

REGIONAL REFERENCE REPORT ON SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH IN THE HORN OF AFRICA

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Introduction/Background

UN Women's **Programme on Women's Empowerment in Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH)** rights in humanitarian settings in the Horn of Africa (**POWER**) works to reduce the barriers facing women and girls in accessing their SRMNCAH rights, particularly in humanitarian settings. It is supported by the **Austrian Development Agency**.

Objective: This policy brief aims to facilitate cross-country learning and contribute to informing policy, advocacy, and programme development on SRMNCAH in the Horn of Africa in humanitarian settings. It supports all actors, including government institutions, humanitarian organizations, CSOs, including organizations working on youth and women living with HIV and AIDS, and other key groups for further analysis and informing policies and programming.

Enhancing Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH) in humanitarian settings is critical to reduce the consequences of crises and harm for women, adolescents and children and promote continuity of SRMNCAH programming and access to services. This policy brief summarizes key findings from the UN Women Regional Reference Report (Reference Report) on SRMNCAH in humanitarian settings, developed in 2021. It presents recommendations for consideration by policy makers in the Horn of Africa (HoA). The Reference Report consolidates experiences and practices, highlighting evidence-based tools, strategies, challenges, lessons learned, and commitments made by actors in the HoA on SRMNCAH in humanitarian settings. It maps out programmes, existing legislative, policy and other frameworks on SRMNCAH and country analyses related to SRMNCAH strategies in humanitarian settings in the HoA. The Reference Report covers 13 countries, but focuses on the eight countries in the HoA (Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda).

At the global level, normative frameworks and Sustainable Development Goal (SDG) targets under goals 3 (Health) and 5 (Gender Equality) recognize the rights of women and girls to make decisions about their bodies, including sexual and reproductive health, freedom from all forms of discrimination and violence, whether in the context of crises and stability.ⁱ These are reinforced by the African Union Sexual and Reproductive Health and Rights Continental Policy Framework (2005), operationalized through the Maputo Plan of Action, 2016-2030, which is one of the regional instruments that promotes SRMNCAH. National and sectoral policies (on SRMNCAH and refugee rights, gender equality, health, and humanitarian response plans), complement these commitments and have been further developed as part of the COVID-19 response. The Reference Report shows that HoA countries suffer from weak and overburdened health care systems. The WHO found that "Africa bears more than 24% of the global burden of disease but has access to only 3% of health workers and less than 1% of the world's financial resources"ⁱⁱ. These systems are further stretched to meet the specific health needs of refugees and internally displaced persons (IDPs), estimated at 4.6 million refugees and 9.5 million IDPs as of January 2020 in the HoAⁱⁱⁱ.

The Reference Report highlights how gender inequality shapes decisions related to reproductive rights and bodily autonomy, which has more direct consequences for women than men. Stereotypes of gender roles in the family and society and harmful social norms contribute to discrimination against women and girls and influences their ability to control their sexual and reproductive health and access services. Reproductive rights impact women's mental and physical health and sexual autonomy. That is: their ability to enter and end relationships, their education and job training, their ability to provide for their families, and their ability to negotiate work-family conflicts in institutions organized based on traditional sex-role assumptions^{iv}. Limitations on these rights have consequences for women, girls and adolescents and the societies within which they live.

Global Normative commitments on SRMNCAH

The critical importance of SRMNCAH rights and access to quality health services are recognized in various normative frameworks, including the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the Beijing Platform for Action, the Programme of Action of International Conference on Population and Development (ICPD), and the Sustainable Development Goals (SDGs).

- The first normative framework to mainstream reproductive rights within human rights was the Final Act of the Tehran Conference on Human Rights^v, endorsed by the UN General Assembly in 1968.^{vi}
- The 1975 Declaration of Mexico on the Equality of Women and their Contribution to Development and Peace affirmed the principles of equal rights within the family and inviolability of the human body.
- The 1993 World Conference on Human Rights adopted the Vienna Declaration and Programme of Action brought worldwide consensus on the right to sexual and reproductive health.^{vii}
- The 1994 International Conference on Population and Development (ICPD) was the most critical gathering to mainstream reproductive rights on the global agenda. Its Programme of Action affirmed and articulated that reproductive and sexual health be protected by human rights as recognized by both national and international law. It also increased acceptance of the complex links between population growth and gender equality and affirmed the definition of reproductive rights.
- The 1995 Fourth World Conference on Women Beijing Declaration and Platform for Action (BPfA) profiled the right to equal access to and equal treatment of women and men in education and health care, the enhancement of women's sexual and reproductive health as well as education^{viii}. The Beijing Declaration and BPfA remains the most comprehensive global policy framework to achieve the goals of gender equality, development, and peace.
- The 2000 the United Nations Millennium Declaration established eight Millennium Development Goals (MDGs)^{ix}, of which four directly focused on reproductive and sexual health and rights.
- The 2005 World Summit renewed commitment to the Millennium Declaration and the World Summit Outcome added the achievement of universal access to reproductive health by 2015^x (as an addition to MDG 5) and universal access to HIV/AIDS treatment by 2010 (to MDG 6).
- Under the 2015 Sustainable Development Goals (SDGs) and Agenda 2030, Goal 3 on health includes target 3.1 and 3.2 on maternal and child mortality, as well as target 3.7, to "ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes." Goal 5 on gender equality includes 12 targets all related to advancing SRMNCAH, with dedicated targets related to women's bodily autonomy in target 5.2 related to eliminating violence against women and girls; target 5.3 to end all harmful practices such as child marriage and female genital mutilation and a dedicated target 5.6 on sexual and reproductive health and reproductive rights to "ensure universal access to SRH and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences".
- Since 2020, in response to the COVID-19 pandemic, the United Nations Framework of Socio-economic Responses to COVID-19 (2020) called for 'ensuring that basic essential services are maintained, such as maternal health care, sexual reproductive health programmes and services for survivors of GBV,' recognizing that SRMNCAH services are critical as part of crises response. The Framework also calls for support to informal economy workers via economic response and recovery programmes, and the redefinition of social protection systems to guarantee universal coverage of decent work^{xi} in conditions of freedom, equity, security, and human dignity, which are key elements for upholding SRMNCAH rights^{xii}.

Collectively, these commitments cover the key dimensions of sexual and reproductive health and rights and broader SRMNCAH.

Situation analysis and commitments of HoA countries



The Horn of Africa consists of Djibouti, Eritrea, Ethiopia, Kenya, Somalia, Sudan, South Sudan, and Uganda. The region has 20 million people affected by crises, which particularly affects the most marginalized groups^{xiii} ability to access sexual and reproductive health (SRH) services. Crises expose women and girls to sexual exploitation and abuse, including defilement and rape^{xiv}. Protracted crises in the HoA have led to large movements of people within and between countries, causing strain to systems at local, national, and regional levels. Available data in the HoA shows extensive geographical and socioeconomic disparities that negatively impact women, men, and children's access to health services. Discrimination against women and girls, including gender-based violence, economic exclusion, and the disparity in access to quality and affordable SRMNCAH services is common across the region^{xv}. Across Africa, SRMNCAH interventions have focused on improving the 'supply' side of services by strengthening health systems and procurement of key commodities. These are critical and must be scaled up, while deepening complementary efforts addressing key "demand" side barriers, which prevent women from realizing their rights to SRMNCAH services^{xvi}.

The OECD Development Centre's Social Institutions and Gender Index (SIGI) Regional Report for Sub-Saharan Africa (2016) presents a detailed analysis of how legislative reform and efforts to transform discriminatory social norms have translated into positive changes for

women and their communities across these countries. Over time, progressive political commitments to and investments in gender equality have put sub-Saharan Africa in a strong position to eliminate entrenched discrimination against women that is perpetuating cycles of inequality and poverty across the region. The 2030 Agenda and the Africa Agenda 2063^{xvii} also offer unprecedented potential for the HoA governments, especially those managing humanitarian situations, to build on and consolidate the gains in gender equality over the past two decades^{xviii}.

Across the region, the many political commitments, legal reforms, and gender-sensitive programmes are not being translated into real changes for women and girls^{xix}. This reflects a lack of accountability and investment in institutional frameworks, as well as limited awareness by women and girls of their rights and duty-bearers or service providers not familiar with their obligations.

Existing regional, national legislative, policy and other frameworks and country analyses related to SRMNCAH strategies in Humanitarian settings

The breadth of regional and national legislative and policy frameworks in support of SRMNCAH demonstrate the linkages between the global commitments on gender equality and women's empowerment (GEWE), such as in the BPfA and those at regional and national levels.

At the regional level, key instruments and policies enacted to promote SRMNCAH include the African Union Sexual and Reproductive Health and Rights Continental Policy Framework (2005), which is operationalized through the Maputo Plan of Action; the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol); the African Charter on the Rights and Welfare of the Child; The AU Roadmap on Harnessing the Demographic Dividend; the African Youth Charter (2006); Common Position on Ending Child Marriage in Africa (2015); and the AU Gender Strategy 2017-2027. In the HoA, all countries have ratified CEDAW and the Maputo Protocol which provides an accountability framework for these commitments. Most countries have further developed national and sectoral policies to support implementation of SRMNCAH, including as part of the rights of refugees.

HoA Legislative, policy and other frameworks related to SRMNCAH strategies in Humanitarian settings

Policy Frameworks	Brief Description
DJIBOUTI: National Constitution (1992); Family Code (2002); the Penal Code* (2011)	The Constitution respects reproductive health and rights (Articles 1-10); the Family Code outlines the minimum age of marriage at 18 and child custody and The Penal Code Article 390 (2011) protects against discrimination, and states that “any distinction among individuals based on their origin, sex, family status, state of health, disability, customs, political opinions, trade-union activities or affiliation or non-affiliation, whether actual or assumed, with a specific ethnic group, nation, race or religion shall constitute discrimination.
ERITREA: The Constitution of the State of Eritrea (1997); Civil, Criminal and Penal Codes* (2015)	The Constitution guarantees equal rights for women and men (Article 5 and Article 14). It also prohibits discrimination on account of race, ethnic origin, language, colour, gender, religion, disability, age, and political view, social or economic status (Article 14(2)), and other rights for women and girls. The Penal Code: prohibits discrimination on account of race, ethnic origin, language, colour, gender, religion, disability, age, and political view, social or economic status
ETHIOPIA: National Refugee Strategy for Prevention & Response to SGBV (2017-2019); National Reproductive Health Strategy (2016-2020); Health Sector Transformation Plan (2016-2020)	The SGBV Strategy has specific measures to support SRMNCAH for refugees through education of SRH rights and services and resourcing and the National Reproductive Health Strategy and Health Sector Transformation Plan covers displaced and refugee communities in access to SRMNCAH services. For more analysis, see UN Women’s Gender Barriers Analysis in Ethiopia’s National Laws and Policies on SRMNCAH Rights and Access to SRMNCAH Services in Humanitarian Settings
KENYA: The Marriage Act; Protection Against Domestic Violence Act (2015); Prohibition of FGM Act; National Action Plan (NAP) on Women Peace & Security (2016; 2020)	The laws and policies provide protection against violence and the NAP on WPS has objectives which include: ‘To protect women and girls and other vulnerable groups, including migrants, refugees, and internally displaced persons, in all forms of conflict and violence; and to ensure women and girls have the capacity to effectively engage in relief and recovery, and have access to services in humanitarian settings, including periods of disaster/crisis’.
SOMALIA: Provisional Constitution of the Federal Republic of Somalia (2012); Penal Code	Provisional Constitution protects from all forms of discrimination including on SRMNCAH rights (Articles 11, 3(5), 15, 24 (5) and rape is criminalized by Penal Code Article 398
SOUTH SUDAN: Penal Code* Act, 2008; Child Act, 2008; Code of Criminal Procedure Act, 2008; GBV Standard Operating Procedures; NAP 2015-2020 on UNSCR 1325 (2016); Anti-GBV Draft Bill (2020)	Existing legal provisions and frameworks all contain direct provisions that deal with cases of gender-based violence and harmful practices and the NAP upholds rights related to non-discrimination, safety for women and girls and needs being met in conflict and post-conflict situations, which can cover SRMNCAH



<p>SUDAN: Muslim Personal Law Act of Sudan (1991); Personal Status Law of Muslims, 1991; Equality Now, 2017; NAP for UN Security Council Resolution 1325 (2020-2022); The Child Act 2010; Marriage of Non-Muslims Act of 1926</p>	<p>The laws cover protection from violence and the NAP importantly includes protection from violence, but also Incorporating mental and reproductive health into primary health care.</p>
<p>UGANDA: Health Sector Refugee Response Integrated Plan (HSRRIP) (2019-2024); Refugee Policy; and the Comprehensive Refugee Response Framework; Refugee and Host Population Empowerment (ReHope) Framework</p>	<p>The policies are seen as a model, which have explicit inclusion of SRMNCAH services as part of health aspects of refugee-related policies. There is also an integrated approach to services for displaced communities connected to host community services, which also cover protection and services for survivors of violence.</p>

Mapping of SRMNCAH programmes in humanitarian settings:

An initial scan of SRMNCAH programming in HoA countries identified a limited number of programme interventions within and across the 8 countries. It was noted that some countries were covered by several programmes, whereas others, such as Djibouti and Sudan, did not have as many interventions.

POWER - Programme on Women’s Empowerment in Sexual, Reproductive, Maternal, Newborn, child and Adolescent Health rights in humanitarian settings in EAR and the HoA (2020-2021)

Since 2020 UN Women, with support from the Austrian Development Agency has implemented **POWER - Programme on Women’s Empowerment in Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) rights in humanitarian settings in EAR and the HoA.** POWER contributes to UN Women’s goal for **every woman, every child, every adolescent girl, everywhere demands her rights to quality SRMNCAH services**, particularly in humanitarian settings. It addresses the barriers that are preventing women, children and adolescents from demanding and realizing their rights to SRMNCAH services and seeks to achieve in HoA humanitarian settings:

- i) established rights-based national and local SRMNCAH Frameworks;
- ii) improved promotion of equal gender norms, attitudes and practices on women’s rights to SRMNCAH; and
- iii) empowered women and girls to exercise their SRMNCAH rights and seek services in countries including Ethiopia, Uganda, Kenya, South Sudan, Eritrea, Sudan, Djibouti and Somalia.

Through POWER, UN Women utilizes its comparative advantage on gender equality and women’s empowerment to address the barriers that prevent women, children, and adolescents from demanding and realizing their rights to SRMNCAH services.

EU-UN Spotlight Initiative: Africa’s Response to Addressing VAWG, SGBV, HP, SRHR including FGM and Child Marriage (2017)

The right to live free of violence as part of SRMNCAH is critical for humanitarian settings in the HoA. The Spotlight Initiative is the largest global investment in ending violence against women and girls (EVAWG), through a partnership launched in 2017 between the European Union (EU) and the United Nations (UN). It was designed as an SDG implementation fund on Goal 5 to eliminate all forms of VAWG, including harmful practices^{xx}. The Spotlight Initiative Africa investment focuses on eliminating GBV (including harmful practices) and promoting sexual and reproductive health and rights. It is implemented in 8 African Union (AU) Member States [Liberia, Malawi, Mali, Mozambique, Niger, Nigeria, Uganda and Zimbabwe]^{xxi} and complemented by a continental programme with the AU and UN Trust Fund to EVAW grants to civil society. The Initiative has contributed to strengthened legal frameworks, implementation of commitments, access to SRHR and other services, improved data, transformed social norms and support to women’s rights organizations. The Spotlight Africa Programme also strengthens existing regional strategies and commitments identified above (e.g. Agenda 2063; the Maputo Plan of Action (2016-2030), etc.).



UN in Support of Peace and Security in the Great Lakes Region (2018)

The joint UN and the GIZ programme aims to promote ongoing peace building and consolidation efforts in Africa's Great Lakes Region (GLR) [five countries], strengthening the regional peace-building structure of the International Conference on the Great Lakes Region (ICGLR). The intervention covers disarmament, demobilization, and reintegration; engagement with women, youth, civil society and private sector; and gender-based violence. This supports the ICGLR Pact on Security, Stability and Development in the Great Lakes region and further building its capacities and aims to improve implementation of the Protocol on the Prevention and Suppression of Sexual Violence against Women and Children. Of relevance to SRMNCAH issues is Outcome 3: "The provisions of the Protocol on Prevention and Suppression of Sexual Violence against Women and Children are effectively applied in the Great Lakes Region, that will be domesticated into national legislation and that practitioners, such as prosecutors, can implement the legislation. This is relevant given the high rates of GBV in humanitarian settings and the link between the right to live free of violence and enjoy bodily autonomy and SRMNCAH.

Promoting the Leadership, Access, Empowerment and Protection (LEAP) of women and girls in COVID-19 Response (2020)

UN Women East and Southern Africa implemented LEAP in Ethiopia, Kenya, Rwanda, and South Africa, targeting 50,000 vulnerable people (45,000 women, 5,000 men) during 2020. It aimed to mitigate the impact and spread of COVID-19 for women, girls, and their community by strengthening protection measures, empowering them in terms of knowledge of rights (including related to SRHR and protection from violence) and promoting their leadership and participation in planning, response and recovery interventions for COVID-19, which is essential for recognizing and securing SRHR services as part of responses. The project aimed to increase knowledge on the prevention of and response to COVID-19 for women, girls, and vulnerable communities; empower women and girls to participate and contribute to prevention, response, and recovery strategies and to avail data and evidence through gender analysis to inform programming, policy, response, and recovery plans for COVID 19.



Photo: UN Women

Key challenges and lessons learned to support programme and policy advocacy

Despite the various entry points to advance SRMNCAH in humanitarian settings described above, studies have shown that women and girls face challenges to accessing their rights to SRMNCAH. These challenges include:

- i) discriminatory laws and policies that create barriers to access services,
- ii) limited resources available for SRMNCAH services,
- iii) restrictions and barriers to securing civil documentation,
- iv) harmful social norms and practices and
- v) lack of knowledge and agency to demand their SRMNCAH rights^{xxii}.

The challenges are linked to gender inequality and have a significant influence on women's ability to make health care decisions, access and utilize services, which negatively affects their health outcomes. Sixty per cent of preventable maternal deaths, 53% of under-five deaths^{xxiii} and 45% of neonatal deaths^{xxiv} take place in settings of conflict, displacement, and natural disasters. The majority of those most at risk of preventable maternal and child mortality are living, or over the next 15 years will be living in fragile or humanitarian settings. Health challenges are particularly acute among mobile populations, those in refugee or temporary camps, internally displaced communities, and adolescents.

Women often face violence and discrimination and are unable to fully participate in society and seek out health services^{xxv}. Even in fragile settings, approximately 15 million adolescent girls (aged 15 to 19) worldwide have experienced forced sex (forced sexual intercourse or other sexual acts) in their life^{xxvi}.

The limited availability of disaggregated - easily digestible data for policy formulation and advocacy work is another challenge to improve the status of women and girls in humanitarian settings. For example, just 37 per cent of COVID-19 cases globally were disaggregated by both sex and age as of July 2020. In all health and other crises, women's access to sexual and reproductive health care

is paramount, and data is required to monitor whether needs are being met.

Women's and girls' voices are not adequately heard in the spaces where decisions about their lives are made. Smaller women's organizations and self-led groups often lack official registration and cannot fully navigate the bureaucratic hurdles required by international donors and larger humanitarian agencies to access funding. These requirements might be too complex or time-consuming for organizations and groups with otherwise limited resources, time, and staff capacity in the countries where they operate^{xxvii}.

The impacts of COVID-19 have had far reaching gendered implications, from exacerbating already high levels of violence against women, to curtailing women's engagement in the labor market and reducing their access to essential health services, especially related to SRMNCAH. It is notable that even before COVID-19, a 2017 ILO-Gallup^{xxviii} report noted global challenges regarding gender equality and improving work-family balance. COVID-19 threatens to reverse hard won gains on gender equality, while also increasing women and girls' vulnerability to COVID-19 transmission and impacts^{xxix}. While available data show that men reportedly have a higher fatality rate, women and girls are especially hurt by resulting economic and social fallout. COVID-19 adversely affects the provision and use of essential health services, especially for marginalized groups of women, newborns, children, and adolescents. Disruptions in service delivery or access barriers have created additional maternal, newborn and child deaths and stillbirths. Resources (financial and human) are also diverted from SRMNCAH programmes to manage the COVID-19 outbreak. During isolation and prolonged lockdown periods, adolescent boys and girls are more vulnerable to anxiety, stress and health-risk behaviours which affect their health and increases risk of gender-based violence and sexual exploitation.



Recommendations for programme strengthening and policy advocacy on SRMNCAH including suggestions on tools to enhance programme work

To effectively address the SRMNCAH challenges experienced by women and girls, strategic partnerships and institutional capacity development of health and related sectors are essential to achieve lasting outcomes that can be sustained beyond a single programme. The Beijing Platform for Action, ICPD and the SDG targets

remain relevant road maps for action and are even more critical in the context of COVID-19. Without coordinated action and collective accountability, there is a risk that the fragile gender equality gains achieved over the past 25 years will be lost. The Reference Report identified the following recommendations to support these ends.

Recommendations for AU Member States to Consider for strengthening SRMNCAH rights

1. Invest in gender machineries and ensure all institutions responsible for humanitarian responses mainstream gender.
2. Support multi-level interventions to transform patriarchal social norms, attitudes and practices and promote gender equality.
3. Ensure humanitarian programming supports economic empowerment of women, which can reduce economic marginalization and reduce barriers for women to access SRHR services.
4. Create measures to secure women's participation in politics and decision-making power.
5. Maintain investments in health care systems, inclusive of crises-affected, to ensure access to SRMNCAH, HIV and other health-related information, services, and products^{sxxx}.
6. Prevent & respond to VAWG through interventions operating at different levels and involving the family, social, cultural & religious structures.
7. Invest in collection and analysis of disaggregated data from humanitarian settings for informing SRMNCAH policy and programmes – to recognize and involve women most marginalized (e.g. those with disabilities, living with HIV and AIDS, other minority groups).
8. Strengthen National Human Rights Institutions as a monitoring body for accountability.
9. Work through partnership and coordination structures, inclusive of women's rights organizations and community-based organizations providing frontline support.
10. Invest in targeted inclusion of women and girls in COVID-19 responses, including in humanitarian settings.

Recommendations for UN and Development Partners to Consider

1. Strengthen capacity of women's groups, community leaders (including men) and community health workers and health extension workers.
2. Promote women's economic opportunities and livelihood skills and second chance education to empower women to access to SRMNCAH services.
3. Conduct participatory action research and support information-gathering via data collection and perception surveys for informing efforts on attitude and norm change.
4. Utilize multi-media channels to increase awareness of women's experiences of barriers to SRMNCAH.
5. Document, share and expand as relevant promising practices and strategies on community solutions that promote SRMNCAH rights in humanitarian settings.
6. Invest in transformative leadership training and mentorships for young women as advocates for gender-responsive and human rights-based approaches to SRMNCAH services.
7. Train women in government, Regional Economic Commissions, parliaments, and key advocates on gender responsive SRMNCAH rights in humanitarian settings.
8. Support capacity development and funds for WROs, CSOs and networks for greater visibility as humanitarian partners.
9. Support Member State efforts to implement and monitor SRMNCAH commitments for greater accountability.
10. Facilitate coordination from local to regional levels and multi-stakeholder partnerships and action.



Reference/End Notes

- i These include the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW), the Beijing Platform for Action (BPfA), the Programme of Action of the International Conference on Population and Development (ICPD), and the Sustainable Development Goals (SDGs).
- ii <https://www.un.org/waterforlifedecade/africa.shtml>
- iii <https://www.unhcr.org/ke/wp-content/uploads/sites/2/2020/02/Kenya-Infographics-31-January-2020.pdf>
- iv Siegal, Reva B., "Sex Equality Arguments for Reproductive Rights: Their Critical Basis and Evolving Constitutional Expression". (2007) Faculty Scholarship Series. Paper 1137
- v UN Doc. A/CONF. 32/41.
- vi UNGA Resolution 2442 (XXIII)
- vii Section 3 of the Programme of Action focuses on women's rights and their right to accessible and adequate health care and the widest range of family planning services, as well as equal access to education at all levels, including sexuality education.
- viii United Nations General Assembly Resolution A/RES/50/203.
- ix United Nations General Assembly Resolution A/55/L.2.
- x UNGA Resolution A/RES/60/1.
- xi ILO (n.d.). Decent Work. <https://www.ilo.org/global/topics/decent-work/lang--en/index.htm>
- xii United Nations (2020). A UN framework for the immediate socio-economic response to COVID-19, 17. <https://unsdg.un.org/sites/default/files/2020-04/UN-framework-for-theimmediate-socio-economic-response-to-COVID-19.pdf>
- xiii Vulnerable Groups is defined as "Groups facing discrimination on the grounds of race, ethnic group, color, sex, language, religion or political opinions or other status." This definition is in line with the 2030 Agenda, the principle of leave no-one behind and the African Charter on Human and Peoples' Rights and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol).
- xiv UNFPA, 2018: <https://reliefweb.int/report/world/newregional-framework-will-strengthen-unfpa-response-hornof-africa-and-yemen-crisis>
- xv UN Women POWER Project Proposal document. P5
- xvi Overcoming barriers to health service access: influencing the demand side T. Ensor and S. Cooper. International Programme, Centre for Health Economics, University of York, York, UK 2004; 2014 ICPD Review
- xvii Agenda 2063 has seven goals or aspirations: 1. Inclusive growth and sustainable development; 2. Political integration and unity; 3. Good governance and respect for human rights, justice and the rule of law; 4. Peace and security; 5. Cultural identity and common heritage, values and ethics; 6. Development that is driven by Africa's people, especially its women and youth; 7. Promotion of Africa as a strong, united, resilient and influential global player and partner



Reference/End Notes

- xviii UN, 2015c; AUC, 2015
- xix UN Women POWER Project Proposal. p5
- xx The four-year programme is implemented in two streams whereby UN Women will lead the overall coordination of Stream I that aims to promote regional response to addressing Sexual and Gender-Based Violence (SGBV), Harmful Practices (HP) and Sexual and Reproductive Health and Reproductive Rights (SRH&RR) in Africa and focusing on three pillars: (1) Legislations and policies, (5) Quality and reliable data and (6) Strengthening the women's movement in its relations with the African Union and other regional players. UN Women will also be leading the implementation of activities under Pillar 6 of Stream I in close collaboration with the UNDP and UNFPA.
- xxi This includes GP countries (Burkina Faso, Ethiopia, Ghana, Sierra Leone and Zambia). Technical assistance and tools and knowledge products will be shared with all countries in the region that request support. Overall, 13 countries with child marriage prevalence rates above 24 percent and where child marriage is an issue (i.e. Benin, Cameroon, Central Africa Republic, Chad, Comoros, Congo, Côte d'Ivoire, DR Congo, Equatorial Guinea, Eritrea, Madagascar, South Sudan, Togo and Tanzania) may indirectly benefit from the programme support and knowledge products shared under this outcome.
- xxii UN Women POWER project proposal (2019)
- xxiii These data are calculated for 50 fragile states based on the 2015 OECD report on Stats of Fragility. The maternal mortality data are based on the: Trends in Maternal Mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, the World Bank and The UN Population Division, 2014
- xxiv Calculation of the proportion of under-five and neonatal deaths that occurred in 2013 in the fragile states listed in the OECD report was done using the UN IGMe Report 2014 data
- xxv The Global Strategy: Every Women Every Child (July 2015). Report of the Secretary-General
- xxvi UN Women 2018. Turning Promises into Action: Gender Equality in the 2030 Agenda for Sustainable Development); <https://www.un.org/en/events/endviolenceday>
- xxvii Who holds the microphone? Crisis-affected women's voices on gender-transformative changes
- xxviii Neli Esipova et al (2017) Towards a better future for women and work: Voices of women and men
- xxix Gender-Responsive Prevention and Management of the COVID-19 Pandemic: From Emergency Response to Recovery & Resilience (2020) UN Women
- xxx See for example, UNFPA's documentation of the contribution of NGOs in reproductive health interventions in UNFPA (2011) Best practices and lessons learned in humanitarian settings. Africa Region.

**UN WOMEN IS THE UN ORGANIZATION
DEDICATED TO GENDER EQUALITY
AND THE EMPOWERMENT OF WOMEN. A
GLOBAL CHAMPION FOR WOMEN AND
GIRLS, UN WOMEN WAS ESTABLISHED
TO ACCELERATE PROGRESS ON
MEETING THEIR NEEDS WORLDWIDE.**

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women's equal participation in all aspects of life, focusing on four strategic priorities: Women lead, participate in and benefit equally from governance systems; Women have income security, decent work and economic autonomy; All women and girls live a life free from all forms of violence; Women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



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