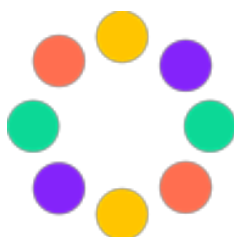


REPORT

Safe Abortion Alliance of Southern Africa (SAASA) Regional Strategy Convening



SRJC

SEXUAL AND REPRODUCTIVE JUSTICE COALITION

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EXECUTIVE SUMMARY

OVERVIEW

The inaugural Safe Abortion Alliance of Southern Africa (SAASA) Regional Strategy Convening brought together key stakeholders—including activists, public health experts, and community representatives—to collectively strategise on advancing access to safe abortion services across Southern Africa. The convening gathered a diverse group of 20 participants from eight SADC member countries: Lesotho, Malawi, Mozambique, Namibia, Botswana, Zimbabwe, and South Africa.

The aims of the convening were to:

- Strengthen regional coordination and collaboration among SAASA members.
- Identify key barriers to safe abortion access across the region.
- Develop strategic focus areas and actionable next steps for the Alliance.

Day 1 set the foundation with expert-led presentations and plenary discussions, including the story of SAASA, a detailed analysis of safe abortion access from the 15th Annual SADC Gender Protocol Barometer, and a presentation on self-managed abortion (SMA) by the MAMA Network. Country representatives shared reports on the abortion landscape in their respective countries. Participants explored the current legislative and policy landscape, societal barriers to safe abortion, and opportunities for advocacy and capacity building.

Day 2 shifted towards action-oriented group work. The plenary identified seven strategic focus areas: policy implementation, monitoring and enforcement, stigmatisation and societal values, obstacles to access, data and information, self-managed abortion (SMA), and opposition/backlash. Smaller working groups developed problem statements, goals, and actions for each area. The group also co-created a vision for SAASA and discussed institutional arrangements for the alliance moving forward.

Country representatives expressed eagerness for regional coordination to advance collective advocacy and strengthen SAASA's impact.

KEY TAKEAWAYS

- Seven country representatives presented detailed reports on the status of abortion laws, accessibility, and advocacy efforts. Common challenges included restrictive laws, weak policy implementation, and under-resourced healthcare systems.
- Cultural stigma, societal norms, and religious beliefs remain significant barriers to safe abortion access.
- Colonial-era laws and poor enforcement of the Maputo Protocol further restrict reproductive rights.
- Healthcare systems face constraints, including a lack of trained providers and inadequate referral pathways.
- Reliable data on abortion services and outcomes remains scarce, hindering evidence-based advocacy.
- Country representatives are eager for regional collaboration, leveraging shared challenges and successes to drive progress.

AGREEMENTS AND NEXT STEPS

- **Policy & Legal Advocacy:** Advocate for decriminalisation, policy reforms, and enforcement of existing frameworks like the Maputo Protocol.
- **Data & Monitoring:** Establish regional mechanisms for data collection and reporting to inform evidence-based advocacy.
- **Community Engagement & Messaging:** Support grassroots-led efforts to challenge stigma, shift narratives, and normalise abortion access.
- **Healthcare System Support:** Advocate for increased training, resources, and clear referrals to improve access to abortion care.
- **Strengthening Regional Coordination:** Develop structured mechanisms for knowledge sharing and joint advocacy efforts.

BACKGROUND

SAASA, the Safe Abortion Alliance of Southern Africa formed in 2023 has been working towards strengthening regional coordination and advocacy for safe abortion access across all 16 SADC member countries. Leading up to this convening, SAASA members engaged in a series of virtual and in-person meetings throughout 2024, laying the groundwork for the Alliance's strategic plan. These discussions culminated in the Inaugural SAASA Regional Strategy Convening, held on November 26–27, 2024, at the Gender Links Cottages in Johannesburg. This closed, two-day gathering took place during the international 16 Days of Activism against Gender-Based Violence, highlighting the critical intersection between reproductive rights and gender justice. The convening marked a pivotal moment in advancing safe and legal abortion access across the region, where significant legal, social, and systemic barriers persist.

Representatives from eight SADC member countries attended, including Lesotho, Malawi, Mozambique, Namibia, Botswana, Zimbabwe, and South Africa. While DRC and Tanzania representatives—who are also SAASA members—were unable to attend due to logistical challenges, their absence underscored the need for stronger regional inclusivity and support mechanisms.

Objectives of the Convening

- Develop a Unified Strategic Vision - Align goals and define priorities
- Enhance Regional Coordination - Strengthen collaboration and resource-sharing
- Broaden Knowledge - Expand participants' understanding of the political, social, medical, and legal dimensions of abortion access
- Build a Sustainable Regional Strategy - Develop a coordinated advocacy approach

This report captures key discussions and outcomes from the convening, serving as a record of:

- Sessions and workshops
- Country reports
- Identified challenges, opportunities, and strategic priorities
- Collective vision and roadmap

This report intends to inform and guide SASAA's ongoing work. It is aimed to direct and deepen commitments from members and stakeholders.



PROGRAMME OVERVIEW

The convening began with the creation of a safe space for collective sharing. The first day focussed on enhancing regional collaboration and building knowledge. It included presentations on the origins of SAASA, research about the current state of abortion access in the region, and a workshop on self-managed abortions. A plenary session took place where delegates from member countries shared their national experiences. The programmes are available in Appendix B.

The second day focussed on developing a strategic vision and co-creating a sustainable regional strategy. The day began reflecting on day one, and then an engaging session emphasising the importance of feminist principles in advancing reproductive justice. Participants engaged in group work and plenary discussions to define problems, goals, and actions. The sessions covered institutional arrangements, logo development, and next steps, laying the foundation for SAASA's future strategy. Informal networking opportunities were abundant during breaks, meals, and plenary sessions, allowing representatives to build relationships and exchange insights for strengthening regional collaboration.



SESSIONS & WORKSHOPS

The Story of SAASA

Jess Rucell, SRJC Board Secretary

Safe Abortion in SADC: Update from the #VoiceandChoice Barometer 2024

Lynette Mudekunye, Gender Links

Reclaiming Reproductive Autonomy through Self-Managed Abortion Activism in Africa

Kerigo Odada, Legal Support Coordinator, MAMA Network

The Other F Word: Feminist Political Education

Fatima Shabodien, Coordinator, SRJC

Country Status Reports

Plenary session on national experiences delivered by country representatives

Designing Our Future: Colours and Symbols of SAASAs Vision

Facilitated by Dahlia Docrat, Independent Consultant

Building SAASA's Strategy

Facilitated by Fatima Shabodien, Coordinator, SRJC

PARTICIPANT OVERVIEW

The convening brought together a diverse group of 20 participants including representatives from eight member countries within SADAC including Lesotho, Malawi, Mozambique, Namibia, Botswana, Zimbabwe, and South Africa. Delegates were chosen through a consultative process, where SAASA member organisations in each country convened to select the most appropriate representative to attend. Due to funding restrictions, only one delegate per country were able to be funded, but organisations were encouraged to self-fund additional participants where possible to enhance representation. Unfortunately the representative from the Democratic Republic of Congo (DRC) and Tanzania were unable to attend due to visa and personal challenges.

In addition to the country delegates, the convening was enriched by the participation of academics, public health experts, feminist civil society members, and advocates based in South Africa. These included individuals from prominent organisations such as Ibis Reproductive Health, AbortionSA and GenderLinks. The diverse group brought a wealth of expertise and perspectives, fostering discussions and strengthening the regional network's collective commitment to advancing reproductive health rights. A full list is available in Appendix A.

DAY 1 SESSIONS

WELCOME AND OPENING

The conference began with a warm welcome and opening remarks from Fatima Shabodien, the SRJC Coordinator. This was followed by facilitation led by Sihle Motsa, SRJC Intern, that included a candle lighting and passing of Imphepho to honour survivors, the activists that came before us, those lost due to human rights violations and unsafe abortions, and a commemoration of the 16 Days of Activism Against Gender Based Violence.

To foster connection and storytelling, participants were invited to introduce themselves through a unique and meaningful activity of beading name badges, sharing their names, countries, telling the story of their ancestors their organisations. The group found a common thread amongst each other- that their ancestors leading them to their journeys into social justice from their feminist predecessors to responding to historical injustices against their ancestors.

The event coordinator, Dahlia Docrat, led the group into logistics and commitments to each other, setting an intentional tone and establishing a safe space for the gathering. Catham Rules were applied and all were afforded anonymity due to the sensitive nature of the topic and the stigma and criminalisation that prevails across the region.



The Story of SAASA | Jess Rucell, SRJC Board Secretary

Jess Rucell, a founding member of SAASA and the SRJC Board Secretary, provided an overview of the alliance's history, mission, and achievements to date. SAASA was conceived in November 2023 during the #Voice&Choice Fund Panel on multilateral advocacy, where organisations from across SADC convened to discuss the pressing need for a regional movement on safe abortion. This initial dialogue led to the formation of SAASA, which began with five founding partners and has since grown to include 16 member organisations across nine SADC countries.



SAASA's initial vision was to achieve the objectives of the SADC Gender Protocol, including the elimination of maternal mortality and the implementation of the SRHR strategy. Its mission is to build solidarity across SADC to enhance access to a mix of contraception and safe abortion services.

To date, SAASA has undertaken significant activities to advance this mission, including:

- December 2023 - Online panel during the 16 Days of Activism Against GBV.
- March 2024 - New York, USA : Presented at the Commission on the Status of Women (CSW).
- July 2024 -Conducted qualitative research on cross-border abortion access.
- August 2024 - Harare, Zimbabwe: Advocated during Gender Day at the SADC Heads of State Meeting.
- September 2024 - Online & Local Events: Participated in International Safe Abortion Day activities across member countries.

Lynette Mudekunye, an independent public health expert and contributor from Gender Links, presented on the Safe Abortion chapter of the [15th Annual Gender Links SADC Gender Protocol Barometer](#). This periodic assessment tool evaluates SRHR in the region and its alignment with the SADC Gender and Development Protocol. The Barometer highlights progress and gaps, serving as a valuable advocacy tool for stakeholders and policymakers. Her presentation focused on the current state of safe abortion access in the region.

This is a critical piece of research and was resonant to participants about the seriousness of the situation as Africa has the highest rates of abortion-related deaths than any other region in the world, accounting for two thirds of abortion-related deaths.

One key focus area was the unmet need for contraception, which contributes to unacceptably high unintended pregnancies and higher maternal mortality rates. She also examined the compliance of national legislation with the Maputo Protocol. Countries like South Africa and Mozambique exceed its requirements, whereas nations such as Malawi and Zimbabwe remain only partially compliant. In Madagascar, where abortion is entirely banned, outdated laws result in high rates of unsafe abortions and they are not compliant with the Maputo Protocol.

Table 1: Key Facts – Contraception and MMR in SADC

| Country | Angola | Botswana | Comoros | DRC | Eswatini | Lesotho | Madagascar | Malawi | Mauritius | Mozambique | Namibia | Seychelles | South Africa | Tanzania | Zambia | Zimbabwe |
|--|--------|----------|---------|------|----------|---------|------------|--------|-----------|------------|---------|------------|--------------|----------|--------|----------|
| Unmet need for modern method of contraception | | | | | | | | | | | | | | | | |
| % unmarried women 15 – 49 with unmet need | 16.9 | 8.3 | 6.2 | 21.7 | 10.2 | 5.5 | 12.2 | 10.1 | 4.6 | 14.9 | 9 | | 10.2 | 12.8 | 11.7 | 4.4 |
| % married /in union women 15 – 49 with unmet need | 39.0 | 12.1 | 36.8 | 39.7 | 18.1 | 16.5 | 21.6 | 16.7 | 36.9 | 26.8 | 18.2 | | 14.9 | 26.9 | 22.4 | 11.6 |
| Maternal mortality ratio (MMR) | | | | | | | | | | | | | | | | |
| MMR 2020 | 222 | 186 | 217 | 547 | 240 | 566 | 392 | 381 | 84 | 127 | 215 | 3 | 127 | 238 | 135 | 357 |
| MM – attributable to abortion /miscarriage % | 9.3 | 4.0 | 11.9 | 10.1 | 7.7 | No data | 7.2 | 12.6 | No data | 13.8 | 8.8 | No data | 7.4 | 13.8 | 14.1 | 8.5 |

Challenges in data collection were also discussed, particularly the difficulty of quantifying maternal mortality caused by unsafe abortions. Stigma and legal barriers often prevent people from disclosing abortion attempts when seeking medical care. Miscarriages and abortion complications present similar symptoms, further complicating accurate reporting. Public hospital data on incomplete abortions reveal persistently high rates of unsafe procedures.

The presentation highlighted the discrepancy between legislation and access. While abortion may be permitted under specific legal conditions, cultural, social, and systemic barriers hinder access. Key barriers include parental or partner consent requirements, which disproportionately affect young women, as well as social stigma and religious opposition. Economic barriers also limit marginalized women's ability to access care. There is a need to develop new guidelines, test legal cases, support for abortion providers, and form alliances at the community level.

The growing availability of medication used for abortion, particularly misoprostol, has provided a safer alternative for many women. However, concerns remain about the quality and correct use of medications obtained from informal providers. While the informal sector has led to a decline in severe infections, economic challenges still restrict access to safe abortion services.

The Barometer also found that providers reported women exercising their agency by travelling to South Africa from SADC countries to procure safe abortions. It was also reported that women travel across provinces as well, serving as both an economic and geographical barrier to access.

The session underscored the urgent need for accurate data and evidence-based advocacy to bridge the gaps between policy and practice. The participants and delegates felt as though the barometer did reflect the harrowing situations on the ground. Advocacy and research priorities include enhancing data collection methodologies to capture abortion trends and their impact on maternal mortality, conducting research on informal abortion providers to support safer practices, and highlighting the economic costs of unsafe abortions to influence policymakers.

This session emphasized the urgency and importance of strengthening advocacy efforts and improving service delivery including post-abortion care to address the challenges of unsafe abortions in the SADC region and reduce preventable deaths. A rights-based, data-driven approach to SRHR is essential.



Read the report:

https://genderlinks.org.za/wp-content/uploads/2024/11/Voice-Choice2024_Chapter4_Safe-AbortionFINAL.pdf



COUNTRY STATUS REPORTS

COUNTRY STORIES, REGIONAL FUTURES



The plenary session provided an opportunity for country representatives to present their overviews of the current legal and policy landscapes regarding abortion services, advocacy efforts, and challenges faced in their countries.

Shared Challenges and Opportunities

| Challenges | Opportunities |
|--|--|
| Cultural stigma surrounding abortion remains pervasive across SADC countries. | Newly elected governments present opportunities for legal and policy reforms. |
| Restrictive legal frameworks limit access to safe abortion services. | Ongoing advocacy efforts are gaining traction at national and regional levels. |
| Poor policy implementation weakens existing protections and services. | Growing grassroots support is pushing for reproductive rights. |
| Lack of resources for healthcare providers, including training and infrastructure. | Increased regional collaboration can strengthen advocacy and service delivery. |

BOTSWANA

Neo Nthempha Kitso, [Feminist Alliance Botswana](#)

Botswana's legal framework permits abortion (< 16 weeks) under specific circumstances, such as incest, rape, or when the woman's health is at risk, but access is restricted due to bureaucratic processes, cultural beliefs, and a lack of trained healthcare providers, particularly in rural areas. Advocacy efforts, led by organizations like Tuanelo and Lehabibo, are pushing for policy reforms, but the government's strong Christian stance creates significant opposition to more liberal abortion laws. There is a need for better-trained healthcare providers and more accessible reproductive health services across public and private facilities.

ZIMBABWE

Edinah D. Masiyiwa, [Women's Action Group](#)

Zimbabwe's abortion laws are restrictive, with the Constitution emphasizing the right to life of the unborn child, and abortion is only allowed in cases of rape, incest, or when the mother's life is at risk - a magistrate must grant permission. There is a class divide in access to abortion services, as private clinics are more accessible to wealthier individuals, leaving poorer women at risk of unsafe procedures. Post-abortion care is available in government hospitals, and organizations like the Safer Abortion Coalition are working to promote safe abortion access through training, advocacy, and a draft alternative act for future consideration.

MOZAMBIQUE

Mangia Simões Macuácuá [Fundação para Desenvolvimento da Comunidade \(FDC\)](#)

Mozambique legalized abortion on demand up to 13 weeks in 2014, with longer timeframes for medical conditions. This is more than what is required by the Maputo Protocol. However, access remains limited due to bureaucratic delays, such as the need for police reports, as well as resistance from medical personnel based on personal beliefs. Corruption, especially in rural areas, further hampers access to safe services, as healthcare providers may demand bribes. The public health system often prioritizes other health issues over sexual and reproductive health, and private clinics are expensive, leaving many individuals unable to afford safe abortions. Advocacy efforts focus on improving implementation of the law and addressing the systemic challenges in healthcare delivery.

LESOTHO

Refiloe Mamolise Harris, [She-Hive Association](#)

Abortion in Lesotho is generally prohibited, with exceptions only in specific circumstances such as risk to the mother's life, incest, or rape, as per the minimum requirements in the Maputo Protocol. Although not formal policies, cultural norms and religious values significantly impact abortion service provision, which often complicate advocacy efforts for reproductive rights. Challenges to accessing abortion services include stigma, financial barriers, "conscientious" objection, and a lack of comprehensive SRH education. Healthcare facilities often lack the resources and trained personnel necessary for safe abortion services and bureaucratic hurdles, such as court orders or medical approvals, especially in cases of abuse and mental health, further complicate timely access. Concerningly, Lesotho's cases of maternal mortality and neonatal mortality rates have risen. Local advocacy groups are working to reduce stigma, build capacity and improve education on sexual and reproductive health.

MALAWI

Kumbukani Lyness Soko, [Malawi Human Rights Resource Centre](#)

In Malawi, abortion is criminalized except when the woman's life is in danger, requiring two medical professionals to confirm the need. The Gender Equality Act supports reproductive health services but lacks enforcement, and there is ongoing advocacy for the Termination of Pregnancy Bill to extend legal grounds for abortion to include cases of incest, rape, and foetal malformation. The bill faces opposition from religious groups, and public misunderstanding has complicated support for the legislation. Litigation is being used as an advocacy strategy to challenge restrictive laws.

DEMOCRATIC REPUBLIC OF CONGO

Moyo Nondo Nester, [CODYFA](#)

The DRC has made significant legal progress on abortion access by ratifying the Maputo Protocol and publishing national guidelines, but real-world implementation remains slow and ineffective, especially in rural areas. While abortion is legally permitted in some cases stigma, financial barriers, and a lack of authorized healthcare providers prevent women from accessing safe services. Social taboos and negative attitudes among healthcare professionals continue to fuel misinformation and discrimination. Women's rights organizations exist but operate in silos, with limited outreach to rural and marginalized communities. Telemedicine and digital tools like chatbots and hotlines are emerging as alternative solutions, helping women bypass restrictive healthcare barriers.

TANZANIA

Hilda Stuart Dadu, [Coalition for Women Human Rights Defenders](#)

Abortion in Tanzania is highly restricted under the Penal Code, with termination only permitted to save a woman's life or in cases of severe fetal abnormalities. Anyone performing or undergoing an illegal abortion faces severe penalties, including imprisonment. Access to safe abortion remains limited. Many women resort to unsafe procedures due to a lack of legal literacy, moral opposition from healthcare providers, and the fear of prosecution. Stigma is deeply rooted in cultural and religious beliefs, leading to social isolation and judgment for those seeking abortions. While Tanzania has policies promoting family planning, gaps between law and practice persist, leaving many without safe, accessible services.



Facilitated by Kerigo Odada, the session offered a deep dive into the work of the MAMA Network, which operates in 24 African countries to advance reproductive rights and access to safe medical abortion (SMA).

Key Takeaways:

1. The Role and Impact of the MAMA Network:

- The MAMA Network is a decentralized coalition rooted in mutual respect and solidarity among members. Its mission is to transform reproductive healthcare by:
 - Promoting self-managed abortion (SMA) as a means of reproductive autonomy.
 - Providing legal support and defending activists.
 - Disseminating WHO-guided protocols for safe medical abortion.
- By empowering individuals with accurate information and fostering community trust through hotlines, training, and grassroots activism, MAMA creates support systems for those seeking medical abortion services.

2. Legal and Historical Context of Abortion in Africa:

- Colonial Legacy:
 - Abortion laws in Africa are predominantly shaped by colonial-era legal frameworks reflecting patriarchal, moral, and religious values.
 - The rise of male-dominated medical associations in the 19th century marginalized traditional women-led reproductive practices.
- Advocacy Milestones:
 - Feminist movements have fought to shift the discourse toward reproductive rights, resulting in progress in some Anglophone African countries.
 - The Maputo Protocol (2005) guarantees abortion rights under specific circumstances, but implementation remains inconsistent across the continent.

3. Medical Abortion and WHO Protocols:

- MAMA adheres to WHO protocols, promoting the use of misoprostol alone or in combination with mifepristone, which are 80-95% effective for inducing abortion.
- The network provides training and resources to activists and healthcare providers to ensure safety and adherence to post-abortion care guidelines.

4. Advocacy and Activism:

- Grassroots Activism:
 - MAMA engages local activists to combat stigma, promote reproductive health, and expand access to SMA in restrictive or criminalized environments.
 - The network incorporates culturally relevant symbols, education, and partnerships to resonate with diverse communities.
- Legal Support:
 - MAMA offers emergency legal assistance to individuals and activists facing repercussions for SMA.
 - Through partnerships with local lawyers and legal training programs, the network ensures context-specific legal support and crisis response.
 - Countries where significant cases have been handled include Nigeria, Kenya, Cameroon, and the DRC.

5. Challenges and Opportunities:

- Challenges:
 - Activists face threats to safety, legal risks, and public backlash, often fostering a culture of silence.
 - Weak healthcare infrastructure and bureaucratic hurdles further limit access to safe abortion services.



- Opportunities:
 - Collaboration with organisations like SAASA and UNFPA enhances advocacy and capacity-building initiatives.
 - MAMA continues to develop community trust and legal frameworks to address barriers and advance reproductive justice.

Audience Participation and Feedback:

Participants actively engaged in discussions, highlighting the critical need for legal reform and stigma reduction. They commended the MAMA Network’s collaborative, decentralised model and its innovative use of education and legal strategies to empower communities. There was a consensus that SMA is a powerful and revolutionary way for women and birthing people to assert their reproductive autonomy as well as expand access to safe abortion.

Feedback emphasized the importance of:

- Expanding SMA to improve access to abortion.
- Scaling grassroots efforts to combat misinformation about SMA.
- Expanding partnerships to address policy gaps and improve healthcare infrastructure.
- Continuing community-based activism to reclaim reproductive autonomy in restrictive settings.

The session concluded with a powerful call to action for sustained advocacy, legal reform, and community-based activism. The MAMA Network’s pioneering work stands as a testament to the resilience of grassroots movements in advancing reproductive rights across Africa. By fostering solidarity, providing critical resources, and challenging oppressive systems, MAMA continues to champion reproductive justice and autonomy for all

A WEAVING OF VOICES: REFLECTIONS ON DAY 1

Ronel Koekemoer (Gender Rights in Tech)

We began with beads, threading names in a circle of care,
Introducing ourselves—and those ancestors who dare
To guide us with whispers, their wisdom unfurled,
Reminding us: stories are the roots of this world.

The origin story came alive in the room,
A reminder that history and movements must bloom
Through narratives told, through truths shared with grace,
For the fight for our rights must never erase.
Ma Lynette stood tall, with the barometer in hand,

Charting abortion laws across the region’s land.
The state of the laws, the gaps, and the pain,
Injustice inscribed in policy’s name.

Then country by country, the stories arose,
From Zimbabwe to Malawi, the struggle still grows.
Mozambique shared truths, menopause took the floor,
A confluence of systems we can’t ignore.

Lunch gave us a pause, but the learning stayed keen,
As Mama Network brought insights unforeseen.
Self-managed abortion—a leap through the bars,
Doing the illegal legally, beneath unjust stars.

Lesotho spoke last, with heartbreak and grit,
Where 80% of jailed women sit
For abortion’s crime, in a system unjust,
Botswana then joined, their voices a must.

We closed with one word, then hyphenated strains,
A tapestry woven from joys and from pains.
Day 1 was a seed, planted deep in the ground,
For the stories we tell will turn laws around.

DAY 2 SESSIONS

The Other F Word: Feminist Political Education | Fatima Shabodien, SRJC Coordinator

Fatima Shabodien, the SRJC Coordinator and a well-known feminist leader provided a socio-political overview of feminism. This session focused on various critical aspects of feminism and its intersection with political and social issues to provide a backdrop for strategy development.

Key Takeaways:

- The session explored patriarchy as a system of male domination and highlighted the importance of intersectionality in understanding women's diverse experiences. It emphasized a collective feminist approach, advocating for the rights of marginalized groups, including LGBTQIA individuals and sex workers, as part of the broader feminist movement.
- The debate on involving men in feminist movements centered around concerns about men taking over women's spaces and resources. However, the strategic value of male allies in certain contexts was acknowledged, with an emphasis on maintaining women's leadership.
- The concept of intersectionality was introduced, emphasizing that issues of discrimination and inequality are interconnected. The session also highlighted the need to link abortion rights with the rights of LGBTQ+ individuals and sex workers, recognizing the unique barriers these groups face in accessing reproductive health services.
- A debate on different approaches to rights advocacy—tactical (focused on immediate gains) and principled (focused on core values)—highlighted the tension between achieving short-term victories and staying committed to long-term justice.
- The session discussed the challenges faced by youth-led movements in Mozambique, which are subjected to government repression, including arrests and digital crackdowns. The importance of regional solidarity was emphasized, as it fosters collaboration and strengthens campaigns for women's rights and reproductive health.
- The session also addressed the similarities in political dynamics across post-colonial countries, including corruption and lack of accountability, as well as the shared historical experiences that foster solidarity among nations facing similar struggles.



Overall, the session emphasized the interconnectedness of various social justice issues and the need for inclusive, intersectional approaches to feminism and political advocacy.

GROUP WORK: CO-CREATION OF SAASA VISION



Every woman and birthing person in the SADC will freely realise the right to comprehensive safe abortion.

The country representatives agreed on a new vision. The vision is for every woman and birthing person in the SADC region to freely realise their right to comprehensive, safe abortion. This statement emphasises inclusivity by recognising the rights of cisgender women, transgender, and gender-diverse individuals. It emphasises personal agency, holistic care, and the removal of barriers, ensuring access to medically safe procedures and the ability to choose and exercise this fundamental human right without restriction or coercion.

The session, facilitated by communications and operations consultant **Dahlia Docrat**, used a design thinking approach to co-create the design brief for SAASA's logo. The process emphasized collaboration, creativity, and connection to the organisation's vision.

Participants sketched their logo ideas on blank paper while listening to African jazz, in a relaxed and inspired atmosphere. Completed designs were displayed on the wall, and each participant explained their design and rationale. Participants were surprised by their ability to visually communicate ideas, breaking down preconceived notions of "bad art." The exercise reinforced the power of symbols to transcend language and cultural barriers.

SAASA Identity Highlights

Colours such as **purple** (representing women's rights) and **bright, vibrant tones** inspired by African fabrics were selected to reflect cultural relativism and geographic focus. Key logo concepts included **choice, freedom, unity, and access**, tied to the themes of abortion and reproductive rights.

Symbolic Representations

Common symbols in the designs included:

- **Birthing beads:** Representing cultural specificity and reproduction.
- **Embracing hands:** Demonstrating unity and support.
- **An upside-down hanger:** Highlighting the dangers of unsafe abortion.
- **Women Figures:** Emphasising the impact on women and their bodies.

Shared Vision

Despite individual creativity, the group's designs shared remarkable commonalities, underscoring a unified vision for SAASA's identity.

The collected designs and insights from this session will form the foundation for a design brief for a young artist to develop into a professional logo that authentically represents SAASA's mission, vision, and identity.

The session was highly interactive, with participants actively contributing ideas and engaging in discussions. Feedback indicated excitement and a sense of ownership over the process, as participants saw their ideas reflected in the emerging themes.









GROUP WORK: PROBLEM-GOAL-ACTION MAPPING

The strategic planning session was used to develop actionable strategies for SAASA.

Participants engaged in group work to define the specific challenges, set clear goals, and outline actionable steps. In plenary, areas of focus were defined by the group: obstacles to access, data and information, SMA, policy implementation, monitoring and evaluation and stigmatisation and societal values. Three breakaway groups identified the problems, goals and actions for two areas of focus each before reporting back.



TABLE: PROBLEM, GOAL, AND ACTION MAPPING

| Area of Focus | Problems | Goals | Actions |
|--|--|---|--|
| Obstacles to Access  | <ul style="list-style-type: none"> - Unclear criteria in existing laws - Corruption - “Conscientious objection” - Lack of qualified healthcare workers - Austerity measures - Unclear referral pathways - High cost of safe abortion services | <ul style="list-style-type: none"> - Ensure unrestricted access through legal review and revision - Establish mechanisms for penalising corruption - Healthcare workers have knowledge and clear referral pathways - Removal of “conscientious objection” - Abortion is made affordable and comprehensive - including pre- and post-care | <ul style="list-style-type: none"> - Advocate for policy and legislation change - Advocate against “conscientious objection” policies from health-care providers - Community-led monitoring efforts - Promote dialogue and community engagement - Strengthen healthcare workers’ capacity and create networks - Address financial barriers and innovate economical solutions |
| Data and Information  | <ul style="list-style-type: none"> - Difficulty in gathering accurate and updated data - Data often excluded from demographic reports - Gaps in available data, such as crime statistics and maternal mortality - Lack of monitoring, evaluation, and surveillance systems for abortion - Inaccurate and inadequate data collection | <ul style="list-style-type: none"> - Establish comprehensive reporting systems - Improve data collection mechanisms - Create monitoring and evaluation pathways for abortion data | <ul style="list-style-type: none"> - Capacitate oversight bodies - Conduct research and needs assessments - Mobilise resources - Standardise data collection methods - Create a regional abortion data hub |
| Self-Managed Abortion (SMA)  | <ul style="list-style-type: none"> - Lack of knowledge among the public - Polarised opinions among the public - Unclear legality and access - Potential for corruption or coercion | <ul style="list-style-type: none"> - Improve knowledge and reduce polarisation around SMA - Increase access to SMA | <ul style="list-style-type: none"> - Raise awareness and educate on SMA - Address coercion concerns - Ensure safe access to information resources and services |
| Policy Implementation  | <ul style="list-style-type: none"> - Inconsistent policy implementation - Lack of awareness among communities - Weak organising power - Inadequate political demand - Restrictive colonial-era laws | <ul style="list-style-type: none"> - Update restrictive laws - Ensure accessible legal instruments - Raise public awareness about abortion laws and services | <ul style="list-style-type: none"> - Allocate resources for public education - Build capacity for movement building - Mobilise political will and secure adequate funding |
| Monitoring and Evaluation  | <ul style="list-style-type: none"> - Lack of political will to enforce policies - Fragmented and inaccessible data - Difficulty in building a convincing evidence base for advocacy | <ul style="list-style-type: none"> - Track policy changes over time - Ensure policy enforcement - Expose ground realities and violations | <ul style="list-style-type: none"> - Develop a violations tracker - Build regional abortion statistics databases - Develop media strategies - Track adherence to the Maputo and SADC |
| Stigmatisation and Societal Values  | <ul style="list-style-type: none"> - Patriarchal norms acting as barriers - Individuals seeking unsafe procedures due to stigma - Resistance from religious groups, politicians, and other conservative forces. | <ul style="list-style-type: none"> - Destigmatise abortion access - Promote equality and normalise abortion rights - Minimize opposition and increase support for abortion rights. - Foster behavioural transformation through advocacy | <ul style="list-style-type: none"> - Raise awareness through media and education campaigns - Organise youth-led initiatives - Deliver public educational roadshows - Establish helplines for discreet guidance - Monitor opposition, track anti-abortion activities to counteract opposition. |

STRATEGY FOCUS AREAS

Advocate for Legislative Reform

- **Goal:** Push for comprehensive legal reform that ensures unrestricted access to abortion.
- **Actions:** Legal reviews, advocacy for the removal of restrictive laws, and campaigning for the popularization of new, progressive laws.

Track the Reality on the Ground

- **Goal:** Monitor the real-world situation regarding abortion access and gather accurate data.
- **Actions:** Community-led monitoring, systematic and accurate data collection, and a hub for SADC abortion access.

Popular Education

- **Goal:** Increase public awareness about reproductive rights and abortion access.
- **Actions:** Community dialogues, public education platforms, and youth-led initiatives to make abortion access a mainstream conversation.

Movement Building

- **Goal:** Build a powerful, grassroots movement advocating for reproductive rights.
- **Actions:** Mobilizing communities, creating coalitions, and engaging in strategic advocacy to change societal norms and policies.

Track Formal Protocols

- **Goal:** Ensure the enforcement of regional protocols such as the Maputo Protocol and other international agreements.
- **Actions:** Monitor adherence to protocols and track state compliance with international commitments.

Partner/Stakeholder Mapping

- **Goal:** Identify potential allies and stakeholders who can influence the agenda and provide support.
- **Actions:** Build relationships with key partners, including NGOs, government officials, and international organizations.

Media Strategy

- **Goal:** Influence public opinion through effective media strategies.
- **Actions:** Create a public campaign around SMA, build relationships with journalists, create engaging content, use shared networks to increase reach.



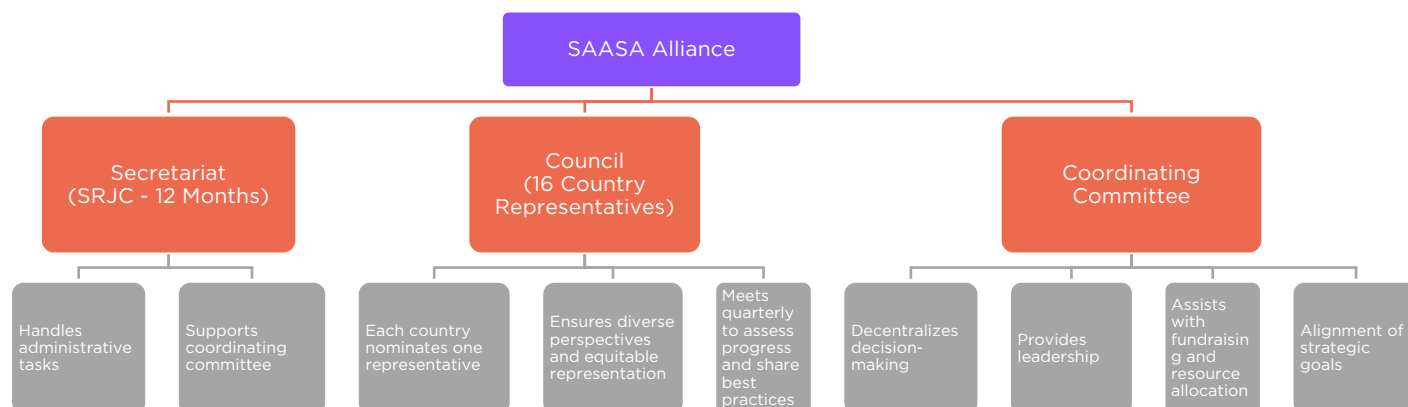
ACTION PLAN

| Focus Area | Actions |
|--|--|
| Fundraising & Resource Mobilisation | <ul style="list-style-type: none"> - Develop a coordinated fundraising approach targeting regional donors and international allies. - Pool resources across countries to maximise impact. - Engage potential partners such as Gender Links for funding and support. |
| Membership Mapping | <ul style="list-style-type: none"> - Create a comprehensive membership map for each country. - Identify potential new members and allies who align with SAASA's mission. |
| Alliance Engagement | <ul style="list-style-type: none"> - Explore connections with Arrow (Asia) and other global abortion advocacy groups to inform SAASA's structure and strategy. - Engage Gender Links as a donor, considering their foundational role in SAASA's establishment. |
| Country-Specific Contexts | <ul style="list-style-type: none"> - Investigate how Self-Managed Abortion (SMA) can support local contexts and how it can be implemented within individual country frameworks. - Research the 1997 Zimbabwe abortion law as part of a 50-year anniversary advocacy campaign. |
| Advocacy & Messaging | <ul style="list-style-type: none"> - Develop communications and messaging around slogans like "Protect Womxn, Protect Rights" for consistent and impactful advocacy. - Sensitise journalists to raise awareness and address misconceptions about abortion rights and access. - Develop a media outreach plan, create engaging content, and build stakeholder capacity for effective messaging. - Advocate for the protection of SRHR defenders and ensure their safety. |
| Implementation & Policy Advocacy | <ul style="list-style-type: none"> - Advocate for the implementation of safe abortion policies according to existing laws in different countries. - Push for Post-Abortion Care policies. - Investigate whether misoprostol for gastric ulcers can be legally transported using USAID-funded vehicles. - Create a shared awareness poster on medication access, costs, and availability, including information on misoprostol. |
| Research & Data | <ul style="list-style-type: none"> - Build a medical abortion commodities database, referencing Women on Waves for a crowdsourced list. - Conduct research on incomplete abortion incidence. - Ensure resources on medication costs, accessibility, and locations are easily available to members and the public. - Research the legal implications of conscientious objection in countries like Mozambique and South Africa. - Collect and share MMR/CTOP data to address regional disparities in abortion care. - Share key findings from SRJC's <i>Barriers to Access</i> report to inform advocacy efforts. - Establish a central hub for SADC abortion access, consolidating research, resources, and data. - Address research gaps such as abortion legislation, maternal mortality ratios (MMR), and technological access in abortion care. |
| Next Steps | <ul style="list-style-type: none"> - Conduct a follow-up meeting with the MAMA network for collaborative planning. - Organise online seminars for knowledge exchange and capacity-building. |

Institutional Arrangements for SAASA

Looking ahead, SAASA aims to expand representation across SADC, strengthen connections among member organisations, and build a unified regional strategy for safe abortion advocacy. To do this, a strong institutional framework has to lay the foundation.

Alliance Structure



Membership and Coordination

| Component | Details |
|----------------------|--|
| Membership | <ul style="list-style-type: none"> - SAASA Members have decision-making power. - Friends of SAASA (individual allies) support specific tasks as outlined in Memorandum of Understandings (MOUs) - The participation of both groups will allow the alliance to leverage diverse resources and strengths. |
| Coordinator | Once funds are available, a coordinator will be appointed to oversee the implementation of the work plan. The coordinator will be housed within one of the member organizations to leverage existing resources. |
| Power Balance | <ul style="list-style-type: none"> - Ensures no dominance by powerful members. - Amplifies marginalized voices. |
| Fundraising | <ul style="list-style-type: none"> - Identifies donors interested in women's rights & abortion access. - Coordinated approach to maximize impact. |
| Protocols | <ul style="list-style-type: none"> - Established for finance, membership, and branding to ensure transparency & accountability. - Clear reporting lines and decision-making processes are essential for ensuring accountability, transparency, and effective communication within the alliance. - Clear communication protocols will be developed to balance transparency with security concerns and ensure that all members are informed about developments and decision-making processes. |

Interim Coordinating Committee:

- Mangia Simões Macuáua ([Fundação para Desenvolvimento da Comunidade \(FDC\)](#) - Mozambique)
- Neo Kitso ([Feminist Alliance Botswana](#) - Botswana)
- Edinah Masiyiwa ([Women's Action Group](#) - Zimbabwe)
- Lyness Kumbukani Soko ([Malawi Human Rights Resource Centre](#) - Malawi)
- Refiloe Mamolise Harris ([She-Hive Association](#) - Lestotho)

| Meeting Type | Format | Purpose | Frequency |
|---|---------------------------|---|-----------|
| Council Meetings | Virtual | <ul style="list-style-type: none"> - Discuss progress and challenges - Share best practices - Strategize advocacy efforts | Quarterly |
| In-Person Assembly | In-Person | <ul style="list-style-type: none"> - Foster collaboration - Review progress - Align strategies for the year ahead - Possibly coincide with the SADC summit | Annually |
| Base Communication & Check-ins | Virtual & Written Updates | <ul style="list-style-type: none"> - Ensure transparency and trust - Keep all members informed and engaged - Gather feedback to refine strategy - A website or similar social platform will be established for updates and networking among members | Ongoing |

CONCLUSION

This convening marked a historic moment, bringing together country representatives from across the region for the first time to collectively address the critical issue of safe abortion access. The gathering created a transformative feminist space where diverse voices, experiences, and perspectives were shared, fostering a sense of solidarity and collaboration.

The convening was more than just a meeting—it was a catalytic moment that reaffirmed the power of collective action. It provided a platform for representatives to engage in meaningful dialogue, challenge patriarchal norms, and envision a future rooted in gender equity and reproductive justice. The shared commitment to advancing safe abortion access across the region was palpable, and the feminist values that underpinned the discussions set the tone for ongoing collaboration. One of the most significant outcomes was the establishment of institutional arrangements to ensure the momentum generated during the convening translates into sustained action. These arrangements will facilitate coordination, knowledge-sharing, and advocacy across borders, reinforcing a unified regional approach to addressing the challenges of abortion access.

As participants return to their respective countries, they carry with them not only actionable strategies and shared learning but also a renewed sense of purpose and hope. This transformative convening has laid the foundation for a cohesive, region-wide movement, demonstrating that when feminists come together, they can spark meaningful and lasting change.



FEEDBACK AND EVALUATIONS

The SAASA Regional Strategy Convening 2024 was a highly successful and transformative event, with participants expressing high levels of satisfaction. Based on the evaluation, attendees valued the opportunity to share knowledge, network, and collaborate on strategies to advance abortion access across the region. Key highlights included learning about country-specific challenges, discussing self-managed abortion (SMA), and crafting a shared vision for SAASA. Networking and the exchange of strategies were also praised, with one participant noting, “We got to have open conversations about the realities of abortion care in our various countries and communities.” Many participants stated the convening exceeded their expectations, describing it as “a powerful, warm, kind, strong, and transformative space.”

Some areas for improvement were identified. Time management was a recurring concern, with sessions often running over schedule, and a few presentations were considered too lengthy or less engaging. Suggestions included providing tables for note-taking, offering interpretation services for non-English speakers, and ensuring better facilitation to keep discussions on track. Participants also suggested more interactive sessions and broader input into program design. One attendee noted, “Although it is difficult to cut engaging discussions short, it would be appreciated if we could end at the scheduled time.”

Despite these challenges, attendees found the convening thought-provoking, particularly debates on advocacy approaches, barriers to abortion access, and regional similarities. Many left the event energized and inspired, with one participant reflecting, “I’m already looking forward to what we are going to achieve as a joint body.” In summary, the convening was impactful and laid a strong foundation for future regional initiatives. Feedback from participants will guide improvements to ensure continued success for SAASA’s mission.

THE TEAM

Sexual and Reproductive Justice Coalition

Fatima Shabodien – SRJC Coordinator
Sihle Motsa – SRJC Intern

Gender Links

Tafadzwa Ngorima - Feminist Funding and
Networking Manager
Susan Tolmay - Gender and Governance Associate
Lynette Mudekunye - Consultant

Contractors

Event Coordination and Management:
Dahlia Docrat
dahliadocrat@outlook.com
Linkedin.com/in/dahlia-docrat

Conference Rapporteur and Photography: Dahlia Docrat
Communications and Marketing: Dahlia Docrat
Travel Arrangements: Lewkwape Consulting
Venue: Gender Links Cottages
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