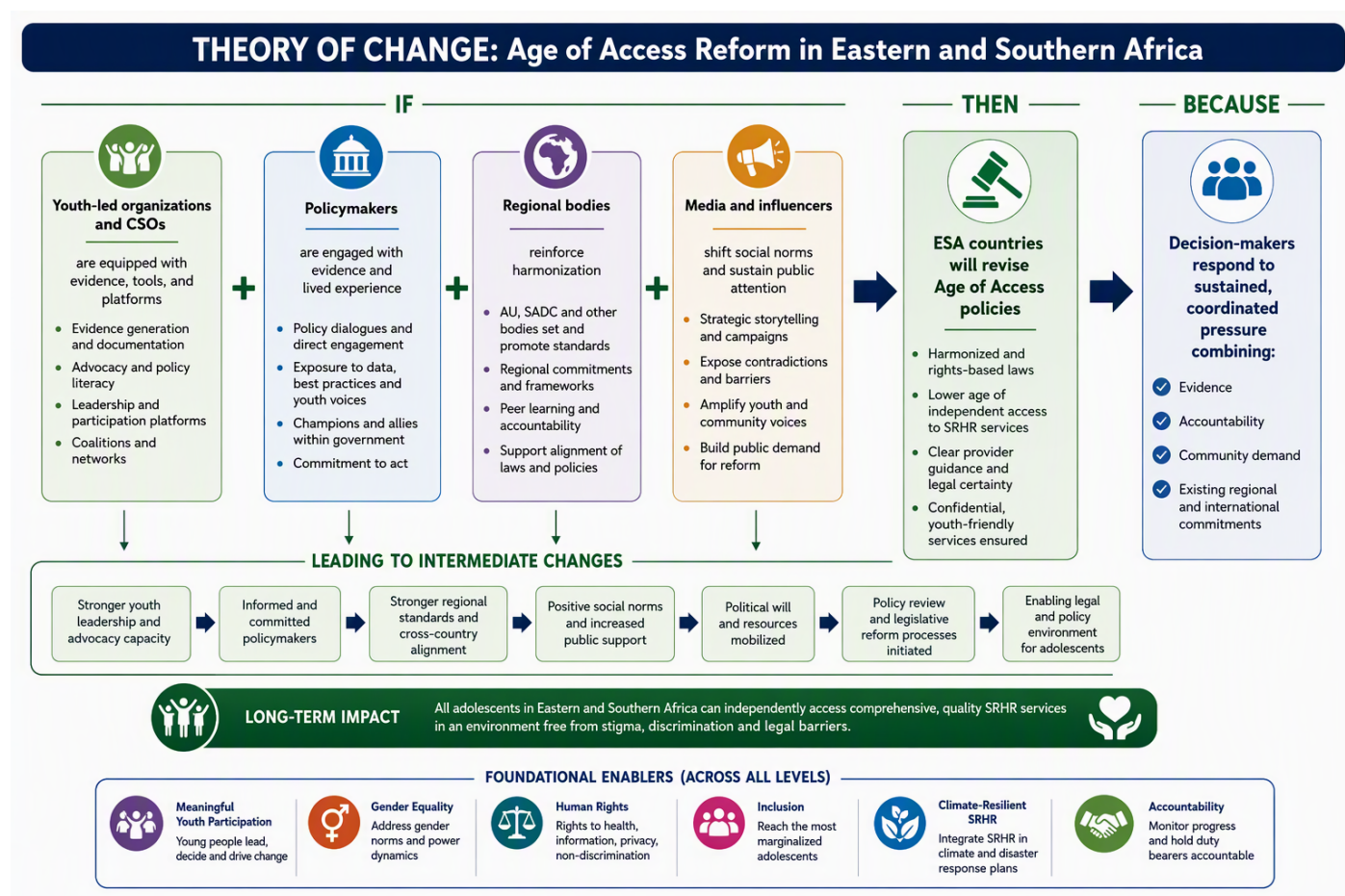
3.2 Theory of Change

A Theory of Change is a process that helps identify all the inter-connected things that need to be accomplished for a long-term goal to be achieved. It clearly expresses the relationships between our proposed actions and the results we hope to see. It is important because it changes the way we think about initiatives from 'what we are going to do' to 'what we want to achieve' and 'how we are going to get to there from here. Also, it enables a group to make the best use of available resources and have the best chance of bringing about the desired change. One way of doing this is to develop a Theory of Change. For advocacy on age of access, the theory is ideally as follows:

IF youth-led organizations and CSOs are equipped with evidence, tools, and platforms, AND policymakers are engaged with evidence and lived experience, AND regional bodies reinforce harmonization, AND media shift social norms...

THEN ESA countries will revise Age of Access policies...

BECAUSE decision-makers respond to sustained, coordinated pressure combining evidence, accountability, community demand, and existing commitments.

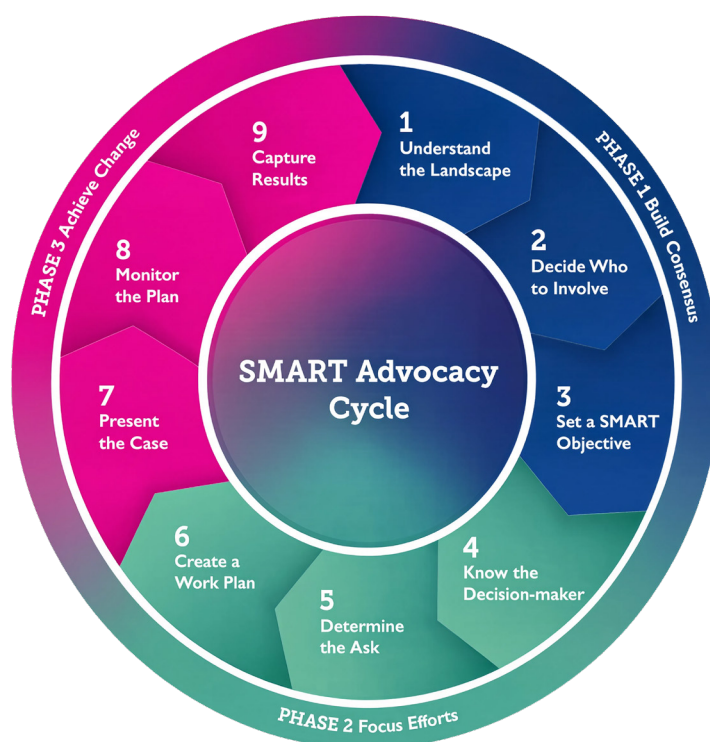


3.3 Smart Advocacy

All advocates dream of momentous change. However, that is not always possible. Therefore, as you think about your advocacy plan, the Systematic Measurable, Achievable, Realistic and Time-bound (SMART) approach may be the most ideal. The SMART Advocacy approach creates a roadmap to achieve that change. But how do you identify the right person to advance a critical policy? Or build a coalition of allies? What is the best way to deliver compelling arguments that support a decision and achieve the results you seek?

What Is SMART Advocacy? What is SMART? SMART stands for: SPECIFIC, MEASURABLE, ATTAINABLE RELEVANT, TIME-BOUND. SMART Advocacy applies each of these elements to the advocacy process. Advocacy is an action by individuals or organizations designed to influence the decisions of individuals or groups. The most skilled advocates focus their energy and attention on actions with the highest potential for near-term impact. These incremental changes—termed “advocacy wins”—are discrete policy and funding decisions critical to advancing an issue. The SMART Advocacy approach provides a framework to achieve the near-term advocacy wins needed to reach broad, long-term goals. SMART Advocacy focuses on decision-makers that is, the specific people with the power to act on requests from well-prepared champions. It prepares advocates to anticipate what information, and insights will convince a decision-maker that taking a particular action will achieve their goals and yours. The success of SMART Advocacy rests on identifying what can be achieved within discrete time limits and which policy change has the potential to advance a larger, long-term goal.

Applying a SMART approach breaks down the advocacy process into manageable steps that accommodate both seasoned advocates and beginners. Taken together, the steps provide a comprehensive roadmap for developing, implementing, and evaluating a focused advocacy strategy from start to finish. Used separately, they can refocus a working group or inject life into an initiative that has lost momentum.



The breakdown below outlines the nine steps in each phase for you to customize a plan to develop and implement an advocacy strategy that meets your needs.

PHASE 1 Build Consensus	STEP 1. UNDERSTAND THE LANDSCAPE Review the internal and external factors that may affect the ability to succeed. Assess opportunities and challenges in the environment. Identify the evidence you will use to focus on a specific health or development need and monitor the success of advocacy. STEP 2. DECIDE WHO TO INVOLVE Ensure that all relevant players are at the table: those with influence, expertise, resources, and/or skills in facilitation. STEP 3. SET A SMART OBJECTIVE Be clear on a shared long-term goal. Set a SMART objective to achieve incremental progress or an advocacy win that contributes to accomplishing your goal.
PHASE 2 Focus Efforts	STEP 4. KNOW THE DECISION-MAKER Identify the specific decision-maker(s) with the power to achieve your objective. Use knowledge about the decision-maker(s) as you develop a strategy. STEP 5. DETERMINE THE ASK Consider evidence-based, emotional, and ethical arguments to support your advocacy ask and align with your decision-maker's interests and priorities. Develop a targeted message and identify the right messenger. STEP 6. CREATE A WORK PLAN Select specific advocacy activities to progress toward your SMART objective. Create a detailed timeline with assignments and financial resources.
PHASE 3 Achieve Change	STEP 7. PRESENT THE CASE Prepare to meet with your decision-maker. Create supportive communication products. Execute your work plan. STEP 8. MONITOR THE PLAN Create a plan to monitor your progress. Identify and use benchmarks to assess progress and ensure that you are on track. Be flexible enough to adapt to new developments, add activities, revise messages, and/or know when to re-strategize. STEP 9. CAPTURE RESULTS When you achieve an advocacy win, celebrate and thank your decision-maker, document the process, and learn from your win. Decide the next steps to restart the advocacy cycle and achieve the next advocacy win toward your goal.

The SMART Advocacy section, including the figure and tables, was adapted from the Advance Family Planning (AFP) initiative of the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health.

SECTION B: UNDERSTANDING THE ISSUE

4. Understanding the Issue: Age of Access in ESA

4.1 What Are Age of Access Policies?

Age of Access policies are the legal and regulatory provisions that determine the minimum age at which adolescents can independently seek, consent to, and receive health services, including SRHR services, without requiring the consent of a parent, guardian, or other adult. These policies directly shape whether and when adolescents can access HIV testing and counselling, contraception and family planning, pre-exposure prophylaxis (PrEP), STI screening and treatment, mental health support, comprehensive sexuality education (CSE), safe abortion services (where legal) and post-abortion care, and gender-based violence response services.

Age of Access policies are distinct from, though often conflated with, the age of consent to sexual activity. The age at which a young person can legally engage in sexual activity is a separate legal question from the age at which that same young person can access health services related to their sexual and reproductive wellbeing.

4.2 The Triple Threat

The current landscape of age of consent laws across East and Southern Africa is that of fragmented Legal Frameworks. The region exhibits significant inconsistencies in age of consent laws across countries. These laws pertain to three fundamental areas:

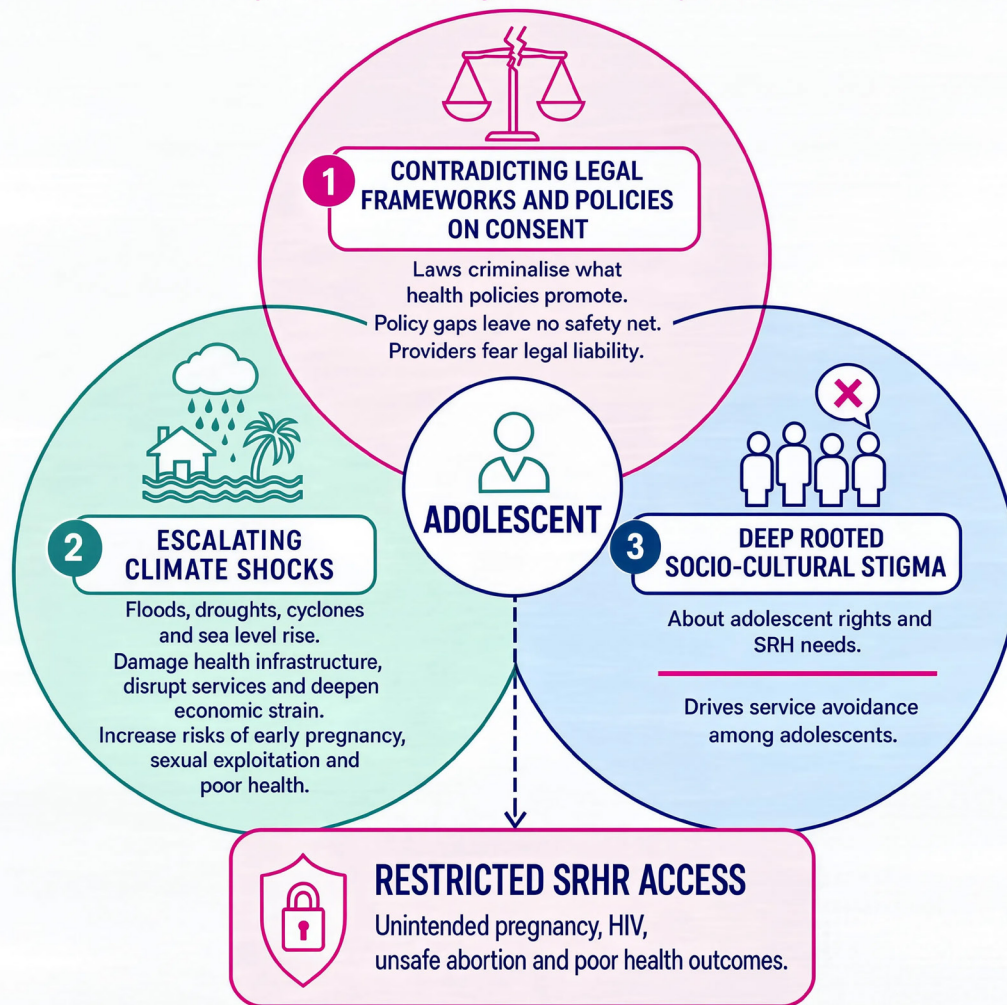
- i. Consent to sexual activity
- ii. Consent to marriage
- iii. Consent to access sexual and reproductive health (SRH) services

The Regional Evidence Synthesis (Population Council, 2025) identifies a "triple threat" facing adolescents in the ESA region:

- A. Contradicting legal frameworks and policies on consent where we see Laws criminalize what the policies are promoting. Our national adolescent strategies also lack statutory status.
- B. Escalating climate shocks, such as floods, droughts, cyclones and sea level rise worsen access through health infrastructure damage, service disruptions, and economic strain, increasing risks of early pregnancy, sexual exploitation, and poor health.
- C. Deep rooted socio-cultural stigma about adolescent rights and SRH needs which drives service avoidance.

THE TRIPLE THREAT FACING ADOLESCENTS IN ESA

Population Council Regional Evidence Synthesis, 2025



4.3 The Policy Landscape: Comparative View

The table below, from the Regional Evidence Synthesis and country position papers, shows variations and contradictions across seven ESA countries:

Country	Age of Consent: SRH Services	Age of Sexual Consent	Age of Marriage	Key Conflicting Provisions
Kenya	Parental consent required under 18	18 (Sexual Offences Act, 2006)	18 (Marriage Act, 2014)	No peer exemptions; all adolescent sexual activity criminalized; Health Act 2017 Section 6 attempts balance; providers face legal dilemmas
Malawi	No minimum age if sexually active (per YFHS Strategy)	16 (Penal Code, Cap 7:01)	18 (Marriage Act, 2015)	Criminalizes sex under 16 but no minimum age for SRH access; recommends close-in-age exemptions
Uganda	12 for HIV testing (with maturity); no clear age for broader SRH	18 (Penal Code, Ch.120)	18 women, 21 men	Criminalizes all sex under 18; no distinction between consensual peer activity and exploitation
Zambia	18 (parental consent required below)	16 (Penal Code, Ch.87)	21 without consent; 16-21 with	Central paradox: legally sexually active at 16, cannot independently access SRH services until 18
Zimbabwe	16	16 (Criminal Law Act, Ch.9:23)	18 (Marriage Act, Ch.5:11)	Customary laws conflict with statutory protections; ASRH Strategy lacks statutory status; HIV transmission criminalized
South Africa	12 (Children's Act)	16 (Sexual Offences Act)	18	Progressive model: SRH access from 12 with maturity assessment; implementation gaps remain due to stigma and provider training
Mozambique	14; abortion legal to 12 weeks	16 (Penal Code)	18	Child marriage and outdated laws create contradictions; cultural norms often override legal protections

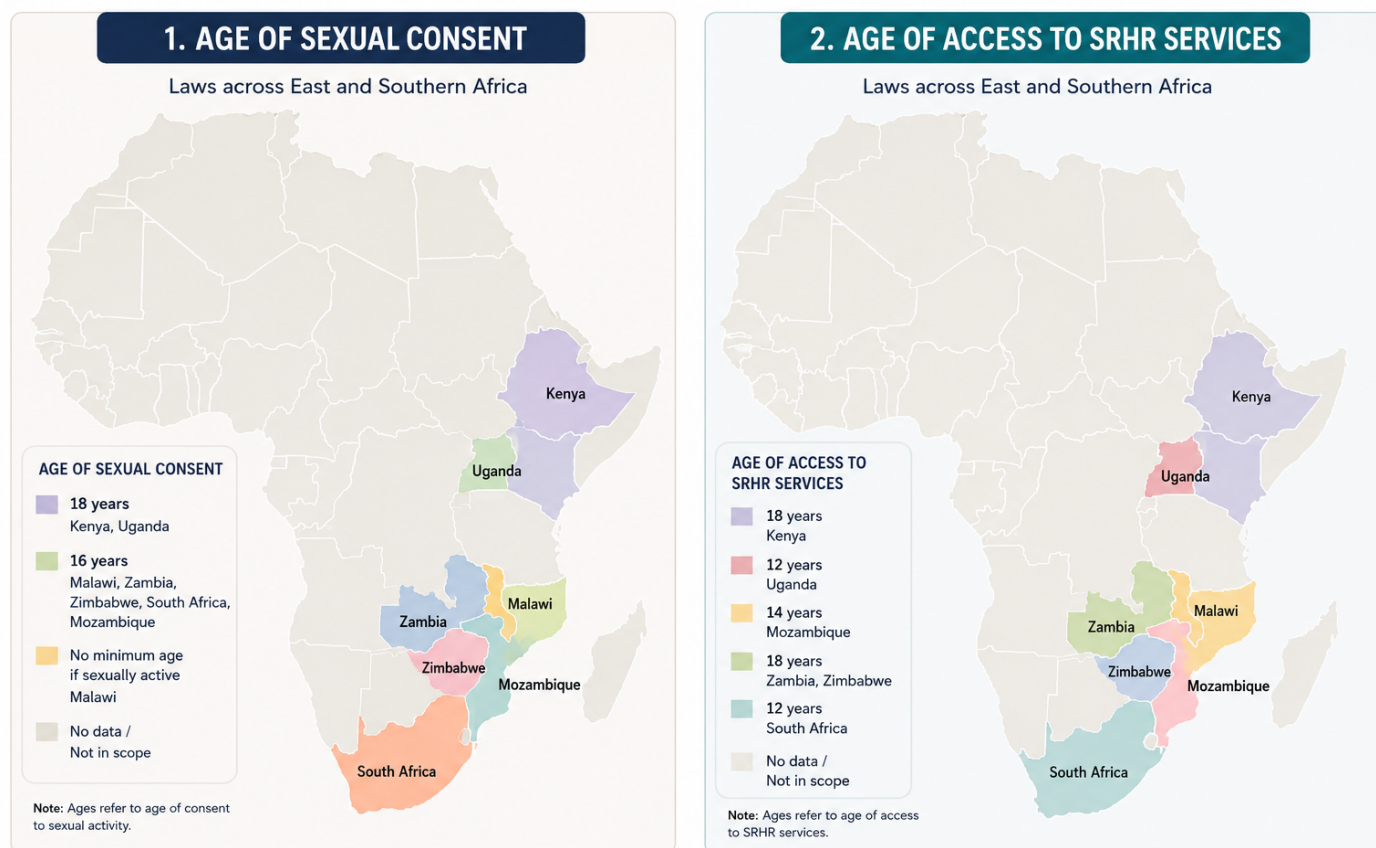
Several critical patterns emerge from this comparative analysis:

The paradox of access: In Zambia, for example, adolescents can legally engage in sexual activity at 16 but cannot independently access SRHR services until 18. In Kenya and Uganda, the age of sexual consent is set at 18, creating an environment where all adolescent sexual activity is criminalized, which deters young people from seeking the very services designed to protect them.

Silence in the law: Many countries do not have explicit laws specifying the age of access to specific SRHR services. In the absence of clear guidance, health workers default to requiring parental consent or refuse to serve adolescents, exercising personal discretion in ways that restrict access.

Laws criminalize what policies promote: National adolescent health strategies and youth-friendly health service guidelines promote adolescent access, while penal codes criminalize the very behaviours that bring adolescents to seek services. This creates fear among both adolescents and providers.

The implementation gap: Even where progressive laws exist, as in South Africa and Malawi's YFHS Strategy, provider bias, legal contradictions, lack of training, and cultural attitudes undermine implementation. South Africa's Children's Act allows SRH access from age 12, but gaps in provider training and community stigma persist.



Source: Population Council Regional Evidence Synthesis, 2025

4.4 Why Age of Access Matters

Restrictive Age of Access policies carry real consequences. In the ESA region, adolescent pregnancy rates are twice the global average at 92 births per 1,000 girls (UNFPA, 2021). An estimated 49 million sexually active women in the region lack access to modern contraception, and more than half are young women. 2.2 million young people aged 15 to 24 are living with HIV.

Research consistently shows that countries with lower age-of-consent thresholds for HIV testing see measurably higher adolescent testing rates. Between 2013 and 2019, the proportion of countries allowing adolescents aged 12 to 16 to test for HIV without parental consent rose from 37% to 63%, demonstrating that reform is both achievable and accelerating.

Climate change compounds these challenges. The evidence synthesis found that in Kenya, Malawi, Mozambique, and Zambia, climate-induced resource insecurities (food, water, sanitation) are directly linked to school dropout, transactional sex, gender-based violence, and early pregnancy. Cyclones and droughts disrupt health services, increase unsafe abortions, and destroy the infrastructure adolescents rely on to reach care.

5. The Case for Change

Advocacy for Age of Access reform is grounded in multiple, mutually reinforcing arguments. Effective advocates draw on the framework most likely to resonate with their target audience.

5.1 The Human Rights Argument

Adolescents are rights holders. The UN Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the African Youth Charter, and the Maputo Protocol all establish adolescents' right to the highest attainable standard of health. The principle of "evolving capacities" recognises that legal frameworks should accommodate the increasing ability of adolescents to make informed decisions about their own wellbeing.

5.2 The Public Health Argument

The evidence from all five country position papers is consistent: fear of legal repercussions deters adolescents from seeking SRHR services including contraception, STI testing, and counselling. This avoidance increases unintended pregnancies, unsafe abortions, and sexually transmitted infections. Criminalizing consensual adolescent sexual activity does not prevent it; it pushes young people away from the services that protect their health.

5.3 The Economic Argument

Unintended pregnancies, untreated STIs, and late HIV diagnosis impose significant costs on health systems, education systems, and national economies. Every dollar invested in meeting adolescents' need for modern contraception yields multiple returns in reduced healthcare costs, improved educational attainment, and increased economic productivity.

5.4 Regional and International Commitments

- The 2013 ESA Ministerial Commitment (renewed to 2030) committed 21 ESA countries to scale up youth-friendly SRH services.
- The SADC SRHR Strategy 2019-2030 aims to meet SRHR needs across the region.
- The UNFPA Technical Brief on Harmonization of Minimum Ages recommends that the age of consent to contraceptives be set below 18.
- The Sustainable Development Goals (SDGs 3, 4, 5) cannot be achieved without addressing adolescent SRHR access barriers.
- The Maputo Plan of Action 2016-2030 calls for universal access to comprehensive SRH services in Africa.

Framing Tip for Advocates

Match your argument to your audience. Parliamentarians may respond to rights and accountability. Finance officials may respond to cost-effectiveness. Health officials may respond to public health evidence. Community leaders may respond to stories of impact on young people they know.

5.5 Cross-Cutting Themes

These four cross-cutting themes must be integrated into every aspect of Age of Access advocacy:



Youth Participation: Young people are leaders of this advocacy, not just beneficiaries. Meaningful participation means shaping agendas, co-designing tools, presenting evidence to policymakers, and holding governments accountable. Establish Youth Advisory Boards and peer-led models regionally.



Gender Equality: Age of Access barriers disproportionately affect adolescent girls through unintended pregnancy, child marriage, and GBV. Advocacy must address gendered power dynamics in families, communities, and health facilities. Ensure equal representation of girls and young women in advocacy platforms.



Human Rights: Every message should be grounded in the rights framework: the right to health, information, non-discrimination, and the principle of evolving capacities. Use constitutional provisions in each country as the foundation for policy asks.



Inclusion: Reach adolescents living with disabilities, those in rural areas, those in humanitarian settings, married adolescents, and key populations. Climate-resilient SRHR is an imperative inclusion: climate shocks hit marginalized adolescents hardest.

SECTION C: PUTTING WORDS TO ACTION

6. Main Agents of Positive Change

The table below maps stakeholders, desired actions, evidence, and channels, it shows the main agents of change and what they should do to achieve the desired actions.

This strategy was adopted from following the UNICEF advocacy framework approach.

Agents of Change	Key Messages	Key Evidence	Tools and Assets	Channels & Messengers
National and sub-national governments & regional bodies	Position Age of Access reform as a national health and development priority Harmonize the region's "triple threat": contradicting consent laws (sex, marriage, SRH services) Give national adolescent strategies statutory status, not just policy status Ensure adequate resourcing for adolescent-friendly SRH services	Seven-country comparison shows Zambia requires parental consent below 18 despite a sexual consent age of 16, while South Africa's Children's Act allows SRH access from age 12 49 million sexually active women in ESA lack access to modern contraception; over half are young women Adolescent pregnancy in the region runs at 92 births per 1,000 girls, double the global average (UNFPA, 2021)	Country-specific legal scorecard comparing consent-law contradictions Facts and figures sheet drawn from the regional evidence synthesis Statements citing AU/SADC commitments to adolescent SRHR	Partnerships with UN agencies (UNFPA, UNICEF, UN Women) Windows of opportunity: International Day of the Girl Child (11 Oct), Africa Youth Day Traditional print and broadcast media
Parliamentarians, mayors, district leaders, local officials	Prioritize Age of Access reform at all levels of government Guarantee adolescent girls, especially the most vulnerable, access to SRH services regardless of parental consent barriers Invest in provider training to close the policy-implementation gap	South Africa's nuanced legal model (Children's Act, Choice on Termination of Pregnancy Act) is the regional best-practice reference Policy-implementation gaps persist even where progressive law exists; the bottleneck is provider training, clarity, and youth engagement Malawi providers report fear of litigation due to conflicting consent laws	One-to-one advocacy brochure outlining each country's specific legal contradiction Call-to-action recognizing countries/leaders advancing reform, modelled on a best-practice award Short, compelling testimonies on the benefits of reform	Special campaigns targeting parliamentarians Online/offline award events with district and local officials Social media campaign

Media leaders, celebrities, youth advocates, and influencers	Age of Access restrictions are a rights and health issue, not a legal technicality Legal contradictions expose both adolescents and providers to risk Demand that governments respect adolescents' right to SRH information and services	Climate shocks compound the access problem: drought-driven contraceptive stockouts documented across the region Donor withdrawal (USAID/PEPFAR cuts) has undermined youth-friendly service continuity in Malawi and Mozambique Youth-friendly services remain limited; stigma and provider bias persist regionally	Video testimonies from adolescents navigating consent barriers Media releases, alerts, and webinars Digital petition and engagement kit (e.g., #AgeOfAccess)	Facebook, Twitter/X, TikTok, Instagram, WhatsApp groups Radio and TV interviews (for communities without internet access) U-Report or equivalent youth social messaging tools
Young regional and worldwide public	Raise awareness of how restrictive consent laws limit adolescents' health and rights Build support for regional legal harmonization aligned with international standards Advocate for national laws and policy frameworks aligned with the CRC (Article 24) and ACWRC (Article 14)	The "triple threat" framing (contradicting laws, climate shocks, stigma) is a clear, shareable narrative Adolescents aged 10-14 face particular ambiguity in several countries' laws	Scrolly telling and photo essays on lived experience of the access gap Podcast series featuring youth advocates across the seven ESA countries Engagement kit and digital petition	Goodwill ambassadors and trusted personalities Social media activation and campaigns Opinion pieces in traditional and online media

6.1 Stakeholder Mapping Exercise

- **High influence + support = Champions.** Engage them to lead.
- **High influence + neutral = Priority targets.** Invest in bringing them on side.
- **High influence + opposed = Manage carefully.** Understand concerns, build countervailing pressure.
- **Low influence + supportive = Mobilize as allies.** Strengthen their voices.

6.2 Key Advocacy Messages

6.3 Overarching Message

Core Message

Adolescents in our region face a triple threat: laws that contradict each other, climate shocks that destroy the infrastructure they need, and stigma that drives them away from services. Age of Access reform is the structural intervention that unlocks everything else, from HIV prevention to education continuity to economic empowerment.

6.4 Core Policy Asks

1. Harmonise age of access laws across SRHR services within each country, eliminating fragmentation that confuses providers and adolescents.
2. Lower the age of independent access to HIV testing and counselling to no higher than 12 years, in line with WHO guidance and South Africa's model.
3. Establish legal provisions allowing adolescents under 18 to independently access contraception.
4. Remove parental consent requirements for adolescent access to PrEP.
5. Codify adolescents' right to confidentiality in all SRHR services in legislation, not just policy guidelines.
6. Mandate health workers training on adolescent rights and legal provisions as part of pre- and in-service curriculum.
7. Integrate SRHR into climate adaptation and disaster response plans to ensure service continuity during climate shocks.
8. Codify national adolescent health strategies into enforceable law, giving them statutory status rather than leaving them as policy guidelines.

6.5 Messages for Policymakers

- South Africa demonstrates that progressive Age of Access reform works: allowing SRH access from age 12 has not undermined child protection. It has strengthened it by bringing young people into the health system rather than pushing them away.
- Our national adolescent health strategies lack statutory status. This means the very policies designed to protect young people can be overridden by contradicting penal codes. Codifying these strategies into law would give providers legal certainty and protection.

6.6 Messages for Health Sector Leaders

- Health workers need legal clarity. The position papers from all five countries document the same problem: in the absence of clear Age of Access provisions, providers exercise personal discretion, which leads to inconsistent service delivery and exposes them to legal risk.
- Training health workers on existing legal provisions and adolescent-responsive service delivery is a low-cost, high-impact intervention.

6.7 Messages for Youth Advocates

- Your lived experience is the most powerful evidence in this advocacy. Policymakers need to hear directly from you about how current policies affect your ability to access services.
- Advocacy is most effective when informed by evidence and sustained over time. Equip yourself with country-specific data from the position papers and engage decision-makers consistently.

6.8 Messages for Community and Religious Leaders

- Protecting young people's health is a shared value. Age of Access reform is not encouraging sexual activity; it is ensuring that young people who need health services can access them safely.
- Climate shocks are making this more urgent. Droughts and floods can disrupt health services and supply chains, further limiting access for adolescents who already face barriers to SRHR services.”.

6.9 Messages for Development Partners

- The withdrawal of USAID and PEPFAR funding have already collapsed youth-friendly services in ESA countries, therefore., domestic funding for adolescent SRHR must increase, and Age of Access reform is the structural change that maximises the impact of every dollar invested.
- Supporting youth-led advocacy for policy reform should be funded as a core strategy. The country specific evidence shows youth participation in policy processes leads to more relevant reforms.

7. Advocacy Strategies & Approaches

7.1 Audiences, Tactics, and Indicators

Target audience	Tactics	Sample indicators
National and sub-national governments & regional bodies	- Engage SRHR champions and trusted health figures to support Age of Access reform campaigns - Pursue AU/SADC-level commitments on harmonizing age of consent laws - Seek coverage in print and broadcast media on law reform debates	- Government statements on Age of Access reform - Recommendations issued by regional bodies (AU, SADC) - Media coverage (articles, mentions, size of readership)
Parliamentarians, health ministry officials, local leaders	- Targeted briefings on the "triple threat": contradicting consent laws, climate shocks, stigma - Call-to-action campaigns recognizing countries/leaders advancing SRH-friendly consent reform (e.g., South Africa's model)	- Number and seniority of parliamentarians/officials engaged - Public declarations supporting Age of Access reform - Country movement toward harmonized consent age benchmarks
Media, youth advocates, influencers	- Activate youth-led SRHR networks and social channels - Issue media releases on adolescent pregnancy and consent-law data - Organize youth-led social media campaigns	- Social media analytics: followers, clicks, shares - Media mentions and outreach - Youth mobilization events and attendance
General public / communities	- Public awareness campaigns on adolescents' right to SRH services - Petitions calling for consent law harmonization	- Social reach and follower growth - Number of petition signatures

7.2 Policy Dialogue and Direct Engagement

- Convene policy dialogues that bring policymakers, health workers, researchers, and young people together to examine the comparative country data.
- Work with the SADC Parliamentary Forum to build a cohort of SRHR champions, providing evidence briefs and model legislation.
- Facilitate peer-learning exchanges between countries that have reformed (e.g. South Africa, Mozambique) and those that have not.

7.3 Coalition Building

- Build a cross-country coalition aligned with the #Consent2Access campaign and the Step Up 4 Adolescents SRHR Access Campaign.
- Coordinate national actions with regional moments (AIDS Conference, Women Deliver, ICASA) for maximum visibility.

7.4 Evidence-Based Advocacy

- Use the Population Council Regional Evidence Synthesis and the Hivos/Youth Advocates country position papers as the evidence foundation for all advocacy materials.
- Commission additional country-level contextual analyses where gaps exist, building on the Hivos model.
- Support youth-led research initiatives through Youth Research Academies.

7.5 Media and Strategic Communications

- Build on #Consent2Access and #AgeOfAccess campaigns to sustain public attention between policy moments.
- Use the comparative country table to create compelling infographics showing which countries are leading and which are lagging.
- Time op-eds to coincide with World AIDS Day, International Youth Day, Day of the African Child, and national legislative sessions.

7.6 Youth-Led Advocacy

- Invest in building advocacy skills, policy literacy, and public speaking capacity through structured fellowships.
- Ensure meaningful youth participation in all platforms, from community dialogues to parliamentary hearings to regional convenings.
- Support youth-led documentation of lived experience through digital storytelling and community-based monitoring.

7.7 Climate-Resilient SRHR Advocacy

- Integrate SRHR into climate adaptation, disaster risk reduction, and education policies, drawing on South Africa's model of mobile outreach and buffer stock prepositioning.
- Advocate for SRHR emergency funds, including the Mozambique proposal to allocate 2% of mining revenues to SRHR.
- Scale up digital health tools (mHealth platforms, SMS-based services, telemedicine) for SRHR access during climate disruptions.

8. Communications

8.1 Strengths and weaknesses of channel types: A reference tool

SMS	Participatory Media	Community Mobilization
Strengths: - Reaches adolescents in areas with weak networks or low literacy in formal advocacy language - Good fit for short, factual rights messages, e.g. "You can access contraception/HIV testing without parental consent in [country]; here's where" - Predictable cost; information can be reused; timely for advice or reminders Weaknesses: - Requires phone ownership, which skews toward older or more urban adolescents - Should not be the only channel for reaching the 10-14 age group, where the evidence brief shows the most legal ambiguity - Requires literacy and a reliable power source	Strengths: - Song, drama, and role-play can surface sensitive consent-law confusion in a culturally safe, non-confrontational way - Especially relevant given the evidence brief's finding that stigma and cultural norms are a major access barrier - Allows communities to work through conflict-laden or taboo topics collectively Weaknesses: - Requires significant facilitation and expertise - Some participatory formats may be culturally inappropriate depending on context	Strengths: - Directly useful for the "convincing parents/gatekeepers" problem created by Zambia's and Malawi's parental-consent requirements - Engages chiefs, church leaders, and parent groups, the actual decision-makers standing between an adolescent and a service - Builds stronger relationships between communities and service providers Weaknesses: - Requires significant human resources to facilitate dialogue and mobilization - May exclude vulnerable or marginalized adolescents if not well facilitated

8.2 Popular media formats for Age of Access legal literacy

Format	Application to Age of Access advocacy
Announcements, spots and slogans	Short, credible-messenger clips (30 seconds–2 minutes) stating the actual legal age of access to SRH services in each country, drawing directly on the country comparison table. Best delivered by a trusted, credible speaker so the audience takes notice.
Mini-dialogues and mini-dramas	Well suited to dramatizing the region's "triple threat"; for example, a scene where a 16-year-old is legally allowed to consent to sex but is turned away from a clinic without parental consent. Humour can help hold audience attention on a sensitive topic.
Storytelling and testimony	High-impact given the evidence brief already documents real testimony gaps, e.g. Kenya's participatory mapping and walk-along interviews with adolescents. A short first-person monologue from an affected adolescent or provider can land with more impact than statistics alone.
Magazine, talk show, phone-in formats	Useful for holding officials accountable on implementation gaps; the evidence brief notes that progressive laws often exist without enforcement. Phone-ins let the public question officials directly on consent-law contradictions.
News, documentary, and investigative journalism	Fits the ToR's call for coordinated evidence-based advocacy. Sustained journalism can track country-by-country reform progress over time and hold governments to their commitments.

9. Practical Tools & Templates

9.1 Advocacy Planning Template

Advocacy Issue	[What specific Age of Access policy are you targeting?]
Geographic Scope	[National? Sub-national? Which country/province?]
Advocacy Objective	[What specific change, by when?]
Primary Target	[Who has the power to make this change?]
Secondary Targets	[Who influences the primary target?]
Key Allies	[Who will work with you?]
Key Messages	[2-3 core messages for your primary target]
Evidence Base	[Data, research, and stories supporting your case]
Strategies	[Which approaches from Section 7?]
Timeline	[Key milestones and deadlines]
Resources Needed	[Budget, people, materials, partnerships]
Risks & Mitigation	[What could go wrong?]
Success Indicators	[How will you know it is working?]

9.2 Policy Brief Outline

1. Title: Clear, action-oriented (e.g., "Lowering the Age of Access to HIV Testing in [Country]")
2. Executive Summary: One paragraph, 200 words maximum
3. The Problem: Current policy, consequences, national data
4. The Evidence: Regional and global research, 3-5 key studies
5. What Others Are Doing: 2-3 peer country examples
6. Recommendations: 3-5 specific, actionable policy asks
7. Call to Action: What should the reader do next?

Tip

Keep policy briefs on 2-4 pages. Use infographics, pull quotes, and data visualizations. Decision-makers scan the headline, the data, and the ask.

9.3 Monitoring, Evaluation, and Learning Framework

Outcome Area	Indicator	Data Source	Frequency
Policy Change	Countries initiating or completing policy review	Policy tracking, gazette, parliamentary records	Annually
Stakeholder Engagement	Number and quality of meetings with decisionmakers	Meeting records, follow-up actions	Quarterly
Coalition Strength	Active coalition members; joint actions undertaken	Coalition reports, activity logs	Quarterly
Youth Participation	Young people involved in advocacy; quality of participation	Participation records, youth feedback	Quarterly
Media Coverage	Number and tone of media stories on Age of Access	Media monitoring, clip tracking	Monthly
Capacity Built	Advocates trained; self-reported confidence levels	Training records, pre/post assessments	Per event

10. Communications Materials

10.1 Social Strengths and weaknesses of channel types: A reference tool

SMS	Participatory Media	Community Mobilization
Strengths: - Reaches adolescents in areas with weak networks or low literacy in formal advocacy language - Good fit for short, factual rights messages, e.g. "You can access contraception/HIV testing without parental consent in [country]; here's where" - Predictable cost; information can be reused; timely for advice or reminders Weaknesses: - Requires phone ownership, which skews toward older or more urban adolescents - Should not be the only channel for reaching the 10-14 age group, where the evidence brief shows the most legal ambiguity - Requires literacy and a reliable power source	Strengths: - Song, drama, and role-play can surface sensitive consent-law confusion in a culturally safe, non-confrontational way - Especially relevant given the evidence brief's finding that stigma and cultural norms are a major access barrier - Allows communities to work through conflict-laden or taboo topics collectively Weaknesses: - Requires significant facilitation and expertise - Some participatory formats may be culturally inappropriate depending on context	Strengths: - Directly useful for the "convincing parents/gatekeepers" problem created by Zambia's and Malawi's parental-consent requirements - Engages chiefs, church leaders, and parent groups, the actual decision-makers standing between an adolescent and a service - Builds stronger relationships between communities and service providers Weaknesses: - Requires significant human resources to facilitate dialogue and mobilization - May exclude vulnerable or marginalized adolescents if not well facilitated

10.2 Social Media Content

Sample Posts

- In Zambia, a 16-year-old can legally have sex but cannot legally get a condom without a parent. This paradox costs lives. #AgeOfAccess #Consent2Access
- South Africa shows the way: SRH access from age 12, with safeguards. It works. Other ESA countries can follow. #AMPLIFYYouthSRHR
- Climate shocks + restrictive consent laws = a double crisis for adolescent health. SRHR must be part of every climate plan. #Consent2Access

Hashtag Strategy

- Primary: #Consent2Access #AgeOfAccess
- Campaign: #AMPLIFYYouthSRHR
- Thematic: #AdolescentSRHR #YouthHealth #SRHRForAll

10.3 Video Script Templates

Youth Advocate Video Script

"My name is [NAME], and I am [AGE] years old from [COUNTRY].

I want to tell you what it is like to need health services but be afraid to ask.

In my country, the law says I can [have sex / be sexually active] at [AGE]. But to get [an HIV test / contraception], I need my parent's permission until I am [AGE].

This does not make sense. And it puts young people like me at risk.

I am calling on our leaders to reform our Age of Access policies.

Join me. Support #Consent2Access."

Video Script Template: Health Provider / Peer Educator Local Champion

Adapted from the "local champion" video script format, reframed around a health provider or youth peer educator narrating the consent-law contradiction directly, so the specific legal barrier, not just a generic call for change, becomes the story's turning point.

My name is [NAME], and I work as a [nurse / peer educator] at a youth-friendly clinic in [COUNTRY, DISTRICT].

Every week, I see adolescents who are legally allowed to consent to sex, but who I cannot help without a parent present.

In [COUNTRY], the law allows [X] but requires [Y], and that gap leaves [NUMBER] young people without care they have a right to.

I became a [nurse / peer educator] because I believe every adolescent deserves accurate information and safe access to services.

Restrictive Age of Access laws do not stop young people from needing care; they just stop them from getting it safely.

We need harmonized, rights-based consent laws across the region, so no adolescent is turned away.

I am proud to stand with young people on this.

Like me, support #AgeOfAccess.

Adapted for the Regional Age of Access Advocacy Toolkit (AMPLIFY Health Project, Copper Rose Zambia) from the UNICEF/Girls Not Brides Ending Child Marriage advocacy toolkit framework and UNICEF's Communication for Humanitarian Action Toolkit (2015), using evidence from the Population Council regional evidence synthesis (Okpara, 2025).

10.4 Media Engagement Guidance and Popular media formats for Age of Access legal literacy

- Develop relationships with journalists covering health, education, and human rights
- Prepare media kits with FAQs, fact sheets, infographics, and spokesperson contacts
- Use the comparative country table for visually compelling infographics
- Organize media webinars (max one hour) with newsworthy presentations and expert Q&A
- Monitor and respond quickly to misinformation or opposition narrative.

Format	Application to Age of Access advocacy
Announcements, spots, and slogans	Short, credible-messenger clips (30 seconds–2 minutes) stating the actual legal age of access to SRH services in each country, drawing directly on the country comparison table. Best delivered by a trusted, credible speaker so the audience takes notice.
Mini-dialogues and mini-dramas	Well suited to dramatizing the region's "triple threat"; for example, a scene where a 16-year-old is legally allowed to consent to sex but is turned away from a clinic without parental consent. Humor can help hold audience attention on a sensitive topic.
Storytelling and testimony	High-impact given the evidence brief already documents real testimony gaps, e.g. Kenya's participatory mapping and walk-along interviews with adolescents. A short first-person monologue from an affected adolescent or provider can land with more impact than statistics alone.
Magazine, talk show, phone-in formats	Useful for holding officials accountable for implementation gaps; the evidence brief notes that progressive laws often exist without enforcement. Phone-ins let the public question officials directly on consent-law contradictions.
News, documentary, and investigative journalism	Fits the ToR's call for coordinated evidence-based advocacy. Sustained journalism can track country-by-country reform progress over time and hold governments to their commitments.

11. Country Snapshots

Pre-filled from the Hivos/Youth Advocates position papers and the Population Council Regional Evidence Synthesis.

Kenya	
Age of consent: sexual activity	18 (Sexual Offences Act, 2006, Section 8)
Age of access: SRH services	Parental consent required under 18; Health Act 2017 Section 6 balances adolescent access with parental guidance
Minimum age of marriage	18 (Marriage Act, 2014, Section 4, all marriage types)
Key legislation	Sexual Offences Act 2006; Children Act 2001 (revised 2022); Health Act 2017; HIV/AIDS Prevention and Control Act 2006; Prohibition of FGM Act 2011
Key contradictions	No peer exemptions; all adolescent sexual activity criminalized; providers face legal dilemmas
Learner pregnancy policy	Basic Education Act Section 39 prohibits exclusion; Education Sector Policy on Re-entry (2020)

Malawi	
Age of consent: sexual activity	16 (Penal Code Act, Cap 7:01, Section 138(1))
Age of access: SRH services	No minimum age if sexually active (per YFHS Strategy)
Minimum age of marriage	18 (Marriage, Divorce, and Family Relations Act, 2015)
Key legislation	Penal Code; Child Care, Protection, and Justice Act 2010; Gender Equality Act 2013; HIV/AIDS (Prevention and Management) Act 2018
Key contradictions	Criminalises sex under 16 but no minimum age for SRH access; recommends close-in-age (Romeo and Juliet) exemptions
Climate vulnerability	Cyclones and droughts disrupt services; USAID cuts collapsed youth-friendly services

Uganda	
Age of consent: sexual activity	18 (Penal Code Act, Chapter 120, Section 129)
Age of access: HIV testing	12 with maturity (HIV/AIDS Prevention and Control Act 2014)
Age of access: broader SRH	No clear age; parental consent often required
Minimum age of marriage	18 women, 21 men (Marriage Act)
Key contradictions	Criminalizes all sex under 18 with no distinction between consensual peer activity and exploitation

Zambia	
Age of consent: sexual activity	16 (Penal Code Act, Chapter 87, Section 138)
Age of access: SRH services	18 (parental consent required below 18)
Minimum age of marriage	21 without consent; 16-21 with parental consent (Marriage Act, Chapter 50)
Adolescent pregnancy rate	29.2% nationally (42.5% Southern, 39.5% Eastern Province)
Key contradictions	Central paradox: legally sexually active at 16, cannot access SRH services independently until 18
Learner pregnancy policy	Re-entry Policy (1997); Education Act 2011 Section 12

Zimbabwe	
Age of consent: sexual activity	16 (Criminal Law Act, Chapter 9:23, Section 70)
Age of access: health services	16 (aligned with age of sexual consent)
Minimum age of marriage	18 (Marriage Act, Chapter 5:11, Section 22)
Key contradictions	Customary laws conflict with statutory protections; ASRH Strategy lacks statutory status; HIV transmission criminalized
Learner pregnancy policy	Education Act amendment (2020) mandates retention and re-entry

12. Resources & References

12.1 Partner Evidence Base (Informing This Toolkit)

- Population Council (2025). Regional Evidence Synthesis on Barriers to Service Access and Implications for Adolescent Pregnancy: Trends, Lessons, and Best Practices for Regional Exchange. Lusaka: Population Council.
- Hivos / Regional SRHR Fund / Youth Advocates. Policy Brief: Legal and Policy Environment on Access to SRHR for Adolescents and Young People in Kenya.
- Hivos / Regional SRHR Fund / Youth Advocates. Policy Brief: Legal and Policy Environment on Access to SRHR for Adolescents and Young People in Malawi.
- Hivos / Regional SRHR Fund / Youth Advocates. Policy Brief: Legal and Policy Environment on Access to SRHR for Adolescents and Young People in Uganda.
- Hivos / Regional SRHR Fund / Youth Advocates. Policy Brief: Legal and Policy Environment on Access to SRHR for Adolescents and Young People in Zambia.
- Hivos / Regional SRHR Fund / Youth Advocates. Policy Brief: Legal and Policy Environment on Access to SRHR for Adolescents and Young People in Zimbabwe.

12.2 Key Regional Frameworks

- Hivos Regional SRHR Fund, Age of Consent Policy Brief (2022). #Consent2Access campaign.
- UNFPA, Technical Brief: Harmonization of Minimum Ages and Adolescent SRH in ESA.
- UNFPA, Technical Brief: Criminalization of Consensual Sexual Acts Among Adolescents in ESA.
- UNESCO/UNFPA/UNAIDS, ESA Ministerial Commitment on CSE and SRH Services (2013, renewed 2021).
- SADC Regional Strategy for SRHR 2019-2030.
- UNDP, Strengthening SRHR of Young Key Populations in Law and Policy: Handbook for Decision-Makers (2024).

12.3 Campaign Platforms

- #Consent2Access campaign, Regional SRHR Fund / Hivos Southern Africa
- Step Up 4 Adolescents SRHR Access Campaign (Youth Advocates, Restless Development, Centre for the Study of Adolescence)
- SADC Parliamentary Forum SRHR Champions Initiative

This toolkit is a living document. It will be updated as new evidence emerges, as countries achieve reform milestones, and as the advocacy landscape evolves.

For feedback, contributions, or to join the regional advocacy network, contact:

Copper Rose Zambia/Hivos Southern Africa

#Consent2Access #AgeOfAccess #AMPLIFYYouthSRHR

