



Integration of SRHR and Population Dynamics into the SDG and Post-2015 Framework: Illustrative targets and indicators

WORKING DRAFT v. 25.4.14

INTRODUCTION¹

PSDA is an international alliance of civil society organisations that care about sexual and reproductive health and rights (SRHR), population dynamics² and sustainable development, and the linkages between these issues. We believe that it is important that SRHR and population dynamics are included in the next international development agenda, not only as priorities in their own right, but also because they are relevant to a range of development priorities and intrinsic to the overall achievement of sustainable development. For this reason, in this document we share under different thematic areas a number of possibilities for the integration of SRHR and population dynamics into the post-2015 framework. We are not unrealistic in our expectations and do not expect these options to be embraced in full, but instead seek to provide a number of potential in-roads and illustrative targets and indicators. The paper is a working draft, to be modified and updated as the Open Working Group positions evolve and as the post-2015 framework develops.

By 2050 the world's population is projected to increase from 7 billion in 2011 to 9.6 billion.³ In the same time period the proportion of the world population living in urban areas will grow from 52 per cent to 67 per cent.⁴ A growing and increasingly affluent world population has implications for planetary boundaries and determines the number and location of people requiring access to food, water and sanitation, health and education services at local, national and regional levels. In this way, *population dynamics influence the scale and the shape of the development challenges we face*. *Demography is not destiny*: An estimated 222 million or one in four women in developing countries want to avoid pregnancy but have an unmet need for modern contraception.⁵ Ensuring that everyone can exercise their right to 'decide freely and responsibly the number, spacing and timing of their children'⁶ must be a key development priority. The post-2015 framework can and must address the challenges and seize the opportunities presented by demographic change, by considering population dynamics, data and projections when identifying and measuring development goals and targets, and prioritizing universal access to sexual and reproductive health and rights.

ILLUSTRATIVE TARGETS AND INDICATORS

We recommend that all targets and indicators in the post-2015 framework use data **disaggregated** by sex, age, disability, location (rural/urban), wealth quintiles and other characteristics as appropriate, to help address inequalities, including those experienced by women and girls and youth.

Sources are indicated for targets and indicators proposed by UN agencies and other organisations.

*Please note that our proposals are by no means comprehensive and focus only on PSDA's core areas of focus and expertise. While additional pressing issues, including addressing **social inequalities**, fulfilling **human rights**, ensuring **sustainable consumption and production**, and **poverty alleviation**, are beyond the scope of this*

¹ For further information please refer to PSDA's briefing (2013): [Population dynamics, reproductive health and sustainable development: Critical links and opportunities for post-2015](#).

² Population dynamics refer to demographic trends and changes including population growth, population decline, ageing, urbanization and migration which influence the size, composition and spatial distributions of populations.

³ UN Population Division (2013) [World Population Prospects: The 2012 Revision](#).

⁴ UN Population Division (2012) [World Urbanization Prospects: The 2011 Revision](#).

⁵ Guttmacher Institute & UNFPA (2012) [Adding It Up: Costs and Benefits of Contraceptive Services - Estimates for 2012](#).

⁶ United Nations General Assembly. *Report of the International Conference on Population and Development*. A/94/10/18. Programme of Action. New York: UN;1994.

paper, PSDA fully supports and calls for relevant goals, targets and indicators to advance these issues within the post2015 framework.

FOCUS AREA	Targets	Indicators / measurement areas
1. Health and Wellbeing for All⁷	1A. Universal access to sexual and reproductive health and rights (Source: UNFPA, adapted from HLP).	<p>A1. Maternal mortality ratio (Source: MDG indicator 5.1, UN Women)</p> <p>A2. Unmet need for quality modern contraceptives by choice (Source: adapted from MDG indicator 5.6 and UN Women)</p> <p>A3. Contraceptive prevalence rate, including by marital status (Source: adapted from MDG indicator 5.3)</p> <p>A4. Infant mortality rate (MDG indicator 4.2)</p> <p>A5. Proportion of births attended by skilled health personnel (Source: MDG indicator 5.2, UN Women)</p> <p>A6. Available emergency obstetric facilities per 100,000 population</p> <p>A7. Existence of effective referral systems for emergency obstetric facilities</p> <p>A8. Age of mother at birth of first child ever born (Source: UN Women)</p> <p>A9. Existence of monitoring and protection mechanisms for protection and fulfillment of women's sexual and reproductive rights (adapted from UNFPA)</p> <p>A10. Elimination of inequalities in access to quality sexual and reproductive health services particularly for young people and other marginalised groups, by wealth quintile, age, sex, location, marital status, sexual orientation and other characteristics as appropriate (Source: adapted from UNFPA)</p> <p>A11. Percentage of adolescent girls and boys (10-19 years, in and outside of school) who have completed at least one year of comprehensive sexuality education, designed in line with UNESCO/UNFPA guidance, in school curricula (Source: adapted from UNFPA)</p>
2. Food Security and Good Nutrition	2A. Systematic use of population data in planning for food security and good nutrition for all	A1. Proportion of national plans of action for food security and nutrition that effectively use population data and projections
	2B. Eradicate malnutrition among pregnant and breastfeeding women	<p>B1. Prevalence of anaemia in women screened for haemoglobin levels with levels below 110 g/l for pregnant women and below 120 g/l for non-pregnant women</p> <p>B2. Percentage of pregnant and breastfeeding women with a BMI of less than 18.5</p> <p>B3. Percentage of community service providers with knowledge of key nutrition messages and actions at critical stages in the life cycle of women and children</p>
3. Universal Access to Education	3A. All adolescent girls and boys (10-19 years, in and outside school) complete comprehensive sexuality education	A1. Completion of at least one year of comprehensive sexuality education, designed in line with UNESCO/UNFPA guidance, distinguishing school and non-school providers and participants (Source: UNFPA)
	3B. All adolescent girls and boys complete at least secondary education, with recognized and measurable learning outcomes (UNFPA)	<p>B1. Secondary school enrollment and completion rates, by sex and age (Source: UNFPA)</p> <p>B2. Measure(s) for improved quality and learning outcomes (UNFPA)</p>
	3C. Adolescents and youth, ages 15-24 who have left school, have basic competencies as well as technical or vocational skills, sufficient to qualify for paid employment or self employment (UNFPA)	<p>C1. Percentage of young people not in education or employment (UNFPA)</p> <p>C2. Youth unemployment rate (UNFPA)</p>

⁷ Targets and indicators to address the unmet business of MDG 5 (improve maternal health) and areas neglected by the MDGs.

4. Achieve Gender Equality and the full realization of Women's Human Rights and Women's Empowerment⁸	4A. Prevent and eliminate all forms of gender based violence (adapted from HLP)	A1. Proportion of women aged 15-49 who have ever been in a partnership reporting physical and or sexual violence in their lifetime (Source: UN Women) ⁹ A2. Existence of laws, policies and multi-sectoral plans of action to address and eradicate gender based violence, including rape, marital rape and sexual harassment A3. Percentage of victims and survivors of gender based violence with access to essential services, including appropriate medical, legal and psychosocial services (Source: adapted from UNFPA) ¹⁰ A4. Rates of female genital mutilation and other harmful traditional practices (Source: UN Women) A5. National policies and programmes that provide "safe spaces" to the most vulnerable adolescent girls, who are not in school, lack adequate parental protection, live in poverty, etc (Source: UNFPA)
	4B. Change perceptions, attitudes and behaviours that condone and justify violence against women and girls (Source: UN Women)	B1. Percentage of people who think a woman can refuse to have sex with her husband under any circumstance (Source: adapted from UN Women)
	4C. End child marriage (Source: HLP)	C1. Percentage of women aged 20-24 who were married or in a union before age 18 (Source: UN Women)
	4D. Protect and fulfill women's sexual and reproductive rights, including developing monitoring and protection systems (Source: UNFPA)	D1. Unmet need for quality modern contraceptives by choice (adapted from MDG indicator 5.6 and UN Women) D2. Existence of monitoring and protection mechanisms for protection and fulfillment of women's sexual and reproductive rights (Source: adapted from UNFPA)
	4E. Guarantee women's political autonomy and participation in decision making	E1. Percentage of women in legislative bodies E2. Percentage of women in leadership in appointed positions
5. Universal and Sustainable Access to Water and Sanitation	5A. Systematic use of population trends and projections in planning for ensuring universal and sustainable access to water and sanitation	A1. Proportion of national plans for ensuring universal and sustainable access to water and sanitation that effectively use population data and projections
	5B. Everyone uses a basic, safe and sustainable drinking water supply and handwashing facilities when at home, all schools and health centres provide all users with basic drinking water supply and adequate sanitation, handwashing facilities and menstrual hygiene facilities, and inequalities in access to each of these services have been progressively eliminated (Source: adapted from JMP/WHO/UNICEF) ¹¹	B1. Percentage of population using a basic improved drinking-water source with a total collection time of 30 minutes or less for a roundtrip including queuing. (Source: adapted from JMP/WHO/UNICEF) B2. Average weekly time spent in water collection (including waiting time at public supply points) (Source: adapted from UN Women) B3. Percentage of community drinking water source with illumination at night B4. Percentage of population using an adequate sanitation facility (Source: JMP/WHO/UNICEF) B5. Percentage of primary and secondary schools with gender-separated sanitation facilities on or near premises, with at least one toilet for every 25 girls, at least one toilet for female school staff, a minimum of one toilet and one urinal for every 50 boys and at least one toilet for male school staff B6. Percentage of primary and secondary schools with a private place for washing hands, private parts and clothes; drying re-usable materials; and safe disposal of used menstrual materials

⁸ PSDA supports a stand-alone goal on gender equality and women's empowerment as well as mainstreaming / integration of gender equality into all other goals through appropriate targets and gender-sensitive indicators (UN Women, UNFPA).

⁹ For all UN Women references see: UN Women (2013) [A transformative stand-alone goal on achieving gender equality, women's rights and women's empowerment: Imperatives and key components.](#)

¹⁰ For UNFPA references see: UNFPA (2013) [Empowering People to Ensure a Sustainable Future for All](#) and UNFPA (2014) [Empowering Adolescents and Youth to Ensure a Sustainable Future for All.](#)

¹¹ See JMP/WHO/ UNICEF (2013) [Post2015 WASH targets and indicators.](#)

		<p>B7. Percentage of hospitals, health centres and clinics with improved gender separated sanitation facility on or near premises (at least one toilet for every 20 users at inpatient centres, at least four toilets – one each for staff, female, male and child patients – at outpatient centres).</p> <p>B8. Percentage of hospitals, health centres and clinics with a private place for washing hands, private parts and clothes; drying reusable materials; and safe disposal used menstrual materials</p>
6. Sustainable Cities and Human Settlements	6A. All metropolitan regions, cities and towns adopt and implement policies and strategies for sustainable and effective urban planning and design, with systematic use of population data and projections (Source: adapted from UNHABITAT)	A1. Proportion of metropolitan regions, cities and towns adopting and implementing policies and strategies for sustainable and effective urban planning and design, including effective use of population data and projections
	6B. Urban development planning and policies prioritize the safety of women and girls	<p>B1. Proportion of urban development policies taking into account the safety of women and girls</p> <p>B2. Proportion of urban spaces rehabilitated to ensure the safety of women and girls</p>
7. Ensuring Stable and Peaceful Societies, Disaster Risk Reduction, and Climate Change Mitigation and Adaptation	7A. Ensure universal access to rights-based sexual and reproductive health services, including rights-based and voluntary family planning, for all communities, especially in areas prone to conflict and instability and as strategies for increasing resilience in areas most vulnerable to disaster and climate change	<p>A1. Proportion of national climate change adaptation plans that integrate population dynamics and sexual and reproductive health</p> <p>A2. Proportion of public funds spent in developing countries on climate adaptation allocated to ensure universal and comprehensive services for sexual and reproductive health and rights</p> <p>A3. Unmet need for quality modern contraceptives by choice in areas prone to conflict and instability and most vulnerable to disasters and climate change</p> <p>A4. Available emergency obstetric facilities per 100,000 population in areas prone to conflict and instability and most vulnerable to disasters and climate change</p> <p>A5. Existence of effective referral systems for emergency obstetric facilities in areas prone to conflict and instability and most vulnerable to disasters and climate change</p>
	7B. Ensure the implementation of minimum standards for responding to the sexual and reproductive health needs and rights of women and girl survivors of conflict and disaster, at the initial stages of an emergency	<p>B1. Implementation of the Minimum Initial Service Package for Reproductive Health in Crisis Situations (MISP), in the initial stages of an emergency or disaster, including climate-related disasters</p> <p>B2. Maternal mortality ratio in emergency and disaster situations and in settlements for populations displaced due to conflict, instability and disaster, including climate-related disasters</p> <p>B3. Contraceptive prevalence rate in emergency situations/settlements for populations displaced due to disaster, including climate-related disasters</p> <p>B4. Prevalence rates of sexual and gender-based violence in disaster and emergency settings</p>
	7C. Systematic use of population data in disaster preparedness strategies and climate change adaptation and mitigation strategies	C1. Proportion of disaster preparedness strategies and climate change adaptation and mitigation strategies that utilize population data and projections
8. Conservation of Ecosystems and Sustainable Management of Oceans and Seas, Forest and Biodiversity and other Natural Resources	8A. Ensure universal access to sexual and reproductive health services, including access to rights-based and voluntary family planning for all communities, especially those in and around areas of high biodiversity, protected areas and conservation priority areas, including forests and coastal and marine areas	A1. Unmet need for quality modern contraceptives by choice in communities in and around areas of high biodiversity, protected areas and conservation priority areas, including forests and coastal and marine areas

	8B. Integration of population dynamics and sexual and reproductive health, including rights-based and voluntary family planning, into national plans and strategies for conservation and management of natural resources	B1. Proportion of national plans and strategies for conservation and management of natural resources that integrate population dynamics and rights-based consideration of sexual and reproductive health B2. Allocation of funds for implementation of plans for the conservation and management of natural resources that integrate population dynamics and rights-based consideration of sexual and reproductive health
9. Rights-based Governance and Accountability¹²	9A. Systematic use of population trends and projections in the formulation of development strategies, goals and targets (Source: UNFPA)	A1. Improvements in capacity to prepare population projections and to use them for the formulation of national, subnational and sector development strategies, goals, targets and policies (Source: UNFPA)
	9B. Access to timely and complete data for population trends and projections (Source: UNFPA)	B1. Improvements in institutional capacities to generate quality data, disaggregated by age, sex, location, wealth quintiles, among other categories, including birth and death registration, censuses, service-related management and information systems (Source: UNFPA)
	9C. Universal birth and death registration (Source: UNFPA)	C1. Estimated proportion of births and deaths that are registered

ABOUT PSDA

The Population and Sustainable Development Alliance (PSDA) is an international network of civil society organisations that work together on population, sexual and reproductive health and rights and sustainable development issues. We believe that population dynamics are of critical importance for sustainable development and can be positively influenced through accelerating progress towards universal access to sexual and reproductive health and rights (SRHR).



info@psda.org.uk

¹² Targets for a governance goal and to be mainstreamed throughout the framework relevant both from a human rights-based approach. Based on the UNFPA proposal (2013) [Empowering People to Ensure a Sustainable Future for All](#).