

## **1. Introduction**

The Eastern Africa Caucus was convened by White Ribbon Alliance-Uganda and was financially supported by Program for Appropriate Technology for Health (PATH). Countries represented in the Caucus included: Burundi, Comoros, Djibouti, Egypt, Eritrea, Ethiopia, Kenya, Malawi, Mauritius, Libya, Mayotte, Réunion, Rwanda, Seychelles, Somalia, South Sudan, Sudan, Uganda, and United Republic of Tanzania.

The caucus used two approaches including; a panel discussion and breakout session. The meeting attracted over 130 participants and the main topic of discussion was; ‘Mainstreaming citizen-centered accountability mechanisms in implementation of global and country commitments to improve women’s and girls’ health and rights.’

There were five panelists who included; a young person, a journalist, a politician, a regional program head, a politician and a person from a fragile state/country in and out of crisis, and a moderator. The breakout sessions were divided into 5 groups of policy makers, civil society, youth, fragile states and media. All the breakout sessions discussed barriers, opportunities and the way forward in ensuring citizen-led accountability for women and girls’ health and rights.

The caucus objectives were:

- Discuss commitments from different sectors, including government, that contribute to the implementation of SDGs 3 and 5 and targets in individual countries or regions.
- Share key good practices on accountability and lessons learned within countries
- Identify citizen-led monitoring and accountability mechanisms needed to deliver the national and regional commitments to RMNCAH targets in the SDGs and global commitments such as the Global Strategy for Women’s, Children’s and Adolescent’s Health, ICPD+20 and Beyond, and Beijing+20 processes

## **2. Major Caucus outputs**

### **2.1. Commitments made**

During the breakout sessions, participants were required to identify what they were going to do to ensure that citizens hold their leaders accountable. Different groups made commitments. The civil society organizations committed to create platforms for citizens to engage with government officials and include girls/women with disabilities. Media pledged to give a platform to stakeholders for their voices to be heard and also amplify their voices. Policy makers committed to popularize policies, engage citizens more, provide access to information and use evidence to inform policies.

Participants showed a lot of interest in institutionalizing social accountability mechanisms in the implementation of programs for delivering for women and girls’ health and rights and the need to reflect citizens’ voices on the priority policies and actions needed for progress on women’s and girls’ health and rights.

### **2.2. Networks established**

Networks were established with youth regional youth organizations and networks including African Youth and Adolescent Network (AfriYAN) on Population and Development, Allied Youth Initiative, Amref, and women legal networks. However, there is need for continued interaction and advocacy to further strengthen the networks to push for a common cause.

### **2.3. Future advocacy efforts**

The theme of the caucus ie Citizen-led Accountability for Women and Girls' Health and Rights in the Post 2015 Health Agenda, aligns with our current work. This will be helpful in further strengthening efforts in that line. Our future advocacy efforts are aimed at making accountability for women's and girls' health become a priority area in the delivery of SDGs 3 and 5. We will work with young people, CSOs and policy makers to push this forward by ensuring policy makers institutionalize accountability in programs, policies that relate to women's and girls' health and rights. We will work closely with regional organizations such as Amref Health African which has a wide reach in the region to support these efforts.

White Ribbon Alliance Uganda would like to create a center of excellence for citizen-led accountability in Uganda. We have learned in our accountability efforts that when citizens are well informed, they can, through their voice, demand and hold leaders accountable with positive results.

### **2.4. Compelling quotes from speakers**

During the panel discussions we had statements from high policy makers including two from Tanzania, two from Uganda Ministers of Health from Uganda, and senior government officials from Tanzania and Kenya, and top representatives from major regional and international organizations. Quotes of policy makers included:

- Hon Sarah Opendi Minister of State for Primary Health Care-Uganda said; "It's important to listen to the people, know their problems and address their needs. As government of Uganda, we listen to what citizen say. That is why we were able to put up that hospital in Mityana District that Hon.Sylvia Namabidde (panelist) talked about. We also bought an ambulance for Mityana. We are also building hospitals in other areas. Governments should be accountable to citizens."
- Tikhala Itaye, President African Youth and Adolescents Network, Malawi and panelist said; "Make youth organizations implementing partners...Don't wait for opportunities - create them. Use your voice to pressure governments to deliver. We need to create youth networks and opportunities for youth voices to be heard."
- Political leaders are shaken when young people start speaking; we need to make use of their[young people]voices and energy," Tikhala
- 
- "Count on the people and their needs," said Nada Nashat, a panelist, working with Center for Egyptian Women's Legal Assistance, Egypt
- "We found our voices after the people's revolution" Nada
- "Citizens know what they want but need someone to support and link them to MPs to get their priorities heard," Hon. Sylvia Ssinabulya.

- Media plays an important role especially in ensuring accountability for citizens from government. We are not doing this because we want to be paid, we are doing this because we are citizens. We want to make a difference” Eunice Kilonzo, panelist from Kenya

### 2.5.A monitoring framework including indicators and timeframe and leading organizations

Indicator	Timeframe	Leading Organization	Outputs
Share Caucus Report with participants	June 30 <sup>th</sup>	White Ribbon Alliance	Report circulated to participants
Regions identify a coordinating team	June 1-30th	White Ribbon Alliance	Lead persons identified
Feedback to in-country key stakeholders	June 30 <sup>th</sup>	White Ribbon Alliance and Partners	Robina and Faridah
Develop and agree on in-country key actions		Country team leaders	Robina and Faridah

### 3. Major outcomes of the caucus. What did you accomplish? Please briefly report on each of the following:

#### Caucus communications.

A social media toolkit was developed for the Eastern Africa Caucus. This was used by the participants to share information on social media platforms. We have used our social media platforms ie facebook, and twitter to share information about the caucus. We shared a blog written by PATH Country Programme leader in Uganda Dr Mugisha Emmanuel about the caucus, specifically highlighting the focus of the Eastern Africa Regional Caucus which he attended. We have share photos and messaged via twitter and facebook. Faridah was interviewed by a reporter from one of the Danish radio stations. A press release was developed and shared with PATH team. We are yet to handover the official report to the current Minister of Health (General Duties), Hon. Sarah Opendi

#### 4. After-action plans.

How do you plan to keep the advocacy momentum going for your issue?

In order to move forward, we have looked at the issues brought out during the breakout sessions and think the following are key in maintaining the advocacy momentum.

- We have developed a list of caucus participants and plan to have regular communication and gather information on efforts, experiences and progress made on citizens' voice amplification in demand for accountability for SRH services and rights.
- In partnership with partners, develop and test an advocacy toolkit for citizens' voice amplification that can be used by civil society in target countries represented at the caucus
- We plan to continue engaging with the team leaders in different countries. In addition, we would like to continue engaging with regional organizations including the Eastern African Parliament, African Union to promote the citizens voice in demand for quality RMNCAH health and rights for women and girls
- We plan to develop an awareness tool on citizen voice amplification and its value in promoting the health of girls and women and rights for the media and policy makers.

**Who will you engage with over the next several months?**

- The media
- Parliamentarians and other policy makers in key ministries of health ,gender, finance and youth
- Youth organizations and networks at national and regional levels
- Continue engagement with national and regional policy leaders to promote institutionalization of the citizens' voice in accountability frameworks.

**What progress do you expect to make, and what challenges do you anticipate?**

We expect to make the citizen voice a popular concept that can be institutionalized in implementation of policies and standards that lead to the achievement of SDG Goals 3 and 5 among target regional and national policy makers and CSOs. The major anticipated challenges include coordinating several organizations to deliver on their commitments and mobilization of adequate financial resources to manage coordination, monitoring and capacity strengthening of partners in accountability and ensuring citizens voices are reflected.

**Please outline what actions you plan to take over the next 6 months.**

We plan to focus on the following main activities;

- Continue popularizing the citizens voice for RMNCAH among caucus countries and Uganda in particular through social media and meetings and policy makers
- Meet with newly elected MPs and share with them our work on citizen-led accountability and ask for their support in ensuring the same
- Develop a factsheet targeting MPs to improve their knowledge on social accountability
- Utilize already created community-based monitoring teams and citizens journalists to track progress and commitments on RMNCAH
- Continue monitoring caucus participants' actions on accountability and citizens voice amplifications with specific focus on youth regional organization.
- Develop training tool for CSOs on accountability and citizen voice amplification for women's and girls' health and rights.

**10. Annex materials:**

- a. List of participants (name, country, organization) with VIPs highlighted
- b. Copy of final agenda
- c. List of caucus organizer staff

- d. Any relevant draft policy documents, calls to action, sign-on letters, commitments developed
- e. Situation analysis/landscaping findings on girl's and women's health and well-being.

# WOMEN DELIVER

## 4th Global Conference

## EASTERN AFRICA REGIONAL CAUCUS

THURSDAY, 19th MAY 2016  
COPENHAGEN, DENMARK

**Theme:** Citizen-led Accountability for Women and Girls' Health and Rights in the Post 2015 Health Agenda | **Nothing About Citizens Without Citizens**

Thursday, 19th May 2016 | 10:30am – 12:00 Noon | Bella Centre, Copenhagen, Denmark

### BACKGROUND

White Ribbon Alliance Uganda is taking lead in organizing the Eastern Africa Regional Caucus (#EARC) which brings together multi-sector representatives with the potential to influence and effect change for girls and women in the region. Participants from the region will discuss Reproductive, Maternal, Newborn, Child and Adolescent Health in the Sustainable Development Agenda framework; agree on the key priorities for the region; and how implementation can be better monitored and information shared within the region and beyond. The caucus will mainly focus on SDGs 3 and 5.

### TOPIC:

**Mainstreaming citizen-centered accountability mechanisms in implementation of global and country commitments to improve women's and girls' health and rights**

### SESSION OBJECTIVES

- Discuss commitments from different sectors, including government, that contribute to the implementation of SDGs 3 and 5 and targets in individual countries or regions.
- Share key good practices on accountability and lessons learned within countries
- Identify citizen-led monitoring and accountability mechanisms needed to deliver the national and regional commitments to RMNCAH targets in the SDGs and global commitments such as the Global Strategy for Women's, Children's and Adolescent's Health, ICPD+20 and Beyond, and Beijing+20 processes

### ON THE PANEL

**Panelists:** Hon. Sylvia Namabidde Ssinabulya, *Member of Parliament, Uganda*  
Dr Joachim Osur, *Amref Health Africa, Kenya*  
Tikhala Itaye, *AfriYAN (African Youth and Adolescents Network), Malawi*  
Eunice Kilonzo, *Daily Nation, Kenya*  
Nada Nashat, *Center for Egyptian Women's Legal Assistance, Egypt*

**Moderator:** Dr. Jeremie Zoungrana, *Jphiego, Tanzania*

### PROGRAM

Time	Session
10:30am - 10:40am:	Welcome and setting the stage
10:40am - 11:05am	Panel discussion
11:05am - 11:10am	Screening of Citizens Hearings video
11:10am - 11:40am	Breakout sessions
11:40am - 11:55am	Report back and discussion
11:55am - 12:00noon	Wrap-up and next steps

#WD2016 #EARC #CitizensPost  
@WRAUganda @PATHtweets  
@WRAGlobal @WomenDeliver



THE WHITE  
RIBBON  
ALLIANCE  
HEALTHY MOTHERS  
HEALTHY WORLD

**Participants of the Eastern African Regional Caucus include;** Civil society and nongovernmental organizations, Policymakers (parliamentarians and ministers), Professional organizations (all sectors), Young people, Private-sector entities, United Nations agencies, Bilateral donors, Academics, Journalists, Advocates and activists and Faith-based organizations.

**The Eastern Africa Regional Caucus consists of the following countries;** Burundi, Comoros, Djibouti, Egypt, Eritrea, Ethiopia, Kenya, Malawi, Mauritius, Libya, Mayotte, Réunion, Rwanda, Seychelles, Somalia, South Sudan, Sudan, Uganda and the United Republic of Tanzania.

## BIOGRAPHIES

**Hon. Sylvia Namabidde Ssinabulya**, *Parliament of Uganda*  
[@Parliament\\_UG](#)

Hon. Sylvia Namabidde Ssinabulya is a Member of Parliament of Uganda since 2001. She heads the Network of African Women Ministers and Parliamentarians on Maternal Health. Hon. Namabidde has spearheaded the prioritization of Maternal, Newborn and Child Health (MNCH) in the Parliament of Uganda and because of this, MNCH has featured prominently on the legislative and policy agenda of Parliament. She holds professional qualifications in the areas of Education, Management, Public Health Leadership and a BA/Education Degree from Makerere University. Hon. Namabidde holds a Masters Degree in Public Health Leadership under the Save the Mothers program of Uganda Christian University Mukono. She has over 22 years' experience in working with Civil Society Organizations and currently, she is the Board Chairperson of Reproductive Health Uganda.

**Dr Joachim Osur**, *Amref Health Africa*  
[@Amref\\_Kenya](#)

Dr Joachim Osur is the Director, Regional Programmes and Field Offices at Amref Health Africa where he leads regional initiatives on health development for improving health with a bias towards women and children's health. As a member of the Attorney General's Task Force on Sexual Offences, Dr. Osur contributed immensely to the development of a framework for implementation of Sexual Offences Act in Kenya. On health systems strengthening, Dr. Osur was among the pioneer integrators of HIV and reproductive health in Kenya and lessons from his pilot project were used worldwide to improve quality of care. He also led the development of reproductive health service delivery guidelines in Zambia, Uganda, Malawi, Mali and Benin focusing on reducing unsafe abortion. At global level, Dr. Osur has previously appeared before the US Senate Committee on Foreign Relations to give evidence on the effect of US foreign policy on access to family planning in Africa. He has also published two books, one looking at controversies around abortion and constitution making in Kenya and another on African women's perspectives on sexuality and sexual rights. Dr. Osur holds a Bachelor's degree in Medicine and Surgery; a Master's degree in Public Health; and a PhD in Reproductive Health.

**Tikhala Itaye**, *African Youth and Adolescents Network*  
[@afriyantweets](#) [@MissTikhala](#)

Tikhala Itaye, born Malawian, is a Lawyer by profession and a Co-Founder of Her Liberty Namibia, an NGO empowering and mentoring girls and young women. Currently, she is the President of Eastern and Southern Africa of AfriYAN (African Youth and Adolescents Network) on Population and Development that is spearheading Sexual and Reproductive Health and Rights issues. In addition, she is a member of the Regional Think Tank on Social Justice Committee Member. She was awarded the Best Student Representative Council Member the Ubuntu Award by the University of Namibia for her community work. She is well known for a TV Drama Series "Don't Kiss and Tell". She has spent the past three years working with youth and adolescents in promoting and initiating empowerment programs, HIV and AIDS, Gender Based and Poverty Eradication for disadvantaged communities.

**Eunice Kilonzo**, *Daily Nation*  
[@DailyNation](#) [@eunicekilonzo](#)

Eunice Kilonzo is a health and science journalist at Daily Nation newspaper. She is keen on telling science stories that bring about change in policy and the day-to-day life of Kenyans. She currently heads the health desk at Daily Nation and has been recognized in various local and international awards in her pursuit for highlighting issues of Universal Health Coverage. Her most recent awards include; the 2015 Winner of the International Planned Parenthood Federation award on Reproductive health awarded in Indonesia, 2015 Data Journalism Winner, Zimeo "Excellence in Media" Awards and 2015 Reproductive Health and Rights winner (Print), Kenya Media Network on Population and Development. When she is not writing in the newsroom, Eunice is involved in mentorship of upcoming writers at the Passion Academy, Young Women Christian Association, and at Akili Dada Mentorship Program. She likes to travel and read fiction. She is a graduate of the University of Nairobi (Majors Political Science and Communications).

**Nada Nashat**, *Center for Egyptian Women's Legal Assistance*  
[@CewlaCenter](#) [@nadoshegypt](#)

Nada is currently the Advocacy Coordinator at the Center for Egyptian Women's Legal Assistance (CEWLA) based in Cairo, Egypt. She has participated in different international events related to human and women's rights such as CSW, discussions on post 2015, FfD, and UPR. She is also responsible for conducting different campaigns to promote women and human rights. Previously, Nada was the coordinator of amending the Personal Status Law (PSL) project for the same organization to promote access to justice and eradicate inequalities between genders. Nada graduated in 2011 with bachelors' degree in physics and is currently studying law.

**Jeremie Zoungrana**, *MSC, PhD.c, Jhpiego Tanzania*  
[@jhpiego](#) [@Jzoungrana](#)

Mr. Jérémie Zoungrana is a Health Sociologist and Program Management Expert. He has more than two decades of experience in leadership, program management and technical experience in leading large-scale complex Family Planning, Maternal, Newborn and Child Health; HIV/AIDS and Community Health projects. Currently, Mr. Zoungrana is the Country Director, Jhpiego Tanzania with a portfolio of about \$45 million from diverse programs and donors and more than 500 staff.

He is one of only four Global Champions for White Ribbon Alliance (WRA). Before that, he was serving as both the Maternal and Child Health Intergrated Programme (MCHIP) Rwanda Chief of Party and the Country Director for Jhpiego Rwanda.

His breadth of knowledge, management expertise and leadership skills have yielded key results for the program and stellar relationships with different Governments and collaborating partners. As board member of the Global WRA for Safe Motherhood, (2008 – 2012), he demonstrated exemplary leadership, working across multiple African and Asian countries to ignite commitment and discover synergies with Ministry, private sector and civil society actors. From 2005–2008, Mr. Zoungrana served as Jhpiego Country Director and supported Programs in West Africa. He received a presidential distinction from Burkina Faso as "Chevalier de l'Ordre National" on the December 11th, 2004.



# **REPORT ON RAPID LANDSCAPING OF PRIORITIES, COMMITMENTS THAT WILL INFLUENCE THE IMPLEMENTATION OF SDGS 3 AND 5 IN THE EASTERN AFRICAN REGION.**

## **Background**

Numerous international and regional instruments have drawn attention to gender-related dimensions of human rights issues, the most important being the UN Convention on the Elimination of All Forms of **Discrimination** against Women (**CEDAW**).

Women's and girls' rights are human rights; they cover every aspect of life – health, education, political participation, economic well-being and freedom from violence, among many others. Women and girls are entitled to the full and equal enjoyment of all of the human rights and to be free from all forms of discrimination – this is fundamental to achieve human rights, peace and security, and sustainable development.

The Charter of the United Nations guarantees the equal rights of women and men. All major international human rights instruments stipulate ending discrimination on the basis of sex. Almost all countries have ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), described as the women's international bill of rights.

Yet serious gaps and violations remain in every region of the world today and progress has been unacceptably slow, particularly for the most marginalized women and girls. Discrimination in the law persists in many countries. Women do not participate on an equal footing with men in politics. They face blatant discrimination in labor markets and access to economic assets. The many forms of violence directed explicitly towards women and girls deny them their rights and all too often their lives. Unacceptably high levels of maternal mortality continue in some regions. Unpaid care workloads continue to limit women's enjoyment of their rights.

Protecting women's and girls' rights must be embedded in national law and policy firmly anchored in international human rights standards. Equally important is that laws are implemented, such as through ready access to courts and an expectation of a fair hearing. Women and girls need to know their rights and have the power to claim them. Social attitudes and stereotypes undercutting gender equality must be challenged and changed

Women's and girls' human rights are more widely understood and championed today, but that needs to be the reality for every woman and every girl. No discrimination. No violations. No exceptions.

## **Objective**

The main objective of the mapping or rapid assessment is to give a clear understanding of the policy environment within the countries and region with respect to policies, government



commitments, decision makers and key stakeholders that will influence the implementation of the SDGs.

The mapping should highlight key issues related to girls' and women's health, rights, and gender equality within the countries and region, including major gaps in policy development, policy implementation, and resource mobilization.

## **East African Community Commitments towards Women and Girls' Rights**

### **Background on the East African Community (EAC) and its Gender Commitments**

EAC is an intergovernmental organization bringing together Burundi, Kenya, Rwanda, Tanzania and Uganda. The origin of the EAC can be traced to 1960 when the Chief Minister of Tanganyika, Julius Nyerere, proposed that the independence of Tanganyika be delayed until Kenya and Uganda were also independent so that the three countries could form a federation. This call was not heeded and Tanganyika and Zanzibar (which later became the Republic of Tanzania), gained independence first. On June 5, 1963, however, the leaders of the three states met and declared an intention to form an East African Federation before the end of 1964. Four years later, the East African Community was born in 1967. Unfortunately, the EAC only lasted for ten years before it collapsed in 1977 largely due to ideological differences among Presidents Jomo Kenyatta of Kenya, Julius Nyerere of Tanzania and Idi Amin of Uganda.

*Article 121 of Chapter 22 of the EAC treaty, which is dedicated to the role of women in socio-economic development, requires the partner states to:*

- a. promote the empowerment and effective integration and participation of women at all levels of socio-economic development especially in decision making;
- b. abolish legislation and discourage customs that are discriminatory against women;
- c. promote effective education awareness programmes aimed at changing negative attitudes towards women;
- d. create or adopt technologies which will ensure the stability of employment and professional progress for women workers; and
- e. take other such measures that shall eliminate prejudices against women and promote the equality of the female gender with that of the male gender in every aspect.

*Article 122 of the same chapter states that the partners will:*

- a. increase the participation of women in business at the policy formulation and implementation levels;
- b. promote special programmes for women in small, medium and large scale enterprises;

- c. eliminate all laws, regulations and practices that hinder women's access to financial assistance;
- d. initiate changes in education and training strategies to enable women to improve their technical and industrial employment levels through the acquisition of transferable skills offered by various forms of vocational and on-the-job training schemes;
- e. and recognize and support the national and regional associations of women in business established to promote the effective participation of women in the trade and development activities of the Community.

### **African Union Commitments towards Women Rights**

Article 14 which is about Health and Reproductive Rights states that:

1. Parties shall ensure that the right to health of women, including sexual and reproductive health is respected and promoted. This includes:

- a) the right to control their fertility;
- b) the right to decide whether to have children, the number of children and the spacing of children;
- c) the right to choose any method of contraception;
- d) the right to self-protection and to be protected against sexually transmitted infections, including HIV/AIDS;
- e) the right to be informed on one's health status and on the health status of one's partner, particularly if infected with sexually transmitted diseases, including HIV/AIDS, in accordance with the internationally recognised standards and best practices;
- f) the right to have family planning education.

2. Parties shall take all the appropriate measures to:

- a) provide adequate, affordable and accessible health services, including information, education and communication programmes to women especially those in rural areas;
- b) establish and strengthen existing pre-natal, delivery and post-natal health and nutritional services for women during pregnancy and while they are breast-feeding;
- c) protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus.



### Issues in the Matrix related to MDG 3 and MDG 5 for Women and Girls

Country	High Priority Gaps/Issues		Comments
	MDG 3	MDG 5	
Rwanda	Gender responsive budgeting. Gender mainstreaming process in central and local government institutions.	Increased availability of ‘waiting wards’ for expectant mothers at rural Rwandan health centers.  The Nationwide health insurance scheme has been critical to local uptake of maternal health services.  Introduction of Maternal Death Audit Approach for reducing maternal mortality.	Embarked on the process of SDGs domestication. Through the collaboration with development partners, the country has already started to assess how to domesticate the SDGs targets in the national development and poverty reduction strategies such as the Vision 2020, the Economic Poverty Reduction Strategy (EDPRS), and the Sector Strategic Plans (SSPs) as well as the District Development Plans (DDPs) at the local government level.  This domestication process goes beyond the assessment of whether the SDGs targets are reflected in the national development strategies but involves also their integration in the sense of implementation towards reaching the 2030 development goals. To judge whether SDGs will be achievable will depend on a number of
Kenya	No available data.	Limited availability, poor accessibility and low	Need to align the country’s development agenda to the Kenya Vision 2030 to the SDGs.

		<p>utilization of skilled birth attendance during pregnancy, child birth and post natal period.</p> <p>Low basic emergency obstetric coverage.</p> <p>Poor involvement of communities in maternal care.</p> <p>Limited national commitment of resources for maternal and newborn health.</p>	
Uganda	Not available.	<p>Lack of SBCC Strategy to implement Family Planning.</p> <p>Policies on legal abortion.</p> <p>Teen pregnancy and maternal mortality.</p> <p>Unmet need for Family Planning.</p> <p>Lack of adequate skilled personnel.</p>	<p>Working on the sharpened plan .still in draft form focus to be on adolescent health and maternal health improvement. child health and much emphasis on FP and maternal nutrition</p>

Somalia	Gender inequality in terms of resources allocation.	High HIV/AIDS prevalence rates. Female Genital Mutilation (FGM). Ineffective SBCC to implement FP.	Somali government has officially launched 2030 development agenda-SDGs raise awareness and understanding about the Sustainable Development Goals (SDG) and its content, principles and commitments amongst national and international actors; mobilize support amongst national and international actors the way forward to implement and monitor the 2030 Development Goals; Government leaders highlighted the SDGs' relevance to tackle poverty, protect the environment and improve security," prioritizing SDG 1 (poverty) and SDG 7 (clean energy).
Mauritius	Gender inequalities in terms of formal employment.	HIV/AIDS prevalence threatens maternal health.	Launched The SDGs Asked partners efforts to achieve the MDGs and need to be intensified in our quest to achieve the new agenda
Seychelles	No available data.	Teenage pregnancy. Access to contraceptives for under 18s. Reducing abortion risks and unwanted pregnancies. Risk of Mother-to-Child	Consultations held, it was found that although stakeholders were familiar with MDGs, the details relating to goals and indicators were familiar only to those in the social field. With regard to the SDG there was in general limited understanding of what these were and virtually no knowledge or involvement in the post 2015 UNDA.

		Transmission of HIV.	It is recommended that there be further in country consultation to discuss the post 2015. However there is resources are limiting
Malawi	No available data.	Scarcity of skilled health personnel especially nurses and midwives in hard-to-reach areas. Quality of Emergency and Obstetric Neonatal Care (EmONC). Limited resources for maternal health.	Gender equality will need to be fully addressed.  For Malawi to make real progress on the SDG's there is need for implementation of the ambitious reform agenda ahead of us. Public Sector Reform, Public Finance Management Reform and a serious re-think of agricultural policies is needed for Malawi to make real progress.
Djibouti	Education gender disparity in rural areas.	High HIV prevalence in adolescent girls. Female Genital Mutilation/Cutting. Limited human resources for maternal health with only 0.18 physicians per 1,000 population. Large knowledge-behavior gap regarding condom use	Not yet developed the road map for implementation of the SDGs

		<p>for HIV prevention.</p> <p>Poor health system which limits access of pregnant women to skilled birth attendants in rural areas.</p>	
Reunion	No available data.	<p>Low contraceptive use.</p> <p>Limited reproductive health in humanitarian settings.</p>	No yet there with the roadmap
Tanzania	<p>The United Republic of Tanzania (Mainland and semi-autonomous Zanzibar), with a population estimated at 45 million, some 44 per cent of Tanzanians are below age 15. Among women, 47% are of reproductive age, and are faced with the following challenges</p> <p>High Adolescent Birth Rates (ABR) of 116 births per 1,000 girls aged 15-19 years.</p>	<p>The United Republic of Tanzania (Mainland and semi-autonomous Zanzibar) still lags far much behind as far as maternal health is concerned. It is still faced with challenges including;</p> <p>High fertility rate of 5.2 children per woman, contributing to an annual population growth of 2.7 per</p>	<p>They shall work on SDG 3 with all its component but concentrate on data to inform the decision making</p> <p>Stakeholders' involvement in finalization and adaptation of the SDG indicators was important</p> <p>Formulation of committees at different levels to oversee the implementation and monitoring of the SDGs in Tanzania</p> <p>Work closely with LGAs and non-state actors to tap on the administrative data produced routinely</p> <p>Work closely with LGAs on how to use data for policy and decision making</p> <p>Devise mechanisms that will enable each MDA to produce quality official statistics under minimal but close</p>



	<p>More than 20 per cent of maternal deaths among 15-24 year olds, because</p> <p>Programmatic gaps exist in the nation-wide roll-out of Adolescent-friendly sexual and reproductive health services.</p> <p>There is scarcity of youth-friendly sexual and reproductive health services (available in only a third of health facilities).</p> <p>There are insufficient numbers of skilled health personnel to provide emergency obstetric care</p> <p>Girls' reproductive health choices in Tanzania are also largely affected by:</p> <ul style="list-style-type: none"> <li>Stigma related to needing family planning services</li> <li>Lack of financial support to family planning commodities,</li> </ul> <p>(Contraceptive prevalence stands</p>	<p>cent. Annual economic growth has been 7.0 per cent for a decade, yet income distribution is uneven (Ginicoefficient 0.34).</p> <p>High maternal mortality ratio (MMR) - 410 deaths per 100,000 live births as of 2013 (MDG5a target of 193 maternal deaths per 100,000 live births by 2015 was not met)</p> <p>Programmatic gaps in the provision of emergency obstetric and newborn care to rural districts</p> <p>Insufficient numbers of skilled health personnel to provide emergency obstetric care</p> <p>Efforts to achieve universal</p>	<p>coordination of the NBS</p> <p>Baseline surveys need to be conducted for those SDG targets for which baseline data is not existing or outdated</p> <p>The cultural context should not be ignored when monitoring the SDGs.</p> <p>A standard data collection framework is needed.</p>
--	--	---	--

	<p>at 41% on Mainland in 2016 and 12% in Zanzibar in 2010 (data after 2010 not available), with an unmet need of 23% on Mainland in 2016 and 31% Zanzibar in 2010 ([data after 2010 not available]; Stock-outs reported in 73 % facilities).Proportion Demand of contraceptives satisfied in 2015 was 64%</p> <p>Sexual and gender-based violence, including harmful cultural practices such as female genital mutilation and child early and forced marriage, affect one in three girls (some 37% of women aged 20-24 years were married before age 18; in 2014, the prevalence of female genital mutilation was 15%).</p> <p>Issues associated with culture, gender inequality, provider bias</p>	<p>access to reproductive health (MDG5b) for Tanzanian women are largely affected by:</p> <p>Lack of financial support to family planning commodities, (Contraceptive prevalence stands at 41% on Mainland in 2016 and 12% in Zanzibar in 2010 (data after 2010 not available), with an unmet need of 23% on Mainland in 2016 and 31% Zanzibar in 2010 ([data after 2010 not available]; Stock-outs reported in 73 % facilities). Proportion Demand of contraceptives satisfied in 2015 was 64%.</p> <p>Sociocultural values which favour large family size.</p>	
--	---	--	--

	<p>and users' perceived barriers.</p> <p>There is also a high prevalence of HIV among female sex workers (.5.1 per cent in 2011/2012 in Mainland, and 0.6 per cent in Zanzibar).</p> <p>Early sexual debut, Transactional and cross-generational sex</p>	<p>Misconceptions about family planning and potential side effects which are widespread.</p> <p>Sexual and gender-based violence, including harmful cultural practices such as female genital mutilation (In 2014, the prevalence of female genital mutilation was 15%) hampering rights-based family planning.</p> <p>Weak institutional mechanisms which fail to prevent violence</p>	
South Sudan	<p>Adolescent pregnancies (Adolescent Birth Rates of 158 births per 1,000 girls aged 15-</p>	<p>Highest maternal mortality in the world ((730 maternal deaths per 100,000 live</p>	<p>She has localised the SDG and looked for international support in terms of financial assistance</p>

	<p>19) predisposing young girls to risk of obstetric fistulae, obstructed labour and cephalopelvic disproportion, leading to severe birth complications, including death to mother and child.</p> <p>High levels of unsafe abortion</p> <p>Poor Health-seeking behaviour (Traditional healers are often sought due to personal beliefs, or because no other means of health care is available or accessible)</p> <p>Harmful traditional practices such as forceful early marriages still exist</p> <p>Female Genital Mutilation especially among the Muslim communities.</p> <p>Gender-based violence including sexual abuse</p> <p>Lack of access to education and</p>	<p>births).</p> <p>Very low contraception use for women married or in union (4%), reflecting</p> <ul style="list-style-type: none"> <li>➤ Lack of education about reproductive health and family planning</li> </ul> <p>Lack of access to consistently and appropriately stocked family planning services and distribution points (unmet need for family planning of 30%; Proportion of Demand Satisfied is 19% as of January 2016 [Source: UNFPA Reproductive Health Progress and Challenges Report 2016])</p> <p>Lack of access to health</p>	<p>The focus areas are delivery of basic health services across South Sudan</p>
--	---	---	---

	health services	<p>services and skilled MNCH service providers; most women deliver at home without skilled attendance.</p> <p>Poor Health-seeking behaviour (Traditional healers are often sought due to personal beliefs, or because no other means of health care is available or accessible)</p> <p>Gender-based violence including sexual abuse</p>	
Comoros	<p>Limited access to sexual and reproductive rights and health services for adolescent girls</p> <p>Inadequate existing youth-friendly centres to provide reproductive health services</p> <p>Early sexual debut</p> <p>Unprotected sexual activity</p>	<p>Gender-related attitudes and barriers to family planning in particular, and sexual and reproductive decision-making by women (major reasons why fertility is still high (4.4 children per woman).</p>	<p>Comoros support focusing on: eradicating extreme poverty and hunger; improving universal health care coverage; and promoting gender equality.</p> <p>Comoros also suggests: achieving universal primary education; involving youth in creating green jobs; ensuring environmental sustainability; strengthening civil society governance and social cohesion; promoting a green economy; and developing a global partnership for</p>

	<p>exposing young girls to unwanted pregnancies and higher risks of maternal mortality, obstructed labor and obstetric fistula,(Adolescent Birth Rates stand at 71 births per 1,000 girls aged 15-19)</p> <p>Sexually transmitted infections, including HIV/AIDS</p> <p>Unsafe abortions</p> <p>Gender inequalities including early marriage despite a law which establishes 18 as the minimum age for marriage (DHS 2012, 11% of adolescent girls aged 15 to 19 had declared that they had been married before the age of 18)</p> <p>Growing number of young sex workers (Female youth) in urban areas due to poverty</p>	<p>Free health care for women provided, yet contraceptive use remains “stagnant” (2012 Demographic survey indicates a sharp drop in contraceptive use (from 19.4% in 2000 to 14.2%),though according to UNFPA Reproductive Health Progress and Challenges Report 2016 contraceptive use stood at 24% in 2015).</p> <p>High level of unmet need for family planning of 31% due to lack of efficient strategies to stimulate demand for family planning services and low Proportion of Demand Satisfied (43%) (Source: UNFPA Reproductive Health Progress and Challenges Report 2016)</p>	<p>sustainable development.</p>
--	--	---	---------------------------------

	<p>The Comoros is prone to natural disasters and is periodically confronted with floods, landslides, cyclones and volcanic eruptions-which could have potential negative impact on the sexual and reproductive health of women</p>	<p>High Maternal Mortality rate (172 maternal deaths per 100,000 live births in 2015)</p> <p>Quality of care remains weak although access to emergency obstetric care has significantly improved.</p> <p>Gender-based violence; 14 per cent of women aged 15 to 49 declare that they have been victims of physical gender-based violence, during their lifetime, according to the DHS 2012.</p> <p>Social and cultural practices, including traditional notions about a woman's place in Comorian society and religious beliefs, contribute significantly to the</p>	
--	--	--	--

		<p>persistence of gender inequalities.</p> <p>The Comoros is prone to natural disasters and is periodically confronted with floods, landslides, cyclones and volcanic eruptions-which could have potential negative impact on the sexual and reproductive health of women</p>	
Mayotte	<p>High Adolescent Birth Rates (106 births per 1,000 girls aged 15-19) by 2014 (Source: UNFPA Reproductive Health Progress and Challenges Report 2016)</p>	<p>High unmet need for family planning of 30%</p> <p>Very small Proportion of Demand for Contraception satisfied (less than 20%)</p> <p>No available data on maternal health with its targets for reducing maternal mortality (MDG5a) and achieving universal access to</p>	<p>Not yet domesticated the SGDs</p>



		reproductive health (MDG5b). (UNFPA Reproductive Health Progress and Challenges Report 2016)	
Ethiopia	<p>HIV on girls and young women, stems from range of factors linked to gender inequality and human rights abuses such as gender based violence.</p> <p>Some girls do not complete school due to societal attitudes towards pregnancy and marriage.</p> <p>Gender disparity in education.</p> <p>Formal employment opportunities continue to favour men more than women.</p> <p>The use of patriarchal customary laws constrained women's access to resources.</p> <p>Gender and economic inequality drive a number of HIV related</p>	No available data.	Have held consultative meeting with government ministers and were asked to go back and consultate what the focus would be

	risks.		
Burundi	No available data.	Human resources for maternal health are limited with only 0.03 physicians per 1,000 population. Adolescent fertility rate is high affecting young women and their children's health. Less than a tenth of women use contraception.	Held consultative meeting with stakeholders yet to decide on the SDG areas of focus
Eritrea	Limited participation of women and girls in education with female literacy at 45% and male literacy at 67%.	High maternal mortality ratios due to unsafe abortion. Pregnancy related mortality. Long distances to health facilities and the high transport costs which prevent pregnant women from seeking care. Low contraceptive use. Female Genital Mutilation and Obstetric fistulas.	Focus on gender equality and empowerment of women eradication of ignorance; rapid, stable and sustainable development regionally balanced development; eradication of poverty and hunger; widely shared prosperity; inclusive and participative work ethics; development of an open economy; public and private partnership; protection of the environment; and enhancement of democracy and justice.

**NB: You will realize that countries such as Egypt, Libya and Sudan were initially not part of the Eastern African Caucus. They were included as part of region after the landscape study had been done by consultant. So Consultant did not capture data for these three countries.**



## REFERENCES

Afnan-Holmes H., Magoma, M., John, T. Levira, F., Msemo, G. Armstrong, C.E.et al. (2015). “Tanzania’s Countdown to 2015: An Analysis of Two Decades of Progress and Gaps for Reproductive, Maternal, Newborn, and Child Health, to Inform Priorities for Post-2015.” *The Lancet Global Health*, **3** (7), e396–e409. DOI: 10.1016/S2214-109X(15)00059-5.

Countdown Coverage Writing Group on behalf of the Countdown to 2015 Core Group, Countdown to 2015 Maternal, Newborn and Child Survival: *A Decade of Tracking Progress for Maternal, Newborn and Child Survival: The 2015 Report*. Available at: <http://www.countdown2015mnch.org/reports-and-articles/2015-final-report>. Accessed 2016 March 30

Dutta, A., Slevin, W.K., Barker, C. and Leahy-Madsen, L.E.(2015). *Maternal, Newborn, and Child Health in Tanzania: Costs and Impacts of the One Plan II. Health Policy Project Brief Tanzania One Plan II-Futures Group*. Available at: [http:// www.healthpolicyproject.com](http://www.healthpolicyproject.com). Accessed 2016 March 30.

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services (2015). *Country programme document for the United Republic of Tanzania (2016-2021) final draft*. Available at: [http://www.unfpa.org/sites/default/files/event-pdf/DP.FPA\\_.CPD\\_.TZA\\_.8\\_-\\_Tanzania\\_-\\_DRAFT\\_Final\\_-\\_9Nov15.pdf](http://www.unfpa.org/sites/default/files/event-pdf/DP.FPA_.CPD_.TZA_.8_-_Tanzania_-_DRAFT_Final_-_9Nov15.pdf). Accessed 2016 March 29.

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services. *Final country programme document for the Comoros (2015-2018)*. Available at: [https:// www.unfpa.org/sites/default/files/portal-document/DP.FPA\\_.CPD\\_.COM\\_.6FinalcountryprogrammedocumentfortheComoros.pdf](https://www.unfpa.org/sites/default/files/portal-document/DP.FPA_.CPD_.COM_.6FinalcountryprogrammedocumentfortheComoros.pdf) Accessed 2016 March 30.

Ministry of Education, Science and Technology & Government of South Sudan. (2015). *Girls’ Education Strategy for South Sudan 2015-2017*. Juba, South Sudan: The Ministry of Education, Science and Technology.

Mugo, N., Zwi, B.A., Botfield, R.J., and Steiner, C., (2015).*Maternal and Child Health in South Sudan: Priorities for the Post-2015 Agenda*. SAGE Open, 1-14. DOI: 10.1177/2158244015581190.

United Nations Population Fund (2016). *Universal Access to Reproductive Health; Progress and Challenges*. Available at: [https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_Reproductive\\_Paper\\_20160120\\_online.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_Reproductive_Paper_20160120_online.pdf). Accessed 2016 March 29.

United Nations, Department of Economic and Social Affairs, Population Division (2013). *Adolescent Fertility since the International Conference on Population and Development (ICPD) in Cairo* (United Nations publication). Available at [www.unpopulation.org](http://www.unpopulation.org).

World Health Organization (2014). WHO Country Cooperation Strategic Agenda (2009-2015) for Comoros. [www.who.int/countryfocus/cooperation\\_strategies](http://www.who.int/countryfocus/cooperation_strategies). Accessed 2016 March 30.

World Health Organization, Country cooperate strategy at a glance.

UNICEF, ANNUAL report for DJIBOUTI, Djibouti MENA Gender Equality profile status of girls and women in Middle East and North Africa, October 2001.

REPRODUCTIVE Health at a glance in DJIBOUTI, April 2011.

WHO and REGIONAL office of Eastern Mediterranean, Progressive report on achievement of MDGs.

UN- ERITREA, Health Millennium Development Goal report, innovation driving health MDGs in Eritrea, September 2014.

African Development Bank (ADB) and African development fund (ADF), ERITREAN GENDER, 2008.

WHO, REPRODUCTIVE HEALTH in Burundi.

UNICEF, Annual report on Burundi.

WHO, Burundi Global Health Initiative strategy, 2011-2015.

College Of Public Health and Medical Science of Jimma University, Ethiopia, Journal of Health Science.

UNICEF, Closing the Gender gap.

Centre for Health and Gender Equity, Women Sexual Reproductive Health and Rights in Ethiopia, The role of national government and US Foreign assistance. Available at [www.genderhealth.org](http://www.genderhealth.org)

African Development Bank (2011). *Africa in 50 Years' Time - The Road towards Inclusive Growth*. Tunis: African Development Bank.

African Development Bank, Organisation for Economic Co-operation and Development, United Nations Development Programme and Economic Commission for Africa (2013). *African Economic Outlook 2013, Structural Transformation and Natural Resources*. African Development Bank.

Organisation for Economic Co-operation and Development. Available from <http://www.undp.org/content/dam/rba/docs/Reports/African%20Economic%20Outlook%202013%20En.pdf>.

Africa Progress Panel (2011). *The Transformative Power of Partnerships: Africa Progress Report*. Available from [http://africaprogresspanel.org/wp-content/uploads/2013/08/2011\\_APR\\_The\\_Transformative\\_Power\\_of\\_Partnerships\\_ENG.pdf](http://africaprogresspanel.org/wp-content/uploads/2013/08/2011_APR_The_Transformative_Power_of_Partnerships_ENG.pdf).

African Union Commission (2013). *Common African Position on the Post-2015 Development Agenda*. Available from [http://www.uneca.org/sites/default/files/uploaded-documents/Macroeconomy/post2015/cap-post2015\\_en.pdf](http://www.uneca.org/sites/default/files/uploaded-documents/Macroeconomy/post2015/cap-post2015_en.pdf).

African Union Commission, Economic Commission for Africa, African Development Bank and United Nations Development Programme (2012). *Post-2015 Development Agenda: Emerging Consensus from Africa – Outcome Document*. Addis Ababa, Ethiopia.

- Afrobarometer (2013). Available from <http://www.afrobarometer.org/>.
- Asenso-Okyere, Kwadwo, and others (2011). *Interactions between Health and Farm Labour Productivity*. Washington, D.C.: International Food Policy Research Institute.
- Asian Development Bank (2012). *Key Indicators for Asia and the Pacific, 43rd Edition*. Available from <http://www10.iadb.org/intal/intalcdi/PE/2012/12200.pdf>.
- Bloom, David E. and David Canning (2000). The health and wealth of nations. *Science*, vol. 287, No. 5456 (18 February), pp.1207-1209.
- Economic Commission for Africa (2008). *Second Issue of the Sustainable Development Report on Africa. Five-Year Review of the Implementation of the World Summit on Sustainable Development Outcomes in Africa (WSSD+5)*. Addis Ababa, Ethiopia.
- \_\_\_\_\_ (2011). *Africa Consensus Statement to Rio+20*. 20-25 October. Addis Ababa, Ethiopia.
- \_\_\_\_\_ (2012). *Progress towards Sustainable Development in Africa*. Addis Ababa, Ethiopia. May.
- \_\_\_\_\_ (2012). *Progress towards Sustainable Development in West Africa*. Addis Ababa, Ethiopia. May.
- \_\_\_\_\_ (2012). *Progress towards Sustainable Development in Eastern Africa*. Addis Ababa, Ethiopia. May.
- \_\_\_\_\_ (2012). *Progress towards Sustainable Development in Central Africa*. Addis Ababa, Ethiopia. May.
- \_\_\_\_\_ (2012). *Progress towards Sustainable Development in Southern Africa*. Addis Ababa, Ethiopia. May.
- \_\_\_\_\_ (2012). *Progress towards Sustainable Development in North Africa*. Addis Ababa, Ethiopia. May.
- \_\_\_\_\_ (2012). *Sustainable Development Indicators Framework for Africa and Initial Compendium of Indicators*. Addis Ababa, Ethiopia. March.
- (2012). Outcome Document of the Africa Regional Implementation Meeting for the twentieth session of the United Nations Commission on Sustainable Development, and the eighth session of the Committee on Food Security and Sustainable Development, Addis Ababa, Ethiopia. 19-21 November.
- \_\_\_\_\_ (2012). *Sustainable Development Indicators Framework for Africa and Initial Compendium of Indicators*. Addis Ababa, Ethiopia. March.
- \_\_\_\_\_ (2014). *Economic Report on Africa 2014: Dynamic Industrial Policy in Africa: Innovative Institutions, Effective Processes and Flexible Mechanisms*. Available from <http://www.uneca.org/publications/economic-report-africa-2014>.
- \_\_\_\_\_ (2014). *Fifth Issue of the Sustainable Development Report on Africa. Achieving sustainable development in Africa through inclusive green growth* (upcoming).
- Economic Commission for Africa, African Union Commission, African Development Bank and United Nations Development Programme (2012). *Millennium Development Goals Report*

2012 - *Assessing Progress in Africa toward the Millennium Development Goals. Emerging perspectives from Africa on the post-2015 development agenda.* Addis Ababa, Ethiopia.

\_\_\_\_\_ (2013). *Millennium Development Goals Report 2013 - Assessing Progress in Africa towards the Millennium Development Goals (MDGs): Food security in Africa: Issues, challenges and lessons.* Addis Ababa, Ethiopia.

\_\_\_\_\_ (2013). *Fourth Issue of the Sustainable Development Report on Africa. Managing Africa's Natural Resource Base for Sustainable Growth and Development.* Available from [http://www.uneca.org/sites/default/files/publications/sdra4\\_fin.pdf](http://www.uneca.org/sites/default/files/publications/sdra4_fin.pdf).

\_\_\_\_\_ (2013). *Statistical Analysis of the Status of Sustainable Development in Africa, a Revised Draft Report.* Addis Ababa, Ethiopia. 28 September.

\_\_\_\_\_ (2013). *Draft Report on Sustainable Development Goals for the West African Subregion.* Addis Ababa, Ethiopia. March.

\_\_\_\_\_ (2013). *Draft Report on Sustainable Development Goals for the Southern African Subregion.* Addis Ababa, Ethiopia. August.

\_\_\_\_\_ (2013). *Draft Report on Sustainable Development Goals for the Eastern African Subregion.* Addis Ababa, Ethiopia. June.

\_\_\_\_\_ (2013). *Draft Report on Sustainable Development Goals for Central African Subregion.* Addis Ababa, Ethiopia. September.

\_\_\_\_\_ (2013). *Draft Report on Sustainable Development Goals for the North African Subregion.* Addis Ababa, Ethiopia. September.

Economic Commission for Africa, African Union Commission, African Development Bank, United Nations Environment Programme and United Nations Development Programme (2011). *Africa Consensus Statement to Rio+20.* Africa Regional Preparatory Conference for the United Nations Conference on Sustainable Development (Rio+20), Addis Ababa, Ethiopia. 20-25 October.

Economic Commission for Africa, United Nations Environment Programme, United Nations Industrial Development Organization and the African Roundtable on Sustainable Consumption and Production (2010). *Sustainable Development Report on Africa: Sustainable Consumption and Production for Sustainable Growth and Poverty Reduction.* Addis Ababa, Ethiopia.

Faivre Dupaigne, Benoit (2012). *African Countries' Public Expenditure Commitments – Squaring the Circle?* NEPAD Agency, January.

Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development and World Food Programme (2013). *The State of Food Insecurity in the World*

2013. *The multiple dimensions of food security*. Rome: Food and Agriculture Organization of the United Nations.
- Food and Agriculture Organization of the United Nations (2010). *Global Forest Resources Assessment 2010*. Available from: <http://www.fao.org/docrep/013/i1757e/i1757e.pdf>.
- International Labour Organization (2013). *Global Employment Trends 2013: Recovering from Second Jobs Dip*. Geneva: International Labour Office.
- \_\_\_\_\_(2013). *Key Indicators of the Labour Market (KILM), seventh edition*. Geneva: International Labour Office. Available from [www.ilo.org/empelm/pubs/WCMS\\_114060/lang--en/index.htm](http://www.ilo.org/empelm/pubs/WCMS_114060/lang--en/index.htm). Accessed October 2013.
- \_\_\_\_\_(2013). *Global Employment Trends for Youth – A Generation at Risk*. Geneva: International Labour Office.
- International Institute for Sustainable Development (2012). Summary of the United Nations Conference on Sustainable Development, 13-22 June. *Earth Negotiations Bulletin*, 25 June. Available from [www.iisd.ca/vol27/enb2751e.html](http://www.iisd.ca/vol27/enb2751e.html).
- International Renewable Energy Agency (2013). *Renewable energy and jobs*. Available from <http://www.irena.org/menu/index.aspx?mnu=Subcat&PriMenuID=36&CatID=141&SubcatID=377>.
- Intergovernmental Panel on Climate Change (2007). *Fourth Assessment Report. Climate Change 2007: Synthesis Report*. Available from [http://www.ipcc.ch/publications\\_and\\_data/publications\\_ipcc\\_fourth\\_assessment\\_report\\_synthesis\\_report.htm](http://www.ipcc.ch/publications_and_data/publications_ipcc_fourth_assessment_report_synthesis_report.htm).
- Mubila, Maurice, Laurence Lannes, and Mohamed S. Ben Aissa (2012). *Income Inequality in Africa. Briefing Note 5*, Tunis: African Development Bank.
- New Partnership for Africa's Development Planning and Coordinating Agency and Economic Commission for Africa (2013). *Mobilizing Domestic Financial Resources for Implementing NEPAD National and Regional Programmes and Projects – Africa Looks Within*. Addis Ababa, Ethiopia. August.
- Organisation for Economic Co-operation and Development and United Nations Development Programme (2014). *Making Development Co-operation More Effective: 2014 progress report*. Available from <http://www.oecd.org/dac/FINAL%20POST-2015%20Effective%20Development%20Co-operation.pdf>.
- Ortiz, Isabel and Matthew Cummins (2011). *Global Inequality: Beyond the Bottom Billion. Social and Economic Policy Working Paper*, April. New York: United Nations Children's Fund.
- South Centre (2013). *Concept Paper on Sustainable Development Goals*. 10 March. Available from <http://sustainabledevelopment.un.org/content/documents/1691SC%20Concept%20Paper%20on%20SDGs%20%20%2010.3.13%20with%20SC%20Ihead.pdf>.
- Southern African Development Community (2013). *Southern Africa Today*, vol.15, No. 4 (June).



Standard Chartered (Global Research) (2013). *Measuring Sustainable Development, Special Report*. 18 September. Available from <https://www.sc.com/en/resources/global-en/pdf/Research/Sustainability.pdf>.

Sustainable Development Solutions Network (2013). *An Action Agenda for Sustainable Development: Report for the UN Secretary-General*. Available from <http://unsdsn.org/resources/publications/an-action-agenda-for-sustainable-development/>.

United Nations Conference on Sustainable Development (2012). *Rio+20, Outcome Document*. Rio de Janeiro, Brazil, 20-22 June. **21**

- \_\_\_\_\_ (2012). Secretariat, Rio+20 Issues Briefs, No. 6: *Current Ideas on Sustainable Development Goals and Indicators*. Available from [http://www.uncsd2012.org/content/documents/218Issues%20Brief%206%20-%20SDGs%20and%20Indicators\\_Final%20Final%20clean.pdf](http://www.uncsd2012.org/content/documents/218Issues%20Brief%206%20-%20SDGs%20and%20Indicators_Final%20Final%20clean.pdf).
- United Nations Department of Economic and Social Affairs. *Global Economic Outlook* (database). Available from [www.un.org/en/development/desa/policy/proj\\_link/global\\_economic\\_outlook.shtml](http://www.un.org/en/development/desa/policy/proj_link/global_economic_outlook.shtml).
- United Nations Development Programme (2009). *Handbook on Planning, Monitoring and Evaluation for Development Results*. Available from <http://web.undp.org/evaluation/handbook/documents/english/pme-handbook.pdf>.
- \_\_\_\_\_ (2012). *Achieving the Millennium Development Goals in Africa – The Millennium Development Goals Africa Steering Group’s Recommendations – Implementation Framework*. June. Available from [http://www.mdgafrica.org/pdf/MDGAFRICA\\_IMPLEMENTATION\\_FRAMEWORK.pdf](http://www.mdgafrica.org/pdf/MDGAFRICA_IMPLEMENTATION_FRAMEWORK.pdf).
- \_\_\_\_\_ (2012). *African Human Development Report 2012: Towards a Food Secure Future*. New York.
- United Nations Educational, Scientific and Cultural Organization (2010). *Science Report 2010*. Available from <http://www.unesco.org/new/en/social-and-human-sciences/resources/reports/world-social-science-report-2010/>.
- \_\_\_\_\_ (2011). *United Nations Educational, Scientific and Cultural Organization and Education—Everyone Has the Right to Education*. Available from [unesdoc.unesco.org/images/0021/002127/212715e.pdf](http://unesdoc.unesco.org/images/0021/002127/212715e.pdf).
- \_\_\_\_\_ (2012). *Global Education Digest: A Focus on Secondary Education*. Institute of Statistics. Paris.
- United Nations Environment Programme (2012). *Global Environmental Alert Services*. March. Available from <http://climate-l.iisd.org/2012/03/>.
- \_\_\_\_\_ (2012). *Green Economy Briefing Paper: Health*. Available from <http://www.green-growthknowledge.org/resource/green-economy-briefing-paper-health>.
- United Nations General Assembly (2012). *Conceptualizing a set of Sustainable Development Goals*, Summary of the Special Event of the Second Committee of the United Nations General Assembly, 24 October. Available from <http://sustainabledevelopment.un.org/content/documents/1433Long%20Summary%20SDG%20event.pdf>.
- \_\_\_\_\_ (2012). *Secretary-General’s Initial Input to the Open Working Group on Sustainable Development Goals*. Sixty-seventh session of the United Nations General Assembly. 12 December. Available from <http://sustainabledevelopment.un.org/content/documents/1494sgreportsdgs.pdf>.
- \_\_\_\_\_ (2012). *Questionnaire Related to the Development of Sustainable Development Goals*. To seek inputs from national Governments in preparation for the Secretary-General’s Initial Input to the Open Working Group. 28 September. Available from <http://sustainabledevelopment.un.org/content/documents/13thailandsdgs.pdf>.

\_\_\_\_\_ (2013). *A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development*. The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda. New York.

United Nations Human Settlements Programme (2013). *Concept Note: Strengthening Partnerships for a New Africa Urban Agenda*. Nairobi, Kenya.

United Nations System Task Team on the Post-2015 United Nations Development Agenda (2012). *Realizing the Future We Want for All: report to the Secretary-General*. Available from [http://www.un.org/millenniumgoals/pdf/Post\\_2015\\_UNTTreport.pdf](http://www.un.org/millenniumgoals/pdf/Post_2015_UNTTreport.pdf).**22**

---

(2013). *Statistics and Indicators for the post-2015 development agenda*. Available from [http://www.un.org/en/development/desa/policy/untaskteam\\_undf/UNTT\\_MonitoringReport\\_WEB.pdf](http://www.un.org/en/development/desa/policy/untaskteam_undf/UNTT_MonitoringReport_WEB.pdf).

World Bank (2014). *Youth Employment in Sub-Saharan Africa, Africa Development Forum*. Available from <http://elibrary.worldbank.org/doi/abs/10.1596/978-1-4648-0107-5>.

World Health Organization (2014). *The African Regional Health Report: The Health of the People*, Bulletin of the World Health Organization. Bulletin, vol. 92 (March). Available from <http://www.who.int/bulletin/africanhealth/en/>. Accessed 15 March 2014.

<b>Name</b>	<b>Organization</b>	<b>Country</b>
Joy Hary	Barthzykt Foundation	
Achayo Rose Obol	NUWODU	Uganda
Citegetseyvette	Service Yezu Trust Burundi	Burundi
Ciza Roger	Health Healing Network	Burundi
kajeneza Thiery	ICIRORE C Amahoro	Burundi
Godfrey Sama Philipo	IFMSA	China
Sterphanie Anderson	Denmark	Denmark
Fatma Emam	Center of Egyptian Women For Legal Assistance	Egypt
Nada Nashat	Center for Egyptian Women's Legal Assistance	Egypt
Liya Solomon kidanemariam	Ethiopia Center Center for Disability and Develo	Ethiopia
Muna Bilu	The Hunger Project	Ethiopia
Temesgen Ayehu	Federal Ministry of Health	Ethiopia
Yosephw w/Gebriel Gessesse	USAID	Ethiopia
Zeru Fantaw Desta	Plan international	Ethiopia
Ammon Otieno	Research Care and Treatment Program	Kenya
Brian Juma Omala	Fountain Youth Initiative	Kenya
Caren Odanga	Sisari women	Kenya
Damaris Maundu	University of Nairobi	Kenya
Desta Lakew	Amref Health Africa	Kenya
Dr. Aner Omer	MoH	Kenya
Dr. Githinji Gitahi	Amref Health Africa	Kenya
Edwin Mbugua Maina	Concern Worldwide	Kenya
Eunice Kilonzo	National Media Group	Kenya
Florence Gachanja	UNFPA	Kenya
Habiba Corodhia Mohamed	Fistula Foundation/ WADADIA	Kenya
Hon Andrew Toboso	Parliament (MP)	Kenya
Irene Ngata	VICDA	Kenya
Joachim Osur	Amref Health Africa Uganda	Kenya
Joyce Ngumba	Akili Dada	Kenya
Juliette Natuma Kilanya	Starehe Boys and Girls Centre and Schools	Kenya
Lucy K Maroncha	International HIV/AIDS Alliance	kenya
Lucy Minayo Lugalia	Ipas Africa Alliance	kenya
Mark Wanjohi	Young People Advocating for Health	Kenya
Muhika Karen	AjiraStadi Magical Brains	Kenya
Naisola Likimani	Embassy of Netherlands Kenya	Kenya
Rosemaria Muganda	PATH	Kenya
Sheela Bowler	Kidogo	kenya
Shiphrah Kuria	Amref Health Africa	Kenya
Tony Kiambi Mwebia	Freelancer	Kenya
Victoria Kimotho	Amref Health Africa	Kenya
Wanjiku Manguyu	PATH	Kenya
Alexandria Teleka	Blantyre District Health Officer	Malawi
Asenath Mathigal	The Girl Generation	Malawi
Charlene Mwafulirwa	COGHAAM	Malawi
Grace Chikowi	The Hunger Project	Malawi
Rebecca Gross	Student Driven Solutions	Malawi
T C Bandawe	SRHR Alliance	Malawi
Tikhala Itaye	AfriYAN	Malawi
Williot Joachim Lumbe	Global Hope Mobilisation	Malawi

Gloria Iribagiza	The East African/Rwanda Today	Rwanda
Jean Claude Muhire	Global Health Corps	Rwanda
Jean Paul Ndayizeye	Rwanda Youth Voice for Change.	Rwanda
Shamsi Kazimbaya	Jhpiego Rwanda	Rwanda
Achu Lordfred	UNFPA Somalia Country Office	Somalia
Inyakua Esther Irama Morita	STEWARDWOMEN	South Sudan
Yolanda Ille	BMB MoH	South Sudan
eunice Pallangyo	Uppsala univesity	Sweden
Amabilis Batamula	Femina Hip	Tanzania
Catherine Paul	PSI-Tanzania	Tanzania
Henry Micheal kigodi	The Mwalimu Nyerere Memorial Academy	Tanzania
Jacqueline Matoro	Swiss Embassy	Tanzania
John George	Jhpiego	Tanzania
Martin Elias	Min. of Health Tz	Tanzania
Mugara	Muhimbili	Tanzania
Neeme Rusibanayile	Min. of Health Tz	Tanzania
Raz Stevenson	USAID	Tanzania
Umyy Mwalimu	Ministry. of Health/Minister	Tanzania
Anyiko Evelyn	Center for Alternative Development	Uganda
Brian Mutebi	Daily Monitor	Uganda
Carole Sekimpi	Maries Stopes	Uganda
Catherine Mwesigwa	New Vision	Uganda
Cheptoek Betty	National Union of Women with Disabilities of Ug	Uganda
Chris Baryomunsi	Ministry of Health/Minister	Uganda
Clementina Ilukol	Young Midwives Leader	Uganda
Diana Nakaweeja	Young Mothers Support Group	Uganda
Dianah Nanyange	SHRH Alliance Uganda	Uganda
Dr Emmanuel Mugisha	PATH	Uganda
Dr. Kisangala Ephraim	NIF	Uganda
Dr. Patrick Tumusiime Kagurusi	Amref Health Africa	Uganda
Emily Ausubel	Baylor	Uganda
Emmanuel Mugisha	PATH	Uganda
Espilidon Tumukurate	Federation of Africa Medical Students' Foundati	Uganda
Eva Nangalo	Nakaseke local government: Medical workers ur	Uganda
Faridah Luyiga Mwanje	White Ribbon Alliance	Uganda
Fixon Richard Ssebatta	Muvubuka Agunjuse ASRH Project Kisenyi Healtl	Uganda
Florence nabweteme	CEHURD	Uganda
Jolly Achen	National Union of Women with Disabilities of Ug	Uganda
Kaviri Ali	Uganda Youth Network	Uganda
Kyendikuwa Allen Namayanja	Uganda Youth Coalition on Adolscent SRHR and	Uganda
Martha I	Terrewode	Uganda
Mary Kamukama	HAG - Uganda	Uganda
Nakaweesa Diana	Young Mothers Support Group	Uganda
Ochitti Florence	Village Birth International	Uganda
Opendi Sarah	Ministry of Health/ Minister Primary Health Care	Uganda
Pasquine Nancy Ogunsanya	Alive Medical Services	Uganda
Robina Biteyi	White Ribbon Alliance Uganda	Uganda
Segawa Patrick	Public Health Ambassadors Uganda	Uganda
Ssesanga Dennis	Marie stopes	Uganda
Sylvia Ssinabulya	Parliament (MP)	Uganda

Wanzala Edmond Martin	Allied Youth Initiative	Uganda
Winnifred Akeso	Schoolnet	Uganda
Zoe Kroessler	Global Health Corps/Acodev-Ug	Uganda
Adrine Atwiine	ESAFF	Uganda
Lena Derisaford	CHAI	Uganda
Mayada Abdelazim Hassanian Osman	Atlas Corps	United States
Aimee Brill	Village Birth International	USA
Amanda Livingston	White Ribbon Alliance	USA
Rehema Namukose	Relgnites	USA
Abayisenga Glouose	Jhpiego	
Betty Mwnilu	Amref Health Africa	
Bochna Betty	Deputy Tun	
Denis Kibira	Coalition for Health Promotion and Social Development	
Di Tsigue Pleaip	Jhpiego	
Diekje Jansen	Amref Flying Doctors	
Dr. Abdallah a	CAF	
Gitum Bouggdron	Societies Write	
Gloria Kunyenga	Makewi Red Cross	
Hone Belete	Jhpiego/mcsp	
Sarian Kamora	Keep the drums lose the knife -KDLK	
Kenaw G	Save the Children	
Latko Mildred	MSH-Staref	
Malin Flemstrom	The Hunger Project	
margret Nguli	Handcap International	
Micah Matiangi	Amref	
Mihret T Mariam	THP – E	
Najmeh Tehrania	University	
Oliech Immaculate	Network for Adolescents And Youth of Africa	
Prof. Giru	RIIO	
Rebecca Z Gvumi	MSICHANA Initiative	
Teis p Christen	DPOD	
Theresa Castillo	Health Rights International	
Uwamariya Josee	Burera Volunteers For Development Association	
Valentina Fanelli	AIDOS	







