CASE STUDIES

LEARNING FROM POWER:
PROGRAMME ON WOMEN'S EMPOWERMENT IN SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH RIGHTS IN HUMANITARIAN SETTINGS IN THE HORN OF AFRICA REGION

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ACRONYMS AND ABBREVIATIONS

FAWE-U	Forum for African Women Educationalists Uganda Chapter
FGM	female genital mutilation
GRB	gender-responsive budgeting
ICWEA	International Community of Women Living with HIV Eastern Africa
NGO	non-governmental organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
POWER	Programme on Women's Empowerment in Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Rights
PPE	personal protective equipment
SIGI	Social Institutions and Gender Index
SRHR	sexual and reproductive health and rights
SRMNCAH	sexual, reproductive, maternal, newborn, child and adolescent health
STI	sexually transmitted infection
UNFPA	United Nations Population Fund
WHO	World Health Organization

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INTRODUCTION

Women and girls are particularly vulnerable in volatile environments, where safety is not guaranteed. In conflict-affected settings, sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) needs increase, while available services and resources decrease. Evidence suggests that women in these settings are at higher risk of pregnancy-related death and disability, have more difficulty accessing sexual and reproductive health and abortion services, and experience higher rates of unintended and unwanted pregnancies, gender-based violence and sexually transmitted infections (STIs), including HIV, than those in other settings.[1]

Negative health outcomes for women and girls in refugee settlements and surrounding host communities are strongly related to gender inequality and discrimination. The gender-related barriers that prevent them from demanding and realizing their rights to SRMNCAH services must be addressed to achieve better health outcomes. This includes better access to information; non-discriminatory, stigma-free and inclusive sexual and reproductive health services; time and financial resources; and a supportive environment. Reducing negative SRMNCAH outcomes also involves addressing the demand-side barriers that undermine health service utilization among women and girls. Ensuring that they have knowledge of their rights and the power to make decisions about their own health and healthcare needs can encourage women and girls to seek SRMNCAH information and services.

Strengthening the access of women and girls in refugee and host communities to SRMNCAH information and services has been a core focus of UN Women's Programme on Women's Empowerment in Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Rights, known as 'POWER', since 2020. The programme aims to ensure that every woman, including child and adolescent girls, can demand her right to high-quality sexual and reproductive health services.

Developed with generous support from the Austrian Development Agency to address the challenges that women and girls must overcome to exercise their rights, the programme has been implemented in the Horn of Africa subregion, with a focus on select humanitarian communities in Ethiopia and Uganda.

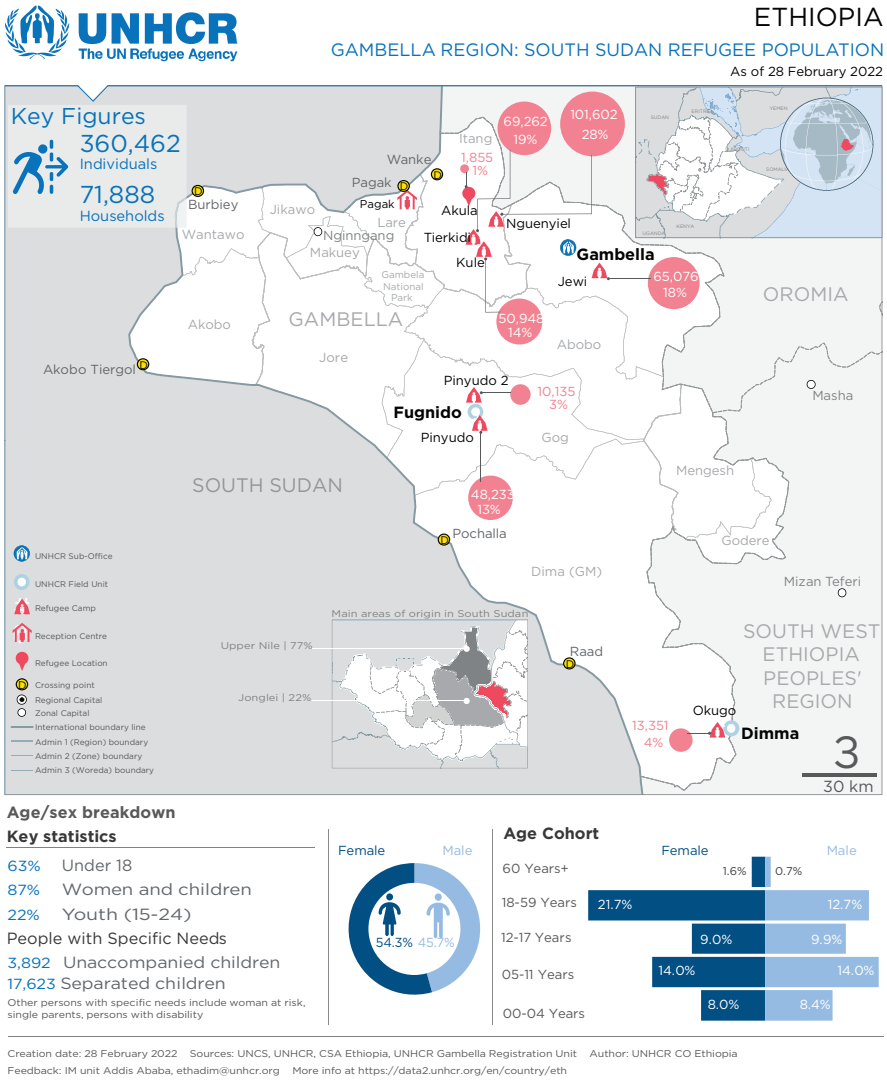
In the West Nile region of Uganda, POWER was implemented in Bidi-Bidi camp in the Yumbe district, Rhino camp in the Terego district, and the Maaji-1,2,3 and Nyumazi refugee settlements in the Adjumani district, with a total of 12,000 direct beneficiaries and approximately 225,000 indirect beneficiaries. Uganda hosts the third highest number of refugees globally and the highest number in Africa, with 1,529,904 refugees as of February 2022.

In the Gambella region of Ethiopia, POWER was implemented in areas hosting seven camps for refugees, predominantly from South Sudan, with 13,600 direct beneficiaries and 366,719 indirect beneficiaries. Ethiopia is the third largest refugee-hosting country in Africa, sheltering over 840,000 registered refugees and asylum seekers as of March 2022. The overwhelming majority originate from Eritrea, Somalia, South Sudan and Sudan.

The programme utilizes *UN Women's Programming Guide: Promoting Gender Equality in Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health*.[2] This framework applies a 'gender lens' to the social-ecological model of health-related behaviours to understand how gender and gender inequality play a role in SRMNCAH at different levels, and to identify barriers that prevent women and adolescent girls from demanding and realizing their rights to SRMNCAH information and services.

POWER further develops this framework to reflect the complexities and realities of gender-related barriers to accessing SRMNCAH services in humanitarian settings (see Figure 1). Within this refined framework, beneficiaries and partners were thoughtfully selected

Gambella – Ethiopia, South Sudanese refugee camps: map from UNHCR/ February 2022



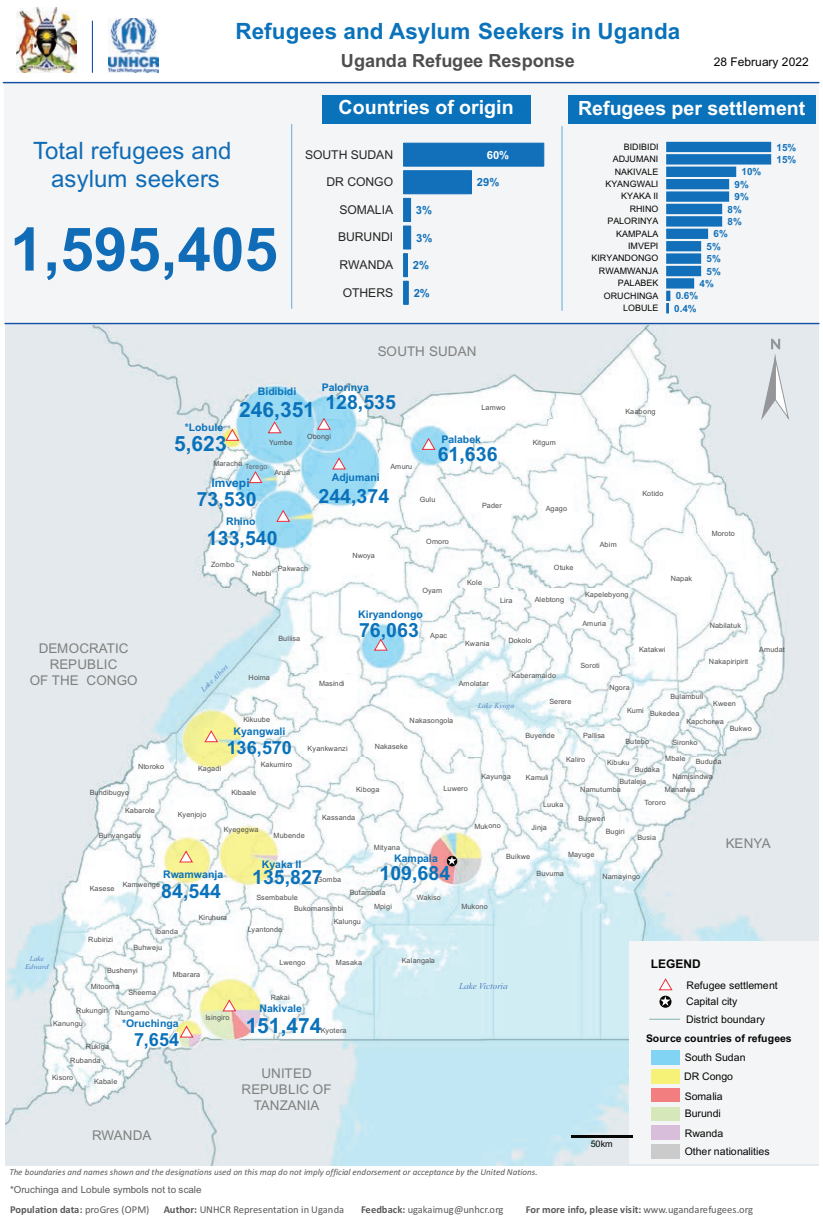
and interventions prioritized to address the most entrenched barriers that prevent these women and girls from accessing the services they need to stay healthy.

Working at individual, interpersonal and community levels, UN Women and partners in Ethiopia and Uganda engaged with community members, leaders, local healthcare workers and the media to ensure that women, men and adolescent girls and boys have information about their sexual and reproductive health and rights, and the benefits of gender-equitable norms, attitudes and practices.

To address organizational and policy barriers, POWER has built capacity at individual and systems levels to support a broader enabling environment for SRMNCAH in humanitarian settings. Key strategies have included supporting policymakers, statisticians, advocates and civil society organizations with research, technical advisory and capacity-building capabilities for improved gender equality and SRMNCAH outcomes. This has helped to ensure that gender-responsive SRMNCAH is better integrated and prioritized in the humanitarian response plans of Ethiopia and Uganda, including in their COVID-19 response plans. Recognizing the interconnected challenges that the region faces, initiatives were also expanded beyond these countries to build vital capacities in aspects of SRMNCAH policymaking and financing across the Horn of Africa.

Partnerships have been instrumental in expanding awareness of cultural issues and barriers to accessing

West Nile region, Uganda: South Sudanese refugee camps: map from UNHCR/February 2022



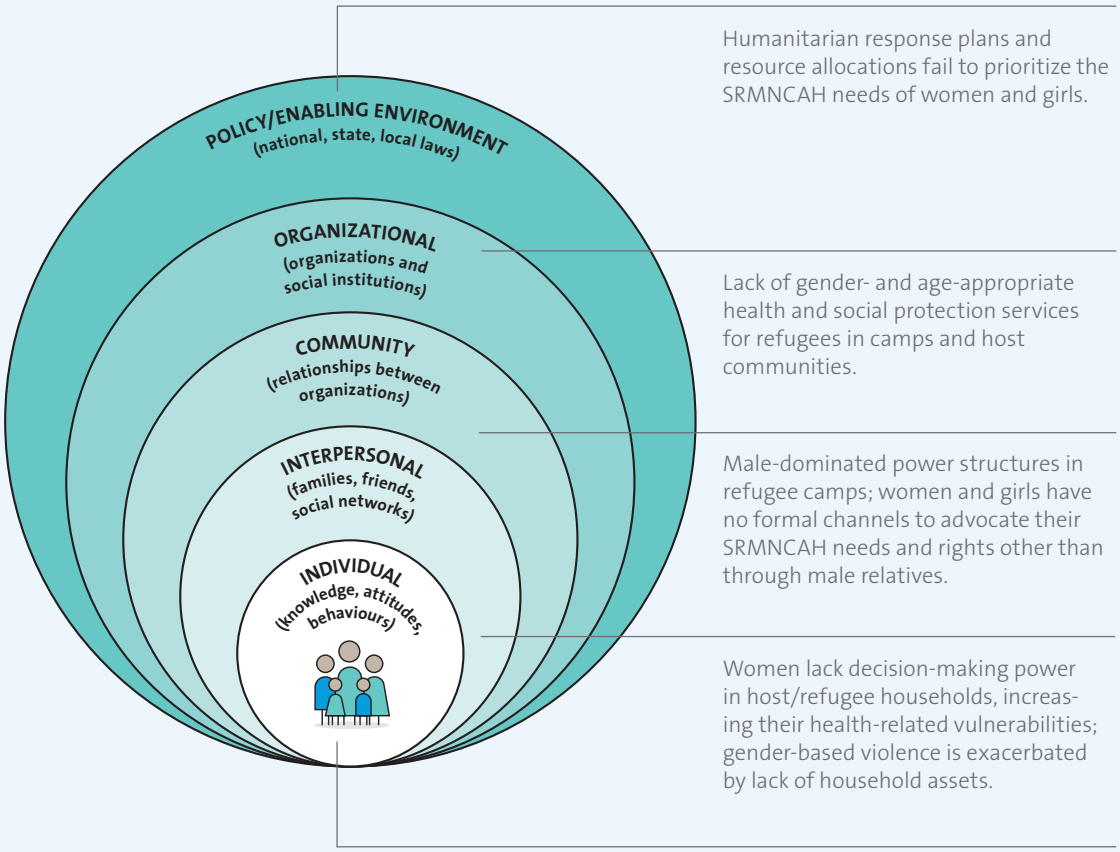
SRMNCAH information and services, contributing to community action and the identification of solutions to promote gender-equitable norms and practices related to women's rights to sexual and reproductive health services in complex humanitarian crises. Many of the achievements of POWER were predicated on strong cross-sectoral collaboration with government ministries and national and subnational authorities, women's organizations, humanitarian and development actors, community leaders, service providers and other partners.

Between 2020 and 2022, significant progress was made in improving access to SRMNCAH information and services for women and girls in the refugee camps and host communities where POWER operates. In these settings, UN Women and its partners have developed new approaches and refined strategies to identify impactful interventions and increase collaboration to tackle demand-side barriers to accessing SRMNCAH information and services and to promote gender equality. The case studies highlighted in this report describe key approaches and distil lessons

learned, so that the interventions can be further replicated and scaled up in similar contexts. These approaches include transformative leadership for women's rights, group care models, engaging men as agents of change, supporting women's rights organizations, meeting women's livelihood and protection needs, prioritizing SRMNCAH services during the COVID-19 pandemic, integrating SRMNCAH priorities into national policies and plans, ending child marriage, and guiding improved data generation, financing and policy decisions. The case studies provide inspiration to organizations committed to ensuring that every woman and child and adolescent girl is empowered to assert her right to access high-quality SRMNCAH services.

FIGURE 1

Examples of gender barriers to SRMNCAH information and services in humanitarian settings at different levels of the social-ecological model



Case Study 1: Strengthening young women's transformative leadership to generate demand for sexual, reproductive, maternal, newborn, child and adolescent health services

THE ISSUE

Young women in humanitarian contexts are at risk of their sexual and reproductive health and rights (SRHR) being violated, with risks including unintended and unwanted pregnancy, sexual violence, early and forced marriage, early and unintended childbearing, and female genital mutilation. Social drivers that influence young women's increased vulnerability to SRHR violation – such as unwanted pregnancy and HIV acquisition – include social, cultural, legal and economic factors, including inequitable gender norms.[3]

In addition to gender-based discrimination, young women are commonly subject to intersecting forms of discrimination, due to xenophobia, belonging to a minority group, their age and disability status, and many other factors. Being subjected to complex and overlapping types of discrimination restricts their ability to advocate their rights, limits their access to SRMNCAH services, and prevents them from realizing their potential as young leaders.

Young women have an understanding of their SRMNCAH needs and the accessibility and acceptability of services in volatile settings. However, because of inequitable norms around both gender and age, they are often marginalized and prevented from planning and taking action and have few opportunities to participate or provide leadership. In humanitarian and fragile settings, a rights-based approach shifts the focus and role of young women in SRMNCAH programming from recipients to actors, empowering them to participate in decisions that affect their health and safety, and emphasizing the importance of choice and non-discrimination.

Using gender-transformative approaches to teach young women about their rights to SRMNCAH services and how to access these services can lay a foundation for a safe transition to adulthood, before negative health and other negative outcomes occur. It also promotes leadership among young women and fosters a protective environment for women and girls in refugee and host communities through positive community engagement.

AIM

Nurture transformative leadership in young women from host and refugee communities so they can demand and exercise their rights to SRMNCAH services from duty bearers and advocate the rights of others.

LEVEL OF INTERVENTION (SOCIAL-ECOLOGICAL MODEL)

Individual, interpersonal, community.

APPROACH

Transformative leadership aims to advance women's rights and gender equality. The transformative leadership journey begins with a young woman's knowledge and understanding of herself as she strengthens her self-esteem, confidence and leadership skills. Being supported by her peers to discover her potential and leadership skills helps her to build self-confidence and develop a vision for making positive social change.

In the context of POWER, awareness of her rights allows for a deeper understanding of gender-related barriers to accessing SRMNCAH information and services as human rights issues – highlighting gender inequalities, clearly identifying discrimination and uncovering the root causes of health inequity. Through identifying shared struggles, a young woman is better able to see how her ability to exercise her SRMNCAH rights and access services is a responsibility shared by service providers and community members, and also by young men and women themselves.

The result is two-pronged. POWER supports young women to be confident and capable leaders and, at the same time, encourages them to begin challenging and changing the deeply rooted inequalities and power structures that impede their ability to exercise their SRMNCAH rights and demand access to services. Leadership skills, which are transformative at an individual level, are equally powerful when it comes to challenging their refugee or host community to address

gendered power imbalances, exclusionary decision-making processes, and discriminatory attitudes towards women and girls that impact on access to SRMNCAH information and services, both directly and indirectly.

I choose to speak up for women because I am a woman, and I know this pain. I personally face challenges with my academic performance because I must work long hours to support my mother to feed our family. On top of this, I cannot afford hygiene products, which means that I cannot attend school during my menstruation. I am proud to have learned a lot about sexual and reproductive health and rights by attending training. For example, I now know about family planning and therefore I no longer worry about getting pregnant. I pass on the knowledge I gained in my community, including the importance of utilizing health services. I also support mother-to-mother groups, and we work together to fight for our rights. Because of the awareness created in the community, more mothers are giving birth in health centres instead of at home. — *Nyamal Pal, 20-year-old woman from South Sudan living in Jewi refugee camp, Gambella region, Ethiopia.*[4]

Transformative leadership training delivered in Uganda benefited 60 adolescent girls and young women from the three districts covered by the programme, including the refugee settlements of Maaji 1,2,3 in Adjumani, Rhino camp in Terego and Bidi-Bidi camp in Yumbe. Among those trained were several young female district officials and members of village health teams. These women were included because of their ability to influence healthcare provision at local level and community perceptions about women's and girls' rights to SRMNCAH services. In Ethiopia, 62 young women from three refugee settlements and surrounding communities initially benefited from the training programme, with the International Medical Corps conducting leadership and advocacy training for a further 150 women aged 15–49 years during the programme.

In both countries, the training has supported women to develop a broader perspective of basic human rights and to exercise their own rights to access SRMNCAH information and services in humanitarian situations, as well as the rights of others in their community. These rights entail a set of freedoms and entitlements, including a shared responsibility for ensuring that women and girls can access the services they need to stay healthy; the availability of family planning and youth-friendly health services; the right to live free from violence; and the right to enjoy the highest attainable standard of physical and mental health. Understanding their rights was especially critical for young women during the COVID-19 pandemic, when both governments brought in measures to restrict movement and social interactions as part of their national COVID-19 responses. A training-of-trainers programme was established in Uganda with the long-term goal of strengthening young women leaders' use of transformative leadership principles and practices to promote knowledge of SRMNCAH rights and services within their communities.

CROSS-SECTORAL COLLABORATION

In the design and delivery of transformative leadership training, POWER worked closely with academic institutions, civil society organizations, women's organizations and government partners at subnational level. In Ethiopia, a collaborative partnership between the Ethiopian Management Institute, the International Medical Corps and UN Women delivered leadership training to women leaders aged between 18 and 25 years in the refugee settlements of Jewi, Ngueny-yiel and Kule, and the host communities of the Lare, Itang and Gambella districts. With POWER support, the International Medical Corps conducted additional leadership and advocacy skills training to empower a wider group of women, aged up to 49 years, including those recognized as community leaders, women's rights advocates, youth leaders and members of women's associations.

A consortium of partners in Uganda provided leadership skills to women aged between 18 and 35 years, based on proven methodology developed by the Africa Centre for Transformational and Inclusive Leadership (ACTIL) at Nairobi's Kenyatta University. Those involved included women's organizations, youth networks, groups led and run by people living with HIV, UN Women, and government staff seconded from the Ministry of Health, the Ministry

of Gender, Labour and Social Development and the Prime Minister's Village.

RESULTS AND LEARNING

In total, more than 250 women aged between 15 and 49 years acquired leadership skills and became advocates for change in their communities, with more than half of these being young women under the age of 24. This created a cohort of young women leaders able to impart SRMNCAH information and promote the benefits of timely access and use of sexual and reproductive health services among their households, families and neighbours. As well as championing their rights to access SRMNCAH information and services, many continue to advocate the rights of other women and girls in their communities.

I advocate for women and girls in my community to know their rights and to have access to services such as family planning and entrepreneurship. The majority of our community are widows and girls. As a widow myself, I know the challenges of having no access to livelihood, and our girls need life skills. This is why I have now taken on the role as a woman leader on the Refugee Welfare Council of Maaji 2 Refugee Settlement. *— Cecilia Pita Wani, South Sudanese refugee living in the Maaji 2 refugee settlement, Adjumani district, Uganda.*[5]

I ... was married in the previous year. I was married by force [and] I did not love him. This is my first pregnancy, and the pregnancy was very difficult. Even though I began ANC in a health facility, I did not follow up. When I delivered at home my mom and my sister supported me. There was bleeding, and I become weak during that time. Then Nyarika [a female recipient of leadership and advocacy training delivered by the International Medical Corps through POWER] communicated with me and took me to the health centre. I got support from healthcare providers and advice on follow-up, immunization and breastfeeding issues. Now I am very happy and healthy with my child and I want to appreciate Nyarika for her support and advice. *— Nyaliut, 18-year-old refugee and mother living in Kule refugee camp, Gambella region, Ethiopia.*

A key learning point from the training programme was that investing in young women's transformative leadership is effective in generating interest in and strengthening demand for SRMNCAH services within refugee and host communities. As a result of POWER, several young women have taken on additional leadership roles and responsibilities within their communities as peer educators or trainers working with local officials and other humanitarian organizations to support women's and girls' access to health care. A second learning point was that it is equally important to ensure that health workers and facilities in refugee and host communities are ready to meet increased demand with high-quality, gender-responsive and youth-friendly services. In the future, enabling young women in humanitarian settings to practise and sustain health-seeking behaviours will require both demand- and supply-side interventions.

FUTURE IMPLICATIONS

In Uganda, transformative leadership training included a training-of-trainers approach. As a result, many young women leaders went on to train and mentor other women, creating a cadre of volunteer facilitators able to impart SRMNCAH information and promote the benefits of timely access and use of sexual and reproductive health services among their households, families and neighbours. By mid-2022, approximately 950 additional women had been trained using this approach, helping to scale up and sustain this important work. The training-of-trainers approach also proved instrumental in creating new dialogue on SRMNCAH rights between women in refugee and host communities and the Assistant District Health Office (Maternal Health).

Case Study 2: POWER clubs in Uganda – group care models to advance women's rights and access to sexual, reproductive, maternal, newborn, child and adolescent health services

THE ISSUE

Uganda is home to approximately 1.5 million refugees, many of whom have fled Burundi, the Democratic Republic of the Congo or South Sudan. More than 300,000 people,[6] 66 per cent of whom are women refugees,[7] live in the Adjumani district, which includes a semi-permanent settlement community located in Uganda's West Nile region. There are also large refugee populations in the nearby Terego and Yumbe districts. Women in these settlements face numerous barriers to accessing sexual and reproductive health services. In addition, an overall lack of accountability within the refugee settlement puts them at heightened risk of SRMNCAH rights violations.[8]

While poor access to food, water and sanitation is common in refugee communities, women and girls living in the Adjumani, Terego and Yumbe districts face additional challenges in accessing maternal health care, post-abortion care services, contraception and feminine hygiene products. Harmful gender norms in relation to SRMNCAH services often discourage women from seeking these services, and, when they do seek care, many travel several miles to access a health facility without reliable transport.

In 2019, researchers from Care International and the Center for Reproductive Rights found that individual complaints were not adequately addressed. For example, suggestion boxes were placed throughout settlements for people to voice their concerns, but the complaints rarely yielded collective action.[9] Rights to privacy are not guaranteed, and many women reported being worried about reprisals for voicing their complaints.[10] These findings underscore the need for women and girls to feel empowered to access services and have confidence in discussing their health issues with others.

AIM

Equip young and adult women in Uganda's Adjumani, Terego and Yumbe districts with the knowledge, confidence and skills to exercise their SRMNCAH rights and seek services.

LEVEL OF INTERVENTION (SOCIAL-ECOLOGICAL MODEL)

Individual, interpersonal, community.

APPROACH

The programme designed and implemented a group care model in refugee and host communities that introduced women-only safe spaces. This approach allows young and adult women to become members of a 'POWER club' that provides a safe discussion space where they can freely share experiences and raise issues of concern with peers and local practitioners on any aspect of SRMNCAH.

The club encourages peer learning and mentorship, helps build self-confidence, fosters trust and collaboration, and promotes social integration. This is especially important for women in refugee settlements who struggle to navigate SRMNCAH services and make informed healthcare decisions because of language and other structural constraints, leaving them with a sense of powerlessness.[11] The central focus of the intervention is to promote awareness of women's and girls' rights to health (including sexual and reproductive health) and increase access to and utilization of SRMNCAH services.

In 2020, 14 POWER clubs were established in Uganda's Adjumani, Terego and Yumbe districts, providing a stigma-free environment for hundreds of adolescent and adult women. A further 12 clubs were set up in 2021. Using group care as a peer-learning mechanism, the clubs provide a platform focused on addressing individual needs to overcome gender-related barriers faced by women and girl refugees within their households and communities. Informal and informational conversations give a safe space for women to explore questions and different views, share testimonies and find encouragement to seek help on issues such as living and coping with HIV, sexual and gender-based violence, and negotiating condom use.

I understand the power of belonging to a group of women. When I arrived at the refugee settlement seven years ago, I had lost my husband to the war, and I had no means of supporting myself and my five children. I started to engage in sex work, and I found it difficult to move on with my life. One day I saw a group of women gathered to learn about sexual and reproductive health and I decided to join them. I learned that I should test for HIV and that there would be treatment available if I tested positive. I continued to attend these meetings because I realized that I could change the trajectory of my life. I stopped relying on men for my survival and started to rely on myself. I am now actively recruiting other women and girls to the support group we call Amavuandraga POWER club. Together we learn about health, business skills, positive parenting, and psychosocial support skills that helped me to heal from the trauma of being a widow and a single parent. — *South Sudanese refugee and member of the Amavuandraga PO Club in Maaji 2 refugee settlement, Adjumani district, Uganda.*[12]

POWER clubs also helped to strengthen social cohesion, with women from host communities invited to share their experiences of sexual and reproductive health, and spousal discussion sessions held with male partners to highlight various SRMNCAH concerns.

RESULTS AND LEARNING

As of June 2022, 950 women and girls had become members of 26 POWER clubs in the West Nile region. Through this group care model, hundreds of women are now equipped with knowledge of and skills in SRMNCAH services and their rights to receive such services. Since the start of the programme, POWER clubs have expanded to include intimate partners or spouses, to increase their support for and understanding of SRMNCAH issues, while also preserving women-only spaces for activities and discussions.

Subsequently, 258 women and girls reported utilizing SRMNCAH services of their choice between 2020 and 2021. At least 500 women received specialized training in mentoring and peer counselling to embed peer support within the community. A further 186 women were referred to health facilities by POWER club members and 788 women were provided with direct access to SRMNCAH-related services after participating in community dialogues. By late 2020, POWER clubs were also engaging with husbands and partners, to help them support women to overcome barriers to accessing SRMNCAH services, with 162 couples benefiting directly from programme activities between 2020 and 2021.

A key learning point was that peer support can create change at numerous levels by shifting norms and providing opportunities for interpersonal and community conversations. Facilitating such free and open interaction between men and women on issues such as child marriage, teenage pregnancy, intimate partner violence and STI/HIV prevention is no small achievement in communities that remain repressively patriarchal and reflects wider community acceptance of the group care model.

FUTURE IMPLICATIONS

The effectiveness of peer-support programming in shifting norms and empowering women explains why POWER clubs have evolved into effective mobilization hubs for different types of outreach health services, such as immunization and HIV antiretroviral therapy refill points. Many POWER clubs are now self-financed, in some cases by leveraging multiple funding sources including government grants. This is testament to the value they have gained within the community and the collective commitment to their sustainability.

Case Study 3: Encouraging men to become agents of change in support of women's sexual, reproductive, maternal, newborn, child and adolescent health rights

THE ISSUE

Harmful social norms, gender stereotypes, power imbalances related to resource allocation and decision-making, and other inequalities are significant barriers to women exercising their rights to SRMNCAH services. Social norms and discrimination linked to gender and age are often amplified in humanitarian settings, but crises can also present opportunities to challenge and break harmful traditional practices while structures are in flux.[13]

Understanding how gender norms may be reinforced or resisted in humanitarian settings, and specifically how they influence women's and girls' access to SRMNCAH services, is a crucial starting point for engaging men in these environments. In times of family crises, when social structures are changeable, there can be increased pressure on girls to balance the social impacts of acculturation with parents' desire for stricter adherence to the cultural norms, gender expectations and ideals of their home country.

Conversely (and sometimes simultaneously), gender norms related to women's work outside the home may be challenged as women and adolescent girls engage in livelihood opportunities to cover basic family needs, sometimes becoming the principal family earners even when their husband or father or another male relative also works.[14]

To bring about more gender-equitable attitudes and behaviour, it is crucial to engage in and promote intergenerational dialogue on SRMNCAH and rights, as well as on the empowerment of women and girls. Men and boys are often inadequately addressed or not addressed at all by SRMNCAH interventions in humanitarian crises. However, they play a vital role in shifting gender norms towards equality and increasing the demand for and utilization of SRMNCAH commodities and services.

AIM

Engage men and male leaders in refugee and host communities in dialogue on SRMNCAH to shift norms and act as change agents in support of women's SRMNCAH and rights.

LEVEL OF EVALUATION (SOCIAL-ECOLOGICAL MODEL)

Individual, interpersonal, community.

APPROACH

Programmatic approaches used to engage men in humanitarian settings vary widely in intensity and target population, as well as in the content of the intervention, including the extent to which power dynamics, violence and gender equity are addressed.[15]

POWER used repetitive sensitization to enhance men's awareness of SRMNCAH and the rights of women to access SRMNCAH services. Men involved in the programme have shared that they found exposure through a variety of mediums, including information and dissemination through religious and community leaders, peer educators and radio programmes, particularly effective.

For example, powerful messaging from community and religious leaders on women's rights to access SRMNCAH services added legitimacy to new norms around health-seeking behaviours. Whether delivered through community dialogues, all-male group-based discussions or radio programmes, these messages championed women's and girls' rights to access SRMNCAH services. In the Adjumani, Terego and Yumbe districts of Uganda, religious leaders in refugee and host communities also amplified calls to end violence against women and girls, as this was identified as a major barrier preventing women and girls from accessing the services they need. At the height of the COVID-19 pandemic, male leaders further stepped up to encourage refugee and host communities to ensure that women and girls came forward to access essential health services.

In Uganda's Adjumani district, public statements from respected leaders and clan chiefs such as His Royal Highness Stephen Drani resulted in more open community-led discussions on respectful relationships, high-quality sex education and the negative impact of domestic violence on women's and girls' health.

"It is important that men understand the perspectives of women and girls so that they have empathy for them. It is not a one-sided struggle, but a shared responsibility." — *His Royal Highness Stephen Drani, representative of the Mà'dí Chiefs in West Nile, Uganda.*

Working in tandem with male leaders and role models in the community, POWER used peer-to-peer outreach among men to shift social norms and promote women's rights to access SRMNCAH services in humanitarian settings. In Ethiopia and Uganda, a cadre of male peer educators was trained to support uptake of SRMNCAH services and promote more gender-equitable behaviours. By sharing their perspectives, men were encouraged to assess their experiences, perceptions and preferences about women's utilization of SRMNCAH services, as well as the barriers that prevent women and girls from accessing care.

During the pandemic, these spaces for reflective discussion were vital in recognizing the rising teenage pregnancy rates in the camps, and spurring action to change attitudes towards family planning, promote positive parenting practices and encourage women's economic participation.

A radio talk-show series designed to heighten awareness of harmful gender norms and attitudes that influence women's and girls' health and well-being and restrict their access to SRMNCAH services reinforced the efforts of religious and community leaders, peer educators and male network groups in Uganda.

For us, as a nation, to one day wake up and celebrate the attainment of gender equality and women's empowerment, all religious leaders – no matter which faith you lead – must strongly promote peace and harmonious living among families in all contexts. As Muslims, we use Khadis' courts to resolve and reconcile cases of violence and those of us who are leaders prepare specific sermons that speak strongly about the importance of ending violence against women and girls. We are committed to always being available to spread the message of gender equality and women's empowerment. — *His Eminence Sheik Swaib Alahayi Aciga, the district of Yumbe, Uganda.*

RESULTS AND LEARNING

Between 2020 and 2021, 10 new male network groups of between 15 and 20 members were established in Ethiopia's Kule camp alongside a further 40 existing male network groups in the Jewi and Nguen-yiel refugee camps, all in the Gambella region. A total of 7,643 men were directly engaged through community dialogue supported by POWER, and a further 7,408 men were engaged through home-based awareness sessions. More than 500 public communication messages were disseminated across the six POWER intervention sites in Ethiopia, reaching more than 220,000 men and women in these areas. Through peer-to-peer outreach, new male networks and discussion spaces were created to support women's access to SRMNCAH services and more gender-equitable behaviours.

In Uganda, male engagement, and dissemination of SRMNCAH messaging through male peer groups, assumed a new urgency as the COVID-19 crisis led to an upsurge in teenage pregnancies within the refugee camps. In the West Nile region, talk shows on gender equality, women's empowerment and increased access to SRMNCAH services reached over half the population, with an estimated listenership of over 1.7 million (67 per cent men and 33 per cent women), encompassing all of the region's refugee and host communities and providing a larger platform for male leaders to speak out on gender equality, women's rights and SRMNCAH.

During the programme, male networks and groups supported by POWER reached more than a million men across refugee and host communities in Ethiopia and Uganda with information and behaviour change messaging.

A key learning point from POWER was that, while humanitarian emergencies can compound discrimination and

exacerbate risks, crises can also provide opportunities for addressing inequalities and promoting transformative change. In refugee-hosting locations, social and cultural structures can transform quickly, presenting opportunities to redefine gender norms and contribute to balancing the power dynamic in gender relations.[16]

FUTURE IMPLICATIONS

The evidence base on the effectiveness of these types of male engagement programmes in humanitarian settings is limited.[17] While POWER drew on globally recognized principles of male engagement and delivered positive results, UN Women also recognized the need to document and learn from other promising examples in the region.

To promote these programmes and encourage replication and easy adoption, UN Women partnered with international humanitarian agencies and donors to document promising examples including male engagement initiatives from Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda. These were compiled in the 2021 publication SRMNCAH Community Solutions in Humanitarian Settings in the Horn of Africa, which continues to be widely disseminated among non-governmental organizations (NGOs), women's rights organizations, humanitarian agencies and United Nations partners.

Case Study 4: Supporting women's rights organizations engaged in sexual, reproductive, maternal, newborn, child and adolescent health and humanitarian work

THE ISSUE

There is clear evidence that locally led humanitarian responses can be more effective than international responses, as local organizations are able to respond faster and stay longer than international partners.[18] Local organizations also possess superior understanding of community SRMNCAH needs and have greater access to the men, women, girls and boys whose needs are not being met. As established members of refugee and host communities, women's organizations are especially well placed to understand and respond to the critical health and safety needs of their female constituents.

However, the capacity and knowledge of local women's organizations has not yet been fully utilized. Research shows that the proportion of total gender-specific funding directly provided to local and national actors reduced from 4.8 per cent in 2018 to 3.1 per cent in 2020.[19] Local women's groups and networks are now under immense financial and organizational strain. Nevertheless, those operating in fragile contexts have endeavoured to meet the challenge of the recent COVID-19 crisis, even as many international actors were forced to withdraw.[20]

In the Horn of Africa, local women-led and women's rights organizations have described scaling up and diversifying their services to meet increasingly complex needs – for personal protective equipment (PPE), livelihood support, essential health commodities and food – without additional funding or capacity and at increasing risk to their own health and security. Throughout the pandemic, they continued to help women navigate health services and make informed healthcare decisions for their children, tackling language and other structural constraints including gender-based discrimination.

Providing more support directly to these organizations is critical because they remain best placed to know what barriers women and girls face in each humanitarian context, and their involvement increases the likelihood that

women's and girls' SRMNCAH needs will be addressed in the humanitarian response.

AIM

Strengthen the capacity of local women's organizations to promote and respond to the SRMNCAH needs and rights of women and girls in refugee and host communities.

LEVEL OF INTERVENTION (SOCIAL-ECOLOGICAL MODEL)

Organizational, community, individual.

APPROACH

POWER prioritized training, capacity-building and funding support for women-led and women's rights organizations to improve their leadership skills to enable them to engage in advocacy, build consensus among different community groups and represent women's needs to local health providers, humanitarian organizations and government representatives.

In Ethiopia and Uganda, POWER provided consistent support to local women's organizations, enabling these groups to help each other through peer-to-peer exchanges and to build long-lasting collaborations. As a result, new spaces have opened up for cooperation, dialogue, partnership and solidarity, helping to strengthen the institutional capacities of feminist organizations to participate in humanitarian interventions and advocate SRMNCAH rights.

In addition, women's organizations were supported to lead community outreach and mobilization activities for women's rights and improved access to SRMNCAH services. A range of interventions and approaches were implemented, including community meetings; training or sensitization sessions with community leaders and members, local authorities and health providers; and public awareness events.

In Uganda, the International Community of Women Living with HIV Eastern Africa (ICWEA), the Alliance of Women Advocating for Change (AWA), the Uganda Network of Young People Living with HIV/AIDS (UNYPA), Reach a Hand (Young People for Young People) and the Forum for African Women Educationalists Uganda Chapter (FAWE-U) successfully engaged community leaders in advocating women's and girls' improved access to comprehensive HIV testing, counselling, prevention and treatment. Furthermore, 26 women-led POWER clubs, two women-led networks and five organizations that champion sexual and reproductive health and rights were supported to increase awareness among health providers and local authorities of gender-related barriers preventing women and girls from accessing SRMNCAH services.

> Engaging religious, cultural and women leaders as part of community awareness campaigns on women's rights to SRMNCAH has been a game changer for women's organizations like ours and others. By working with community leaders, we were able to call attention to the needs and vulnerabilities of women and girls amid COVID-19 and to bring in other partners, such as district gender officers, to highlight cases of gender-based violence. This strengthened calls for women and girls to be able to access SRMNCAH services of their choice during the pandemic and beyond. — *Dorothy Namutamba, Programmes Coordinator, ICWEA, Uganda.*

In Ethiopia, POWER's partnership with the International Medical Corps in the Gambella region ensured that women's organizations and women-led groups actively participated in sensitization workshops with local refugee women to help disseminate information to their communities on practising safe sex, accessing family planning and the risks of unsafe abortions. Women's groups and networks were also supported to create safe discussion spaces for sensitive issues such as avoiding unintended pregnancy, forced marriage, intimate partner violence and child marriage. Participants spoke of the ongoing need for women-only spaces to discuss such topics, with the majority noting that they had been married before the age of 18 and lacked awareness of SRMNCAH services and of their own rights.

By participating in community dialogues, I have a better understanding of the issues women, adolescents and children face, which makes me a better advocate for their rights. For example, by listening to the community members, we understood that pregnant women were requested to pay for using the ambulance service. I informed the head of the health bureau and we decided to provide the service free of charge. I am now happy to say that almost all pregnant women are using the ambulance service to reach the health centre to give birth. — *Ariet Ojulu, Head of the Women, Children and Youth Affairs Office in Itang district, Ethiopia.*[21]

CROSS-SECTORAL COLLABORATION

POWER sought to convince women's organizations of the positive effects, and the potential financial benefits, of cross-sectoral collaboration. Existing relationships with different government ministries, such as health, gender and social development ministries, helped to link women's rights organizations with local officials, public healthcare systems, refugee welfare desks and other grass-roots humanitarian organizations working in the same communities. In Uganda, UN Women used its convening power to bring women's groups together with humanitarian actors, community leaders, service providers and local government officials. In Ethiopia, the International Medical Corps' long-term presence and engagement in the Gambella region was critical to effective cross-sectoral coordination at local level and a key aspect of the programme's strategic partnership with this international NGO.

I see positive change through the power of women's organizations and adolescent peer groups in our community. More girls are standing up against their families to stay in school. For example, the other day a girl came to my office and told me that she lost her parents and now her grandfather wanted to force her to marry a man old enough to be her father, but she wanted to stay in school. I contacted her grandfather and her husband-to-be informing them that the girl was underage, and it would be a crime to marry her. When they refused to listen and intimidated the girl, I informed the law enforcement who transferred her to a boarding school to continue her education. — *Ariet Ojulu, Head of the Women, Children and Youth Affairs Office in Itang district, Ethiopia.*[22]

RESULTS AND LEARNING

Through implementing partners, notably the International Medical Corps in Ethiopia and ICWEA in Uganda, POWER has strengthened the capacity of more than 30 local women's clubs, networks and organizations. Fostering greater cooperation between these groups has built a culture of mutual support and collaborative working that can continue in the future.

As a result of POWER, 30,000 women in Ethiopia and 14,000 women in Uganda have directly benefited from increased knowledge and awareness about SRMNCAH and their rights. More than 9,200 women in Ethiopia and 4,300 women in Uganda have been linked to SRMNCAH-related services. New opportunities were also created for women's rights leaders and organizations working in Djibouti, Kenya and South Sudan to advocate and influence decision-making on SRMNCAH within their humanitarian practices.

The programme also sought to bolster the impact of women's organizations and amplify their voices by promoting alliance-building across sectors and borders. In 2021, more than a dozen women's organizations from Djibouti, Ethiopia, Kenya, South Sudan and Uganda benefited from cross-border and cross-sectoral collaboration through regional advocacy training on SRMNCAH rights.

A key learning point was the importance of coordination between women's organizations for greater impact. Women's organizations reported that cross-sectoral collaboration increased the visibility and effectiveness of their advocacy efforts.

I am happy with the contribution we made as a women's organization and as partners of a consortium. Together, we improved women's knowledge, skills and their ability to advocate for their rights on a range of SRMNCAH issues as well as the rights of others. Above all, I am excited that we were able to reach over 1,000 women and provide them with knowledge on their rights to SRMNCAH services, including the right to choose freely without discrimination or coercion. This included women who are often marginalized in their communities, such as those living with HIV, who are now better able to speak for themselves in different forums, to advocate for others, and to support one another in discussing and accessing their health-related needs, information and services. — *Dorothy Namutamba, Programmes Coordinator, ICWEA, Uganda.*

FUTURE IMPLICATIONS

The initial investment from POWER has supported women's organizations to strengthen interventions including safe spaces and women's groups. In both Ethiopia and Uganda, several groups plan to continue meeting beyond the programme period. UN Women will continue to advocate stronger operational focus, more funding and recognition of the key role of women's rights organizations and women-led movements in humanitarian responses throughout the programme's lifetime and beyond. This includes recognizing the unique position and role of local women's organizations in responding to the health-related rights and needs of women and girls within refugee and host communities.

Case Study 5: Meeting women's livelihood and protection needs to improve access to sexual, reproductive, maternal, newborn, child and adolescent health services

THE ISSUE

Displacement can lead to a loss of assets, a reduction in social networks and greater household poverty. When social structures are in flux, there are increased incidences of domestic violence, a higher risk of sexual and gender-based violence against women and girls, and a lack of adequate sexual and reproductive health care. However, the upheaval of displacement can sometimes disrupt restrictive norms and structures, allowing women to gain decision-making power and livelihood opportunities.[23]

The potential disruption of gender norms provides an opportunity to promote women's economic empowerment and their voice and agency, particularly in household decision-making on SRMNCAH. When women contribute economically to their households, they are more likely to engage in joint decision-making with their partner and have a higher chance of accessing SRMNCAH services. However, in humanitarian and fragile contexts the reality is more complex. Women's economic empowerment does not always change the decision-making position of refugee women in the household. Men may continue to have a high degree of control, especially if they feel their financial dominance over women loosen.[24]

In the Gambella (Ethiopia) and West Nile (Uganda) refugee settlements, opportunities for transformations in gender relations have arisen from the large-scale displacement of refugees and the associated shifts in gender roles caused, for example, by women being registered as heads of households for relief distributions. However, the strong influence of traditional norms in refugee camps limits the extent to which women can engage with and contribute to decision-making processes, despite efforts being made to ensure their representation on refugee committees.[26] This is often the case in host communities as well.

To strengthen equitable gender norms effectively in such challenging contexts, programmes must use more nuanced approaches that engage men in supporting women's economic empowerment, challenging gender norms by promoting the acceptance of both men and women as financial providers and encouraging equitable household decision-making including in relation to SRMNCAH.

AIM

Promote women's economic empowerment and provide targeted livelihood and protection support in refugee-hosting locations as a means of increasing women's access to SRMNCAH services.

LEVEL OF INTERVENTION (SOCIAL-ECOLOGICAL MODEL)

Individual, interpersonal, community.

APPROACH

POWER adopted an integrated approach to promoting women's economic empowerment, with a combined focus on male engagement, equitable household decision-making, and targeted livelihood and protection support, to help women and their families in refugee and host communities provide for basic health needs.

In the West Nile and Gambella regions, UN Women and its partners worked with women, their male partners or relatives, and community leaders to promote women's economic opportunities and livelihood skills, including access to education.

In Uganda, POWER used sensitization and dialogue sessions to increase understanding among over 500 community leaders (mostly male) of the link between household poverty, food insecurity and unequal power over household resources and women's inability to access essential SRMNCAH services and the associated risks to maternal and infant health. As a result, leaders in the Adjumani, Terego and Yumbe refugee districts began to champion more sustainable economic solutions that support women's access to SRMNCAH services and greater food security for them and their children.

> Everyone needs to be involved, including men, because even if women are informed, they may need the consent of their male partners to utilize the services. In the camp, we have involved men in a few events, and now they at least will not forbid us from going to peer groups to discuss health and rights issues. We as women and girls must stand together to fight for our rights, including our rights to be economically independent, live free from violence, and have access to basic services including water, energy, health, and menstrual hygiene products. *—20-year-old woman refugee from South Sudan living in Jewi refugee camp, Gambella region, Ethiopia.*[27]

POWER also offered livelihood and protection support to help refugee women provide for basic health needs. In Uganda, women leaders mobilized by the programme reported that access to services for gender-based violence and sexual and reproductive health was being hampered by women's inability to make autonomous decisions related to their sexual and reproductive health. As a result, women were not able to decide independently if they wanted children and, if so, how many to have, and found that their safety and economic security were being diminished.

To address these challenges, POWER supported training in financial literacy and business development to complement dialogue sessions on SRMNCAH with women's groups. To complement the training sessions, women routinely held discussions with men, including their partners, to meaningfully engage them in initiatives to support women's livelihoods and their access to sexual and reproductive health services.

RESULTS AND LEARNING

In Ethiopia, where incidents of domestic violence in refugee settings have been linked to stress over lack of access to work and food shortages,[28] POWER built entrepreneurial skills among women in refugee and host communities, increased their access to market information and provided seed grants to 120 women-led micro-enterprises. Through

the small businesses they have started, each woman has been able to save up to 700 Ethiopian birr per week, and women have reported improved access to health care (including SRMNCAH services), when needed, for both themselves and family members.

Life is very challenging and difficult when you have no job, income, or no support from any other person, particularly when you have children. I had nobody that supported me previously, and I had no income. After I completed my training and received the start-up capital from IMC [International Medical Corps, through POWER], I started poultry farming to sustain myself and my family. I get 15 eggs/day from all my hens and sell them for 7 birr each. I started to deposit 100 birr per day and this is inspiring me to work harder and scale up my work. I am thankful for this opportunity and to IMC for their follow-up support. — *Tigabe Asmare, 36-year-old recipient of income-generating training and seed funding in Gambella region, Ethiopia.*[29]

In the refugee settlements of Uganda's Adjumani district, members of 10 POWER clubs received financial literacy and business development training. All have since started village savings and loan associations to enable the lending of small amounts among each other for business development purposes and have registered these in their respective sub-counties. Many are thriving and seeking to expand.

As one example, the Amoriku POWER club's contributions to weekly savings caught the attention of the sub-country leaders and led to additional grant funding of 5 million Ugandan shilling through the government's Uganda Women Entrepreneurship Programme (UWEP). This enabled women members to receive two goats each and contributed to improved food security, resilience and access to health care. Having doubled its membership since forming, the Amoriku POWER club continues to build the financial and business skills of its members while reaching out to other women and girls in the community.

In implementing economic empowerment activities through the programme, it was found that long-term, transformative change in household decision-making on SRMNCAH requires dialogue with men to increase their understanding of the links between gender inequality and poverty. Engaging husbands and male relatives in supporting these initiatives ensured a 'do-no-harm' approach and encouraged the discussion of issues of household finances, decision-making and healthcare seeking.

[Through our women's group] we started saving money together for a social fund. We can borrow money from this fund for a small interest to use for any emergency we face or to build a business. I used this group loan to buy a pig and now have five piglets. I am patiently waiting for them to grow so I can sell them at a better price and pay for my loan, my children's school fees, or their health needs. Even though these small loans will not solve all financial issues, we are living free of stress because we counsel each other every week when we meet to save money and share our challenges. We brainstorm together on overcoming difficulties, which makes us feel strong. It has also promoted peaceful coexistence among us, given that we are a mixed group from different backgrounds. — *Cecilia Pita Wani, refugee living in Maaji 2 refugee settlement in Adjumani district, Uganda.*[30]

FUTURE IMPLICATIONS

In many refugee and host communities, women participate in economic activity out of necessity, as a result of changing circumstances due to conflict-related displacement. This suggests that the change is not transformative but temporary, with women's lives and rights going 'back to normal' when they return to their homes. For transformative change to happen, livelihood interventions must take a more holistic approach to women's economic empowerment, intersecting with women's rights and access to SRMNCAH services; protection from violence; social norm change; and change in legal and institutional structures.[31]

I was told that these women are a mixed disadvantaged group, consisting of teenage mothers, women living with disabilities and HIV, sex workers and survivors of sexual gender-based violence. Seeing them together

and working hard to save money, starting from almost nothing, is very motivating. I felt this group needed to be recognized and supported. I then took this to the sub-county technical planning committee and recommended that this group should be supported with the district discretional equalization grant (DDEG) that is given yearly to the district. Out of the 486 groups in my sub-county, I recommended four groups including the Amoriku POWER club. — *Ambayo Michael, Community Development Officer of Ukusijoni sub-county, Adjumani district, Uganda.*[32]

Case Study 6: Supporting essential sexual, reproductive, maternal, newborn, child and adolescent services for women and girls during the COVID-19 crisis

THE ISSUE

In humanitarian settings, women and girls, especially those from marginalized groups, already faced significant barriers to accessing SRMNCAH information and services before the COVID-19 pandemic. However, amid the COVID-19 crisis there was a real risk that these rights would be even more difficult to realize.

The pandemic increased demand for SRMNCAH information and services, with lockdowns across the Horn of Africa leading to increased reports of gender-based violence and growing rates of teenage pregnancy. The high numbers of teenage pregnancies recorded in refugee camps and host communities during the pandemic are symptomatic of how COVID-19 has disrupted the provision of vital SRMNCAH information and services. A 2021 survey conducted among out-of-school girls in refugee settlements in Uganda showed a 22.5 per cent increase in teenage pregnancies compared with the previous year,[33] confirming that the trend was not limited to communities in which POWER operated and underscoring the unique vulnerabilities of women and girls in humanitarian and fragile contexts. The pandemic is also expected to cause significant delays in programmes to end female genital mutilation (FGM) and child marriage, and to result in an estimated 2 million more cases of FGM over the next decade than would otherwise have occurred.[34]

The pandemic also reduced the provision of SRMNCAH information and services. Resources in several parts of the region were redirected away from vital SRMNCAH services in favour of COVID-related responses.[35] In Ethiopia, the outbreak of COVID-19 coincided with a government shutdown of Internet and mobile data networks, creating additional supply- and demand-side barriers for women and girls. In areas where POWER had been implemented, the supply of essential commodities was interrupted, and available resources were reallocated to respond to the pandemic.

In addition to reduced access to care due to fear and curfews, many women and households lost their livelihoods, making it harder to pay for SRMNCAH services. In Uganda, similar experiences of financial barriers to care were reported in the areas where POWER had been implemented.

Faced with these new and emerging barriers, UN Women adapted its work to support the continuation of essential SRMNCAH services in the communities where the programme operated.

AIM

Support local authorities, service providers and programme partners to prioritize the delivery of essential SRMNCAH services to and the utilization of these services by communities in humanitarian settings during the COVID-19 crisis.

LEVEL OF INTERVENTION (SOCIAL-ECOLOGICAL MODEL)

Organizational, community.

APPROACH

UN Women, with its implementing partners, recognized the urgency of tackling both supply- and demand-side factors preventing women and adolescent girls from accessing vital SRMNCAH information, commodities and services during the pandemic.

New and creative approaches were adopted to engage POWER partners and beneficiaries at local level to support the continuity of essential SRMNCAH service provision and, at the same time, counter the reluctance of women and adolescent girls to utilize these services because of a lack of transport, familial pressure to isolate or personal fears of the COVID-19 virus. To achieve this dual objective, UN Women took a multi-pronged approach, partnering with local authorities, engaging community groups and providing immediate support to women's organizations.

To address supply-side factors, UN Women capitalized on its membership of various health sector humanitarian response groups and its relationship with local government institutions to successfully prioritize SRMNCAH issues during discussions. POWER further supported women's organizations to facilitate virtual meetings with local decision-makers, healthcare providers, NGOs and humanitarian organizations to advocate the continuity of essential SRMNCAH service provision to women, adolescents and children.

While restrictions of movement due to the pandemic meant that planned community meetings had to be undertaken on a smaller scale, UN Women identified creative ways to tackle demand-side barriers. Working with local groups, POWER supported community volunteers to move safely within refugee settlements to conduct small-scale community dialogue sessions to sensitize refugees and disseminate vital SRMNCAH information.

Recognizing the link between loss of livelihood and health service utilization rates, UN Women also identified opportunities to support women's economic empowerment through the new COVID-19 risk reduction and prevention measures. In Uganda, for example, when the easing of some restrictions enabled the convening of small-scale community workshops on SRMNCAH, personal protective equipment (PPE) was purchased from women-owned businesses and distributed to workshop participants.

CROSS-SECTORAL COLLABORATION

During the pandemic, UN Women intensified its collaboration with the ministries of health in Ethiopia and Uganda. Alongside its principal implementing partner, the International Medical Corps, UN Women worked closely with regional health bureaus and health offices in Ethiopia to disseminate accurate information on COVID-19 as well as guidance on the continuity and availability of SRMNCAH services. This included collaboration with the Gambella Regional Health Bureau and the Refugees and Returnees Service on using portable public address (PA) systems for the dissemination of SRMNCAH- and COVID-19-related information during lockdowns and school closures.

> Capacity-building training for regional health bureau staff have been very important and helpful in raising our own awareness about issues of gender-based violence, harmful traditional practices and other barriers to health services. However, capacity-building is not enough on its own. Key challenges still exist at the community level, and we need support for ongoing community awareness-raising programmes to help keep adolescent girls safe from harm and ensure their well-being, especially in the wake of COVID-19. — *Mena Oakak, Director of the Gender Directorate, Regional Health Bureau, Gambella region, Ethiopia.*

In Uganda, POWER's implementing partners mobilized and engaged district governments and refugee welfare committees to undertake locally owned SRMNCAH activities in the districts of Adjumani, Terego and Yumbe. Efforts were focused on enabling access to and generating demand for age-sensitive and gender-responsive services in response to the dramatic decline in health service utilization among women and girls during the pandemic.

RESULTS AND LEARNING

Difficulty accessing SRMNCAH information and contraceptives denies women and adolescent girls the right to control their bodies and lives. It can also lead to long-term negative health outcomes for those whose SRMNCAH needs are not met, or are deprioritized, in times of extreme national

emergency. As UN Women and its partners navigated the rapidly changing context during the COVID-19 pandemic, a significant learning point was the importance of adapting through new or revised partnership arrangements. The experience highlighted how critical it is to leverage partnership opportunities and adapt approaches when new crises emerge, to sustain essential SRMNCAH services in the community and to continue generating demand among women and girls.

FUTURE IMPLICATIONS

Because of the pandemic, the deprioritization and disruption of access to essential sexual and reproductive health services became a reality precisely at a time when women and girls needed these services the most. In humanitarian settings, the impact of COVID-19 has exacerbated the multiple and intersecting existing forms of discrimination and inequality.

POWER has highlighted the need to ensure that the fragile gains in advancing women's and girls' health and human rights are sustained and expanded. This requires urgent and far greater investment in gender-responsive and rights-based approaches to SRMNCAH in refugee and host communities across the Horn of Africa, particularly in Ethiopia and Uganda.

Case Study 7: Ensuring that sexual, reproductive, maternal, newborn, child, adolescent and health priorities are integrated into national development and humanitarian plans

THE ISSUE

In the area of SRMNCAH, women's and girls' rights are not always viewed as a critical humanitarian need. Despite donor commitments to nexus programming that links humanitarian, development and peace interventions with the aim of remaining responsive to the lives of women, girls, men and boys, humanitarian funding remains largely short term. Many SRMNCAH interventions may not be seen as lifesaving or included in needs analyses.[36]

The low prioritization of SRMNCAH interventions means that opportunities for funding to meet the needs of women and girls in refugee and host communities are limited, particularly when further crises arise, such as a pandemic. Moreover, programmes that are funded tend to cater for children or adults, with adolescents and young people often falling through the cracks. Adolescent girls and young women can be overlooked, as child-focused organizations (including health and child protection actors) are often gender-blind and those working on sexual and reproductive health and gender-based violence are often age-blind.[37] As a result, adolescent girls and young women can face marginalization and invisibility because of both their age and their gender.

Moreover, programme planning is mostly done in annual cycles and is results based rather than transformative and able to demonstrate improved results over extended periods of time.[38] The integration of SRMNCAH priorities into humanitarian response plans is therefore essential to improve the survival and health of women and girls in these settings.

AIM

Ensure that national development and humanitarian plans in Ethiopia and Uganda identify, cost and prioritize interventions that address gender-related barriers to women seeking health care in refugee and emergency settings.

LEVEL OF INTERVENTION (SOCIAL-ECOLOGICAL MODEL)

Policy/enabling environment

APPROACH

POWER used various strategies and approaches to influence the policy agenda at national and subnational levels while increasing the evidence base through research. In Ethiopia and Uganda, UN Women's policy advisory and advocacy interventions increased the attention paid to gender equality, women's rights and SRMNCAH issues by health sector humanitarian response groups, including the Health Cluster Group led by the World Health Organization (WHO) in Ethiopia and Uganda, the SRHR Development Partner Group in Uganda, a SRMNCAH multisectoral response team at subnational level (Gambella region) in Ethiopia, and national COVID-19 response task forces. The coordinated United Nations response to the pandemic in both countries created further opportunities for POWER to ensure that gender-responsive information and services were prioritized in national and subnational COVID-19 socioeconomic response plans.

UN Women's participation in these platforms ensured that important voices on gender equality and women's health rights were heard in discussions and influenced priority-setting. Beyond policy formulation, POWER was able to influence other stages of the humanitarian response, including policy implementation, monitoring and evaluation.

In Uganda, POWER influenced local policy implementation through partnerships with refugee welfare committees and district governments in Adjumani, Terego and Yumbe. In Ethiopia, the programme strengthened the monitoring of policy interventions by highlighting gaps and potential solutions for gathering, analysing and disseminating disaggregated SRMNCAH data more effectively. This was possible only because of UN Women's engagement with the inter-agency forums responsible for monitoring the continuity of essential SRMNCAH service provision during the pandemic.

Building the evidence base and connecting evidence to the types of policy initiatives highlighted above was a central focus of POWER. Strongly engaging government and civil society partners resulted in an in-depth gender analysis of existing national and local SRMNCAH policies across the Horn of Africa. The findings contributed to a reinvigorated research agenda for the study of the gender-related barriers that prevent women and girls from demanding and exercising their rights to SRMNCAH services in the region's humanitarian response. Key literature published by POWER is illustrated below and includes national and regional policy briefs, research papers and reports. These resources can be found on the UN Women website: https://genderandaids.unwomen.org/en/power/

CROSS-SECTORAL COLLABORATION

To support policy initiatives, POWER worked closely with ministries of health at national and local levels, encompassing regional health bureaus and/or district health posts, the national ministries responsible for women's and children's affairs, and national and local authorities responsible for refugees. Partnerships with the Office of the United Nations High Commissioner for Human Rights (OHCHR), the United Nations Population Fund (UNFPA), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF) and WHO also ensured that UN Women-led joint advocacy efforts were effective, particularly in the wake of COVID-19, when SRMNCAH risked being deprioritized in humanitarian resource allocation and policy-setting.

RESULTS AND LEARNING

POWER contributed to stronger national and subnational frameworks for SRMNCAH in humanitarian settings. In Uganda, SRMNCAH priorities were included in the National

Health Preparedness and Emergency Response Plan and the National Policy for Disaster Preparedness and Management. A technical advisory team led by UNFPA with UN Women and sister agencies ensured that these policy documents incorporated priorities on SRMNCAH rights and services in line with the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations.

At subnational level, POWER supported the development of a multi-stakeholder response plan to address gender-related barriers to SRMNCAH services in the Gambella region, which hosts the largest refugee population in Ethiopia. The Multisectoral Response Plan to Address Gender Barriers and Enhance Women's Access to SRMNCAH Services was developed in collaboration with, and owned by, the Gambella Regional Health Bureau, the Gambella National State Bureau of Women, Child and Youth Affairs, the Bureau of Education, the Bureau of Finance and Economic Commission, and the Society of Civil Organizations. Creating new partnerships and opportunities for collaboration, the plan is delivering on specific objectives to strengthen community sensitization and mobilization to support women's access to health care.

POWER also led to new policy commitments to address women's and girls' SRMNCAH needs in humanitarian contexts, as reflected in Uganda's United Nations Sustainable Development Cooperation Framework 2021–2025.[39]

The programme learned that effectively influencing policy processes required collaboration across sectors and levels. Close collaboration with government partners responsible for health and humanitarian assistance was crucial to building trust. Consequently, decision-makers at national and subnational levels were more receptive to accepting the credibility of the research and policy ideas generated through the programme.

In Uganda, UN Women in partnership with sister agencies OHCHR, UNFPA and WHO ensured integration of rights-based approaches, including for SRMNCAH issues, into the new Uganda United Nations Sustainable Development Cooperation Framework 2021–2025. Consequently, this cooperation framework contains strategies dedicated to promoting access to and use of high-quality social and protection services, including SRMNCAH services. Emphasis is given to the SRMNCAH rights and needs of vulnerable and marginalized groups, including refugee women and girls. This has ensured that issues of gender equality, women's rights and access to SRMNCAH services in Uganda's refugee and host communities will remain on the national policy agenda in the years ahead. — *United Nations Sustainable Development Cooperation Framework, 2021–2025.*[40]

FUTURE IMPLICATIONS

Pushing for policy change requires a seat at the table when decisions are made, and this is how UN Women was able to successfully integrate SRMNCAH priorities into the national development and humanitarian plans and related frameworks of Ethiopia and Uganda. Through POWER, UN Women has positioned itself as a valued partner through the provision of technical expertise and policy guidance on gender equality, women's rights and gender-related barriers to accessing SRMNCAH services.

Yet to make real transformational changes in the way women's rights are demanded and realized within the region's humanitarian SRMNCAH programmes, it is not enough for UN Women to have a seat at the table. Existing policies and plans that promote access to SRMNCAH services and advance the rights of women and girls in humanitarian settings must be implemented. Increased financing for gender-related priorities in relation to SRMNCAH must be prioritized. Above all, affirmative action is needed to ensure that women's and girls' voices are hardwired into policy processes across the Horn of Africa, particularly the voices of refugee, returnee and internally displaced women and girls, whose needs and priorities are often overlooked by the policies designed to protect them.

Case Study 8: Preventing and responding to child marriage in the Gambella region, Ethiopia

THE ISSUE

In times of crisis, girls have specific vulnerabilities. These include the risk of being unable to attend school, an increased requirement for care work, and the risks of sexual assault, unintended pregnancies, exploitation and abuse. Child, early and forced marriage, and female genital mutilation are additional, important risks.[41]

Of the 10 countries with the highest child marriage rates, nine are considered either fragile or extremely fragile.[42] Yet accounts of the impacts of humanitarian crises on the prevalence of child and forced marriage are mixed, and literature documenting the drivers of child marriage in these contexts is limited.[43] In spite of increased attention on child marriage, it is still rarely considered a priority in national- and local-level humanitarian response plans.

In Ethiopia, 40 per cent of girls are married before the age of 18, down from 60 per cent in 2005. However, COVID-19 has threatened to derail gains. School closures, economic stress, service disruptions, pregnancy and parental deaths due to the pandemic are putting the most vulnerable girls at increased risk of child marriage.[44] This has been exacerbated by the worst climate-induced emergency in the country for 40 years, with many drought-afflicted areas, resulting in dramatic increases in child marriage as parents seek extra resources through dowries and hope to find wealthier families who will feed and protect their daughters.[45]

Geographical variations in child marriage exist, with different prevalence levels and rates of decline across the country. The clustering of early marriage cases is still observed in several areas, including the Gambella region,[46] where the numbers of refugees from South Sudan almost equal the host populations.[47]

Of the refugee population in this region, 66 per cent are children below the age of 18 years,[48] and child marriage is often accompanied by early and frequent pregnancy and childbirth. Among young girls in Gambella aged between 15 and 19 years, 12 per cent are already mothers or pregnant with their first child.[49] This highlights an ongoing need for targeted work at subnational level and in refugee-hosting locations to end child marriage and protect girls' SRMNCAH rights.

Efforts to address and prevent child marriage in humanitarian settings are diluted by the complexity of child marriage and its multiple drivers that cut across sectors. Child marriage is covered by both child protection and gender-based violence responses; however, its full complexity is rarely addressed, coordination across sectors is often limited and efforts focus more on responses than on prevention.[50]

AIM

Raise awareness and support multisectoral action on the harmful effects and consequences of child marriage among refugee and host communities in the Gambella region, Ethiopia.

LEVEL OF INTERVENTION (SOCIAL-ECOLOGICAL MODEL)

Policy/enabling environment, institutional.

APPROACH

Through POWER, UN Women, with its principal implementing partner, the International Medical Corps, played a critical role in supporting the development of a multisectoral response plan to prevent and respond to child marriage in the Gambella region. This was achieved through consistent advocacy, dialogue with government and non-governmental partners, and high-quality evidence-based analysis.

Planning the response was informed by a detailed assessment of the legal and policy frameworks that may hinder women and girls in exercising their rights and accessing SRMNCAH services in Ethiopia. Findings from the assessment were presented in the 2021 policy brief *Gender Barriers in Ethiopia's National Laws and Policies on Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH): Rights and Access to SRMNCAH Services in Humanitarian Settings.*

Analysis and policy recommendations put forward by POWER have been subsequently used by government and civil society partners in the Gambella region to accelerate work to end child marriage. Throughout 2021, the International Medical Corps drew on this evidence base, and its own primary research on child marriage and teenage pregnancy prevalence rates in the Kule refugee camp, to engage in consistent advocacy efforts to improve gender equality and SRMNCAH outcomes for women and girls in humanitarian settings.

> In our community young girls are married forcibly and their husband or his family did not allow them to go anywhere unless they get permission from their husband. They do not go to the health facility and do not know about family planning, so they become pregnant and face a very difficult time. I was married before 14 years of age, and I suffered a lot. I do not want to see my child face the same problem that I faced as a young girl. — *48-year-old woman living in Kule refugee camp, Gambella region, Ethiopia.*

Data and analysis generated with the support of POWER shaped these advocacy efforts and led to dialogue with regional policymakers, programme implementers and practitioners working in refugee-hosting locations. In October 2021, this approach culminated in the region's first multisectoral response plan to prevent and respond to child marriage.

CROSS-SECTORAL COLLABORATION

Through UN Women's main implementing partner, the International Medical Corps, POWER sought to increase the prioritization of and action on child marriage by fostering cross-sectoral collaboration at subnational level. These efforts brought the Gambella National Regional State Women, Children and Youth Affairs Bureau together with the Gambella Regional Health Bureau and Regional Education Bureau, the Refugees and Returnees Service and the Openo Polytechnic College of Gambella.

In 2021, POWER supported the formation of a technical working group consisting of representatives from these organizations to develop a regional framework for preventing child marriage and protecting girls' SRMNCAH rights. The resulting plan, titled *Preventing and Responding to Child Marriage in Gambella Region and Refugee Camps, Gambella Region*, provides a framework for multisectoral work in refugee and host communities. It includes support for access to education for girls; sensitization of health providers and improved case management; increased engagement of religious, community and clan leaders in ending child marriage and protecting girls' rights; action to support positive parenting; the integration of life skills education; and gender-responsive social protection.

RESULTS AND LEARNING

Prior to POWER, the Gambella region lacked a coordinated, multisectoral response to child marriage. The Regional Health Bureau and the National Regional State Women, Children and Youth Affairs Bureau used indicators and specific programmatic activities to prevent and respond to child marriage that, while important, were often siloed. Other key social sectors, such as education and social protection, did not implement any interventions directly targeted at preventing and responding to child marriage.

Evidence-based advocacy and dialogue with government and civil society partners were critical to developing the Gambella region's first multisectoral plan to prevent and respond to child marriage. Under the leadership of the International Medical Corps, with UN Women support, this framework has been approved by local government officials and operationalized through a series of workshops and sectoral response plans that are being implemented and monitored on a periodic basis. Progress reporting against the multisectoral plan for preventing and responding to child marriage now forms part of the regional government performance evaluation process as well.

The multi-year sectoral response plans integrate SRMNCAH priorities and the promotion of women's and girls' rights into the ongoing and future work of the Regional Health Bureau and its counterpart district health offices, the Regional Bureau of Education, and the National Regional State Women, Children and Youth Affairs Bureau.

Consequently, coordination between sectors has been strengthened at subnational level and engagement with civil society partners is improving, particularly on issues of service delivery and social behaviour change in refugee and host communities.

FUTURE IMPLICATIONS

Gambella's framework for preventing and responding to child marriage offers a blueprint for cross-sectoral and multi-stakeholder collaboration at subnational level to integrate SRMNCAH priorities into rights-based programming and end harmful practices against girls. This is relevant for other regions of Ethiopia with refugee-hosting locations and/or where high levels of clustering of early marriage cases are still observed.

Case Study 9: Better gender data to improve sexual, reproductive, maternal, newborn, child and adolescent health in humanitarian settings

THE ISSUE

In humanitarian and fragile contexts, having transparent and clear SRMNCAH data is essential for understanding programme outcomes, continuous evaluation and improvement, and ensuring that women's and girls' needs are met with dignity and humanity.

Furthermore, gender-responsive data-collection and indicator-reporting mechanisms promote a means by which duty bearers can be held accountable for providing appropriate SRMNCAH care to men, women, girls and boys. However, data collection in humanitarian settings is often unreliable and not standardized, especially regarding SRMNCAH.

A 2012–2014 global assessment found significant gaps in information about SRMNCAH in refugee and displacement settings, irrespective of region or stage of emergency.[52] Expanded and improved data collection can drive changes to make the practice of monitoring gender inequalities in relation to SRMNCAH more relevant and impactful. Promoting the use and uptake of gender data and statistics is therefore vital to effectively direct resources towards designing policies that improve the lives of women and girls in humanitarian settings.

AIM

Increase accountability of duty bearers to deliver on SRMNCAH commitments in humanitarian settings through better uptake and use of gender data and statistics.

LEVEL OF INTERVENTION (SOCIAL-ECOLOGICAL MODEL)

Policy/enabling environment.

APPROACH

To improve gendered analysis of SRMNCAH among policymakers and civil society partners, POWER prioritized support for production, capacity-building, dissemination and openness in relation to gender data. This included capacity-building support for institutions, policymakers, humanitarian organizations and civil society partners; conducting research; delivering knowledge-sharing platforms; and training and mentoring individuals. Programme activities were expanded beyond Ethiopia and Uganda to include region-wide initiatives, acknowledging common challenges in relation to SRMNCAH data collection and analysis in humanitarian settings.

As a result of regional policy dialogue and training sessions convened by UN Women, policymakers, decision-makers,

statisticians and civil society partners across the Horn of Africa benefited from increased access to evidence and data analysis on different aspects of SRMNCAH, drawing on the Social Institutions and Gender Index (SIGI),[53] as well as other sources of information.

UN Women used its convening power and partnerships to bring together more than 200 (143 female and 65 male) decision-makers, data experts, humanitarian aid agencies and United Nations staff from seven countries to create a unique knowledge-sharing platform around SIGI. This regional policy dialogue inspired discussion among parliamentarians, policymakers, statisticians, the United Nations, women's rights organizations and civil society organizations on using gender indicators to quantify and measure the level of discrimination in social institutions, including formal and informal laws, social norms and practices. This supported technical exchanges on the collection of data on discrimination against women and girls in humanitarian settings; the current availability of disaggregated data; and gaps in gender data related to SRMNCAH in these complex and fragile environments.

Through this knowledge-sharing platform, POWER supported cross-sectoral teams from Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda to develop country action plans to better measure women's and girls' ability to exercise their SRMNCAH rights and to strengthen the uptake and use of gender data and statistics to inform humanitarian policies and programming.

These efforts were reinforced at national and subnational levels with the targeted training of government and civil society representatives in results-based, gender-sensitive monitoring and evaluation. In Ethiopia, representatives from the Ministry of Health, the Ministry of Women and Social Affairs, the Refugee and Returnees Services, the International Medical Corps and the National Network of Positive Women Ethiopians, as well as their colleagues and counterparts working in the Gambella region, were engaged in training. Capacity-building efforts enhanced the knowledge and skills of participants to strengthen data-reporting systems within their own organizations and to champion the greater use of gender data and statistics by policy planners and programmers.

> Capacity-building trainings on [gender-responsive] monitoring and evaluation [M&E] helped to reshape and develop a uniform reporting system at the woreda (district) level, where data collection and supportive supervision activities occur. This, in turn, has helped ensure uniform reporting standards at regional state level. The trainings have also opened the door to better use of disaggregated data, including by sex and age, in our reporting and evaluation work. — *Girum G/Esysus, Director of the Women Empowerment Directorate, Bureau of Women and Social Affairs, Gambella region, Ethiopia.*

In Uganda, partner review meetings were held with women's groups, the Office of the Prime Minister Settlement Commandants and district-level planners, health officers and gender focal points. These meetings provided opportunities to strengthen the gender-responsive planning and results-based management skills of individuals and organizations operating in the Adjumani, Terego and Yumbe districts.

UN Women further capitalized on its technical advisory role to conduct upstream policy advocacy activities with United Nations and government agencies, highlighting critical gender data gaps and identifying solutions to improve the collection, analysis and use of disaggregated SRMNCAH data and statistics in humanitarian settings across Ethiopia and Uganda.

CROSS-SECTORAL COLLABORATION

Recognizing that the generation and use of SRMNCAH data require a multisectoral approach, UN Women's convening power at national and subnational levels brought decision-makers from government departments on women and youth, health, education, finance and humanitarian assistance together with SRMNCAH focal points in public health facilities from refugee and host communities.

This created new opportunities for cooperation between sectors and fresh perspectives on the real-world consequences for women and girls of being invisible in the data and the subsequent analysis that informs decision-making. Partnerships

to improve SRMNCAH data collection and analysis extended to collaboration with regional and global organizations, from the Intergovernmental Authority on Development in Eastern Africa to the Organisation for Economic Co-operation and Development (in relation to SIGI).

RESULTS AND LEARNING

The timely and rigorous collection, aggregation and use of SRMNCAH data for the evaluation of services and outcomes in humanitarian settings are important for accountability and transparency. This type of data collection system, when implemented correctly in a reliable and expedient manner, could allow governments, health providers, humanitarian organizations and civil society organizations to accurately monitor and assess current services and outcomes in humanitarian contexts, and evaluate the impact of programmes and budget allocations on women, girls, men and boys.[54]

Notable contributions of POWER to this effort were the inclusion of gender equality indicators in the Health Management Information System of Ethiopia and health facility-related data collection mechanisms. In Uganda, POWER built on UN Women's existing work on gender statistics and SIGI, providing support to those working in humanitarian assistance to help them better understand the available data, and to advocate for solutions to gender data gaps.

Yet, while SIGI represents a valuable tool for capturing the 'hidden' dimensions of gender inequality, a key learning point from the programme was that the main limitation in measuring the level of discrimination in social institutions in humanitarian settings continues to be the availability, coverage and quality of SRMNCAH data overall.

FUTURE IMPLICATIONS

Including formal and informal laws, social norms and practices that reflect unequal gender norms in national and humanitarian SRMNCAH data collection would not only mean that these important indicators of gender inequality are tracked, but also show that there is commitment to statistical capacity-building to improve the data sources in these areas.

On issues such as violence against women, lack of reproductive autonomy and social norms dictating women's access to household resources, POWER has generated increased attention to unequal gender norms that restrict women's and girls' rights and access to SRMNCAH services. In doing so, POWER has created new spaces for discussion and interaction between policymakers, statisticians, health facilities, civil society organizations and humanitarian agencies, which will continue beyond the life of the programme.

Case Study 10: Guiding effective financing and policy decisions on sexual, reproductive, maternal, newborn, child and adolescent health in humanitarian settings

THE ISSUE

Priority-setting is a major challenge faced by health planners worldwide because demand for health care inevitably exceeds the resources available to finance it. In its most basic form, priority-setting is the process of making decisions about how best to allocate scarce resources to improve population health.[55] This is especially difficult in low- and middle-income countries and in humanitarian and fragile contexts where health needs are large, financial resources are scarce, health infrastructure

is heavily strained or weak, and government stewardship is limited.[56]

Efforts to support efficient and equitable spending during the COVID-19 era are even more critical, as governments struggle with shrinking fiscal spaces and major disruptions to essential SRMNCAH services, particularly in areas of humanitarian need across the Horn of Africa. Today, the regional landscape is made up of a complex web of actors at national and local levels with differing vested interests and motivations regarding health sector priorities in humanitarian assistance. As a result, resource allocation and priority-setting in the area of SRMNCAH tends to be ad hoc, and resources are not always used optimally.

Increased SRMNCAH financing in humanitarian action can have a positive impact on financing in relation to women's rights, including the right to sexual and reproductive health. Yet, during the pandemic, attention and resources were diverted from SRMNCAH services to manage the COVID-19 outbreak. This contributed to a rise in SRMNCAH-related challenges such as access to contraception, clinical responses to gender-based violence, and treatment of STIs, including HIV, across the Horn of Africa.

Being able to analyse SRMNCAH budgets to assess the extent to which resource allocations align with national and international gender equality commitments is a crucial first step in advocating for change in subsequent budget discussions and revisions.

AIM

Support evidence-based decision-making on SRMNCAH financing, ensuring that adequate allocations to gender equality commitments are included in national health and humanitarian plans and budgets.

LEVEL OF INTERVENTION (SOCIAL-ECOLOGICAL MODEL)

Policy/enabling environment.

APPROACH

POWER promoted improvements in finance tracking and monitoring systems, including through gender-responsive budgeting (GRB), to enable the effective analysis of SRMNCAH resource allocation and expenditure disaggregated by sex.

Given UN Women's universally recognized expertise in GRB, this was a key strategy for mainstreaming gender concerns in SRMNCAH interventions within the humanitarian sector. To improve the results of SRMNCAH budgets in general, and gender equality and women's empowerment in particular, POWER employed a combination of targeted capacity-building, cross-learning and knowledge-sharing.

POWER's approach included training on GRB for government, statisticians, civil society organizations and United Nations staff working in humanitarian roles and contexts in Djibouti, Ethiopia, Kenya, Somalia, Sudan, South Sudan and Uganda. Although participants were able to practise skills independently following the training, UN Women recognized the need to provide additional support. More than a third of participants went on to receive mentoring and follow-up training on the approaches used in different gender budgeting initiatives.

> Before I participated [in the Regional Gender Responsive Budgeting Training], my attitude was 'Oh my! Those budgets! Let Finance [department] deal with it!'. Now I understand that budgets are everyone's business. I realized that we included different needs of various populations in our [women's health-related] programming, but our budgets did not reflect this, now our thinking has changed. For example, before we had a budget-line on capacity-building, now we are more specific, such as the cost for sign-language training so we can better meet the needs of women with hearing impairments. — *Alberta Wambua, Executive Director of the Gender Violence Recovery Center of Nairobi Women's Hospital, Kenya.*[57]

CROSS-SECTORAL COLLABORATION

GRB initiatives are intended to provide a mechanism through which governments, in collaboration with lawmakers, government statisticians, civil society organizations, women's

organizations and development partners, can integrate a gender analysis into fiscal policies and budgets.

Given the multisectoral nature of health and humanitarian assistance programmes, POWER encouraged closer communication between these groups, bringing together representatives and experts from the health, finance, planning, social welfare, women and youth sectors to discuss women's rights and SRMNCAH financing strategies.

RESULTS AND LEARNING

Countries in the Horn of Africa have a long way to go to ensure adequate SRMNCAH financing in humanitarian action. A key learning point from POWER was the need to focus on knowledge-building and capacity-strengthening in line ministries, at both technical and leadership levels. This must be accompanied by efforts to build local government and civil society understanding and capacities in relation to gender analysis. These are vital first steps for enabling GRB to respond to the needs of women and girls in humanitarian settings.

GRB for SRMNCAH services is critical to support efficient spending during the COVID-19 response and recovery periods, as governments in the region struggle with shrinking fiscal spaces and major disruptions to essential SRMNCAH services. A holistic approach to SRMNCAH financing includes a dedicated health budget for women and girls in refugee and host communities that incorporates women- and girl-led organizations as equal partners and decision-makers in programme design and delivery.

FUTURE IMPLICATIONS

GRB in humanitarian and fragile contexts will require adaptations over time and for different country contexts. Beyond the programme, targeted initiatives are needed to support institutional capacities and tools, such as GRB, to assess funding for gender equality and ensure that the intended results are achieved.

The pandemic has amplified calls to move beyond a 'zero sum' game of diverting resources from SRMNCAH services during emergencies. Effective resource allocation and policy decisions on SRMNCAH require direct, sustained and accessible funding for SRMNCAH services from governments and humanitarian organizations, especially in areas where women and girls face additional challenges as refugees and asylum seekers. Stronger political will and greater financial commitments, funded through health budgets, are urgently needed to reduce demand-side barriers to women's and girls' use of SRMNCAH services in refugee and host communities, especially structural barriers rooted in gender inequality.

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19. Development Initiatives 2022.
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44. UNHCR 2022.
45. Davies 2022.
46. Tessema 2020.
47. UNICEF 2019.
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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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