



FROM RATIFICATION TO REALITY: PROTECTING WOMEN'S SRHR IN CONFLICT AND FRAGILE CONTEXTS

Concept Note

Background

Sexual and reproductive health and rights (SRHR) refer to the fundamental right of every human to experience a state of complete physical, emotional, mental, and social well-being in relation to their sexuality and reproduction. Naturally, this entails fundamental dimensions of freedom and entitlement, including the right to make free and responsible decisions about one's body without violence, coercion, or discrimination, as well as the entitlement to access relevant health facilities, services, goods, and information without undue burden.¹ Methodological necessities and empirical evidence from the Institute for Peace and Security Studies (IPSS) Africa Peace and Security Architecture (APSA) Impact Assessment study reiterate that threats to and violations of SRHR are linked to conflict risk factors and insecurities that precipitate conflict, thereby highlighting it as a critical early warning indicator for conflict prevention in African societies.

There are numerous instances, as seen in various active conflicts on the continent, in which SRHR concerns serve as a means or consequence of violent conflict. As a result, conflict analyses aimed at informing intervention initiatives cannot afford to neglect SRHR violations if sustainable peace is indeed a priority. In conflict settings, these rights are directly undermined by the destruction of healthcare infrastructure, limited or no accessibility to essential services and information, as well as Gender-Based Violence (GBV), including conflict-related sexual violence (CRSV). CRSV is defined as acts including “rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilisation, forced marriage, and any other form of sexual violence of comparable gravity... directly or indirectly linked to a conflict.”² These were observable cases during the war in Ethiopia’s northern region between 2020 and 2022, the ongoing conflict in Sudan, Mozambique’s Cabo Delgado, Mali’s northern region, and the eastern region of the Democratic Republic of Congo (DRC), among others.³

Within the context of post-conflict reconstruction and development, repairing the structural fabric of conflict-affected communities and the capacity of the community to recover and sustain peace is practically impossible if the SRHR of women and girls are not respected, protected, and promoted. Against this backdrop, SRHR transcends discourse on rights and freedom. They are integral to conflict prevention, sustainable and successful intervention, and post-conflict recovery.

¹ Office of the High Commissioner for Human Rights. (n.d.). Sexual and reproductive health and rights. *United Nations*

<https://www.ohchr.org/en/women/sexual-and-reproductive-health-and-rights>

² United Nations Secretary-General. (2025, July 15). *Conflict-related sexual violence: Report of the Secretary-General* (S/2025/389). *United Nations Security Council*.

<https://docs.un.org/en/S/2025/389>

³ Refer to the IPSS APSA Impact Assessment Report of 2021-22, and 2023.



The global women, peace and security (WPS) agenda provides a legal and normative anchor for respecting, protecting, and promoting Women's SRHR. Specifically, the United Nations Security Council Resolution (UNSCR) 1325 (2000) accounts for the adverse effects of armed conflict on women and girls; the need to protect them during and after the conflict, reiterating international humanitarian and human rights law; the role of women in redress at all levels; and the overall contribution of all these to international peace and security. The study also emphasises an evidence-based approach and mandates that the United Nations Secretary-General conduct a study on the impact of armed conflict on women and girls, the role of women in peace-building, and the gender dimensions of peace processes and conflict resolution (Par. 16, UNSCR 1325). By October 2002, the study's report had been published, and a follow-up report was presented to the UN Security Council in 2004. UNSCR 1325 and the findings of the October 2002 and 2004 follow-up reports would later inform strategic, structural, and operational initiatives, including in Africa. UNSCR 2250 (2015) on youth, peace and security follows a similar pattern regarding the impact of armed conflict, protection and role of young women and girls, and the overall importance to international peace and security. SRHR is a core concern for the global WPS and YPS agenda.

At the continental level, the African Union (AU) has adopted several policies relating to SRHR not just as a gender and health concern, but also a critical peace and security issue that requires policy, strategic, and operational intentionality at all levels. Among the policy instruments is the recently adopted AU Convention on Ending Violence Against Women and Girls (CEVAWG), the Sexual and Reproductive Health and Rights (SRHR) Continental Policy Framework (2005), and the subsequent Maputo Plan of Action for the operationalisation of the Sexual and Reproductive Health and Rights Continental Policy Framework (MPoA) launched in 2006,⁴ later revised for 2016-2030.⁵ These instruments are part of APSA's composition.

The protection of women's SRHR is articulated in Article 14 of the Maputo Protocol, with the elimination of all forms of violence against women and girls by 2030 being one of the overarching goals of this Plan of Action.⁶ The protocol is considered one of the most ratified in the African Union: ratified or acceded to by 44 of 55 AU Member States as of June 2023,⁷ rising to 46 of 55 States as of August 2025.⁸ Nevertheless, since its inception, it is reported that the majority of states were significantly delayed in submitting periodic reports outlining the measures taken by them on a national level towards the provision of the

⁴ African Union. (2015, April). *The Maputo Plan of Action review report 2015* https://au.int/sites/default/files/newsevents/workingdocuments/28074-wd-final_mpoa_review_report_2015_-_english.pdf

⁵ African Union Commission. (2016). *Maputo Plan of Action 2016–2030 for the operationalisation of the continental policy framework for sexual and reproductive health and rights*. https://au.int/sites/default/files/pages/32895-file-maputo_plan_of_action_english.pdf

⁶ African Union Commission (2016)

⁷ Solidarity for African Women's Rights Coalition; Equality Now; Make Every Woman Count. (2023, July). *20 years of the Maputo Protocol: Where are we now?* <https://equalitynow.org/wp-content/uploads/2023/07/Maputo-Protocol-Report.pdf>

⁸ Amnesty International. (2025, August 29). CAR: Ratification of the Maputo Protocol, an essential step – sustained efforts to guarantee women's and girls' rights must follow [News release]. *Amnesty International*. <https://www.amnesty.org/en/latest/news/2025/08/car-maputo-protocol-womens-rights/>



protocol under Article 26(1), underscoring the gap between legal commitment (ratification) and actual adoption (domestic compliance).⁹ There is also a lack of standardised SRHR indicators for conflict zones. This compliance gap is increasingly exacerbated by rapid demographic shifts and climate-related displacement, which place unprecedented pressure on fragile health systems and intensify competition over resources.

Conflict contexts reveal some of the most devastating gaps between commitments and the lived realities of African women and girls. In 2023, Sub-Saharan Africa accounted for 70% of global maternal deaths. Although only 37 countries globally were classified as being in conflict or experiencing institutional or social fragility, they accounted for 64% of global maternal deaths.¹⁰ For example, in Sudan, considered one of the most severe ongoing conflicts in the world and for Africa,¹¹ SRH service delivery has been severely disrupted: up to 80% of health facilities are closed or only partially functioning, leaving around 727,000 pregnant women without life-saving care. 12.2 million people - mainly women and girls - are at risk of gender-based violence (GBV) in 2025 and in need of GBV services, with reports of increased systematic sexual violence, including rape and forced or child marriage.¹² On this note, CRSV by both State and non-State actors increased by 25% in 2024, according to UN reporting, with high incident burdens recorded in African contexts, including the Central African Republic (CAR), the Democratic Republic of the Congo (DRC), Somalia, and South Sudan.¹³

Meanwhile, CRSV cases in various conflict contexts are often underreported due to stigma and barriers to disclosure and reporting. Also, survivors were also reported to often not reach care within the critical 72-hour window for effective clinical rape management (including HIV prevention), as insecurity, stigma, urban-concentrated services, and the cost and danger of travel from remote areas restricted access across contexts, including CAR, DRC, Mali, Nigeria, South Sudan and Sudan.¹⁴ Beyond the immediate health and rights crisis, these realities undermine social cohesion and serve as early warning indicators of escalating instability.

These dynamics breed insecurity for Africans. In recognition of this, the AU Commission and the UN Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict adopted a Framework of Cooperation in 2014 to strengthen prevention of and response to CRSV in Africa. It designates the AUC Peace and Security Department as the focal interlocutor and prioritises monitoring/reporting, mediation

⁹ Solidarity for African Women's Rights Coalition; Equality Now; Make Every Woman Count (2023)

¹⁰ World Health Organization. (2025). *Trends in maternal mortality estimates 2000 to 2023: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division*. <https://www.unfpa.org/publications/trends-maternal-mortality-2000-2023>

¹¹ Amani Africa. (2026, January 22). *Sudan's crisis is Africa's crisis – And its responsibility* (Policy Brief). <https://amaniafrica-et.org/sudans-crisis-is-africas-crisis-and-its-responsibility/>

¹² United Nations Population Fund. (2026). *Humanitarian action overview 2026: UNFPA's global humanitarian appeal*. <https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%202026%20Humanitarian%20Action%20Overview.pdf>

¹³ United Nations Secretary-General (2025); UN News. (2025, August 14). UN warns of steep rise in sexual violence during conflict. *United Nations*. <https://news.un.org/en/story/2025/08/1165650>

¹⁴ United Nations Secretary General (2025)



safeguards, accountability, and peace operations capacity-building, supported by annual implementation planning.

Against this backdrop, the Institute for Peace and Security Studies convenes this dialogue, responding to the need to address the commitment-to-compliance gap in conflict contexts: how to better utilise existing AU instruments in fragile, conflict, and transition contexts by moving beyond ratification to improve implementation and reporting, integrating SRHR and GBV protection into the core operational mandates of the AU Peace and Security architecture and strengthen protection and access conditions for SRH services, and reduce CRSV-related barriers to women's sexual and reproductive autonomy.

Overall, the dialogue aims to bring together AU and REC/RM peace and security actors, Member State health, gender, and justice policymakers and experts, development partners, and women-, adolescent-, and youth-led civil society networks. It will be structured around succinct expert briefings, followed by moderated discussions focused on practical implementation pathways and actionable recommendations.

Objectives of the Dialogue

- Clarify the ratification-to-reality gap for women's SRHR in conflict/fragile contexts by identifying bottlenecks to the ratification, domestication, and implementation of the Maputo Protocol Article 14 and the MPoA 2016–2030 (e.g., legal/policy barriers, financing constraints, access/security/service delivery challenges, and weak reporting/accountability mechanisms)
- Identify priority short-and medium-term actions to protect women and girls from GBV, as well as promote and protect their SRHR in conflict settings (service continuity, decentralised access, survivor pathways within 72 hours, etc), including APSA-linked actions emphasised in the 2014 AU-UN Framework on CRSV (e.g., monitoring/reporting, mediation safeguards, PSO capacity). This includes a specific focus on the unique protection needs and agency of adolescent girls and young women, and unmarried women.
- Identify actionable pathways to utilise and institutionalise partnerships with women-led, adolescent-led, and youth-led CSOs and informal grassroots networks in SRHR and CSRV prevention/response in conflict settings, so that the lived experiences inform referral pathways, monitoring, and feedback loops of survivors and reflect realities on the ground.
- Explore inter-institutional intersection points to protect and promote the sexual and reproductive health and rights of Africans, including leveraging AU & UN reporting and compliance mechanisms, within the humanitarian-development-peace continuum.

Additionally, some key points that require attention within the context of the ratification-to-reality discourse include



- How Member States may ring-fence a portion of their defence or emergency budgets specifically for SRHR/CRSV response during active conflict.
- How to engage or hold state security providers accountable under international humanitarian law (IHL) regarding the protection of health facilities and the non-use of sexual violence as a weapon of war.
- Addressing legal barriers that prevent survivors from accessing their rights within the context of SRHR, particularly in relation to peace and security.

Expected Outcomes

- Protocol-to-Practice Matrix defining roles for SRH service continuity during hostilities.
- Technical Communique to the AU PSC recommending the institutionalisation of SRHR and GBV indicators within the African Peace and Security Architecture and for mandatory SRHR/CRSV specialists in Peace Support Operations.
- Standardised Clinical Referral Pathways for conflict zones using mobile and community networks, including cross-sectoral collaboration between SRH and GBV coordination mechanisms at the national and sub-national levels.
- Mechanism for real-time demographic intelligence and data on SRHR violations from CSOs.
- Nexus Funding framework for the Minimum Initial Service Package for SRH in Crises (MISP) in high-burden conflict areas, leveraging sustainable investment and domestic resource mobilisation.