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## Eastern and Southern Africa Ministerial Commitment

Fulfilling our promise to education, health and well-being for adolescents and young people

## 1 Preamble

We, the Ministers of Education, Health, Gender, and Youth from Eastern and Southern Africa, gathered virtually through the ICASA platform (as a hybrid conference held in Durban, South Africa, on 6 December 2021) to reaffirm our vision of supporting African adolescents and young people to be continental and global citizens who are educated, healthy, resilient, socially responsible, informed decision-makers with the capacity to contribute to their communities, countries, and region<sup>1</sup>. We hereby:

- 1.1 Reaffirm and expand** our commitment to accelerate investments aimed at supporting adolescents<sup>2</sup> and young people in the Eastern and Southern African (ESA) region, equipping them with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; to develop respectful relationships; to consider how their choices affect their own well-being and that of others. All this to ensure that they make safe and healthy decisions about their bodies, their lives, and their futures. This information will accelerate efforts to eliminate new HIV infections, prevent early and unintended pregnancies (EUPs), help keep girls and boys in school longer, and eliminate child marriage, gender-based violence (GBV), and other harmful norms and practices among adolescents and young people by 2030. It will also support our countries to deliver our collective commitments made in the UN High- Level Political Declaration on HIV and AIDS; the ICPD+25 Nairobi Summit; the Addis Ababa Declaration; and the Africa We Want 2063.
- 1.2 Recognize** that gender equity in access to and participation in quality primary and secondary education, especially for disadvantaged adolescents and young people is a powerful strategy to prevent new HIV infections, EUPs, gender inequality, GBV, and child marriages. This includes the recognition that boys and young men are central to achieving gender equality.
- 1.3 Acknowledge** that girls' completion of secondary school enables both them and their communities to reap socio-economic benefits and break the cycle of poverty. It also increases such girls' prospects for securing jobs and women's higher income earning potential. The value and impact of universal secondary education for girls is at the forefront of different initiatives such as the Education Plus initiative for sub-Saharan Africa.

<sup>1</sup>The Eastern and Southern African Ministerial Commitment on Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People (2013-2020), now known as the ESA Commitment, was endorsed and affirmed by ministers of health and education from 21 countries in the region in December 2013.

<sup>2</sup>Adolescents are defined as individuals aged 10-19 years, while the term "young people" covers those aged 10-24 years.



- 1.4 Acknowledge** that the COVID-19 crisis has increased the vulnerability of adolescents and young people, especially girls, young women, and the most marginalized, including young people with disabilities raising concerns about decreased uptake of services and increased school dropouts, EUP, GBV, vulnerability to different forms of exploitation and abuse, suicide ideation, drugs and alcohol abuse, child marriages, and female genital mutilation (FGM). This situation underscores the urgent need to reach adolescents and young people where they are based with good quality, culturally and age-appropriate education for health and well-being and people-centered quality youth-friendly health services, inclusive of psychosocial and mental health services. These should be delivered through a range of channels, from community to media-based solutions, encompassing digital where appropriate, that are adapted to the different needs of target groups, including those with disabilities.
- 1.5 Taking** into consideration the interrelatedness of the challenges faced by adolescents and young people, we reiterate our conviction that the education, health, gender, and youth sectors, working in collaboration with other key line ministries such as labour and social welfare, sports and recreation, have enormous potential to increase investments to holistically foster adolescents and young people's development in the region. This can be further realized through multisectoral integrated and people-centered policies and programmes that attend to the needs of adolescents and young people in a holistic manner to promote quality education, good health, gender equality, social protection and the well-being of all including the ones left further behind.
- 1.6 Confirm** our commitment to align our efforts with the 2017 African Union Roadmap for reaping the full benefits of the demographic dividend through investing in young people, the Continental Education Strategy for Africa, and the Sustainable Development Goals (SDGs) within the Decade of Action. Implementation of the SDGs, International Conference on Population and Development (ICPD) Programme of Action and related Nairobi commitments, Beijing Declaration and Platform for Action, African Union Agenda 2063, African Union Youth Charter, Maputo Plan of Action 2016-2030, and Southern African Development Community (SADC) Sexual and Reproductive Health and Rights (SRHR) Strategy (2019-2030), along with other commitments, will transform the socio-economic landscape of the African continent that today's generation of young people will inherit.
- 1.7 Note** that in demographic terms, the ESA region is experiencing major growth in the youth population, with adolescents and young people representing nearly 33% of the



total population at an estimated 169 million. This number is expected to reach 282 million by the year 2050. To harness the demographic dividend during this window of opportunity requires us to urgently invest in the health, education, employment, livelihood, skills, empowerment, and effective engagement of young people. These investments will not only benefit them, but are essential to propel our region to achieve Agenda 2063 - The Africa We Want.

- 1.8 Recognize and welcome** global, regional, and country level efforts to advance adolescents' and young people's health and well-being, including the United Nations Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, the High-Level Commitment on Ending AIDS, the Universal Health Coverage Commitment 2030, the Education Plus Initiative, the United Nations Population Fund (UNFPA)-United Nations Children's Fund (UNICEF) Global Programme to End Child Marriage (GPECM), the UNFPA-UNICEF Joint Programme on eliminating FGM, the Africa Coalition on Menstrual Health Call to Action, the Commission on the Status of Women Resolution 60/2 on Women, the Girl Child and HIV, and the European Union (EU) Spotlight Initiative to address violence against women and girls, among others, as well as the adoption of the SADC Parliamentary Forum's Model Law for Eradicating Child Marriage and Protecting Children Already Married, SADC Model law on the Prevention of GBV, SADC SRHR Strategy (2019-2030), and SADC Youth Policy Framework.

**2 We are encouraged by the progress made to date as reported in the ESA Commitment evaluation, which include, among others:**

- 2.1** Increased political will and engagement on adolescent and young people's SRHR at the country level and the development of national and regional SRHR laws, policies, strategies, and interventions addressing, among others, EUPs, child marriage, and the education rights of pregnant learners.
- 2.2** Increased provision of pre- and in-service training programmes on the delivery of quality integrated adolescent- and youth-friendly health services.
- 2.3** A 35.4% decline in new HIV infections among adolescents and young people from 2013 to 2020, attributed to young people adopting protective behaviours as well as investments in programmes for young people, particularly adolescent girls and young women.



- 2.4 Improved health service access and support among adolescents and young people, notably: increased access to antiretroviral therapy among adolescents aged 15-19 living with HIV (now at 56%); 22% increase in HIV testing; and 33% increase in modern contraceptive use among young people.
- 2.5 Positive masculinities and improved perceptions on gender equality among young people, as demonstrated by the slight (4-6%) decrease in adolescents who agree that a husband is justified in hitting or beating his wife for at least one specific reason.

**3 Nevertheless, we are deeply concerned that, despite the progress made, many challenges remain, as highlighted by the evaluation:**

- 3.1 Inequalities in education persist, with large numbers of adolescents not completing primary school, nor progressing to secondary school. This situation has been exacerbated by COVID-19-related school closures and restrictions, creating additional challenges for girls and boys with regard to their right to education and placing many girls at heightened exposure to GBV, sexual exploitation, teenage pregnancy, child marriage, and FGM, as well as forcing both boys and girls into child informal labour with minimal chance of continuing education. In addition, the situation has disrupted the availability of and access to vital health and social services.
- 3.2 Notwithstanding the widespread commitment at policy level to delivering sexuality education, the range of content and the quality of delivery remains weak, with persistently low levels of accurate and comprehensive knowledge of HIV (40% in 2020, only a 4% increase from 2015).
- 3.3 High rates of GBV persist, with serious consequences for the health and well-being of adolescents and young people, including negative impacts on educational and physical and mental health outcomes, from increased rates of EUP, HIV, and other sexually transmitted infections (STIs), to severe psychological distress. The situation is even more complex for young people with disabilities, who are three times more likely to experience physical, sexual, and emotional violence than young people without disabilities.
- 3.4 HIV remains an urgent threat, with significant numbers of adolescents and young people, predominantly girls and young women, still becoming newly infected – adding to the millions already living with HIV. Moreover, the available data suggests that



multi concurrent partnerships and intergenerational sexual relationships continue fueling the HIV pandemic in the region.

- 3.5** Adolescent pregnancy continues to be an issue in the ESA region, with rates ranging from 5.2% to 35.5% across countries between 2015 and 2020. Moreover, the adolescent birth rate has only declined by 7.5% from 2010 to 2018, while the unmet need for family planning for adolescent girls and young women has remained the same. The percentage of women aged 20-24 who were married by the age of 18 has only declined by 16.6% during the same period. Of note, complications during pregnancy and childbirth remain the leading cause of death among girls aged 15-19 years globally.
- 3.6** Similarly, child marriage is an ongoing challenge, with rates ranging from 5.5% to 52.9% for females married by the age of 18 across the region.
- 3.7** The participation of young people in matters pertaining to their health and development, including in policy- and decision-making, remains uneven, particularly among adolescents and young people in rural areas, adolescents and young people out of school, and adolescents and young people with disabilities.
- 3.8** Psychosocial support and mental health services are rarely integrated or linked with SRHR services, even though suicide is the third leading cause of death in older adolescents (15-19 years), and more than 90% of adolescent suicides occur among those living in developing countries.
- 3.9** Menstrual health is still a major challenge, impeding fulfilment of SRHR, freedom, and dignity among those that menstruate.
- 3.10** Worsening climate and humanitarian crises in the region have adversely impacted education, food and nutrition security, as well as the overall health and well-being of young people, including their psychosocial well-being.
- 3.11** Intensified use of digital platforms together with weak online safety systems have increased the risk of child protection infringements, including heightened exposure to sexually explicit harmful and inappropriate content and online predators. Digital channels are also giving rise to greater levels of violence, bullying, discrimination, hate speech, and the rapid spread of misinformation, including on topics related to sexual and reproductive health (SRH).



## 4 We therefore now commit to:

- 4.1 Continue investing in high quality, evidence-based, gender-transformative, age- and culturally-appropriate sexuality education, both in and out of school, that covers a broad range of critical topics on values, the human body, relationships, safety, consent, gender, and health and wellbeing. This investment will equip adolescents and young people with knowledge, skills, attitudes, and values that will empower them to realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and protect their rights throughout their lives. This education will be linked to integrated quality youth-friendly HIV, SRH, psychosocial, and GBV services.
- 4.2 Address the structural factors that increase the vulnerability of adolescents and young people and their risk of acquiring HIV and STIs or becoming pregnant, notably gender inequalities, GBV, poverty, climate change, stigma, and discrimination. Further factors are the legal, policy, and social hurdles in accessing health services, social protection services, and education, including issues related to the age of consent to access SRH services.
- 4.3 Ensure the inclusion of adolescent and youth-friendly SRHR within the national Universal Health Coverage packages while strengthening collaboration between the education, health, youth and gender sectors at all levels to strengthen resilient adolescent-responsive health systems and increase access by adolescents and young people to a good quality package of safe, climate smart, effective, acceptable, and affordable adolescents and youth-friendly SRH services and commodities, including menstrual health, psychosocial support, and social protection services.
- 4.4 Connect health, education, and social service systems and other support mechanisms and position schools as an entry point to providing support, protection, and referrals for adolescents and young people, while ensuring alternative mechanisms to reach adolescents and young people out of school with the same package of services. This includes support for adolescents and young people subjected to violence and abuse, supporting access to SRH services and youth-friendly HIV prevention and treatment services, and facilitating access to mental health and psychosocial services. Wherever possible, this means having health, psychosocial counselling, and basic services available within the school space, as well as referral mechanisms to ensure the uptake of SRH services, including menstrual health services. Other opportunities should also be provided to adolescents and young people through sports and recreation activities.



- 4.5 Create formal and sustainable mechanisms with a safe and supportive environment for the meaningful and effective engagement of adolescents and young people in decision-making, planning, implementation, and evaluation of programmes, as well as in effectively influencing legislation and policy reforms.
- 4.6 Ensure that interventions at national level are well-targeted and evidence-based through strengthened collection, analysis, and use of multiple sources of data for all stakeholders at all levels, disaggregated by sex, age, economic status, disability, and geographical location.
- 4.7 Strengthen the role of community organizations and community actors to improve engagement and dialogue, including with parents and traditional and religious leaders, on the consequences of EUP, GBV, and harmful practices such as child marriage and FGM in order to deconstruct gender-entrenched norms that put girls and young women at higher risk of HIV infection, GBV, EUP, and child marriage and hinder their access to SRHR information and services.
- 4.8 Promote the attainment of the ESA Commitment by ensuring that national policy and programme delivery, and related continental and regional commitments, are costed and allocated budgets commensurate with the size of the youth population and with their needs, and that increased investments in SRHR are promoted and supported through innovative financing mechanisms that include progressively increased domestic budgets, technical assistance and funding from private sector as well as development partners.
- 4.9 Coordinate and support the development of national multisectoral and multi-stakeholder plans (including other government ministries, parliamentarians, judicial services, community and religious leaders, youth-led and youth-serving organizations, civil society organizations, private sector, and international cooperating partners) for the popularization, funding, implementation, monitoring, and progress reporting of the ESA Commitment.





## 5 Targets

To ensure effectiveness, impact, and accountability, working together within a multi-sectoral and whole government approach as ministers responsible for education, health, gender, and youth, we reaffirm our determination to achieve all of the aforementioned nine commitments and the following targets by the end of 2025 in all 21 member countries<sup>1</sup>:

- Target 1:** 95% of adolescents and young people are reached with good-quality, age-appropriate, culturally-relevant and evidence-based sexuality education through in- and out- of-school programmes.
- Target 2:** Adolescent and youth-friendly SRHR services are integrated into Universal Health Coverage packages.
- Target 3:** A functional multi-sectoral framework is in place to facilitate linkages between sexuality education programs for in and out of school youth and youth-friendly integrated SRH and psychosocial services.
- Target 4:** (SDG target 5.6.2) Number of countries with laws and regulations that guarantee full and equal access to young women and young men aged 15 years and older to sexual and reproductive health care, information and education.
- Target 5:** There is an increased number of youth-led organizations, groups, or networks who are regularly engaged through a systemic approach and participate in policy- and decision-making processes relating to adolescents and young people SRHR.

In the longer term, we will work towards reaching the following targets by the end of 2030:

- Target 6:** Fast-track regional and country level actions to reduce EUPs among adolescents and young people aged 10-24 years by 40%.
- Target 7:** Reduce new HIV infections among adolescents and young people aged 15-24 years by 60%.
- Target 8:** Eliminate all forms of violence including sexual and gender-based violence, against adolescent girls and young women.
- Target 9:** Eliminate harmful practices such as child marriage and FGM among adolescents and young people.
- Target 10:** Establish sustainable financing modalities including direct allocation of domestic resources, innovative and blended financing modalities to mobilize resources to be allocated to all the relevant sectors contributing to the realization of the SRHR of adolescents and young people.

<sup>1</sup>ESA Commitment member countries; Angola, Botswana, Burundi, Democratic Republic of Congo (DRC), Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe.



## 6 Accountability

- 6.1** This Commitment builds on the 2013-2020 ESA Ministerial Commitment and Accountability Framework endorsed in December 2013. It aims to accelerate efforts, protect the gains made, and improve implementation of previous commitments made by governments related to education, health, and well-being of adolescents and young people. Strong efforts will be made to ensure wide awareness among key stakeholders about this renewed Commitment and its purpose and targets to ensure their full opportunity for engagement.
- 6.2** To ensure the achievement of the agreed targets, existing inter-ministerial, multi-sectoral mechanisms will be revamped and broadened to include other stakeholders in order to strengthen planning and coordination and to monitor the implementation of this Commitment. These country mechanisms will be convened by member state governments and will engage key stakeholders, including civil society, young people, United Nations agencies, and other development partners.
- 6.3** Each country's inter-ministerial, multisectoral mechanism will lead the process of developing an annual progress report against the targets, which will be submitted to SADC and the East African Community (EAC) as leads in regional monitoring of this Commitment, with support from development partners.
- 6.4** SADC and the EAC will appoint an existing or establish a new technical committee, which will be responsible for receiving and coordinating ESA Commitment progress reports from member states, as well as the sharing of lessons through an annual regional technical coordinating group meeting.
- 6.5** All countries will invest in innovative solutions to integrate the ESA Commitment in national financing frameworks and policies, including monetary policies and costed multisectoral policies and plans at the national and sub-national levels, as well as leveraging sustainable financing instruments and financial protection strategies for SRH and sexuality education.
- 6.6** We agree to institutionalize monitoring and evaluation (M&E) systems in our respective ministries and to improve on the collection of age-, sex- and disability disaggregated data through existing M&E mechanisms, such as the Education Management Information System (EMIS) and Higher Education Management Information System (HEMIS). These will be supplemented by periodic adolescent and youth surveys on the education and health status of adolescents and young people.



This is our vision of how we, the ministers in attendance and our many partners in this ESA Commitment, will increase the knowledge, skills, and sexual and reproductive health and rights of our adolescents and young people, accelerating our region's human and economic development, and ultimately securing its future



### Relevant Commitments and Initiatives

#### Education

- 2030 Agenda for Sustainable Development, 2016;
- Continental Education Strategy for Africa, 2016 – 2025;
- Dakar Framework for Education 2000;
- Education Plus' Initiative (2021 – 2025) – Empowerment of adolescent girls and young women in Sub-Saharan Africa;
- Millennium Development Goals 2000; and Dakar Framework for Education 2000;
- Ministerial Commitment on sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern Africa (ESA), 2013;
- SADC protocol on Education and Training 1997.
- The UNFPA-UNICEF Global Programme to End Child Marriage (GPECM), 2016;
- The UNFPA-UNICEF Joint Programme on eliminating Female Genital Mutilation, 2018;

#### Youth and Gender

- 2017 African Union Roadmap;
- African Union Plan of Action for the Decade of Youth 2008-2019;
- SADC Conceptual Framework for Psychosocial Support, 2011);
- SADC Declaration on Youth Development and Empowerment, 2015;
- SADC Minimum Package of Services for OVC and Youth (published 2011)
- SADC Parliamentary Forum's Model Law for Eradicating Child Marriage and Protecting Children Already Married, 2016;
- Solemn Declaration on Gender Equality in Africa (SDGEA) 2004;
- The African Union Agenda 2063;
- The African Union Youth Charter, 2006;
- The SADC Model law on the prevention of gender based violence;

#### Health

- Addis Ababa Declaration on Population and Development in Africa beyond 2014;
- Africa Health Strategy, 2010–2015;
- ICPD Programme of Action 1994;
- Nairobi Summit Commitments on ICPD25, 2015;
- Maputo Plan of Action, 2006; The Maputo Plan of Action 2016 – 2030.
- Maseru Declaration, 2003;
- Regional Strategic Plan on Sexual and Reproductive Health and Rights in East Africa
- SADC HIV and AIDS Strategic Framework, 2010–2015;
- SADC Protocol on Gender and Development, 2008;
- SADC Sexual and Reproductive Health and Rights Strategy, 2006-2015;
- The Africa Coalition on Menstrual Health Call to Action, 2018;
- The High-Level Commitment on Ending AIDS, 2021;
- The SADC Sexual and Reproductive Health and Rights (SRHR) Strategy 2019-2030)
- United Nations Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030;
- Universal Health Coverage Commitment 2030;
- World Health Organization Global Accelerated Action for the Health of Adolescents (AA-HA!), developed 2017

#### Human Rights

- Convention on the Rights of the Child, 1990;
- East African Community Child Policy, 2016;
- East African Community Minimum Standards on Comprehensive Services for Children and Young people, 2014;
- Human Rights Council resolutions on the protection of human rights in the context of HIV and AIDS include resolution 16/28 (adopted in 2011);
- The Protocol to the African Charter on Human and People's Rights on the Rights of Women, 1995;



## Acronyms

AIDS	Acquired Immunodeficiency Syndrome
COVID-19	Coronavirus Disease of 2019
EAC	East African Community
EMIS	Education Management Information System
ESA	Eastern and Southern Africa
EUP	Early and Unintended Pregnancy
FGM	Female genital mutilation
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GPECM	Global Programme to End Child Marriage
HEMIS	Higher Education Management Information System
HIV	Human Immunodeficiency Virus)
ICPD	International Conference on Population and Development
OVC	Orphans and Vulnerable Children
PSS	Psychosocial Support
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SGBV	Sexual Gender-Based Violence
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
UNCRC	United Nations Convention on the Rights of the Child
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization



### Glossary

**Adolescent** - a person aged between 10-19 years (WHO, n.d.).

**Adolescent and youth friendly**–sexual and reproductive health services - services and products that are responsive and acceptable to the needs of adolescents and youth and which are provided comprehensively and indiscriminately in a non-judgmental, confidential and private environment, in times and locations that are convenient for adolescents and youth (UNFPA, 2014).

**Child** - a person below the age of 18 years of age (UNCRC, 1989).

**Child marriage** - refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child (UNICEF, 2021).

**Demographic dividend** - It is the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older) (UNFPA, 2020).

**Early and unintended pregnancy (EUP)** - is a pregnancy that occurs before the age of 20 years (World Health Organisation), and when no children were expected or planned, or the pregnancy is mistimed, such as occurred during adolescence, depriving young people of opportunities to remain in school, or to be prepared well enough for decent employability and productivity during their adult life (UNICEF, 2018).

**Education Management Information System (EMIS)** - A system for the collection, integration, processing, maintenance and dissemination of data and information to support decision-making, policy-analysis and formulation, planning, monitoring and management at all levels of an education system. It is a system of people, technology, models, methods, processes, procedures, rules and regulations that function together to provide education leaders, decision-makers and managers at all levels with a comprehensive, integrated set of relevant, reliable, unambiguous and timely data and information to support them in completion of their responsibilities' (UNESCO, 2008).

**Female genital mutilation (FGM)** - refers to all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons (UNICEF, 2020).



**Gender inequality** - refers to legal, social and cultural situation in which sex and/or gender determine different rights and dignity for women and men, which are reflected in their unequal access to or enjoyment of rights, as well as the assumption of stereotyped social and cultural roles (UNICEF, 2017).

**Gender-based violence (GBV)** - It is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between females and males. The nature and extent of specific types of GBV vary across cultures, countries and regions. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution, domestic violence, trafficking, forced/early marriage, harmful traditional practices such as female genital mutilation, honour killings and widow inheritance (UNICEF, 2015).

**Higher Education Management Information System (HEMIS)** - is a system of collecting, integrating, processing, maintenance and dissemination of data and information to support decision-making, policy-analysis and formulation, planning, monitoring and management at all levels of a Higher Education System. It is a system of people, technology, models, methods, processes, procedures, rules and regulations that function together to provide higher education leaders, decision-makers and managers at all levels with a comprehensive, integrated set of relevant, reliable, unambiguous and timely data and information to support them in completion of their responsibilities' (UNESCO, 2008).

**Human rights-based approach** - an approach that focuses on empowering people to know and claim their rights, and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling human rights (UNFPA, 2014).

**ICPD** - is an International Conference on Population and Development (ICPD), a 1994 meeting in Cairo where 179 governments adopted a revolutionary Programme of Action and called for women's reproductive health and rights to take centre stage in national and global development efforts (WHO, 2020).

**ICPD +25** - is a renewed commitment to the ICPD 1994 programme of action held in Nairobi, Kenya on 12-14 November 2019 (UNFPA, 2020).

**Livelihood** - refers to the capabilities, assets and activities required for a *means* of living (WFP, 2017).



**Mental health** - it is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2018).

**Positive masculinity** - is when boys and men use their physical and emotional strength to champion healthy behaviours and communities. Positive masculinity is the antithesis of toxic masculinity. The focus of positive masculinity is to help generations of boys and men learn healthy behaviours and then develop more robust communities (UN Women, 2019).

**Psychosocial support (PSS)** - a continuum of care and support that addresses the social, emotional, spiritual and psychological well-being of a person, and influences both the individual and the social environment in which people live (UNICEF, 2019).

**Resilience** - is the ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions (UN, 2012).

**Sexual and Reproductive Health (SRH)** - It is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so (UNFPA, n.d.).

**Sexual rights** - Human rights which relate specifically to sexuality and which are articulated by national laws, international human rights documents and other international agreements. Sexual rights seek to ensure that all people can express their sexuality free of coercion, discrimination and violence (UNFPA, n.d.).

**Sexuality** - A central aspect of being human which encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. This is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, roles and relationships throughout an individual's whole life (UNFPA, n.d.).

**Sexuality Education** - Is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to





realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others. Sexuality Education is education delivered in formal and non-formal settings that is: scientifically accurate, age and developmentally appropriate, culturally relevant and context appropriate, and based on gender equality and a human rights approach (UNESCO, 2017). Sexuality Education is called by different names in different countries, for example: Guidance and Counselling Life Skills Education; Family Life and HIV Education; Life Skills-based HIV and Health Education; Comprehensive Sexuality Education; Educacao Sexual Completa; Education Sexuelle Complete.

**Social protection** - all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and/or enhance the social status and rights of the marginalized, with the objective of reducing the economic and social vulnerability of the poor, vulnerable and marginalized groups. Social protection includes benefits for children and families, maternity, unemployment, employment injury, sickness, old age, disability, survivors, as well as health protection (UNICEF, 2018).

**Universal Health Coverage (UHC)** - means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course (WHO, 2021).

**Unmet need for family planning** - is defined as the percentage of women of reproductive age, either married or in a union, who have an unmet need for family planning. Women with unmet need are those who want to stop or delay childbearing but are not using any method of contraception (UN, 2014).

**Vulnerability** - refers to the conditions determined by physical, social, economic and environmental factors or processes which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards (UNDRR, 2015).

**Young people** - persons aged between 10–24 years (WHO, n.d.).

**Youth** - persons aged between 15 and 24 years (WHO, n.d.).



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