

A photograph of a woman wearing a dark headscarf, looking directly at the camera. A young child is visible in the lower right corner, looking down. The background is a blurred thatched roof. The entire image has a blue color cast.

ASSESSING THE

sexual and reproductive health, & rights of women and girls

**IN FRAGILE AND
CONFLICT-AFFECTED
COUNTRIES IN AFRICA**

CASE STUDIES

**SUDAN, SOUTH SUDAN, CENTRAL AFRICAN
REPUBLIC, MALI, ETHIOPIA AND NIGERIA**

**URGENT
ACTION
FUND +
AFRICA**

FOR WOMEN'S HUMAN RIGHTS



POLICY BRIEF

1. Introduction

Sexual and reproductive health rights (SRHR) of women are protected under various regional and international legal frameworks, including the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, the Convention on the Elimination of All Forms of Discrimination Against Women, and the International Conference on Population and Development Programme of Action. However, in conflict-affected countries such as Mali, Nigeria, South Sudan, Sudan, Central African Republic, and Ethiopia, women's SRHR are often undermined due to the destabilization of state institutions and a lack of access to services.

In Mali, the ongoing conflict has resulted in a decrease in access to basic healthcare, contraception, and other essential health services. There is a shortage of trained health workers and limited integration of sexual and reproductive health services into the healthcare system. Women in Northern Nigeria face similar challenges with restrictive cultural and religious beliefs resulting in limited access to reproductive healthcare and high maternal mortality rates. In South Sudan, major gaps in access to and quality of sexual and reproductive health services for women are attributed to weak rule of law, limited enforcement of women's rights and high prevalence of sexual and gender-based violence (GBV) especially rape. In Sudan, women face barriers to accessing reproductive health services due to poverty, insecurity, inadequate healthcare infrastructure and cultural attitudes that view sexuality and reproductive health as taboo topics. The conflict in Central African Republic has contributed to a decrease in women's overall health, an increase in child marriage, displacement of people, and poverty. In Ethiopia, the shortage of GBV prevention initiatives has been detrimental to women's sexual and reproductive health. There are limited medical supplies in health facilities and inadequate medical staff to ensure sufficient access to sexual and reproductive health services.

Constitutional provisions, national health policies, sexual offences' laws and sexual and reproductive health services like maternal health care, family planning, sex education, care for survivors of sexual violence including counseling and testing for HIV/AIDS exist in varying degrees. However, women in these countries still face challenges in accessing SRHR services due to conflict-related factors such as insecurity, displacement, and limited resources being channeled to military spending rather than social services. This lack of access to services has significant implications on women's human rights and empowerment.

2. Recommendations

In order to address these challenges, it is important for governments, civil society organizations, and international actors to prioritize the provision of SRHR services in conflict-affected areas and to ensure that women have access to comprehensive and accurate information about sexual and reproductive health. Efforts should also be made to address societal attitudes and beliefs that restrict women's access to sexual and reproductive health information and services. By prioritizing women's SRHR in conflict-affected areas, we can work towards creating a world where all women have the ability to make informed decisions about their health and well-being, free from violence and discrimination.

In Nigeria, to close the gaps in health outcomes, the government should rehabilitate destroyed health facilities and build more health care facilities to provide a wide range of reproductive health services in the northeast region to mitigate the high levels of preventable maternal deaths due to poor quality of care, and ensure access to comprehensive SRHR services, including psychosocial counselling and support. The government of Nigeria should take immediate steps to comply with international and regional human rights obligations regarding access to maternal health care services, abortion, and other related SRHR services for survivors of sexual violence to ensure women and girls affected by conflict-related violence can access comprehensive medical and support services, including psychosocial support.

In Ethiopia, the Government should strengthen GBV response through increasing Women and Girls' Friendly Spaces and One-Stop Centers and increase community awareness raising on GBV and distributing dignity kits, especially to displaced women and girls. It is important to strengthen GBV coordination procedures by improving partners mapping and comprehensive GBV services to strengthen GBV referral pathways including improving the capabilities of frontline service providers and mainstream GBV into humanitarian effort by establishing GBV evaluations and standard operating procedures (SOPs) to guide programming and trends. Funding should be increased to ensure that services are available and accessible to all women and girls.

In Mali, government funding for reproductive health services should be increased in addition to expanding access to comprehensive sexuality education and family planning services, particularly in rural and conflict-affected areas. The capacity of the healthcare system should be increased to provide quality reproductive health services, through strengthened partnerships between the government, international organizations, and civil society organizations.

The government of CAR must strengthen legislation to protect the sexual and reproductive rights of women and ensure resources are available for law enforcement agencies to effectively prosecute cases of gender-based violence. The government and civil society organizations should collaborate to provide comprehensive sexual and reproductive health information and services to women to increase access to crucial services. Efforts must be made by the government for example through raising awareness about the negative effects of violence against women, strengthening laws and policies to hold perpetrators accountable, and providing access to comprehensive medical and psychosocial support for survivors. Additionally, community-based initiatives can be established to empower women and girls, such as providing education and skills training to help them become more self-sufficient and less vulnerable to violence.

In South Sudan, development partners, international organizations, and the private sector should increase their support for the provision of sexual and reproductive health services to women. Efforts should be made to expand access to health services, including sexual and reproductive health services, to women and girls in rural and conflict-affected areas. Addressing societal barriers that restrict women's access to sexual and reproductive health information and services and promoting gender equality and women's empowerment is crucial. Finally, enhancing monitoring and accountability will ensure progress is made.

In Sudan, efforts should be made to increase the safety and security of women and ensure their access to services that can enable them to recover from the impacts of violence. Addressing social and cultural attitudes towards sexuality and reproductive health is critical to ensuring that women are able to fully exercise their rights. Civil society organizations should also be engaged to address the issue.

Sources:

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Women's International League for Peace and Freedom. (2017). African Women's Sexual and Reproductive Health Rights. <https://www.wilpf.org/wp-content/uploads/2017/11/African-Womens-Sexual-and-Reproductive-Health-Rights.pdf>

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