



REPORT OF PROCEEDINGS

REGIONAL POLICY DIALOGUE: ADOPTING THE SOCIAL INSTITUTIONS AND GENDER INDEX DATA TO ADDRESS BARRIERS TO SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH IN HUMANITARIAN SETTINGS



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SEXUAL, REPRODUCTIVE, MATERNAL,
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15TH, 22ND , 29TH JULY AND 12TH AUGUST 2021

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ABOUT THE POLICY DIALOGUE

The Regional Policy Dialogue was organized by UN Women East and Southern Africa in partnership with the Organization for Economic Cooperation and Development (OECD) with financial support from the Austrian Development Agency (ADA) as a series of four virtual regional dialogues, seeking to explore how OECD's Social Institutions and Gender Index (SIGI) data can be adopted in the Horn of Africa to address barriers to Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH); and to support efforts to track progress on gender equality and improve monitoring to deliver on SRMNCAH commitments in humanitarian settings. This Report¹ provides an overview of the Dialogue sessions convened on 15th, 22nd, and 29th July and 12th August 2021 and its recommendations for use by policymakers, gender advocates and development partners in the Horn of Africa.

The Dialogue is part of the Austrian Development Agency (ADA) and UN Women Programme On Women's Empowerment in Sexual, Reproductive, Maternal, New-born, Child and Adolescent Health (SRMNCAH) Rights in Humanitarian Settings in the Horn of Africa Region (POWER) seeks to address some of these challenges. POWER will contribute to UN Women's overall goal, where every woman, every child, every adolescent girl, everywhere demands her rights to quality SRMNCAH services, particularly in humanitarian settings. UN Women works on gender equality and women's empowerment to address the barriers that are preventing women, children, and adolescents from demanding and realizing their rights to SRMNCAH services and seeks to:

- (i) Establish rights-based national and local SRMNCAH frameworks.
- (ii) Promote equal gender norms, attitudes, and practices on women's rights to SRMNCAH; and
- (iii) Empower women and girls to exercise their SRMNCAH rights and seek services.

POWER is being implemented in select humanitarian settings in Ethiopia (Gambella) and Uganda (West Nile) which are complemented by regional activities, such as the Policy Dialogue for supporting exchange and collaboration on SRMNCAH across the Horn of Africa (HoA) region.

1 This report was drafted by Dr. Kidest Lulu Hagos, SRMNCAH Consultant, UN Women ESARO and UN Women ESARO Programme Assistant Jackline Kiambi, with support from UN Women EAW Policy Specialist, Sunita Caminha.

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ACRONYMS

ADA	Austrian Development Agency
ADI	Africa Data Index
AfDB	African Development Bank
ART	Antiretroviral Therapy
CATI	Computer Assisted Telephone Interviewing
CBOs	Community Based Organizations
CEDAW	Convention on Elimination of All forms of Discrimination against Women
CHV	Community Health Volunteers
CRRF	Comprehensive Refugee Response Framework
CSOs	Civil Society Organizations
EAC	East Africa Community
ESAR	East and Southern Africa Region
ESARO	East and Southern Africa Regional Office
EVAW	Ending Violence Against Women
FGM	Female Genital Mutilation
FMoH	Federal Ministry of Health
GBV	Gender-Based Violence
GDI	Gender Development Index
GEM	Gender Empowerment Measure
GEWE	Gender Equality and Women's Empowerment
GII	Gender Inequality Index
HoA	Horn of Africa
IGAD	Intergovernmental Authority on Development
iNGOs	International Non-Governmental Organizations
INSTAD	Institut de la Statistique de Djibouti
IOM	International Organization for Migration
JSWA's	Jonglei State Women Association
MoGLSD	Ministry of Gender, Labor and Social Development
MoH	Ministry of Health
MOWHRD	Ministry of Women and Human Rights Development
NCCRS	National Comprehensive Refugee Response Strategy

NAPs	National Action Plans
NDP	National Development Plan
PNSD	Plan for National Statistical Development
POWER	Programme on Women's Empowerment in Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Rights
OECD	Organisation for Economic Co-operation and Development
OPDs	Organizations of Persons with Disabilities
RRP	Refugee Response Plan
SDG	Sustainable Development Goals
SIGI	Social and Institutional Gender Index
SRH	Sexual and Reproductive Health
SRHRs	Sexual and Reproductive Health and Rights
SRMNCAH	Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health
UN	United Nations
UNCCA	UN Common Country Assessment
UNSDCF	United Nations Strategic Development Cooperation Framework
UNFPA	United Nations Populations Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization
WPHF	Women Peace and Humanitarian Fund

INTRODUCTION

Advancing sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) in the Horn of Africa requires a comprehensive human-rights based approach that promotes collaboration between efforts and improves coordination across sectors and actors working in the humanitarian-peace and development nexus. Countries in the region have dynamic socio-economic and political contexts, with instability from past and ongoing conflict and violence, coupled with climate-related natural disasters slowing the advancement of gender equality and women's empowerment in the region.

The WHO estimates 533 maternal deaths per 100,000 live births occur in Sub-Saharan Africa (WHO, 2019).¹ Seventy-six per cent of high maternal mortality countries (those with MMR > 300) are defined as fragile states where emergent humanitarian settings and situations of conflict, post-conflict, and disaster significantly hinder progress. Women and girls face greater consequences in both sudden and slow-onset emergencies and are at increased risk of sexually transmitted infections (STIs) including HIV, unintended pregnancy, maternal death, and illness, and gender-based violence, including harmful practices of child marriage and female genital mutilation (FGM).

As of 2015, the number of maternal deaths in the 35 countries affected by a humanitarian crisis or fragile conditions was estimated at 185,000, which was 61 per cent of the global estimate of maternal deaths (303,000). This equates to an estimated ratio of 417 maternal deaths per 100,000 live births, which is 1.9 times higher than the global estimate of 216. By the end of 2015, about 99 per cent of the world's maternal deaths were occurring in developing regions, with 2 in 3 cases in countries affected by a humanitarian crisis or fragile conditions.²

Sixty per cent of preventable maternal deaths, 53% of under five deaths and 45% of neonatal deaths take place in settings of conflict, displacement, and natural disasters³. 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, and among internally displaced communities and among adolescents. People under 25 comprise almost 60% of the 1.4 billion living in humanitarian settings and often face diverse sexual and reproductive health challenges⁴.

As one of the official data sources for monitoring SDG 5.1.1 "Whether or not legal frameworks are in place to promote, enforce and monitor gender equality and women's empowerment", the Social Institutions and Gender Index (SIGI) captures the underlying drivers of gender inequality and aims to provide data for transformative policy-changes. It was established by the Organization for Economic Co-operation and Development (OECD) Development Centre and measures discrimination against women in social institutions across 180 countries, considering laws, social norms, and practices.⁵ UN Women's POWER works to ensure the establishment of rights-based national and local SRMNCAH frameworks, has mapped and summarized the SIGI data for the HoA countries to facilitate this Policy Dialogue for its adoption and use to address barriers to enjoyment of SRMNCAH rights and services in the region.

Purpose of the Regional Policy Dialogue

The Regional Policy Dialogue aimed to support relevant institutions and humanitarian actors in the selected HoA countries to establish rights-based national and local SRMNCAH Frameworks in humanitarian settings. POWER supports this objective via activities that can improve monitoring by duty bearers to deliver on SRMNCAH commitments in humanitarian settings. The Policy Dialogue facilitated such monitoring by exploring the existing indicators and potential measures to track implementation of commitments to address gender-related barriers to SRMNCAH services in humanitarian settings. In this regard, the OECD Development Centre's Social Institutions and Gender Index (SIGI) was identified as a valuable tool for supporting countries to track progress on women's empowerment. It is important for countries to understand how the SIGI works, what the findings mean and how they will be able to use it to identify their achievements and assess their gaps gender

equality and women empowerment. The Dialogue also explored the gaps in the existing SIGI data and created a platform for representatives from HoA countries to discuss how the gaps can be addressed to ensure that they are able to deliver on their SRMNCAH commitments in humanitarian settings.

Participants

The Policy Dialogue reached 110 participants across the four sessions and engaged approximately 40 representatives each session from seven countries in the Horn of Africa including Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda, and regional organizations as well as participants from South Africa, Tanzania, and Zimbabwe. The participants included government ministries (Health, Gender, Statistics and Social Welfare/ humanitarian), regional development partners and Institutions working on SRMNCAH such as H6 partners (UN Women, UNFPA, UNICEF and WHO), the Austrian Development Agency, Organization for Economic Co-operation and Development (OECD), the Intergovernmental Authority on Development” (IGAD), African Union (AU) and civil society organizations (CSOs) including women CSOs in humanitarian settings. UN Women Country Offices worked closely with respective government ministries and civil society organizations in the nomination of participants from the region.

UN Women will leverage on existing platforms in the region and joint UN initiatives including the European Union and United Nations Spotlight Initiative, which is a regional, multi-year partnership to eliminate all forms of gender-based violence including harmful traditional practice to continue the advocacy and share outcomes from the dialogue. The Dialogue reinforced the momentum generated through the Generation Equality Forum in Paris in July 2021 and Action Coalitions on Gender-Based Violence and Bodily Autonomy.⁶

Expected Output of the Dialogue

- (i) The expected outputs from the Regional Policy Dialogue were for:
- (ii) Key stakeholders in the region to identify opportunities for the SIGI to be adapted to address barriers to SRMNCAH in humanitarian settings.
- (iii) Duty bearers to explore a monitoring mechanism to track implementation of commitments to deliver on SRMNCAH in humanitarian settings.
- (iv) Country-level collaboration for the HoA to be facilitated that can continue to serve as a reference group and advocates on SRMNCAH rights in humanitarian settings for each country.

Dialogue Format

Given the COVID-19 travel-related restrictions, the Dialogue was adapted from an in-person session to a series of four on-line sessions (each 2-3 hours) conducted on: 15th, 22nd 29th July and 12th August. Each session had a particular focus toward the overall objectives as noted below:

Session 1 Introduction to SIGI in HoA (15th July 2021): This session focused on an introduction to regional legal and policy commitments on SRMNCAH, drawing upon regional knowledge products, specifically UN Women’s Regional Reference Report on SRMNCAH Strategies in Humanitarian Settings and SIGI analysis conducted in 2020. An overview of the SIGI in the Horn of Africa (HoA) region was provided with presentations from OECD, interactive reflections from partners in the HoA countries and as well as experiences from a SIGI adaptation in Tanzania and Uganda. **The Session resulted in clarifying the data sets available and requirements for the SRMNCAH commitments in the HoA.**

Session 2 SRMNCAH Data in humanitarian settings (22nd July 2021): This session presented findings from UN Women's Community Solutions for SRMNCAH in Humanitarian Settings in the Horn of Africa, and a Gender Barrier Analysis of available Policy and Legal frameworks on SRMNCAH rights and service access for women and girls in humanitarian setting from Ethiopia. These findings and SRMNCAH data were discussed during a panel discussion with government, NGO and UNFPA representatives. There were reflections on what the data shows regarding women's empowerment and enjoyment of their SRMNCAH rights. **The Session resulted in identification of the SRMNCAH data needs for humanitarian settings in the HoA region and gaps in the available data.**

Session 3 Women's enjoyment of their SRMNCAH rights in humanitarian settings (29th July 2021): This session was structured as a working session, with a focus on how countries can better measure women's enjoyment of SRMNCAH and their rights in the humanitarian context. There was exploration of how SIGI can be adapted for application in humanitarian contexts and dialogue on 1) which measures can capture women's enjoyment of their SRMNCAH rights, 2) what are the sources of data in humanitarian contexts, 3) how such data can be collected in ethical and safe ways that elevate women's experiences and

voices and 4) how can the collection and reporting of these measures improve accountability for women's rights? The session formed country teams consisting of representatives of HoA member states, UN Women Country Offices CSOs and development partners. The teams agreed that they could continue to serve as a reference group for future actions on SRMNCAH rights in humanitarian settings. **The Session resulted in participants collaborating as country teams which met offline following the session to further develop the ideas generated as a plan of action on how the agreed measures could be taken forward as part of SIGI adoption to measure SRMNCAH rights in the humanitarian contexts within their countries.**

Session 4 Committing to counting women's access to SRMNCAH in HoA (12th August 2021): Country teams presented their proposed plan of action and commitment to measure women's enjoyment of their SRMNCAH rights in humanitarian settings in their country; including planning to adapt SIGI in select humanitarian contexts. Development partners also had reflection time to consider opportunities for collaboration to take these efforts forward. **The Session resulted in policymakers identifying ways to track implementation of commitments to deliver on SRMNCAH and involvement of CSOs to monitor and support the process.**

DETAILED OVERVIEW OF SESSIONS

SESSION 1:

Introduction to SIGI in HoA (15th July 2021)

Opening Remarks

Zebib Kavuma, UN Women East and Southern Africa Deputy Regional Director

Ms. Kavuma officially opened the Policy Dialogue, recognizing ADA's support to POWER and noted that the Dialogue will offer a platform to share ideas of how to strengthen existing rights based local and national SRMNCAH frameworks or the establishment of new frameworks in humanitarian settings across the Horn of Africa. She referenced the Generation Equality Forum of Paris (July 2021) that launched Six Blueprints for Action on Gender Equality and a Compact on Women Peace and Security and Humanitarian Action to accelerate progress on key areas, including SRHR. She noted the alarming statistics of maternal mortality, where 60% of maternal deaths happen in conflict or fragile conditions in countries affected by humanitarian crisis. She also highlighted the high-level of child marriage, with 55% of girls aged 15-29 globally in unions or married and unable to make decisions on their sexual reproductive health rights. She noted how this affects their power to decide on their healthcare, contraceptives, and their own sexual practices and the urgent need for comprehensive policy and programming actions.

Despite legal and policy commitments to gender equality in the region, such as the Maputo Protocol and CEDAW ratifications, women and girls within ESAR face consistent barriers in access to SRMNCAH services due to limited health care quality, reach of existing health systems, equipment as well as bias and discrimination of health service providers in addition to complex humanitarian context in the HoA that hosts about 4.5 million refugees and 9.5M internally displaced persons (IDPs). Implementation of policy frameworks and availability of data will add value into improving the overburdened health care system. There is need to support institutions and humanitarian actions in the HoA for rights-based

national and local SRMNCH frameworks to monitor progress, ensure women girls and adolescents can benefit from accountability of duty bearers to deliver on their commitments.

Dr. Kremser Roswitha, Head of Austrian Development Agency, Uganda

Dr. Kremser affirmed ADA's commitment to a partnership that seeks to improve gender statistics for enhanced policy and decision making. She alluded that advancement of Sexual and Reproductive Health and Rights (SRHR) aligns to ADA's gender equality work as well as the European Union's six thematic areas of engagement for the EU Gender Action Plan 3 that further aligns with the Maputo Plan of Action. Sexual and Reproductive Health and Rights are preconditions and an outcome of all aspects of social and economic development in the achievement of SDGs.

ADA is further partnering with UN Women Uganda on the Women, Peace and Security Agenda. SRHR are often overlooked in crisis situations with women and girls exposed to increased GBV. Dr. Kremser stressed on the need for gender responsive sexual and reproductive health care services as fundamental human rights obligations in humanitarian situations within the peace and development nexus. She noted that the Regional Dialogue was timely and complements ADA's support to programming that addresses barrier that prevent realization of SRHRs. SIGI will address the need for evidence-based data on GBV cases among other related variables, provide a platform for cross country exchanges of experience and good practices while addressing underlying norms and practices to identify with a standard measure. This will provide a useful mechanism to measure discriminatory norms and contribute to close the data gaps on SRHRs of women and girls affected by conflicts and war in humanitarian crisis.

Dr. Munir Kassa, Advisor to the Minister, Ministry of Health Ethiopia

Representing the Ministry of Health, **Dr. Kassa** gave an overview on the implementation of the POWER in Ethiopia within the three refugee camps and host communities. He noted how the POWER has improved access to sexual, reproductive, maternal, and adolescent health services contributing to gender equality for refugees and host communities.

Summary of presentations

General Overview of SIGI in the context of HOA

Ms. Hyeshin Park, Economist and Gender Programme Coordinator, OECD Development Centre introduced SIGI, its adoption to humanitarian settings, SIGI country and regional implementation and explored its implementation for humanitarian settings. She affirmed that for more than 10 years OECD has been producing the SIGI, which is currently the official source of monitoring SDG 5.1.1. SIGI and considers social institutions, laws, social norms and practices.

OECD has partnered with the African Development Bank and UNECA on Africa Regional SIGI Policy Dialogues using the SIGI and AfDB and UNECA's Africa Gender Index that measures gender parity currently feasible. SIGI has 4 dimensions measured using 16 indicators (each dimension against 4 distinct indicators). The SIGI tools currently in use include Databases, Country Profiles and Publications that

Ethiopia has progressed in the last 20-30 years in terms of data collection and policy implementation around SRMNCAH, however, harmful traditional practices, for instance FGM and GBV were eroding gains made in humanitarian situations. Dr. Munir assured participants that the SIGI Policy Dialogue was key in the adoption of a standard measure for SRHR services and reinforced the commitment of the Ethiopian Government.

form the evidence cluster while the analysis cluster includes Country Ranking and Classification and, the Policy Simulator. SIGI Country Studies are policy making tools that present country specific analysis.

Main results of the SIGI in the Horn of Africa 2019 were presented, indicating the level of discrimination in social institutions. Samples of SIGI data 2019 value at country level were presented, noting lower scores equate lower levels of discrimination and profiled Uganda with (45.1), Ethiopia (29.6) and Kenya (35.5). It was noted that Djibouti, Eritrea, Somalia, South Sudan, and Sudan had data on some indicators, but were not sufficient for an average SIGI score. **The key message is that discriminatory social institutions remain strong having major consequences for women's empowerment and human development.** This calls for action to close legal gaps to promote girls and women rights, change social norms that are harmful for gender equality and women's empowerment and collect data needed for policy action.

Summary of Reflections and Discussion

- (i) **Fatuma Adan**, Head of Kenya Mission, Senior Advisor on Reproductive, Maternal, Newborn, Adolescent Health, of IGAD Secretariat proposed some actions as follows: IGAD involvement in convening member states to mobilize states for adoption of SIGI, to complement other related Government led and owned governance structures.
- (ii) **Beatrice Teya**, Humanitarian Specialist, UN Women ESARO appreciated SIGI data and sought clarity on its application in fragile situations where social institutions have been affected by humanitarian situations like conflict, in terms of who has this information? how the information is being used for programming?
- (iii) **Tigist Worku**, Programme Officer, UN Women Ethiopia sought clarification if the data was specific to humanitarian setting or presented a country's overall data and if so, how this could be adopted for humanitarian setting.
- (iv) **Moktar Wais**, Djibouti Institute of Statistics, confirmed that Djibouti had collected and updated a data set on VAW and proposed that the country could improve the data set on comprehensive indicators presented by the SIGI.
- (v) A participant posted a query via the zoom chat if the SIGI would cover other areas, specifically health.

Clarifications: Ms. Park responded that the data presentation was an overall country snapshot and that within a country, contexts may differ in terms of regional social institutions having varying measures. However, OECD develops the SIGI frameworks according to the specific context of the country setting, and OECD is open to work with more partners.

She further clarified that SIGI does not aim to measure outcome data but aims to measure root causes of gender inequality. However, SIGI collects data on health outcomes to look at gaps presented by discrimination of health service provision within social institutions. Other indices like the Africa Data Index (ADI) can provide a correlation on health data, and the partnership with AfDB and UNECA on SIGI strengthens the health outcome data.

SIGI adoption and execution in Tanzania

Dr. Mitra Sadananda, Programme Specialist, UN Women Tanzania presented the Tanzania SIGI framework based on country demands. In Tanzania, data from approximately 4,400 households was collected based on the four key SIGI dimensions on discrimination and inequality and within the scope of; legislation (knowledge to know), social norms (perceptions and attitude), practices (rate and prevalence), with attention to sub-national balance (region, sub region and income group).

The Tanzania SIGI data gives a wider scope of usage, for instance country-level disaggregated data by residence, region, and age-set. Data sets are useful for gender equality and women's empowerment (GEWE) planning and provides evidence for programme development, for instance to inform male engagement in the 'HeForShe' programme. Tanzania has convened various sensitization dialogues with key government partners to create demand for local SIGI data that is critical for local level policy and planning. The Tanzania SIGI Data is yet to be finalized and hopefully to be published in 2021. The country experience is already informing policy advocacy, planning, and programming for GEWE.

Uganda's experience with localizing SIGI

Elizabeth Mushabe, Programme Specialist for Leaving No One Behind, UN Women Uganda made a presentation on Uganda's experience in adopting SIGI data to address barriers to SRMNCAH in humanitarian settings. In Uganda, the national Refugee Policy includes a 'Refugee -Host Community living together' policy. Therefore, the Uganda SIGI findings of 2015 were applicable for humanitarian contexts and adaptable for development context. Uganda has used these findings to inform the "advancing Innovation and Gender Norms – ALIGN" initiative, informed the review of the National Gender Policy of 2017, CEDAW and Beijing reporting of 2019 and

informed policies including the 2018 GBV Policy, Reproductive Health Policy, and the Education Policy.

SIGI Uganda further complemented outcome level measures and indices, for instance, Gender Empowerment Measure (GEM), Gender Development Index (GDI) and Gender Inequality Index (GII). SIGI Uganda provided evidence for diagnosis of the National Development Plan (NDP) II and the UN Common Country Assessment (UN CCA) that led to gender being mainstreamed in the NDP III, PNSD III and UNSDCF. The Uganda SIGI revealed major data gaps on unpaid care work, leading to other specific surveys.

Ms. Mushabe echoed that SIGI plays a key role in monitoring the 2030 Agenda for Sustainable Development in creating awareness on structural barriers that impede progress under SDG Goal 5. SIGI experience continues to broaden GEWE programming to incorporate underlying factors around social harmful practices, e.g., child marriage, sexual exploitation broadening and child labor. The Uganda case affirmed that data-based evidence through SIGI improved appreciation of concepts and stakeholders' ability to apply gender lens to policy processes that further promote GEWE and has allowed data re-processing.

Reflections and Questions

- (i) Awareness of SIGI in the HoA remains a new concept, and clarification was sought on how SIGI related to other tools like the GDI in usage, for measuring gender equality
- (ii) A question was asked if there was a study done in Djibouti for the SIGI data and possibilities of exploration of data where data exists (e.g. EAW data)
- (iii) A participant echoed that SIGI data is complimentary to other measures, noting that SIGI data once embraced by policy and decision makers, provides value addition in the work around positive social norms, positive masculinity thus influencing behavior change and practices, a shift towards engaging cultural and religious institutions.

Responses: All the gender equality indices, including SIGI, are composite indices, none is a subset of the other as the indicators are independent in each of the indices. SIGI doesn't measure gender equality, however, SIGI provides complimentary data and can be used to raise awareness of the specific gender equality indices. UN Women as well as OECD works closely with national statistical offices, and the more regular household data is collected nationally, SIGI indicators will be better informed. SIGI Score is based on available data points. For instance, Djibouti had data for only 15 indicators, and some indicators had no data (e.g. unpaid care work). Dr. Kassa added that the country experiences and lessons highlighted in the Session were valuable, and he added Ethiopia has had very progressive laws, however, implementation is the challenge and there's a possibility for Ethiopia to undertake a SIGI study to address some gaps. However, he acknowledged that the social norms change is a long-term investment.

Regional Reference Report

UN Women presented its "POWER Regional Reference Report" with analysis on existing commitments, contextual factors and programming in the HoA to inform policy, advocacy, and programme development on SRMNCAH in humanitarian settings. The Report consolidated available information to facilitate cross-country learning in support of rights-based national and local SRMNCAH frameworks.

The reference report provided an overview of global/regional commitments on SRMNCAH established over a period more than fifty years and highlighted some of the national legislative, policy, and other frameworks and strategies across the eight HoA countries. Although all the eight countries are affected by fragility in the region and there are 20 million people affected by crises in the HoA, only four countries have National Action Plans (NAPs) on Women Peace and Security. Ethiopia and Uganda

have dedicated policies addressing the health and rights of refugees and IDPs. There are gaps between commitments and progress for women and girls, with COVID-19 exacerbating inequalities for marginalized groups, who are at a greater risk of the pandemic's negative health and socio-economic consequences. The Reference Report documents existing gaps in policy and programming in terms of exclusion of women as rights holders, insufficient investments in data collection, enforcement and monitoring and barriers to women and girls enjoying SRMNCAH rights.

The Report notes a few SRMNCAH programmes within humanitarian settings in the HoA, which include POWER (Jan 2020 - June 2022), the Spotlight Initiative (2018-2022), UN in Support of Peace and Security in the GLR (2018) and Promoting the Leadership, Access, Empowerment and Protection of Women and girls in COVID-19 Response (2020). These programmes can generate lessons learned to improve future programming on SRMNCAH within the HoA. The Reference Report further provides recommendations for AU member states and development partners to consider in strengthening SRMNCAH response.

Summary of Reflections

Dr. Kidest Hagos Lulu, UN Women SRMNCAH Consultant, guided the participants to think of key SRMNCAH commitments made by HoA/ESA countries, recognizing the need to accelerate progress by identifying good practices where countries or communities have dealt with the noted barriers, opportunities in the region to deliver on these commitments, development partners support required and actions needed for SRMNCAH commitments to reach and benefit women and girls affected by humanitarian situations.

Dr. Kassa of Ethiopia shared that about 15 years ago, Ethiopia employed maternal data where the country was experiencing about 8,000 maternal deaths per year due to unsafe abortion procedures. The data was used as an advocacy tool that successfully campaigned for safe abortion policy/law. This example

confirms that good data can be used by advocates for influencing policy and legislative changes.

Grace Bulenzi from UN Women Uganda shared that another approach has been to develop a methodological tool that employs non-traditional sources of data to supplement the national statistics with a selected number of CSOs developing their strategic plans for statistics aligned to the national statistical system.

Fatuma Adan of IGAD proposed that development partners could support intergovernmental institutions like IGAD and the East African Community, who have the capacity to bring governments together for member state advocacy-led decisions. This can be done through establishing a governance framework to make decisions to improve indicators for this data, and for ease of implementation. Additionally, the regional economics blocks could convene Heads of States to commit for SRMNCAH.

Isabella Schmidt, UN Women Regional Data Statistics Specialist alluded to insufficient donor support for national statistical offices capacity to improve data production and use of gender data statistics. A starting point is lobbying governments within ESAR for national budgetary allocation for data and statistics, which is one step towards closing the data gaps.

Summary of Closing Remarks

Ms. Sunita Caminha, UN Women ESARO Policy Specialist for EAW appreciated participants for the engagement and summarized the regional Policy dialogue as having provided room to showcase the importance of closing the data gaps. She emphasized the need for programmatic focus on humanitarian settings in the HoA, learning from experiences of Uganda and Tanzania in terms of SIGI data usage, and the discussion of root causes of gender inequality and how the SIGI data can influence state actions and encourage future investments in the national data collection. She noted that gaps identified in the Dialogue on implementing SRMNCAH in the region and mitigation measures will continue to inform programming within ESAR.

SESSION 2:

SRMNCAH Data in humanitarian settings (22nd July 2021)

Opening Remarks

Dr. Sadia Noor, Director of Gender, Ministry of Women and Human Rights Development (MOWHRD), Somalia

Dr. Noor thanked UN Women for inviting her to participate in the Regional Policy Dialogue and focused her remarks to discuss development challenges facing Somalia.

In the past six years, Somalia has built the institutional capacity for improving functioning of emergency obstetric and neonatal care facilities and maternity; expansion of the midwifery school, the implementation of the innovative community reproductive health outreach campaigns, productive health commodity security and availability of clinical management of services and improvement of law and access to justice for gender-based violence survivors.

The Somalia government, in collaboration with the UN agencies and local civil society organizations has made notable progress in producing guidance for policy formulation and planning.

Somalia continues to experience conflict and natural disasters, and the emergence of the COVID 19 pandemic has deeply affected the economic situation. Somali women have experienced challenges, and significant work is needed in the promotion and the protection of human rights and gender equality in Somalia.

In 2020, the federal government Ministry of Human Rights undertook a rapid assessment of the impact of COVID 19 on woman engaged in a small-scale business. The crisis and subsequent quarantine measures poses a serious threat to engagement in economic activities. Additionally, according to the estimates

from the 2020 Somalia Health and Demographic Survey, the maternal mortality ratio has declined (from 732 per 100,000 live births in 2015 to 692 per 100,000 live births in 2020). Despite the progress, it remains among the highest in the world.

Adolescents and youth also face challenges, such as higher unemployment and poor education attainment, political exclusion, lack of civic engagement, substance abuse, and limited access to adolescent sexual and reproductive health services. Comprehensive sexual education is not part of Somali educational curriculum and cultural barriers discourage dialogue on SRMNCAH.

Cultural practices such as GBV and female genital mutilation are common, and survivors depend on traditional justice mechanisms, including customary law, which has a limitation in ensuring legal equality for survivors. The Somali MOWHRD and government is preparing the ratification of national laws such as the Sexual Offense Bill, the Zero Tolerance Policy for Female Genital Mutilation Bill and the Child Rights Bill to be enacted. Somalia is moving into the national election with hope for women's inclusion and effective political participation for all elected and appointed positions. The UN Security Council Resolution 1325 on Women, Peace, and Security calls for increased participation and representation of women in all levels of decision-making, leadership and women's inclusion in elections.

Ms. Elizabeth Washika, Programme Officer, Ministry of Health, Kenya

Ministry of Health was pleased to be part of this dialogue. All countries in the Horn of Africa experience dynamic geographic, economic, and political challenges, some of which predispose countries to humanitarian crisis. This has resulted in an estimated 4.6 million refugees and 9.5 million internally displaced persons in the region. Kenya hosts approximately half a million women and girls who are refugees and greatly affected by humanitarian situations. Among those affected, a quarter of these girls and women are within the reproductive age group.

Challenging barriers to access of sexual reproductive and maternal health, Kenya has made progress in services in humanitarian settings but still has unmet needs in the area. For example, women within the north of Kenya experience female genital mutilation (FGM), which has significant negative health outcomes and psychosocial effects. Within the context of the humanitarian crisis, the situation for women who have undergone FGM is worse since access to healthcare is a challenge and as a result, there is increased morbidity and mortality.

Kenya has made significant commitments to address these challenges as the leader of the Generation Equality Action Coalition on GBV at the global Generation Equality Forum in Paris. The President shared a package of country commitments identified to eliminate GBV by 2022. Kenya is looking at ending FGM by the year 2022, its focus on having health care workers retiring from performing FGM, and additionally has developed a package used to identify and grade the different stages of FGM. The country has also identified areas on investing in evidence and data monitoring through the health information systems, reviewed data capture and collection tools and reporting tools. FGM is one of the data points that has been captured, women and girls affected by the crisis (e.g., during COVID-19 are assured of access to the multi-sectoral GBV support services), as well as benefiting from prevention strategies.

All these commitments are closely linked to the Dialogue discussion. To close the data gaps through adopting SIGI gives hope that women will be freed from violence beyond our borders and across the Horn of Africa.

Ms. Kwarisima Darlson, Office of Refugees in the Prime Minister's Office, Uganda

Uganda has 1.4 million refugees and out of the total, 53% are women and girls who can be left behind. As a government, Uganda has policies in place with the existence of the 2006 Refugee Act which includes rights of women and where they're supposed to access all the rights. The legislation upholds the equal rights of refugee populations in Uganda.

In terms of health systems, the health facilities in the refugee settings are integrated into the government health system of Uganda. There is equal access for

all. The Government is also working with the UN to ensure there are no barriers that hinder women's access to sexual and reproductive health.

However, with COVID-19, there are reports of a rise in teenage pregnancies, domestic violence, and child labor. The Government is working with other agencies to ensure they address these occurrences in communities.

Summary of presentations:

Community Solutions for SRMNCAH in Humanitarian Settings in the Horn of Africa

UN Women presented this document to facilitate cross-country learning and contribute to informing community interventions, advocacy initiatives, and program development on SRMNCAH in humanitarian settings not only for the POWER but also for other programmes. Various community solutions have been implemented by stakeholders in the region to address SRMNCAH needs, which include both demand creation interventions and community-based service delivery interventions.

Demand creation interventions identified as promising and potentially effective include:

- (i) Community awareness creation and dialogue toward transforming gender inequitable and discriminatory attitudes, norms and practices
- (ii) Innovative approaches to engage communities for increasing knowledge and skills for promoting SRMNCAH
- (iii) Peer education, particularly for young people and mothers
- (iv) Engagement of men and boys in SRMNCAH activities
- (v) Dedicated teams of community-based health educators

Service delivery interventions that have been found to be promising include:

- (i) Community-based distribution of SRMNCAH supplies including dignity kits, menstrual hygiene kits, delivery kits, contraceptives
- (ii) Community outreach services and rapid response teams that provide SRMNCAH services in hard-to-reach areas on a regular basis
- (iii) Provision of continuous basic SRMNCAH services through community health workers or village health teams
- (iv) Mainstreaming of services for women and girls living with disability.
- (v) Safe spaces for women and girls to access SRMNCAH information and services (including on GBV)
- (vi) Facilitation of referral and linkages to SRMNCAH services.

Challenges with implementation of these interventions include lack of data for planning, low capacity among health workers for service provision (SRMNCAH, GBV, and tailored to diverse women and girls), preference for female health workers that are not readily available, and inadequate capacity for programming for women and girls with disabilities. Other challenges include lack of access to SRH products like contraceptives (especially at initial stages of crises), not planning for the needs of young people, insufficient funding and focusing only on the humanitarian needs at the expense of longer-term development.

Recommendations to improve SRMNCAH in humanitarian settings include the following:

Legal frameworks, policies, and guidelines

- (i) Detailed plans (costed implementation plans) should be developed to operationalize the policies and guidelines that promote SRMNCAH in humanitarian settings to ensure the needs of the women and girls are addressed.
- (ii) There should be continuous advocacy to ensure funds are made available for SRMNCAH interventions in humanitarian settings.

Programming

- (i) Humanitarian response should be a bridge to long term development especially in countries with both humanitarian and development issues such as South Sudan and Somalia.
- (ii) There should be deliberate effort to mainstream gender and include vulnerable populations in the response to any humanitarian crisis and this requires adequate data to plan effectively.
- (iii) There should be investments in data that can be used for effective planning in all the countries in the region.
- (iv) Alternative approaches for SRMNCAH interventions in humanitarian settings need to be explored so that services are not disrupted due to situations that require restrictions of movement or gatherings.
- (v) Refugees should be included in national systems in Ethiopia so that their needs can be addressed in a more effective and sustainable manner.

Partnerships and Community Engagement

- (i) Coordination between partners should be strengthened to pool resources together to achieve better results in both humanitarian and development contexts by leveraging on comparative strengths of partners.
- (ii) Multi-sectoral coordination is required because the needs of women and girls in such settings are not limited to SRMNCAH and other needs such as lack of livelihood, education or water, sanitation and hygiene may affect SRMNCAH.

Service Delivery and Monitoring

- (i) Emergency response plans should be integrated in SRMNCAH services so that health systems can respond appropriately and without delay when a crisis occurs.
- (ii) Deliberate measures should be taken to address the needs of women and girls with disabilities within existing SRMNCAH services.
- (iii) Easily accessible and confidential complaints mechanisms for GBV should be established and should be guided by clear procedures to improve confidential information sharing between different components of the system to cater to the needs of survivors.

Gender barriers analysis of available legal and policy frameworks on SRMNCAH in Ethiopia

UN Women Ethiopia presented its assessment of gender barriers, which aimed to assess and analyze the SRMNCAH-related barriers in the legal and policy frameworks in Ethiopia and its use in the humanitarian settings. Based on the findings, UN Women, in collaboration with its partners, intends to complement ongoing efforts of informed programming and gap solving intervention around SRMNCAH in the humanitarian settings; enhance and strengthen institutional capacities; contribute to efforts of ensuring gender equality and women's empowerment (GEWE) through addressing the barriers that hinder women, children and adolescents from demanding their rights to SRMNCAH services; as well as contribute to the establishment of rights-based national and local SRMNCAH Frameworks.

The assessment emanates from UN Women's strong belief that key "demand barriers" (embedded in legal and policy frameworks) prevent women and girls from demanding and realizing their rights to SRMNCAH services. It was noted that these demand side efforts are essential, while also recognizing it is critical to improve the 'supply' side of SRMNCAH through strengthening health systems and procurement of key commodities (which are the most common among SRMNCAH interventions).

The core issue of the assessment is the rights and access to SRMNCAH services of women and girls in the humanitarian settings. The analysis examined how the national SRMNCAH laws/policies/guidelines align with the WHO's recommendations on SRMNCAH. The analysis used data from the WHO Global Policy Survey (2018/19), which identified Ethiopia having 81% of the recommended laws, policies, and guidelines. This can facilitate implementation of SRMNCAH interventions and help standardization of services.

To assess whether the legal frameworks of the country accommodate the internationally agreed rights and needs of refugees and asylum seekers, the assessment reviewed many of the relevant normative international and regional agreements and, further investigated the role of the Ethiopian Government in current global initiatives for refugees and migrants. The review indicated that Ethiopia, as a founding member of the United Nations and the African Union, has not only ratified many of the conventions, but also formalized these laws into its Constitution and declared its commitments through reviewing its existing Refugee Proclamation (2019). The country has also hosted the Global Refugee's Initiative in New York (2016), adopted the Comprehensive Refugee Response Framework (CRRF), developed a multi-sectoral Refugee Response Plan (RRP) and the Inclusive Refugee Education Strategy, along with the 10-year National Comprehensive Refugee Response Strategy (NCRRS). Ethiopia is praised for having the most progressive refugee policy in Africa.

Summary of Reflections

Ms. Mary Mbeo from UN Women Sudan reflected that the community solutions presentation could further review the dates of data collected further refine recommendations for specific countries. The suggestion was received as a future action under POWER, and it was noted that the study was done in 2020 and due to COVID-19, the data was mainly collected through desk review and remote interviews.

Panel Discussion on Community Solutions

Dr. Hagos started the panel discussion by stating that the key takeaways from the two presentations can be summarized as current efforts to ensure SRMNCAH rights in humanitarian settings is not enough, and the data gaps from these settings does not allow for monitoring progress. She introduced the Panelist to discuss how government and partners are dealing with data on SRMNCAH in humanitarian settings. The panelists included:

- Dr. Richard Mugahi, Commissioner for Reproductive and Infant Health, Uganda Ministry of Health;
- Dr. Michael Ebele, Humanitarian Advisor, UNFPA ESARO and
- Mr. Hailu Bekele, Program Coordinator, International Medical Corps Ethiopia Mission.

Below are the questions and the responses from the panelists:

Q1: What are some of the successes from your organization in addressing SRMNCAH needs of refugees from your programs?

Dr. Mugahi highlighted how data is collated and how partnerships have helped to strengthen data on SRMNCAH from humanitarian settings in Uganda. He stated that it is his role to ensure that there is proper planning and coordination of humanitarian programs in Uganda. Uganda is trying to integrate service provision to refugees in resettlement centers as well as in host communities and using Community Health Volunteers who go house to house to provide services and collect data. This has improved access to services, which are usually limited in the health facilities. The country can disaggregate data from the facility level and can identify how many refugees utilized this service. However, there are still challenges with data quality and completeness. Uganda has developed a mechanism of data quality assessments and validation systems that will help to clean the data.

Dr. Ebele emphasized the value of community engagement and involvement from the beginning of intervention planning. He discussed the importance of recognizing and supporting local solutions to challenges identified. He stated that prescribed innovations and guidelines are good, but sometimes they don't apply to the local context. The engagement of communities, existing grassroots organizations and structures help to contextualize these guidelines. This has been evidenced by the high number of people who utilize the services.

Mr. Bekele shared the complementary strategies that IMC is using to increase demand by women and girls as well as reducing the barriers to seeking and accessing SRMNCAH services. The discussion was in line with the current project that they are implementing with support from UN Women's Women, Peace and Humanitarian Fund COVID-19 emergency response. Mr. Bekele also highlighted the importance of integrating services, the need to increase access to information and youth-friendly services.

Q2: From your experience, what are the main challenges in implementing effective SRMNCAH community interventions in humanitarian settings?

Regarding challenges, Mr. Bekele discussed the overstretching of facilities due to client load, shortages of pharmaceutical supplies, commodities and ambulances, lack of client-oriented services, and lack of services such as HIV testing, ART, and cervical cancer screening.

Dr. Mugahi reflected that Uganda lacked satellite clinics in refugee camps and services were complemented by outreach. There is a shortage of human resources and frequent stock-outs due to the high demand for services. He summarized the main challenges as logistical, and nutrition-related.

Dr. Ebele noted that access to affected communities can be a challenge, especially during the early stages of an emergency, which is why working with local actors is very crucial. He said that during emergencies, the focus is usually on communicable diseases and SRMNCAH slowly moves down the ladder.

Q3: What type of data does your organization capture to monitor SRMNCAH? Are there any challenges with ensuring these data are captured in the national system (HMIS)?

Dr. Mugahi confirmed that getting data from humanitarian settings is not a big challenge since refugee services are coordinated through the Prime Minister's Office, where there is also a Health Desk. The challenges are with data quality.

Dr. Ebele from UNFPA reiterated that data tracking and coordination of services for SRMNCAH can be a challenge during the acute phase of an emergency. For example, it is very difficult to identify how many of the displaced women are pregnant.

Mr. Bekele also stated that there are challenges with capturing data in the Gambella humanitarian setting, where he works.

Q4: What is one priority that your organization is focusing on to improve the SRMNCAH situation in humanitarian settings?

Some of the priorities mentioned were multi sector coordination, consistency, and timeliness of data, use of data for decision-making, access to quality services, increasing the number of satellite youth-friendly services, and adequate commodities and supplies.

Summary of Participant Discussion

In South Sudan, the government established a gender-based violence (GBV) information management system with the support of the judiciary body to collect data on GBV. There is also a call center on GBV that has been very helpful in getting GBV cases to access medical support.

Summary of Closing Remarks

Ms. Caminha appreciated participants for the engagement during the second Session and summarized the Dialogue as having provided room to identify the SRMNCAH data and intervention needs for humanitarian settings in the Horn of Africa and gaps in the available efforts, which could be used to inform country learning and planning from the experiences shared from Uganda, Kenya, Ethiopia, and Somalia.

SESSION 3:

Women's enjoyment of their SRMNCAH rights in humanitarian settings (29th July 2021)

Opening Remarks

Dr. Dalya Eltayeb, Head of the Primary Health Care Department at Federal Ministry of Health, Sudan

Dr. Eltayeb began her opening remarks by wishing everyone and their loved one's good health. She extended her appreciation to UN Women and OECD for their efforts to move the important agenda on realization and enjoyment of SRMNCAH Rights.

She gave the context related to Sudan, stating it had been two years since the political transition started in the country. As a result, humanitarian needs have continued to grow across the country despite the progress made in the implementation of the objectives of the transition period. The situation has become worse with the economic crisis exasperated by the COVID-19 containment measures, which caused Internal displacement. The country has also been affected by flooding, outbreak of diseases and overflow of more than 1.1 million refugees and asylum seekers. Out of 13.4 million people in need in the country, about 7.3 million need emergency assistance for life threatening needs related to critical, physical, and mental well-being.

Issues related to SRH and inadequate antenatal care lead to unwanted pregnancies and serious cases of complicated deliveries. Most policies and programmes on SRMNCAH need to be tailored towards women, adolescents, sex workers, women with disabilities, women of diverse sexual orientation and survivors of GBV. These groups face significant obstacles accessing information and services on SRMNCAH. She also highlighted the in-country shortage of healthcare workers and high skills turnover in the healthcare system.

Data in Sudan is still a huge challenge, data for refugees is fragmented and there is absence of data for women and girls with disabilities. Lack of data hinders planning and programming for these groups.

To address the mentioned challenges, she emphasized the importance of harmonized efforts of organizations and policies; the need for sufficient funding, capacity development and continued advocacy in SRMNCAH as key.

Mr. Moktar Omar, Demographer, Djibouti National Institute of Statistics (INSTAD), Djibouti

Mr. Omar began his remarks by acknowledging Dr. Dalya's remarks and stated that women and girls are disproportionately affected by the conflict in the Horn of Africa. Economic crisis has aggravated the SRMNCAH rights and services in humanitarian settings. The poor SRMNCAH conditions are among the leading causes of illness and death for women of reproductive age and 60% of maternal deaths in Djibouti.

He emphasized on the importance of the Djibouti National Institute of statistics and its role to conduct

surveys and develop tools to measure access to reproductive health and maternal care of women but also of migrants and refugees. In Djibouti, there is a law that allows refugees to have access to social protection and all services especially in SRMNCAH that the citizens may have access to. Mr. Omar emphasized the need to improve existing tools that measure access to SRMNCAH services to ensure women and girls enjoy their SRMNCAH rights.

Summary of presentations

Overview of ethical and safe data collection and use in humanitarian settings

Ms. Isabella Schmidt from UN Women ESARO presented an overview of ethical and safe data collection and use in humanitarian settings. Ms. Schmidt reviewed what SIGI measures and how that translates into the potential barriers or opportunities in a humanitarian context. The presentation also highlighted a few measurement imperatives that look at different dimensions and, also come with different potential risks. A checklist was shared that one can use to look at the ethical considerations before collecting data in humanitarian settings.

SIGI captures the level of discrimination against women in three levels; that is legislative and normative frameworks and also investigates the implementation of customary laws and practices and attitudinal data. Due to diversity among refugees, asylum seekers and IDPs, during collections of data in humanitarian settings there will be legislative disruptions, change in policies, difficulties in enforcement of laws and regulations and breakdown of societal and cultural structures and practices. Therefore, there is a need to tailor appropriate interventions for data collection in humanitarian settings.

While measuring normative frameworks, the most appropriate methods are based on reviews and interviews. A few examples of sources of this kind of information are the UN Women Regional Reference Report, Community Solutions and the Gender Barrier Analysis reports were presented in

Sessions 1 and 2. While assessing gender equality and women's empowerment face to face or Computer-Assisted Telephone Interviewing (CATI), in-person interviews are the best. They help build a connection between the researcher and the interviewee, especially while sensitive topics such as GBV are involved.

During collection of data on GBV or other sensitive issues, safety and ethical considerations should be part of the data collection guidelines and strictly upheld. This can also one confirm whether it's safe to collect the data on violence against women or not. It is also important to provide helpline and other support information as needed because some respondents might be traumatized when asked questions on their experiences. The best way to collect data in a humanitarian situation is through group and key informant interviews. This makes it easier to probe and find out more about people's thinking and perceptions on complex issues such as GBV.

Confidentiality and privacy must be respected, and it is important to select diverse participants to ensure there's a cross sectional representation, as well as the inclusion of marginalized groups, which is difficult in the humanitarian settings. Marginalized groups become even further marginalized during times of crises, so it's important to consider the geographic location and make sure that groups and location selections adequately measure and consider the different social and cultural practices.

Summary of the Open Dialogue - Pierre de Boissésou, OECD

Mr. Boissésou began by stating the objective of the Open Dialogue as a space for the participants to have a quick refresher on what SIGI is, the OECD Country Studies and how countries can adapt SIGI in humanitarian settings. He defined SIGI as a statistical tool that measures discrimination against women in social institutions across 180 countries by considering laws, social norms, and practices. The SIGI captures the underlying drivers of gender inequality with the aim to provide the data necessary for transformative

policy-change. The SIGI is also one of the official data sources for monitoring SDG 5.1.1 *"Whether or not legal frameworks are in place to promote, enforce and monitor gender equality and women's empowerment."*

One form of discrimination that SIGI measures is the structural discrimination, composed of formal laws and legal frameworks. SIGI also measures social norms and attitudes that dictate one's behavior towards a certain phenomenon.

He noted that SIGI was first developed in 2009 and has been updated four times. The next edition will be in 2023. SIGI has four dimensions, and each dimension has four indicators that build to three components (i.e. formal laws, social norms, and practice). He introduced the SIGI Country Studies that look at discriminatory social institutions within a specific country and disaggregate the level of discrimination at the sub-national level by regions or districts.

OECD objective is to take the original SIGI global conceptual framework and adapt it to the country specific challenges that women and girls face with a specific context. Data is collected in two forms: qualitative and quantitative in partnership with the national statistical office at the country level, as was done for SIGI country studies done in Tanzania and Uganda. In relation to SRMNCAH, SIGI will be adapted to the local context in consultations with government representatives, gender experts, research and learning institutions, international and local CSOs.

Country Teams Discussion

Following the Plenary Sessions, participants worked in group discussions to focus on how countries can better measure women's enjoyment of SRMNCAH and their rights in the humanitarian context. There was an exploration of how SIGI can be adapted for application in humanitarian contexts and dialogue on 1) which measures can capture women's enjoyment of their SRMNCAH rights, 2) what are the sources of data in humanitarian contexts, 3) how such data can be collected in ethical and safe ways that elevate women's experiences and voices and 4) How can the collection and reporting of these measures improve accountability for women's rights?

The discussions resulted in participants collaborating as country teams to develop the ideas generated as a plan of action on how the agreed measures could be part of a pilot SIGI adaptation to measure SRMNCAH

rights in humanitarian contexts within their countries. The country teams consisted of representatives of the member states, UN Women Country Offices and CSOs or development partners working in the country. The country teams discussed the four questions and agreed to reconvene as a team facilitated by UN Women Country Offices to finalize their Plan of Action for the fourth Session.

The expectation was that the team will continue to serve as a reference group for future actions on SRMNCAH rights in humanitarian settings. The engagement of member states in the discussion will facilitate ownership of the commitments resulting from this session. The member states will take lead in implementing the action plans from the policy dialogue promoting continuity and sustainability at the country level.

Summary of Closing and next steps

Dr. Hagos thanked participants for the engagement in Session 3. She noted that the country delegates were expected to meet online/in person before the final Session on 12 August 2021 to agree to 3-5 Next Steps to take forward the learning or action points from the Policy Dialogue at the country-level. UN Women Country Office/ Regional Office would facilitate the meeting of delegates and provide a template

for the presentation. The Country presentations on actions for continuing the Dialogue at national-level and discussions will include proposed plan of action and commitment to measure women's enjoyment of their SRMNCAH rights in humanitarian settings in their country, and potential entry points to adapt SIGI to include data from select humanitarian contexts.

SESSION 4:

Committing to counting women's access to SRMNCAH in HoA (12th August 2021)

Opening Remarks

Ms. Regina Osso Lullo, Director General, Ministry of Gender, Child and social welfare, South Sudan

Ms. Lullo began her remarks by recognizing colleagues and partners from government institutions, UN Agencies, and other entities. She thanked UN Women for organizing the SIGI Regional Policy Dialogue. In her remarks she noted that South Sudan is the youngest nation in the Horn of Africa, and it has been affected with conflict that has exposed most women and girls into several vulnerabilities. These include extreme poverty and inefficient social development institutions with the health sector and social protection as major affected areas. Pregnant women, newborn children and adolescents have a higher mortality rate in South Sudan's fragile and conflict context. The government of South Sudan is strengthening the health care and social protection sectors which is key for the effective implementation of policies and improvement of health and social outcomes.

South Sudan is facing challenges in implementation of SRMNCAH Policies. Some of the challenges the government is facing is the critical shortage of human resource in all levels of the health system, lack of medical machinery, low supply of medicines and national funding. The government of South Sudan is implementing the Resolution of Conflict in South Sudan and the government commitment is to ensure the health and protection of women through the social protection agenda.

Country Teams Presentations – Country Action Plans

Following the Opening, each country team was invited to present their Action Plans.

Djibouti

WHAT: Activities (eg. convene discussions, map available data, present findings to stakeholders etc.)	WHO: Organizations	WHEN: time
Mapping of available data on SRMNCAH and identity gaps	INSTAD, Ministry of Gender	2021-2022
Convene discussions with different stakeholders on SRMNCAH on humanitarian settings	Ministry of Gender, Ministry of Health, INSTAD, UNHCR, IOM, UN Women	2022
Present findings to stakeholders	Ministry of Gender	2022
Conduct a national Demographic and Health Survey (DHS-MICS)	INSTAD, Ministry of Health	2024
Conduct in-depth studies on SRMNCAH in humanitarian settings	INSTAD, Ministry of Gender, Ministry of Health	2022-2026

Ethiopia

WHAT: Activities	WHO: Organizations	WHEN: time
Analysis of existing data source for SIGI indicators and making a case for a country-level SIGI	MOH, UN Women	TBC by MoH
Discussion on the Gender Barriers Analysis and finalization of the recommendations	UNWOMEN	Oct 2021
Organize high-level policy dialogue on how the data can be captured and used for decision making	MoH, UN Women	Dec 2021
Establishing national task force from different MoH directorates to follow-up with execution of SIGI	MoH, UN Women	Dec 2021

Uganda

WHAT: Activities	WHO: Organizations	WHEN: time	Remarks
Convene high-level national meetings (SIGI participating agencies and INGOs)	UN Women, UNFPA, UNICEF, MoH, MoGLSD, INGOs, CBOs, civil societies, OPDs, Religious and Cultural institutions	Results planned for Oct 3	Team exist, not been so active
Reactivate a national SIGI reference team to include actors strategic to Humanitarian Response-Articulate issues that came out of the SIGI regional consultations	UN Women, UNFPA, UNICEF, MoH, MoGLSD, INGOs, CBOs civil societies, OPDs, Religious and Cultural institutions	Oct 3 2021	At planning stage
Conduct SIGI assessment with support and guidance from OECD and Austria AID	UN Women, UNFPA, UNICEF, MoH, MoGLSD, INGOs, CBOs civil societies, OPDs, Religious and Cultural institutions	Oct 2 2022	Hire consultant
Dissemination of assessment findings workshop (National level)	UN Women, UNFPA, UNICEF, MoH, MoGLSD, INGOs, CBOs civil societies, OPDs, Religious and Cultural institutions	Oct 2 2022	In plan
Dissemination of assessment findings workshop (Regional, district, settlement level)	UN Women, UNFPA, UNICEF, MoH, MoGLSD, INGOs, CBOs civil societies, OPDs, Religious and Cultural institutions	Oct 2 2022	In plan

Kenya

WHAT: Activities	WHO: Organizations	WHEN: time	Remarks
Sharing SIGI in Committee of experts- MOH	MOH	October 2021	COE meets quarterly; last met in July 2021
Data management: Having a joint meeting with the police and ODPP	MOH- SRH and gender program manager	October 2021	
Convene the gender sector working group-on SRMNCH issues	MOH	August 2021	UN Women
Joint Campaigns to engage with the community.	State Dept of Gender	Sept-oct 2021	Other Stakeholders
Integrate SRMNCH to reflect on the GBV policy at the county levels and how to use SIGI data as a tool to localize the SRMNCH services.	State Dept of Gender	OCT 2021	COG, NGECC
Mapping referral systems in the country and strengthen capacity of referral systems	State Dept of Gender	Ongoing	UN Women, UNFPA, UNICEF
GEF action coalition linkage with the SRMNCH	State Dept of Gender	Ongoing	UN Women, UNFPA, AMREF, Others

Somalia

WHAT: Activities	WHO: Organizations	WHEN: time	Remarks
Developing and validation of the National Action Plan on passage of FGM Bill	MoWHRD	2021	With support of joint GEWE program
Developing National Plan FGM for the eradication of girls' circumcision	MoWHRD	Aug-Dec 2021	
Initiation of the National GBVIMS for data collection and reporting	MoWHRD	Aug –Dec 2021	
Sexual Offences Bill (SOB) is in the Parliamentarian (Re-reviewing SOB with MoJ, MoRE, CSOs and parliamentary human rights commission in coordination with MoWHRD)	MoWHRD	2022	
Anti FGM Bill (the bill currently is the cabinet ministries for the approval, the MOWHRD in collaboration with CSO's are advocating governmental approval of the Bill	MoWHRD	2021-2022	

Sudan

WHAT: Activities	WHO: Organizations	WHEN: time
Discussion panel (all stakeholders, setting the plan)	UN Women, CBS, FMOH, UNFPA, UNICEF, FMOsD	25Aug2021
Workshop (set the authority framework and design inputs models)	UN Women, CBS, FMOH, UNFPA, UNICEF, FMOsD	08Sept2021
Breakdown of plan into activities, set the structure of the project and distribute responsibilities	Core group	20 Sept2021

South Sudan

WHAT: Activities	WHO: Organizations	WHEN: time	Remarks
Present recommendations and finding to H6 to solicit inputs on strengthening data collection for South Sudan	UN Women	05/09/2021	Pending
Consolidate inputs and share with Ministry of Health, Ministry of Gender and Bureau of Statistics for inputs.	UN Women	05/08/2021	Completed before Session 4
Mapping of available data and sources	Ministry of Gender/ UN Women	6/08/2021	Most data and sources identified
Opening remarks and presentation	Ministry of Gender	12/08/2021	

Summary of Overall Reflections

Ms. Caminha from UN Women recognized the ongoing partnership with OECD on the SIGI Regional Dialogue. She invited Hyesin Park from OECD to share her reflections on the country team's presentation on Action Plans and upcoming opportunities and actions following the dialogue series.

Ms. Park noted the OECD appreciation of the country teams' action plan on how to hold discussions with different national policy makers and regional stakeholders on SIGI and identification of data gaps. She affirmed the OECD is ready to support and collaborate with countries both at the national and regional level. One area of collaboration is on the collection and updating of data and, validation of the fifth SIGI Global edition (to be published in 2023). OECD is currently reviewing the methodologies and conceptual frameworks and the update of SIGI data will begin in 2022 to monitor the changes between the fourth edition (SIGI 2019) and Fifth Edition (SIGI 2023). OECD will be holding country level discussions with its country focal points to understand SIGI gaps and advances in the different thematic areas such as legal frameworks and social norms, and practices. In the Fifth Edition, SIGI will explore male engagement, GBV and SRHR in depth.

The second area of collaboration is on SIGI Country studies. OECD has engaged Burkina Faso and Uganda in country studies and is currently working with Tanzania and Cote d'Ivoire. The country studies involve collection of primary data at the household level of each country to evaluate where there are lower or higher levels of discrimination in relation to social norms and practices. The aim is to provide a holistic view on gender equality at the sub-national level. The prerequisite requirement for country studies is country ownership. OECD provides established methodologies to aggregate data and quantify them into SIGI scores.

The third area of collaboration is with National Statistical offices, where OECD is looking to support capacity development on data collection and analysis to guide the formulation of policy and action plans. The long-term goal is to have some questions in the SIGI country study integrated in national surveys, such as DHS to inform long-term monitoring and decision-making processes.

Since April 2021, OECD has organized regional dialogues on SIGI policy-making. The sixth series of the dialogue will be in October 2021 in collaboration with the African Development Bank and UN ECA.

Other Reflections

- (i) Mr. Moktar Ali from Djibouti noted some of the SIGI data under the Djibouti profile is outdated and will need the Djibouti Institution of Statistics to collaborate with UN Women and OECD to update the country profile.
- (ii) One of the challenges mentioned by Mr. Ali regarding collaboration was the lack of a UN Women Office in Djibouti, and UN Women Gender Statistics Specialist assured that UN Women is developing modalities to guide the partnership with countries where UN Women has no physical presence.
- (iii) A participant from Uganda highlighted the country's experience in localizing the SIGI data and conducting data analysis for the violence against women and girls and a report on the same will be disseminated.

Closing Remarks

Dr. Roswitha Kremser – Head of Office, Austria Development Agency - Uganda

Dr. Roswitha pointed out the Dialogue aim to improve the gender statistics for enhanced policy and decision making is relevant for the Horn of Africa Region. She highlighted the advancement of SRMNCAH in the HOA region in line with the provisions of the Maputo Plan of Action as an important agenda for ADA. She pledged ADA support to promote SRMNCAH rights of diverse groups, including women and girls to address the barriers which are preventing the realization of their rights. She highlighted the implications caused by the COVID -19 pandemic, such as increased rates of sexual and physical gender-based violence in the region.

She stated there is need to compare statistics and trends across the region on SRMNCAH to steer the right political response and have a harmonized and verified set of data. In the humanitarian settings, there is need to improve sensitivity in collection of data on GBV for statistical evidence and to ensure access to justice for GBV victims. There is need for cross-country exchange of experience and best practices on collection of sensitive GBV data to solidify regional database for access of reliable data and to develop tools to measure progress. OECD through SIGI provides useful mechanisms to measure discriminatory norms that contribute to closing data gaps.

Zebib Kavuma – Deputy Regional Director, UN Women ESARO

Ms. Kavuma recognized the commitments of institutions and cross-country regional conversations and their reaffirmation of the UN Women collective quest to ensure women, adolescents and children in humanitarian settings can access information, services, and the resources they need to guarantee their sexual, reproductive, maternal, and general health and rights. She commended the participants for their dedication to understand more about the Social Institutions and Gender Index, how it applies in relation to the SRMNCAH commitments of countries in the Horn of Africa, and how these SRMNCAH rights are challenged in humanitarian settings across countries. She highlighted some of the challenges expressed in the dialogue on existing gaps in the data, its collection and use. She stated data is not available or harmonized within the national health information systems, and the need for greater investments in the collection and use of this data.

She pointed out from the dialogue and studies presented over the past few weeks that even when there are very good policies regarding SRMNCAH adopted at the national level; women, adolescents, and children in humanitarian settings are still not enjoying their rights and are missing access to vital information and services, both at the community and facility level. These barriers are not unique to humanitarian settings but are made significantly worse when experienced by groups of women, children and adolescents who are displaced from their homes or affected by disasters and conflict.

The Action Plans presented by Country teams are a step forward to identifying solutions and taking action to bring more accountability for women, adolescents, and children so that they can enjoy their SRMNCAH rights.

The continuation of this conversation is very timely, as it follows the previous month's launch of the Generation Equality Forum Blueprints for Action on gender equality and the Compact on Women, Peace and Security and Humanitarian Action, which highlight the unfinished business that is needed to reach the SDGs by 2030. Among the critical areas of action are ensuring women, girls and adolescents can access their rights to bodily autonomy and sexual and reproductive health, as well as enjoy their right to live free of violence.

Ms. Kavuma reaffirmed UN Women's commitment to facilitate and where possible, support participants in their efforts to see through the action plans shared, and to keep the momentum to ensure the conversations do not stop with close of the session.

NEXT STEPS AND WAY FORWARD

- Country teams to continue working on the action plans developed during the Policy Dialogue and collaborate on their implementation to ensure SRMNCAH rights in humanitarian settings.
- UN Women will provide technical support where needed to realize these action plans and ensure SRMNCAH rights in humanitarian settings.
- OECD expressed readiness to collaborate with the HoA countries as well as at the regional level to collaborate on national level SIGI depending on countries' interest.
- Country teams will continue to serve as a reference group or as an advocacy group for ensuring SRMNCAH rights in humanitarian settings within their respective countries.

ENDNOTES

- 1 Trends in maternal mortality 2019: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division ISBN 978-92-4-151648-8
- 2 Maternal mortality in humanitarian crises and in fragile settings, UNFPA, 2015.
- 3 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
- 4 The Global Strategy: Every Women Every Child (July 2015). Report of the Secretary-General
- 5 Ferrant, G., L. Fuirot and E. Zambrano (2020), "The Social Institutions and Gender Index (SIGI) 2019: A revised framework for better advocacy", OECD Development Centre Working Papers, No. 342, OECD Publishing, Paris, <https://doi.org/10.1787/o22d5e7b-en>.
- 6 See more on the Generation Equality Forum at: <https://forum.generationequality.org/generation-equality-forum-paris>

ANNEX

ANNEX-I: Agenda for the Regional Policy Dialogue

Overall Facilitator: Dr. Kidest Lulu Hagos, SRMNCAH Consultant

Co-Facilitator: Sunita Caminha, UN Women ESARO EAW Policy Specialist

Rapporteur: Jackline Kiambi, Programme Assistant

Agenda	Speaker	Moderator	Time
Session 1: 15 July 2021			
Opening remarks	Ms. Zebib Kavuma, UN Women ESARO Regional Deputy Director, Dr. Roswitha Kremser, ADA Representative Uganda, Dr. Munir Kassa, Ethiopia Government Representative	Ms. Sunita Caminha, UN Women ESARO EAW Policy Specialist	30 min
Introductions	Speakers and participants	Ms. Sunita Caminha	30 min
General Overview of SIGI and Setting the context in HoA– SIGI presentation	Ms. Hyesin Park, Gender Programme Coordinator OECD Development Centre	Ms. Sunita Caminha	35 min
Reflections by participants		Ms. Sunita Caminha	20 min
Health Break			5 min
SIGI adoption and execution in Tanzania	Dr. Mitra Sadananda, Statistician, UN Women Tanzania	Ms. Addisalem Befekadu, UN Women Program Specialist, EAWG and Human Rights, Ethiopia	15 min
Uganda’s experience with localizing SIGI	Elizabeth Mushabe, Programme Officer LNOB, UN Women Uganda	Ms. Addisalem Befekadu,	10 min
Reflections by participants		Addisalem Befekadu	20 min
Regional Reference document presentation	Ms. Sunita Caminha	Dr. Kidest L Hagos	15 min
Reflections by participants		Dr. Kidest L Hagos	15 min
Next steps	Dr. Kidest L Hagos		5 min
Closing	Ms. Sunita Caminha		5 min
Session 2: 21 July 2021			
Opening of Session Two	Kenya Government Rep; Somalia Government Rep	Ms. Sunita Caminha	15 min
Recap – Last session	Jackline Kiambi		10 min
Community Solutions for SRMNCAH in Humanitarian Settings in the Horn of Africa	Dr. Kidest L Hagos	Ms. Sunita Caminha	15 min

Gender Barrier Analysis of Policy and Legal frameworks on SRMNCAH rights in Ethiopia	Tigist Worku, Gender and Public Health Officer, UN Women Ethiopia	Ms. Sunita Caminha	15 min
Reflections on Presentations	Participants	Ms. Sunita Caminha	20 min
Health Break			5 min
Panel Discussion: Community Solutions Report	Humanitarian partners	Dr. Kidest L Hagos	1 hr
Q and A; General Discussion	All participants	Dr. Kidest L Hagos	30 min
Next steps/ Closing	Kidest L Hagos	Ms. Sunita Caminha	10 min
Session 3: 12 August 2021			
Opening Remarks	Sudan Government Rep. Djibouti Government Rep.	Kidest L. Hagos	15 min
Recap of session II	Jackline Kiambi	Kidest L. Hagos	15 Min
Overview of ethical and safe data collection and use in humanitarian settings	Isabella Schmidt, Gender Statistics Specialist, UN Women ESARO	Kidest L. Hagos	15 Min
Adapting the SIGI - Panel	Pierre De Boissésón, OECD	Kidest L. Hagos	30 Min
Health Break			5 Min
Next step/Next agenda and closing	Sunita Caminha		10 Min
Session 4: 12 August 2021			
Opening Session Four	Ms. Regina Ossa Lullo, South Sudan: Ministry of Gender, Child and social welfare	Monalisa Zatjirua	10 Min
Recap on all sessions	Jackline Kiambi	Monalisa Zatjirua	15 Min
Country presentations		Ms. Sunita Caminha	45 Min
Health Break			5 Min
Reflections from Participants and Partners		Ms. Sunita Caminha	20 Min
Next steps	Dr. Kidest L Hagos		10 Min
Closing remarks	Dr. Roswita Kremser, ADA		10 Min
	Ms. Zebib Kavuma, UN Women ESARO		10 Min

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Annex-III: Presentations

SIGI Dialogue - Google Drive 



**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 implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



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