

Indicator name
Extent to which SRHR-sensitive policies, strategies and programmes are introduced by partner government on: a) ending harmful practices e.g. child marriage and female genital mutilation; b) adolescent SRHR; c) comprehensive sexuality education; d) family planning; e) removal of third parties consent for contraception; f) control of sexually transmitted infections including HIV and AIDS; g) cancer screening
Aggregable indicator
No
Indicator type (quantitative/qualitative)
Qualitative
Thematic area of engagement
Promoting sexual and reproductive health and rights
Related objectives in the Gender Action Plan III
Overall thematic objective: Women and girls in all their diversity access universal health and fully enjoy their health and sexual and reproductive rights Specific thematic objective 1: Enabled legal, political and societal environment allowing women and girls to access quality sexual and reproductive health (SRHR) care and services and protecting their sexual and reproductive rights
Technical Definition
This indicator intends to measure if and how the partner government has introduced gender-sensitive policies, strategies and programmes to protect and promote areas of sexual and reproductive health and rights such as: a) ending harmful practices, e.g., child marriage and female genital mutilation; b) adolescent SRHR; c) comprehensive sexuality education; d) family planning; e) removal of third parties consent for contraception; f) control of sexually transmitted infections including HIV and AIDS; g) cancer screening. The following definitions apply: - <u>Harmful practices</u> are a violation of human rights that put women's and adolescents' sexual and reproductive health and rights at great risk.¹ They are traditional, re-emerging or emerging practices strongly connected to and reinforcing socially constructed gender roles and systems of patriarchal power relations grounded in discrimination based on sex, gender and age, as well as on other factors such as, e.g., cultural identity, ethnicity, disability, etc. A variety of harmful practices exist², including child (and forced) marriage and female genital mutilation (FGM). - <u>Child (and forced) marriage</u> is a human rights violation and a harmful practice that

¹ [Committee on the Elimination of Discrimination against Women and Committee on the Rights of the Child. Joint General Recommendation 31/General Comment 18 \(2014\) on harmful practices, paragraph 68.](#) Harmful practices are referred to in the [Convention on the Rights of the Child \(CRC\)](#) (Article 24(3)), the [Convention on the Elimination of all Forms of Discrimination against Women \(CEDAW\)](#), Articles 2, 5 and 16.

² See [Committee on the Elimination of Discrimination against Women and Committee on the Rights of the Child. Joint General Recommendation 31/General Comment 18 \(2014\) on harmful practices](#), art. 9: "...neglect of girls (linked to the preferential care and treatment of boys), extreme dietary restrictions, including during pregnancy (force-feeding, food taboos), virginity testing and related practices, binding, scarring, branding/infliction of tribal marks, corporal punishment, stoning, violent initiation rites, widowhood practices, accusations of witchcraft, infanticide and incest. They also include body modifications that are performed for the purpose of beauty or marriageability of girls and women (such as fattening, isolation, the use of lip discs and neck elongation with neck rings)⁴ or in an attempt to protect girls from early pregnancy or from being subjected to sexual harassment and violence (such as breast ironing)".

disproportionately affects women and girls globally, preventing them from living their lives free from all forms of violence. Child marriage is any marriage where at least one of the parties is under 18 years of age. Child marriage is also often accompanied by early and frequent pregnancy and childbirth, resulting in higher than average maternal morbidity and mortality rates. Forced marriage is a marriage in which one and/or both parties have not personally expressed their full and free consent to the union. A child marriage is considered to be a form of forced marriage, given that one and/or both parties have not expressed full, free and informed consent.³

- Female genital mutilation (FGM) is recognized internationally as a violation of human rights. It reflects deep-rooted gender inequality and constitutes an extreme form of discrimination against girls and women. FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is nearly always carried out on minors, mostly by traditional practitioners. In several settings, there is evidence suggesting greater involvement of health care providers in performing FGM due to the belief that the procedure is safer when medicalised.⁴
- Adolescent SRHR: Adolescents have a widely recognised right to accurate and comprehensive reproductive health information, education and services. The WHO calls for a package of actions to promote and protect adolescent SRHR including: building knowledge and skills, building individual and social assets, providing a safe and supportive environment, and providing health and counselling services.⁵ This means providing access to comprehensive sexuality education; services to prevent, diagnose and treat sexually transmitted infections; and counselling on family planning. It also means empowering young people to know and exercise their rights – including the right to delay marriage and the right to refuse unwanted sexual advances.⁶
- Comprehensive 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 adolescents with knowledge, skills, attitudes and values that will empower them to realise 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 ensure the protection of their rights throughout their lives.⁷
- Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of infertility.⁸ Family planning also includes information about how to become pregnant when it is desirable.⁹
- Third parties' consent for contraception: Access to contraception is well protected under international human rights standards. According to the Committee on the Elimination of Discrimination against Women and the Committee on the rights of the Child, requiring third-party consent for access to certain services, such as contraception as a key element of family planning and SRHR, violates women's and girls' rights.¹⁰
- Sexually transmitted infections (STIs) including HIV and AIDS: STIs are infections that an individual can contract from another person usually through sexual contact. However, some STIs can also be

³ See [OHCHR, Child and forced marriage, including in humanitarian settings](#).

⁴ For complete information about the four types of FGM, see: [WHO, Female Genital Mutilation](#), 21 January 2022.

⁵ [UN Commission on Human Rights Committee on the Rights of the Child, General Comment No. 15 \(2013\) on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health \(Art. 24\)](#), New York: UN, 2013.

⁶ UNFPA (2014): [UNFPA resources: Adolescent sexual and reproductive health](#)

⁷ WHO (2018): [WHO Recommendations on adolescents sexual and reproductive health and rights](#), page 5.

⁸ WHO definition, available at: https://www.who.int/health-topics/contraception#tab=tab_1

⁹ [UNFPA, Family Planning](#)

¹⁰ [Committee on the Elimination of Discrimination against Women, General Recommendation 24](#), paragraph 14; [Committee on the Rights of the Child, General Comment 20](#), paragraph 60.

transmitted from mother-to-child during pregnancy, childbirth and breastfeeding while HIV can spread through other routes of contact, for example the use of unsterilized drug needles.¹¹

- Cancer screening is an important tool for prevention and saving lives. It involves looking for signs of tumorous disease before the onset of symptoms.

Rationale

Sexual and reproductive health and rights (SRHR) refer to the right of every individual to have full control over, and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence. In humanitarian situations and fragile contexts - either due to war and conflicts or to climate and economic crises - barriers to health care and SRHR services, along with the persistence or exacerbation of harmful social norms that oppose the right to bodily autonomy and choice, expose populations, particularly the most disadvantaged, to serious discrimination and violation of their rights.

The Beijing Platform for Action recognised the role of culture and tradition in justifying and perpetuating harmful practices that constitute rights violations and violence. States agreed to “refrain from invoking any custom, tradition or religious consideration with respect to its elimination as set out in the Declaration on the Elimination of Violence against Women”.¹² Harmful practices are also referred to in the Convention on the Rights of the Child (CRC)¹³, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)¹⁴. The Joint Recommendation¹⁵ sets out the Committees’ interpretation of these obligations in relation to harmful practices, including FGM, child and forced marriage, among others. The Committees highlight the significant impact of gender discrimination, noting that harmful practices are “grounded in discrimination” and reiterating that “harmful practices are deeply rooted in societal attitudes according to which women and girls are regarded as inferior to men and boys based on stereotyped roles”. They further highlight that gender discrimination often intersects with other factors, particularly for those women and girls who belong, or are perceived to belong, to disadvantaged groups and who are therefore at higher risk of harmful practices.

Access to high-quality, affordable sexual and reproductive health services and information, including a full range of contraceptive methods, is fundamental to realising the rights and well-being of women and girls, men and boys, in all their diversity. Universal access to effective contraception ensures that all adults and adolescents can avoid the adverse health and socioeconomic consequences of unintended pregnancy and have a satisfying sexual life. Key global initiatives, including the SDGs and the WHO Global Strategy for Women’s, Children’s and Adolescents’ Health, call for universal access to family planning services as a right of women and girls and crucial to a healthy life.¹⁶

The EU is committed to the promotion, protection and fulfilment of SRHR in the framework of the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences. The EU further stresses the need for universal access to quality and affordable comprehensive sexual and reproductive health information, education, including comprehensive sexuality education, and health-care services.¹⁷ Through GAP III specific area of engagement on SRHR, the European Commission and the High Representative committed to support transformative actions for gender equality, e.g., multi-country partnerships in Sub-Saharan Africa to address SRHR, among others.

Data source and calculation

¹¹ [WHO, Sexually transmitted infections \(STIs\)](#)

¹² [Beijing Declaration and Platform for Action, Strategic objective and action D. Violence against women](#), 113 (a), 118, 232 (b).

¹³ Article 24 (3)

¹⁴ Articles 2, 5 and 16

¹⁵ See footnote n. 2

¹⁶ [WHO Global Strategy for Women’s, Children’s and Adolescent’s Health 2016-2030](#)

¹⁷ [The EU New Consensus for Development. “Our world, our dignity, our future”](#).

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

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, private sector, etc.), ROM reviews and evaluations.

Administrative records from health centres, hospitals, and SRHR services within the scope of the EU action/intervention as well as the data available at the Ministry/regional department of Health/Women's Affairs/Education and the national/regional statistics offices.

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:

- Existence, application and effectiveness of policies, strategies, and programmes that specifically address the different SRHR areas covered by this indicator.
- Analysis of SRHR-sensitive policies, strategies and programmes by skilled gender and human rights specialists with expertise in the different SRHR areas covered by this indicator.
- SRHR 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).
- Change in knowledge, skills and attitudes of public and private SRHR services governance bodies and staff.
- Change in the acceptance of social norms and practices that are harmful to bodily autonomy and freedom of choice over SRHR.

Worked examples

In the framework of the Partnership Agreement with the partner country, the EU supports the WHO's implementation of the Global Strategy for Women's, Children's and Adolescents' Health through different initiatives implemented by both the government, the WHO and civil society organisations.

- (1) One initiative supports the FGM cost calculator.
- (2) Another initiative addresses maternal mortality and the improvement of family planning in rural areas.
- (3) A third initiative tackles adolescents' SRHR through comprehensive sexuality education and awareness raising campaigns to combat harmful practices, especially child and forced marriage.
 - ⇒ (1) The FGM cost calculator showed that the practice caused a significant economic burden for the country. The National Institute of Statistics adopted new survey tools to include data collection based on the FGM cost calculator methodology.
 - ⇒ (2) The Ministry of Health reinforced its local departments with a specialised programme of ante-natal and post-natal support for women. During the following year, the programme is extended and family planning counselling centres are opened in all public health departments.
 - ⇒ (3) During the second year, an agreement is made between the Ministry of Health and the Ministry of Education for the inclusion of information on adolescents' SRHR in the school

textbooks.
Baseline
Data from official counterparts (i.e., national women's machinery, national gender observatories, line ministries/authorities, statistical institutes, etc.). Data from international and national organisations working on SRHR or other independent non-state actors. 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
121 – Health, General / 12110 – Health policy and management 122 – Basic Health / 12220 - Basic health care / 12230 - Basic health infrastructure / 12240 - Basic nutrition / 12250 – Infectious diseases control / 12261 - Health education / 12281 – Health personnel development / 123 Non-communicable diseases (NDCs)/ 12310 – NDCs control, general / 12350 - Other prevention and treatment of NCDs 130 – Population Policies/Programmes & Reproductive Health / 13010 - Population policy and administrative management / 13096 - Population statistics and data / 13020 - Reproductive health care / 13040 - STD control including HIV/AIDS / 13081 - Personnel development for population and reproductive health
Associated SDGs
SDG 3 Ensure healthy lives and promote well-being for all at all ages Target 3.1, Indicator 3.1.1 (see Metadata) Target 3.2, Indicator 3.2.2 (see Metadata) Target 3.3, Indicators 3.3.1 (see Metadata), 3.3.4 (see Metadata) Target 3.4, Indicator 3.4.1 (see Metadata) Target 3.7, Indicators 3.7.1 (see Metadata), 3.7.2 (see Metadata) Target 3.8, Indicator 3.8.1 (see Metadata) SDG 5 Achieve gender equality and empower all women and girls. Target 5.1, Indicator 5.1.1 (see Metadata) Target 5.3, Indicator 5.3.1 (see Metadata) Target 5.3, Indicator 5.3.2 (see Metadata) Target 5.6, Indicators 5.6.1 (see Metadata), 5.6.2 (see Metadata) Target 5.c, Indicator 5.c.1 (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.