

PROGRAMMING GUIDE

# PROMOTING GENDER EQUALITY IN SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH



© 2019 UN Women. All rights reserved.

The views, research and analysis expressed in this publication are those of the author(s) and do not necessarily represent the views of UN Women, the United Nations or any of its affiliated organizations.

**Designer:** Phoenix Design Aid A/S

**Infographics:** Melanie Doherty Design and Soapbox

**Editors:** Margo Alderton and Aida Olkkonen

**Copy-Editor:** Jen Ross

PROGRAMMING GUIDE

PROMOTING GENDER EQUALITY  
IN SEXUAL, REPRODUCTIVE,  
MATERNAL, NEWBORN, CHILD  
AND ADOLESCENT HEALTH



**LEADERSHIP AND GOVERNANCE SECTION**

**UN WOMEN**

June 2019

# ACKNOWLEDGEMENTS

This programming guide was developed under the leadership of Nazneen Damji (UN Women) by a core team including the lead writer, Katy Pullen, supported by Debbie Gray, Apala Guhathakurta and Kebedech Ambaye Nigussie. The literature review and case study research were undertaken by Jill Gay and Melanie Croce-Galis (What Works Association). The guide benefited from feedback received during global, regional, and country consultations. We are grateful for the in-depth reflections during country consultations held in Ethiopia, Liberia, Sierra Leone and Kenya. We especially acknowledge all the participants – government, NGO and UN partners, particularly UN Women regional and country office staff – who engaged and provided significant input to shape the guide.

We acknowledge the extremely helpful contributions from H6 partners (UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank) and UN agency representatives to the conceptual framing, including: Sheilla

Akwara, Avni Amin, Tesmerelna Atsbeha, Neelam Bhardwaj, Sevati Bondanza, Venkatraman Chandra-Mouli, Kim Dickson, Katja Isaksen, Rajat Khosla, Elena Kudravtseva, Laura Laski, Patricia Machawira, Alice Saili, Victoria Saint, Leyla Sharafi and Dirk Van Hove.

Our gratitude also goes to all the experts, partners and supporters for their insightful contributions: Hilda Alberda, Maria Jose Alcalá, Rebecca Brown, Andrea Cornwall, Ejeris Dickson, Anastasia J. Gage, Karen Hardee, Tamil Kendall, Sarah Kennell, Shannon Kowalski, Katherine Mayall, Katia Mohindra, Kate Ramsey, Kavita Singh Ongechi and Heran Abebe Tadesse.

We wish to acknowledge Margo Alderton and Aida Olkkonen for content editing, Jen Ross for copy editing, the creative work of Melanie Doherty Design and Soapbox for developing the infographics, and Phoenix Design Aid for the design and printing.

# ACRONYMS AND ABBREVIATIONS

CCBRT	Comprehensive Community-Based Rehabilitation in Tanzania	RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
CCT	Conditional cash transfer	SRMNCAH	Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	SDGs	Sustainable Development Goals
CSE	Comprehensive sex education	SRH	Sexual and reproductive health
CRVS	Civil Registration and Vital Statistics	SRHR	Sexual and reproductive health and rights
DHS	Demographic and Health Surveys	STI	Sexually transmitted infection
EWEC	Every Woman Every Child	UN	United Nations
FGM/C	Female genital mutilation/cutting	UNAIDS	Joint United Nations Programme on HIV/AIDS
GBV	Gender-based violence	UNESCO	United Nations Educational, Scientific and Cultural Organization
GINA	Gender Informed Nutrition and Agriculture (Alliance)	UNHCR	United Nations High Commissioner for Refugees
GREAT	Gender Roles, Equality, and Transformations (Project)	UNICEF	United Nations Children's Fund
ICW	International Community of Women Living with HIV/AIDS	UNFPA	United Nations Population Fund
IPV	Intimate partner violence	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
MDGs	Millennium Development Goals	UPR	Universal Periodic Review
MDSR	Maternal Death Surveillance and Response (systems)	USAID	United States Agency for International Development
MHM	Menstrual hygiene management	WASH	Water, Sanitation and Hygiene
NGO	Non-governmental organization	WHO	World Health Organization
MSD	Multi-stakeholder dialogue		
OHCHR	Office of the United Nations High Commissioner for Human Rights		

# TABLE OF CONTENTS

ACKNOWLEDGEMENTS	4	4.2 The framework for action explained	22
ACRONYMS AND ABBREVIATIONS	5	4.3 The framework for action in practice: Programmatic case studies	34
INTRODUCTION	7	5. MULTISECTOR ACTION TO ADDRESS GENDER INEQUALITY AS A DETERMINANT OF SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH	51
Context	7	5.1 The essential role of non-health sector interventions	51
About the programming guide	9	5.2 Strengthening collaboration between the health and non-health sectors	52
Intended use and audience	10	5.3 What's working? Programmatic case studies across sectors and geographies	53
<b>PART ONE: UNDERSTANDING HOW GENDER INEQUALITY INFLUENCES WOMEN'S HEALTH</b>	<b>11</b>	6. INSIGHTS AND ACTION FOR FUTURE PROGRAMMING	64
1. GENDER AS A DETERMINANT OF SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH	12	6.1 Characteristics of programmes that improve both gender equality and sexual, reproductive, maternal, newborn, child and adolescent health outcomes	64
1.1 The influence of sex versus gender on sexual, reproductive, maternal, newborn, child and adolescent health outcomes	12	6.2 Checklists to guide the practical application of the framework for action	66
1.2 Gender as a power relation and driver of inequality in health	15	ANNEXES	74
2. HOW GENDER INEQUALITY AFFECTS THE WAY HEALTH SERVICES ARE PLANNED, DELIVERED AND EXPERIENCED	16	Annex 1. Glossary	74
3. GENDER EQUALITY, WOMEN'S RIGHTS AND THE RIGHT TO HEALTH	19	Annex 2. International human rights mechanisms and instruments relevant to women's, children's and adolescents' health	77
3.1 Ensuring the empowerment of women	20	Annex 3. Illustrative gender indicators for sexual, reproductive, maternal, newborn, child and adolescent health programming	84
<b>PART TWO: HOW TO APPLY A STRONGER FOCUS ON GENDER EQUALITY AND WOMEN'S EMPOWERMENT</b>	<b>21</b>	Annex 4. Related programming guidance	86
4. STRENGTHENING GENDER EQUALITY IN SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH: A FRAMEWORK FOR ACTION	22	ENDNOTES	88
4.1 Rationale for the framework for action	22	REFERENCES	94

# INTRODUCTION

## Context

In 2010, the United Nations Secretary-General launched the Global Strategy for Women's, Children's and Adolescents' Health (2010-2015) to accelerate progress to meet Millennium Development Goals (MDGs) 4 (Reduce child mortality) and 5 (Improve maternal health). This led to the launch of the '*Every Woman Every Child*' movement (EWEC) to put the Global Strategy into action. Support to country leadership and action on the Strategy was provided by the H4+ partnership, which later expanded to become the H6 partnership, including the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO) and the World Bank.

The past few decades have seen vast improvements in the health of women, adolescents and children. Between 1990 and 2015, the maternal mortality ratio declined by 45 per cent and the under-five mortality rate was more than halved, dropping from 90 to 43 deaths per 1,000 live births.<sup>1</sup> Yet, despite the impressive progress, the gains have been uneven, with variations in health services and outcomes within and across countries. In 2015, more than 303,000 women died from preventable causes related to pregnancy and childbirth with 99 per cent of all maternal deaths occurring in developing countries.<sup>2</sup> Adolescent and young girls face a higher risk of complications and death as a result of pregnancy than older women, with the risk of maternal mortality highest for adolescent girls under 15 years old.<sup>3</sup> The need for modern contraceptives remains unacceptably high, as an estimated 214 million women of reproductive age in developing regions have an unmet need for modern contraception.<sup>4</sup> According to the World Health Organization (WHO), 5.46 million children under the age of 5 died in

2017. Most deaths were in low-income countries: the under-five mortality rate was nearly 14 times higher in low-income countries (69 deaths per 1,000 live births) compared to high-income countries (5 deaths per 1,000 live births).<sup>5</sup>

In the transition to the Sustainable Development Goals (SDGs), the UN Secretary-General launched the updated Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) to complete the unfinished work of the Millennium Development Goals (see **Box 1** for Global Strategy targets). Support to country leadership and action on the Strategy continues to be provided by the H6 partnership (**Box 2**).

Broader and more ambitious than its predecessor, the revised Global Strategy includes an expanded focus on adolescents and those living in humanitarian and fragile settings. It also emphasizes the importance of tackling the underlying determinants of SRMNCAH, including gender equality. The strategy highlights how discrimination against women has negative consequences on women's health throughout their life course as well as on the health of their families.<sup>6</sup>

The life course approach to SRMNCAH recognizes gender as a key determinant of women's health and well-being and focuses on the fact that women's health needs differ according to their life stages. Promoting a life-course approach to women's health also acknowledges that sex and gender combine with social and environmental determinants of health to influence how health risks and benefits accumulate through life. In this way, gender inequality is explicitly recognized as an important determinant of health outcomes, with women and girls often at a societal disadvantage. Women, children and adolescents facing discrimination based on their sex, gender identity, gender expression or sexual orientation have unequal access to, and uptake of, health services and resources.

**BOX 1****Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)**

The Global Strategy provides a road map for ending preventable deaths of women, children and adolescents by 2030 and helping them achieve their potential for, and rights to, health and well-being in all settings. The Global Strategy has three objectives: survive (end preventable deaths), thrive (ensure health and well-being), and transform (expand enabling environments). These objectives are aligned with 17 targets within nine of the Sustainable Development Goals (SDGs), including: SDG 3 on health; SDG 5 on gender equality and the empowerment of women and girls; and other SDGs related to the political, social, economic and environmental determinants of health and sustainable development. Commitment to gender equality and women's empowerment is both a goal and a condition for achieving the SDGs.

**SURVIVE****End preventable deaths**

- Reduce global maternal mortality to less than 70 per 100,000 live births (SDG 3.1)
- Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country (SDG 3.2)
- Reduce under-five mortality to at least as low as 25 per 1,000 live births in every country (SDG 3.2)
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases (SDG 3.3)
- Reduce by one third premature mortality from

**THRIVE****Ensure health and well-being**

- End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women (SDG 2.2)
- Ensure universal access to sexual and reproductive health care services (including for family planning) and rights (SDG 3.7 and 5.6)
- Ensure that all girls and boys have access to good-quality early childhood development (SDG 4.2)
- Substantially reduce pollution-related deaths and illnesses (SDG 3.9)
- Achieve universal health

**TRANSFORM****Expand enabling environments**

- Eradicate extreme poverty (SDG 1.1)
- Ensure that all girls and boys complete primary and secondary education (SDG 4.1)
- Eliminate all harmful practices, discrimination and violence against women and girls (SDG 5.2 and 5.3)
- Achieve universal access to safe and affordable drinking water and to sanitation and hygiene (SDG 6.1. and 6.2)
- Enhance scientific research, upgrade technological capabilities and encourage innovation (SDG 8.2)
- Provide legal identity for all.

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_21943](https://www.yunbaogao.cn/report/index/report?reportId=5_21943)

