



Laidlaw Scholars Undergraduate Leadership and Research Programme
Leadership-in-Action Project Report

**Advocating for Change: A WHO-Compliant Abortion
Advocacy Toolkit for Reproductive Health Reform in
South Africa**

Candace Sara Ciju

**Centre for Human Rights
University of Pretoria, South Africa**

Introduction:



Image: The Women's Rights Unit Team

In May & June 2025, I flew to Pretoria, South Africa to work at the **Centre for Human Rights** at the University of Pretoria's Faculty of Law for my LiA. The Centre's **Women's Rights Unit**, established in 1993, promotes the rights of women and girls in Africa, primarily through advocacy, research, and training focused on implementing the Maputo Protocol. The Unit also supports the Special Rapporteur on the Rights of Women in Africa and works to strengthen regional mechanisms and gender-sensitive policies.

This year, the Unit along with Abortion Support, an NGO based in Cape town, published a research paper titled "*Aligning South Africa's Abortion Guideline with WHO Recommendations for Improved Access to Abortion and Self-Managed Abortion.*" I supported the Centre with the implementation of the report by producing an abortion advocacy toolkit to serve as a resource for hospitals, clinics, pharmacies, telemedicine operators, nurses, pharmacists, community service doctors, support staff, healthcare workers, private abortion providers, abortion advocates, NGOs, and women's health and sexual and reproductive health and rights (SRHR) organizations to effectively advocate for policy reforms to align the National Clinical Guideline with WHO recommendations, as outlined in the Centre's 2025 research paper. By equipping stakeholders with key facts, talking points, and actionable strategies, the toolkit

supports efforts to enhance access to safe and legal abortion services for women and girls in South Africa. The toolkit seeks to dismantle systemic barriers, counteract belief-based denial of care, and foster a culture of support for abortion providers, thus enabling the full realisation of existing abortion laws and guidelines.

Rationale:

Key challenges faced by safe abortion care seekers in South Africa:

- **Delays and Denial in the Public Sector:** Pregnant people face significant delays or are outright denied abortion care in the public sector. Barriers include a severe shortage of trained providers, unregulated belief-based denial of care, mistreatment from healthcare workers, and poor referral systems. These systemic gaps force many to seek unsafe or informal abortions, often at great personal risk.
- **Unregulated Belief-Based Denial of Care:** Belief-based denial of care (also known as conscientious objection) is widely practiced by healthcare workers, administrators, and pharmacists. This denial is arbitrary, unregulated, and discriminatory, leaving many with no access to legal abortion despite their right under the law.
- **Limited Facility Access:** Only 7% of public health facilities in South Africa provide abortion services, and most are located in urban centers. People in rural or peri-urban areas are often forced to travel long distances, incurring travel costs and risking delays that push them beyond the legal gestational limits for early abortion.
- **Provider Hostility and Burnout:** Many abortion providers operate in hostile work environments with little institutional support. They face harassment and discrimination from colleagues or superiors for the work they do, contributing to burnout and further decreasing the number of willing providers.

Due to delays and systemic failures, 25% of abortions in South Africa occur in the second trimester, which is more than double the global average in countries where abortion is legal. Nearly half of all abortions are also estimated to take place outside the formal healthcare system, increasing risks of complications and death.

My Professional Experience:

I was very fortunate to have had an amazing LiA experience, working at the Centre for Human Rights in South Africa. My journey was filled with a lot of learning and personal growth moments, starting from my very first days in Pretoria. I spent my first week meeting the lovely people who work at the Centre for Human Rights. Unfortunately, the team of the Women's Rights Unit were on a work trip in the Gambia, so I was only able to meet one person on the team, who introduced me to the other staff at the Centre. Although we had already agreed that I would work on an advocacy toolkit to support the implementation of the Centre's recent report, I chose to wait until I could meet with my supervisor in person before beginning. I wanted to better understand how I could be most useful to the Centre and to ensure that my work aligned closely with her expectations and any updates on the project's direction. In the weeks leading up to my arrival, the Centre had been engaged in roundtable discussions with South Africa's National Department of Health and various NGOs about the report's implementation. My supervisor had kindly shared those conversations via email, and I felt an in-person discussion would help clarify if any shifts were needed in the development or direction of the toolkit. In hindsight, I could have improved my communications approach by reaching out earlier to confirm the structure of my first week and communicate my intentions more clearly.

Thus, in my first week, since I was not able to immediately start working on the toolkit, I spent the week instead making friends, exploring Pretoria and the university campus, and taking the time to really acclimatize to the city and the Centre. Even though I did not have a straightforward start to the project, I am glad I got the chance to settle down as this helped me solidify a lot of connections and make it easier to dive straight into the toolkit work during my second week.

After meeting the lovely Women's Rights Unit team in Week 2, and confirming the direction of the toolkit, things went really smooth. In Week 2, I studied a variety of well-regarded international and South African toolkits, first looking at general structures and approaches, and then narrowing my focus to those that specifically address abortion rights advocacy. Through this process, I polished my research & analysis skills as I gained a strong understanding of the essential components of an effective toolkit, including framing key

messages, identifying target audiences, selecting advocacy strategies, and incorporating accessible and inclusive language. I learnt a lot about leadership as well, witnessing how my colleagues navigate through predominantly male spaces to advance women's rights. I learnt that true leadership is rooted in resilience. The Maputo Protocol is a legally binding treaty adopted by the African Union that guarantees comprehensive rights for women and girls in Africa, including rights to political participation, social and political equality, and control over reproductive health. My colleagues shared how disheartening it can be to work with some government officials of Maputo Protocol ratified African countries who hold deeply anti-feminist views, with some even questioning women's right to own property. Despite the emotional toll and frustration of such conversations, the Women's Rights Unit continue their work with tireless dedication. They support civil society organizations and government departments in submitting Maputo Protocol implementation reports to the African Union and remain committed to the cause, even when progress feels slow or even regressive. This experience taught me that leadership is not about quick wins or recognition. It is about standing firm in your values, showing up with hope and purpose every single day, and continuing the work even when the odds are stacked against you. Resilient leadership means choosing persistence over despair and believing in change even when it is difficult to see.

I completed the skeleton of the Abortion Advocacy Toolkit by the third week of my LiA and had submitted it to the team for their feedback. As the toolkit would be launched at the Centre's Women's Day Commemoration Event in October, I also began building connections with key stakeholders. I compiled a list of hospitals, clinics, medical practitioner associations, NGOs, civil society organizations, women's rights groups, and policymakers who could be invited to the event.

Week 3 was incredibly fast-paced and hectic, as our team was preparing to host participants all across Africa's arrival to Pretoria, to attend the Centre's Short Course on Women's Rights in Africa during Week 4 of my LiA. Organised through the dedicated efforts of the Women's Rights Unit, the course was a resounding success, bringing together nearly 60 participants from across the African continent. It was a powerful convergence of minds and missions, all united by a shared commitment to the advancement of women's rights. Throughout the week, I engaged with a diverse array of individuals, including civil society organization

officials, lawyers, UN officials, grassroots leaders, SRHR advocates, climate justice activists, academics, and students. I had the opportunity to discuss my abortion advocacy toolkit with many of them, and the feedback and insights I received were thoughtful, relevant, and undoubtedly shaped the toolkit's development. Each day of the short course focused on a different issue central to women's rights in Africa. Topics included Female Genital Mutilation (FGM), Conflict-Related Sexual Violence (CRSV), SRHR, and the rise of anti-rights and anti-gender movements on the continent. These discussions were not only informative but also deeply motivating. They opened my eyes to the scope and depth of the work being done and the resilience of those leading it.

Because the week was so packed with activities and sessions, I wasn't able to make meaningful progress on the Advocacy Toolkit. Aside from the enriching conversations I had with both attendees and speakers, I didn't manage to dedicate any focused time to the actual development of the toolkit. Looking back, I think I could have carved out at least 30 to 45 minutes at the end of each day to work on the toolkit. Even a small but consistent daily effort would have helped me spread out the workload and avoid the pressure of completing a large portion of it in Week 5. That said, I don't have any regrets. Being fully present and 100% engaged in the Short Course allowed me to gain invaluable insights and form beautiful friendships.



Image: Last day of the Centre's Short Course

I put double the effort in Week 5, after my team had given me the green signal on the toolkit skeleton. I completed the text-based version of my Abortion Advocacy & Action Toolkit, after days of focused online research, including finding relevant scholarly literature and practical advocacy tools that could be adapted for the toolkit. I also gathered personal stories from both abortion care seekers and providers within the South African context. These stories highlighted how both groups face harm and discrimination, which often prevents them from accessing or providing safe abortion care. The Toolkit is a comprehensive resource that addresses key issues such as self-managed abortion (SMA), eliminating misinformation and redundancies in abortion-related education, prohibiting belief-based denial of care, and recognizing abortion providers as human rights defenders. Unfortunately, providers are often wrongly labeled as “murderers,” a harmful perception still present in both public and private healthcare settings. This stigma discourages many trained professionals from offering abortion services. Through conversations with healthcare workers, I learnt that religion, especially Christianity, is a major factor influencing some pharmacists, nurses, and doctors to refuse care. In response, I added a section that presents both legal and religious arguments in support of abortion, particularly from a Christian perspective, as almost 80% of South Africa follows Christianity.

By the start of Week 6, I had finally completed the Abortion Advocacy & Action Toolkit, visually designed on Canva for easy reader engagement. I presented the Toolkit to the leadership of the Centre for Human Rights, including the Director, who expressed strong admiration and excitement about disseminating and officially launching the toolkit in October during the Centre’s Women’s Day Commemoration Event. We also discussed the potential of hosting a conference in the next few months, focused on the legal status and current realities of abortion and SRHR advocacy efforts across African countries. Although my in-person placement with the Centre has ended, I continue to collaborate with them virtually on final edits leading up to the launch. It may not be my last time at the Centre, as my supervisor and the rest of the team expressed interest in bringing me back to present the toolkit at the October conference if budget allows. I truly hope to return, as the six weeks of my LiA have been some of the most meaningful and rewarding of my life. In my final week, I bid farewell to my colleagues and the wonderful friends I made at the University of Pretoria, then boarded a flight to Cape Town for some sightseeing before heading home.

Ethical Considerations:

While creating the Abortion Advocacy Toolkit, I encountered several ethical challenges that required careful reflection and sensitivity. Like many countries around the world, South Africa has groups of people who strongly oppose abortion. For some, being pro-choice is equated with being “anti-life” or even “pro-murder.” Although I did not meet many individuals who shared these views, likely because my colleagues primarily worked in human rights, particularly women’s rights, I did have meaningful conversations with a few people who opposed abortion. When I explained the purpose of the toolkit, some individuals expressed strong criticism of providing abortion services. Rather than viewing these conversations as confrontational, I used them as opportunities to listen and better understand the barriers preventing people from embracing women’s sexual and reproductive health and rights (SRHR). These discussions revealed that opposition often stemmed from misinformation, such as the belief that abortion is equivalent to murder, as well as religious convictions.

This engagement with differing perspectives informed my work on the toolkit. I added sections that directly addressed and debunked common myths about abortion and included voices from religious leaders who support reproductive rights, showing that faith and choice are not mutually exclusive. By incorporating these perspectives, I aimed to create a resource that was not only educational but also empathetic and accessible to audiences with diverse worldviews. This experience taught me important lessons about ethical leadership. I learned the value of listening to opposing viewpoints with patience and humility, even when they challenge deeply held beliefs. It reinforced that ethical advocacy requires understanding the roots of resistance and addressing them thoughtfully rather than dismissively. Leadership in this space is not about silencing opposition but about creating dialogue, building trust, and providing evidence-based resources that empower individuals to make informed decisions.

Conclusion:

My LiA experience in Pretoria, South Africa, was one of profound personal and professional growth. Working at the Centre for Human Rights’ Women’s Rights Unit allowed me to meaningfully contribute to advocacy efforts that advance reproductive rights, while immersing myself in South Africa’s history, culture, and social dynamics broadened my worldview. Creating the Abortion Advocacy & Action Toolkit not only strengthened my

research, writing, and advocacy skills but also deepened my understanding of ethical leadership. Through engaging with diverse perspectives, I learned to approach sensitive topics with empathy, humility, and a commitment to evidence-based dialogue.

Beyond the technical aspects of the project, my time in South Africa shaped my leadership philosophy. Conversations with resilient colleagues and grassroots leaders taught me that true leadership is not about holding power or titles but about accountability, perseverance, and building trust within communities. My experiences have inspired me to pursue a leadership style rooted in collaboration, respect, and the amplification of local and grassroots voices.

This journey also made me more culturally self-aware. Growing up in Abu Dhabi and studying in Toronto shaped my worldview, but living in South Africa challenged me to recognize my privilege and biases. By actively listening, engaging and questioning systemic inequities, I developed a deeper appreciation for cultural humility as an essential leadership quality. As I move forward in my career, these lessons will guide my approach to advocacy and policymaking. I aspire to create inclusive spaces where marginalized voices are heard, prioritize evidence-based solutions informed by lived experiences, and remain resilient in the face of slow progress. My time in South Africa affirmed that meaningful change requires patience, empathy, and courage. This experience has not only strengthened my commitment to advancing gender equality and reproductive rights but has also given me a renewed vision of leadership, one that is deeply human, community-driven, and most importantly, justice-oriented.

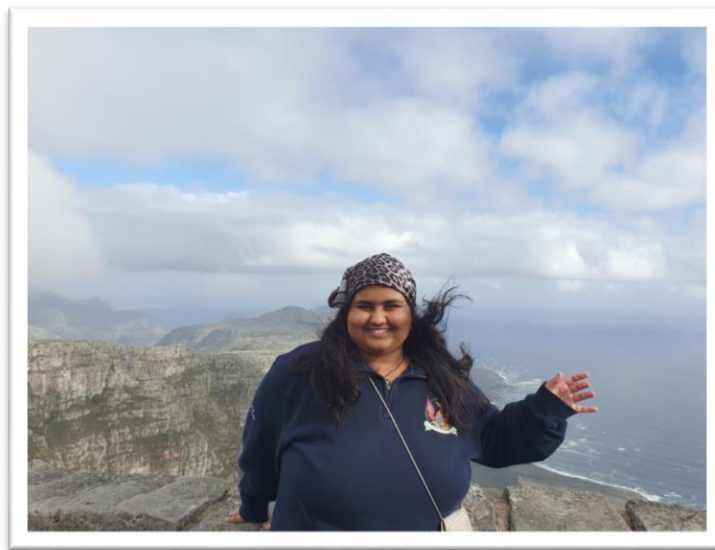


Image: On top of Table Mountain, Cape town