

Indicator name
Extent to which the gender equality policy or similar for sexual and reproductive health care and services is implemented
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 implements any gender equality policy, strategy, plan, and similar which includes sexual and reproductive health care and services. The following definitions apply: - <u>Gender equality policy or similar for sexual and reproductive health (SRH) care and services</u> refer to any laws, regulation, procedure, strategic document, plan of action, etc. that a government adopts to promote sexual and reproductive health care and services in the framework of its commitment to gender equality. A gender equality policy should ideally be budgeted so to allow for an efficient realisation of its objectives. However, many policies are not budgeted (e.g., laws or procedures) and the funds for their implementation may be allocated in the framework of the financial procedures of the partner countries, including external funding. - <u>Sexual and reproductive health care and services</u> implies providing accessible, quality and affordable care and services on a wide range of sexual and reproductive health issues. These include: family planning¹; maternal and new-born health care²; prevention, diagnosis and treatment of sexually transmitted infections (STIs),³ including HIV; adolescent sexual and reproductive health;⁴ cervical cancer⁵ screening; infertility prevention and management.⁶ These services aim at preventing poor sexual and reproductive health, such as complications of pregnancy and childbirth, unintended pregnancies, unsafe abortions, complications caused by STIs, sexual violence, female genital mutilations (FGM)⁷ and women dying from avoidable cancer.
Rationale
Sexual and reproductive health and rights (SRHR) refer to the right of every individual to have full control

¹ See [UNFPA, Family Planning](#)

² See [WHO, Regional Office for Europe, Maternal and newborn health](#)

³ See [WHO, Sexually transmitted infections \(STIs\)](#)

⁴ See [UNFPA resources: Adolescent sexual and reproductive health](#); [WHO Recommendations on adolescents sexual and reproductive health and rights](#)

⁵ See [WHO, Cervical cancer](#)

⁶ See [WHO, Infertility](#)

⁷ See [WHO, Female Genital Mutilation](#)

over, and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence.

The concept of sexual and reproductive health (SRH) was put forward at the International Conference on Population and Development (ICDP), held in Cairo in 1994, where reproductive health was defined as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, and to its functions and processes”. The Programme of Action calls on countries to provide a full range of sexual and reproductive health services in an integrated manner in the context of the primary health care system.⁸ This requires countries to have clear policies to promote and make these services available to the population. Quality sexual and reproductive health services are also essential to the wellbeing of refugees and other persons of concern. It is an important part of all humanitarian responses.⁹

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 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.¹⁰ 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

Reporting covers cooperation and development initiatives, humanitarian (if applicable) 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 gender equality policies, strategies, plans, procedures, programmes, etc. adopted by the partner government to promote and provide sexual and reproductive health (SRH) care services
- Analysis of gender-sensitive policies, strategies and programmes by skilled gender and human rights specialists with expertise in the different SRH care services.
- SRH services and facilities availability (functioning and in sufficient quantities), accessibility (non-

⁸ [Programme of Action. In: International Conference on Population and Development. Cairo: United Nations Populations Fund. 1994.](#)

⁹ See [UNHCR, Sexual and Reproductive Health](#)

¹⁰ [The EU New Consensus for Development. “Our world, our dignity, our future”.](#)

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
The EU supports <u>country A</u>'s gender equality strategy 2020-2025 which includes a pillar on SRHR. The country has a poor health system and struggles to provide health care and services particularly in remote areas. Through the Team Europe Initiative several interventions are launched aiming to reinforce accessible, quality and affordable SRHR care and services. 1. An intervention focuses on the reinforcement of family planning centres in the country's district health centres. ⇒ The results of the third year's ROM show 60% increase of users of the family planning centres. ⇒ An independent end-term evaluation shows the decrease of 30% of unwanted pregnancies in the country. 2. An intervention focuses on promoting prevention, diagnosis and treatment of STIs, including HIV, in specialised health centres, including private health services. ⇒ The project progress data show an increase of 25% of successful cases of STIs treatment ⇒ The evaluation qualitative assessment shows a decreased stigma against people with HIV as compared to the initial baseline based on the survey conducted at the start of the project. ⇒ The country's official statistics shows 10% people less fell ill with AIDS during the three-years project implementation period. 3. An intervention supports civil society organisations lobby and advocacy network to stop FGM and child and forced marriage (CFM). ⇒ A memorandum is signed with the Ministry of Social Affairs, Women and Families for supporting awareness raising campaigns to stop FGM and CFM. ⇒ A bill to ban FGM is drafted.
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), 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.