Indicator name
Extent to which specific measures are in place to recognise and timely address girls' and women's health and protection needs in humanitarian, vulnerable, fragile, crisis and conflict-affected contexts, and of global crises like the pandemic caused by the COVID-19 virus
Aggregable indicator
No
Indicator type (quantitative/qualitative)
Qualitative
Thematic area of engagement
Promoting economic and social rights and empowering girls and women
Related objectives in the Gender Action Plan III
Overall thematic objective: Women, men, girls and boys, in all their diversity, fully enjoy and exercise their equal economic, labour and social rights. **Specific thematic objective 7:** Improved regulatory framework for ensuring equal access to universal and public quality preventive, curative and rehabilitative physical and mental health care services for women, men, girls and boys in all their diversity, including in fragile and humanitarian crisis-affected contexts
Technical Definition
This indicator intends to assess if and how specific measures are put in place to recognise and timely address girls' and women's health and protection needs in different contexts that necessitate the adoption of emergency measures, such as humanitarian, vulnerable, fragile, crisis and conflict-affected contexts, as well as in the framework of global crises like the COVID-19 pandemic. The following definitions apply: - Specific measures refer to a set of policies, laws, regulations, actions and activities aimed at recognising and responding to situations that require special attention, e.g., those occurring in emergency, disasters, crises and conflicts contexts, health emergencies, outbreaks, etc. - Girls' and women's health and protection needs in humanitarian, vulnerable, fragile, crisis and conflict-affected contexts, and in the framework of the COVID-19 pandemic, refer to both regular and life-saving health and sexual and reproductive health and rights, and to gender-based violence services and comprehensive support for survivors of violence, including mental health and psychosocial support. Particularly, protection needs also refer to women's and girls' inclusion in basic services, work and salary security, food security and social assistance.
Rationale
During conflicts, natural disasters, crisis and public health emergencies, sexual and reproductive health needs and safe abortion services are often overlooked – with staggering consequences, e.g.:[1] - Family planning: the absence of voluntary family planning in emergencies, including condoms

[1] Humanitarian - UNFPA

and emergency contraception, increases the risk of unintended pregnancies, health risks for pregnant women, and possible health consequences for those who resort to unsafe abortions. In the context of pandemics like COVID 19[2], health facilities close or limit services, women refrain from visiting health facilities due to fears about COVID-19 exposure or due to movement restrictions and supply chain disruptions to the availability of contraceptives. Instead, women may use a less effective short-term method or may discontinue contraceptive use entirely.

- Sexual violence: women and girls are disproportionately affected by sexual violence in all types of humanitarian and crisis settings - especially in conflict situations. Rape can have severe negative physical, mental and social consequences for the survivors as well for their families and the larger community. Survivors may suffer from depression and anxiety, HIV or other Sexually Transmitted Infections, unintended pregnancies, or stigma from family and community members.
- Sexually Transmitted Infections (STIs): in times of crisis, many factors – including the breakdown of social and information networks, the separation of families, a lack of condoms, and an increase in sexual violence and high-risk behaviour – leave women especially vulnerable to contracting STIs, including HIV.

To face all these needs, strategic plans for preparedness and response should include specific measures[3] like health facilities and mobile clinics to provide sensitive services to support maternal and new-born health, family planning and sexual health, mental health and psychosocial services, safe spaces for women and girls or one-stop centres for survivors of gender-based violence, among others.

In particular, in the context of pandemics like Covid 19, governments need to:

- include responses to gender-based violence, and particularly domestic and intimate partner violence, as an essential service within the COVID-19 response, identifying ways of making services accessible in the context of lockdown measures.
- identify and counter stigmatising and discriminatory practices in COVID-19 responses.
- collect, report and analyse data on confirmed COVID-19 cases and deaths that are disaggregated by sex and age, at a minimum, in accordance with the WHO's (World Health Organisation) global surveillance and national surveillance guidance.
- conduct a gender analysis of data and invest in quality gender-responsive research on the potentially-differential adverse health, social and economic impacts of COVID-19 on women and men. The findings of such analysis should be used to fine-tune response policies.
- ensure equitable access to essential health services, as well as access to safe water and sanitation facilities, in disadvantaged areas such as rural communities and informal settlements.
- ensure that all front-line health and social workers and caregivers have equitable access to training, personal protective equipment and other essential products, psychosocial support and social protection, taking into account the specific needs of women who constitute the majority of such workers.
- ensure that emergency responses to COVID-19 are inclusive and non-discriminatory.

Data source and calculation

Reporting covers cooperation, development and humanitarian initiatives and investment frameworks funded by the EC (INTPA, NEAR, FPI, ECHO) and EEAS.

[2] Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage, (UNFPA, 2020)

[3] Adapted from Humanitarian Action 2021 Overview (UNFPA) and Gender and COVID-19 (WHO)

EUMS may provide information related to their interventions through their contributions to GAP III reports or through the EUDs, e.g., in cases of joint dialogue (i.e., as part of joint programming or TEI).

Data sources:

The intervention's monitoring and reporting systems, e.g., inception, interim and final reports from implementing organisations (including governments, international organisations, national and international civil society organisations, etc.), ROM reviews and evaluations.

Surveys/interviews conducted and budgeted by the intervention can also be relevant data sources.

Baseline and endline studies conducted and budgeted within the EU intervention. These studies can be conducted as part of the gender country profile and / or gender sector analysis or be based on existing official reports and published data. Baseline and endline studies should be conducted using the same data collection methodology.

Calculation:

- Services and facilities availability (functioning and in sufficient quantities), accessibility (non-discrimination, physically and economically accessible, information accessibility), acceptability (culturally acceptable, sensitivity to marginalised/vulnerable groups) and quality (safe, technically approved and sustainable).
- Application and effectiveness of laws, regulations, measures, policies, procedures.

Any of the above-mentioned measures, among others, provided by the EU intervention that increased or strengthened the recognition of and response to girls' and women's health and protection needs in humanitarian, vulnerable, fragile, crisis and conflict affected contexts, and in the context of global crises like the COVID-19 pandemic, is counted once.

Worked examples

The EU supports the implementation of the WHO's Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030) through a multilateral regional intervention in conflict-affected countries. Such conflicts are characterised by armed attacks on the civilian population. Health challenges are particularly acute among mobile population, those in refugee or temporary camps, and among internally displaced communities. In such contexts, women and adolescent girls are particularly vulnerable to exclusion, marginalisation and exploitation, including sexual and gender-based violence and deprivation of their right to basic health, sexual and reproductive health and education. The governments of the countries in conflict do not all have the same level of public acceptance or capacity to intervene. Therefore, intervention strategies vary from country to country.

In country A, WHO, in partnership with UNFPA, opened one-stop centres that include both sexual and reproductive health services as well as comprehensive services for women and girls who have experienced violence and abuse.

- ⇨ The measures in place are 2 (one-stop centres, comprehensive services for women and girls)
- ⇨ The results of the evaluations by skilled specialists with gender and human rights perspectives about the effectiveness and efficiency of the measures in place

In country B, WHO strengthens reproductive health departments in hospitals and in partnership with civil society creates health centres in safe areas. Both the hospitals and the centres provide anti-COVID-19 vaccine. In addition, in the framework of the same initiative the civil society organisations run cash assistance programmes to fight women-headed households' poverty.

- ⇨ The measures in place are 4 (strengthening reproductive health departments; health centres in safe areas; anti-COVID-19 vaccine; cash assistance programmes)
- ⇨ The results of the evaluations by skilled specialists with gender and human rights perspectives about the effectiveness and efficiency of the measures in place

The COVID-19 pandemic represents a high risk of recurrence of domestic and intimate partner violence. The EU assists country C in preventing this kind of violence and supporting the survivors.

In country C, a women's network opened a hotline to support women in situations of violence. The hotline is linked with the police department that can intervene if the caller wishes so. The women's network also worked with the hospitals to establish an early warning and assistance protocol for survivors of gender-based and domestic violence that included training of health workers and psychosocial and mental health support.

- ⇨ The measures in place are 2 (hotline, early warning and assistance protocol for survivors)
- ⇨ The results of the evaluations by skilled specialists with gender and human rights perspectives about the effectiveness and efficiency of the measures in place.

Baseline

Data from official counterparts where possible and applicable (i.e., national women's machinery, national gender observatories, line ministries/authorities, statistical institutes, etc.). Data from international and national organisations or other independent non-state actors working on girls and women's health and protection needs in humanitarian, vulnerable, fragile, crisis and conflict-affected contexts, global crises and the COVID-19 pandemic.

If baseline data are lacking, a mapping can be done at the start of the intervention using surveys/ interviews.

The baseline can be 0 when the indicator is achieved with the EU funded intervention.

Disaggregation

N/A

Availability and Timeliness

Information should become available annually, depending on the duration of the intervention.

Related DAC CRS code

122 - Basic health/ 12220 - Basic health care/ 12230 - Basic health infrastructure/ 12240 - Basic nutrition/ 12250 - Infectious disease control/ 12340 - Promotion of mental health and well-being
130 - Population Policies/Programmes & Reproductive Health/ 13020 - Reproductive health care/ 13030 - Family planning/ 13030 - STD control including HIV/AIDS/ 13081 - Personnel development for population and reproductive health
151 - Government & Civil Society/ 15160 - Human rights/ 15180 - Ending violence against women and girls
152 - Conflict, Peace & Security/ 15220 - Civilian peace-building, conflict prevention and resolution
160 - Other Social Infrastructure & Services/ 16015 - Social services (incl. youth development and women+ children)/ 16050 - Multisector aid for basic social services
720 – Emergency response/ 72010 - Material relief assistance and services/ 72011 - Basic Health Care Services in Emergencies/ 72012 - Education in emergencies/ 72040 - Emergency food assistance

Associated SDGs
SDG 1 End poverty in all its forms everywhere Target 1.1, Indicator 1.1.1 (see Metadata) SDG 3 Ensure healthy lives and promote well-being for all at all ages Target 3.1., Indicators 3.1.1 (see Metadata) Target 3.2, Indicators 3.2.1 (see Metadata), 3.2.2 (see Metadata) Target 3.7, Indicator 3.7.1 (see Metadata), 3.7.2 (see Metadata) Target 3.8, Indicator 3.8.1 (see Metadata) Target 3.b, Indicator 3.b.1 (see Metadata) SDG 5 Achieve gender equality and empower all women and girls Target 5.1, Indicator 5.1.1 (see Metadata) Target 5.2, Indicator 5.2.1 (see Metadata) Target 5.3, Indicator 5.3.1 (see Metadata), 5.3.2 (see Metadata) Target 5.6, Indicator 5.6.1 (see Metadata), 5.6.2 (see Metadata) Target 5.c, Indicator 5.c.1 (see Metadata) SDG 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels Target 16.1, Indicator 16.1.2 (see Metadata), 16.1.3 (see Metadata) Target 16.2, Indicators 16.2.2 (see Metadata), 16.2.3 (see Metadata)
Other issues
The gender country profile and/ or gender sector analysis can be relevant sources of information for establishing baselines. If there is no gender analysis available at the EUD, it is recommended to look at the analysis undertaken by EU Member States or other trusted partners (UN, World Bank, human rights national and regional mechanisms, etc.) as well as the national-level reviews carried out in 2019 by UN Women and the partner countries to assess progress made and challenges encountered in the implementation of the Beijing Declaration and Platform for Action. Special attention should be paid to following up on partner country institutions reached with EU support.