

GENDER AT THE HEART OF ICPD:

The UNFPA Strategic Framework on Gender Mainstreaming
and Women's Empowerment



GENDER AT THE HEART OF ICPD:

The UNFPA Strategic Framework on Gender Mainstreaming
and Women's Empowerment



ACKNOWLEDGEMENTS

Aminata Touré, Chief of the Gender, Human Rights and Culture Branch of UNFPA, provided oversight to the revision of the UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment.

The revised document was written by Annalise Moser and valuable technical advice and review support were provided by Purnima Mane, Luz Angela Melo, Upala Devi, Leyla Sharafi, Azza Karam, Lynn Collins, Dennia Gayle, Sylvia Wong, Mary Otieno, and Divya Alexander. Overall coordination of the project was managed by Gayle Nelson with editorial assistance from Barbara Ryan.



CONTENTS

| | |
|---|-----------|
| Acknowledgements | 3 |
| List of acronyms and abbreviations | 7 |
| Preface: Why a New Framework? | 9 |
| I. Rationale for a Gender Perspective in UNFPA Programming | 10 |
| A. The UNFPA Role | 11 |
| B. Gender Equality and Human Rights Programming | 14 |
| C. Emerging Issues, Opportunities and Challenges | 18 |
| D. Purpose of the Framework | 21 |
| II. UNFPA Priorities for Gender Equality Programming | 24 |
| A. Mainstreaming Women’s Reproductive Rights in Laws and Regulations, Development Policies and Frameworks, Including the Millennium Development Goals | 26 |
| B. Integrating Gender Equality into Reproductive Health Programmes | 33 |
| C. Ending Gender-Based Violence | 40 |
| D. Addressing Adolescents and Youth: Starting Early on the Path to Gender Equality | 45 |
| E. Responding to Emergency and Post-Emergency Situations | 50 |
| F. Engaging Men and Boys as Partners for Equality | 55 |
| III. Operationalization and Planning for Gender Mainstreaming and Women’s Empowerment | 58 |
| A. Planning for Gender Equality | 58 |
| B. Developing Capacity | 62 |
| C. Assessing Results and Strengthening Accountability | 65 |
| List of references | 68 |

LIST OF BOXES

| | | |
|---------|---|----|
| Box 1. | Key concepts and definitions | 13 |
| Box 2. | Comparative advantages of UNFPA | 15 |
| Box 3. | The UNFPA integrated approach to programming | 17 |
| Box 4. | Integrated approach to female genital mutilation/cutting in Sudan, involving adolescents | 18 |
| Box 5. | Convention on the Elimination of All Forms of Discrimination against Women and culture in Azerbaijan | 24 |
| Box 6. | Gender-responsive budgeting for reproductive health in Timor-Leste | 26 |
| Box 7. | “Community aunts” in Senegal | 26 |
| Box 8. | Gender Based Violence Information Management System | 28 |
| Box 9. | Facilitating consensus-building on a Social Development Law in Guatemala | 30 |
| Box 10. | Empowering women to access reproductive health services in the Islamic Republic of Iran | 32 |
| Box 11. | Integrating a gender perspective into family planning programmes in Zimbabwe | 34 |
| Box 12. | Working with men for maternal health in Equatorial Guinea, Rwanda and Uganda | 35 |
| Box 13. | Breaking the culture of silence in Mauritania | 39 |
| Box 14. | Multisectoral support to sexual and reproductive health and gender-based violence services in the United Republic of Tanzania | 41 |
| Box 15. | Building grass-roots capacity for gender-based violence prevention in Indonesia | 43 |
| Box 16. | Gender-sensitizing curricula in Pakistan | 44 |
| Box 17. | Tackling child marriage in Ethiopia | 46 |
| Box 18. | Awareness-raising on post-conflict sexual violence in the Democratic Republic of the Congo | 50 |
| Box 19. | Community-based 1325 Initiatives in Occupied Palestinian Territory | 51 |
| Box 20. | “Schools for Husbands” in Niger | 52 |
| Box 21. | Men fighting to end violence against women in Brazil | 53 |
| Box 22. | Checklist for the integration of gender equality, human rights and culture in UNFPA programming | 56 |

LIST OF ACRONYMS AND ABBREVIATIONS

| | |
|------------|---|
| CCA | Common Country Assessment |
| CEDAW | Convention on the Elimination of All Forms of Discrimination against Women |
| CST | Country Technical Services Team |
| DHS | Demographic and Health Survey |
| ECOSOC | Economic and Social Council (United Nations) |
| FBO | Faith-based organization |
| FGM/C | Female genital mutilation/cutting |
| GBV | Gender-based violence |
| GBVIMS | Gender-Based Violence Information Management System |
| GRB | Gender-responsive budgeting |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome |
| IASC | Inter-agency Standing Committee |
| ICPD | International Conference on Population and Development |
| MDG | Millennium Development Goal |
| NGO | Non-governmental organization |
| OHCHR | Office of the High Commissioner for Human Rights |
| PRS | Poverty Reduction Strategy |
| RHCS | Reproductive Health Commodity Security |
| SRH | Sexual and reproductive health |
| STI | Sexually transmitted infection |
| SWAp | Sector-Wide Approach |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNCT | United Nations Country Team |
| UNDAF | United Nations Development Assistance Framework |
| UNDG-HRM | United Nations Development Group-Human Rights Mainstreaming |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| UNIFEM | United Nations Development Fund for Women |
| UN-INSTRAW | United Nations International Research and Training Institute for the Advancement of Women |
| VAW | Violence against women |
| WHO | World Health Organization |



PREFACE: WHY A NEW FRAMEWORK?

This document presents a new Strategic Framework on Gender Mainstreaming and the Empowerment of Women. The new strategy is timely for a number of reasons.

First, the previous Strategic Framework was developed to support programming for gender equality in line with requirements laid out in the 2008-2011 Strategic Plan. As the Strategic Plan period has been extended to 2013, the new Strategic Framework has been brought into line with this extended time frame.

The new Strategic Framework has been extensively updated, streamlined and made more user-friendly for UNFPA staff. The changes reflect lessons learned from the 2008-2009 Capacity Assessment exercise. They also reflect the need for an increased focus on gender in the context of addressing the goals of the International Conference on Population and Development (ICPD).

Finally, a new Strategic Framework on Gender is crucial in the light of new policy guidance on an integrated approach to gender, human rights and culture. This approach recognizes that sexual and reproductive health, gender-equality and population issues are embedded in religious and spiritual beliefs, traditional cultural values and social practices as much as they are enshrined in human-rights principles.¹ Combining gender, human rights and culture therefore requires an understanding of rights not only as legal entitlements but also as an ethical framework translated into legal instruments, which can be used to examine the consequences of values, behaviours and assumptions as well as of policies and programme decisions. The objective of this integrated approach is to build ownership of the human-rights agenda within communities through a clear demand for a better quality of life built on social justice and equality. Gender mainstreaming and women's empowerment, a human rights-based approach and cultural sensitivity must go hand in hand to ensure successful results-oriented programming and demand-driven service delivery.

¹

UNFPA, "Concept Note on Integrating Gender, Human Rights and Culture in UNFPA Programmes" (New York, UNFPA, 2010); and "Integrating Gender, Human Rights and Culture in UNFPA Programmes" (New York, UNFPA, 2010).

I. RATIONALE FOR A GENDER PERSPECTIVE IN UNFPA PROGRAMMING

Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes. ICPD *Programme of Action*, Principle 4

At the dawn of the twenty-first century, humanity continues to witness massive human-rights violations in discrimination and violence against half of the world's population. The unequal status, freedoms and opportunities afforded to women and girls exist to a greater or lesser degree in every society and country, and all too often these are taken for granted as "normal" aspects of society and human relations. The widespread and deleterious effects of gender inequality on individuals, families, communities and countries remain largely invisible and underestimated. Despite a solid evidence base demonstrating the centrality of women's empowerment and gender equality to reducing poverty, promoting development and addressing the world's most urgent challenges, including HIV and AIDS, gender equality remains an unfinished agenda for the twenty-first century.

A critical gap in fulfilling the promise of gender equality and women's empowerment lies in the area of reproductive health and rights. As affirmed at the 1994 International Conference on Population and Development (ICPD) and the 1995 Beijing Fourth World Conference on Women, a woman's ability to make autonomous, informed decisions about sexuality and reproduction, free of any form of discrimination, coercion and violence, is central to her enjoyment of human rights. Moreover, a woman's exercise of her reproductive rights is key to her political and economic empowerment and thus to unleashing her full potential and capacities as an agent of poverty reduction and development.² Yet, across the world, gender inequality persists. Millions of women and adolescent girls are unable to exercise these rights.

²

United Nations. *Programme of Action, International Conference on Population and Development* (United Nations, 1994); United Nations, *Beijing Declaration and Platform for Action, Fourth World Conference on Women* (United Nations, 1995).

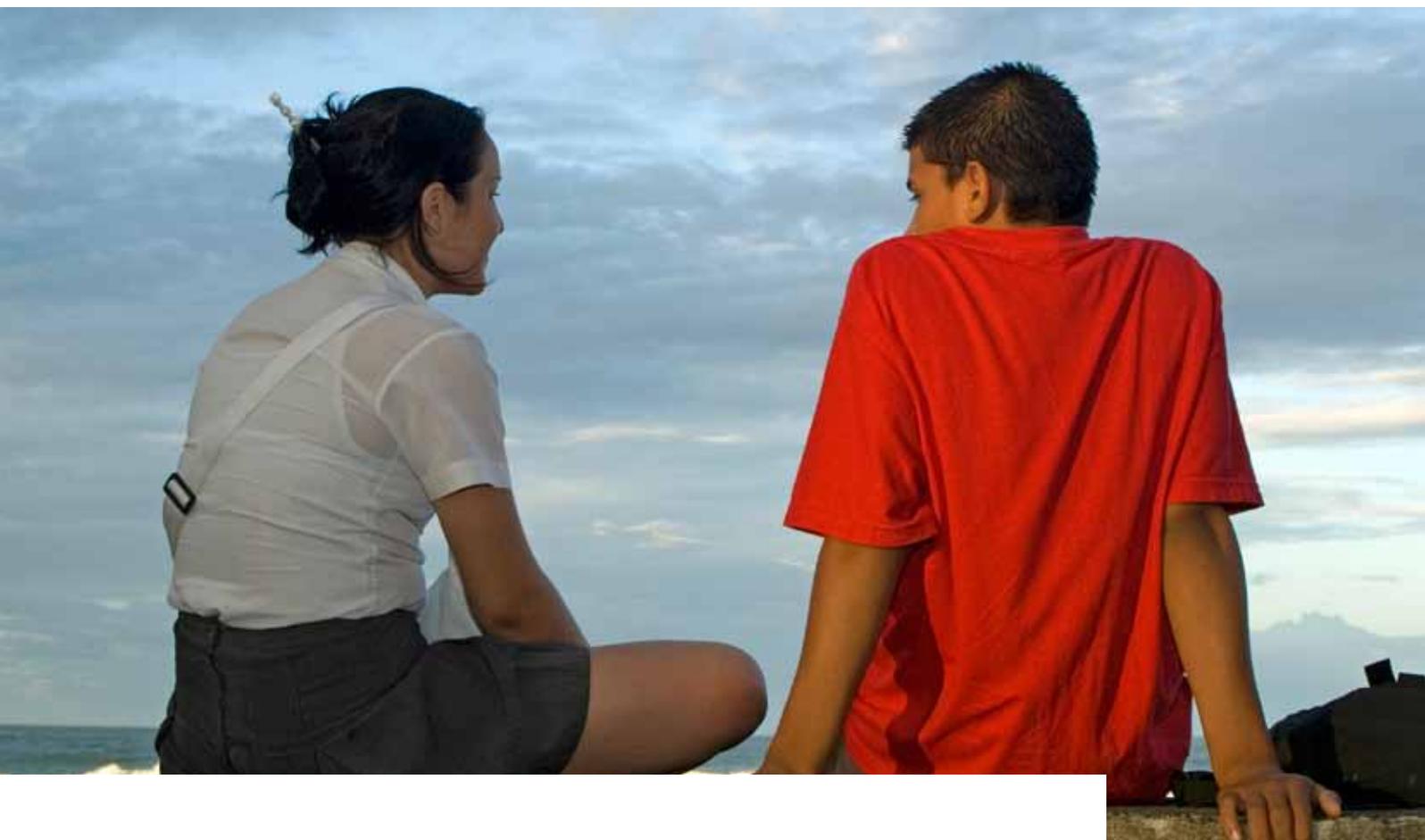
The statistics paint a stark picture. More than 350,000 women die each year due to obstetric complications, and approximately 2 million women and girls are affected by fistula. An estimated 215 million women worldwide who want to avoid pregnancy and plan their families are not using effective modern contraceptive methods. More than one third of young women in developing countries aged 20-24 are married before the age of 18 and, on average, one third of young women in developing countries give birth by the age of 20. HIV prevalence is growing among women.³

A. THE UNFPA ROLE

The United Nations Population Fund (UNFPA) is one of the leading United Nations and international development organizations with a strong mandate, country-level presence and operational capacity to promote women's empowerment and gender equality. Its core missions of furthering sexual and reproductive health (SRH) and reproductive rights and of supporting high-quality and consistent national-level data collection are pillars of poverty reduction and the realization of gender equality and development. UNFPA is thereby accountable for progress on gender equality from an ethical as well as a results-based programmatic and financial perspective.

3

UNFPA, *Eight Lives: Stories of Reproductive Health* (New York, UNFPA, 2010), pp. 45, 15, 32; UNFPA, *State of World Population 2008: Reaching Common Ground: Culture, Gender and Human Rights* (New York, UNFPA, 2008), p. 49; UNFPA, *Sexual and Reproductive Health for All: Reducing Poverty, Advancing Development and Protecting Human Rights* (New York, UNFPA, 2010), pp. 23-4.



Addressing and promoting gender equality is at the heart of UNFPA policies and programmes across its operations on various continents. This has been especially marked since the ICPD and the Beijing conferences – at which governments agreed that a gender perspective should be an integral and cross-cutting aspect of all follow-up efforts.⁴ Furthermore, in the countdown to 2015 for reaching the Millennium Development Goals (MDGs), the United Nations system is also expected to contribute to the improvement of the development status of the world's most vulnerable populations. The UNFPA Strategic Plan 2008-2013 encapsulates the organization's critical contributions to reducing poverty and to achieving the MDGs.⁵ Not surprisingly, the promotion of gender equality and women's empowerment is both a goal in itself and a central element to achieving the other MDGs and goals of the Strategic Plan.

Under its gender goal, UNFPA works towards four outcomes that include the following:

- Supporting the integration of women's and adolescent girls' human rights in national and international policy and legislation.
- Supporting enabling sociocultural environments for gender equality that are also conducive to male participation and the elimination of harmful practices.
- Strengthening human-rights protection systems and participatory mechanisms to protect the reproductive rights of women and adolescent girls.
- Ending gender-based violence (GBV).

UNFPA works in both development and humanitarian settings on all these issues. Under its SRH and population goals, UNFPA includes analysis of women's and men's differential needs in all areas of its work. Related to this, UNFPA assists national governments in the development of comprehensive data sets that support such gender analysis as one of its key commitments.

UNFPA is therefore prepared to redouble its efforts on gender-equality and human-rights programming using culturally sensitive approaches. Although its sustained commitment to gender-equality issues has contributed to placing such issues high on public and policy agendas, the UNFPA experience with gender-equality programming needs to be revisited. Gender remains a challenge not only for the organization but for the international development community as a whole.

⁴

Beijing Declaration, paragraph 38: "We hereby adopt and commit ourselves as Governments to implement the following Platform for Action, ensuring that a gender perspective is reflected in all our policies and programmes."

⁵

The UNFPA Strategic Plan reaffirms that "Gender equality [would be] advanced and women and adolescent girls [would be] empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence": UNFPA, *UNFPA Strategic Plan 2008-2013* (New York, UNFPA, 2007).

Box 1. Key concepts and definitions

Gender: Gender refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Whereas biological sex is determined by genetic and anatomical characteristics, gender is an acquired identity that is learned, that changes over time and that varies widely within and across cultures. Gender is relational and refers not simply to women or men but to the relationship between them.

Gender Equality: Gender equality entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, or prejudices. Gender equality means that the different behaviours, aspirations and needs of women and men are considered, valued and favoured equally. It does not mean that women and men have to become the same, but that their rights, responsibilities and opportunities will not depend on whether they are born male or female.

Gender Equity: Gender equity means fairness of treatment for women and men, according to their respective needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities. A gender-equity goal often requires built-in measures to compensate for the historical and social disadvantages of women.

Women's Empowerment: Empowerment implies women's taking control over their lives: setting their own agendas, gaining skills, increasing self-confidence, solving problems and developing self-reliance. It is both a process and an outcome, which implies an expansion in women's ability to make strategic life choices in a context where this ability was previously denied to them.

Gender Mainstreaming: Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

Human Rights-Based Approach: A conceptual framework for the process of human development that is normatively based on international human-rights standards and operationally directed to promoting and protecting human rights. It seeks to analyse inequalities that lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress.

Culturally Sensitive Approach: From within the framework of the Human Rights-Based Approach, cultural sensitivity is a programming strategy that helps policymakers and development practitioners to analyse, understand and utilize positive cultural values, assets and structures in their planning and programming, so as to reduce resistance to the ICPD *Programme of Action*, the MDGs and the Beijing *Platform for Action*. The ultimate aim is to create conditions for ownership and sustainability of development programmes and to ensure change from within, especially in the areas of women's empowerment and the promotion of reproductive health and rights.

Sources: The reference for the terms "gender", "gender equality", "gender equity" and "women's empowerment" is the United Nations International Research and Training Institute for the Advancement of Women (INSTRAW), "Glossary of Gender-Related Terms and Concepts," n.d. The reference for "gender mainstreaming" is the United Nations Economic and Social Council (ECOSOC), E/1997/L.3014 (July 1997). The reference for a "human rights-based approach" is the Office of the High Commissioner for Human Rights (OHCHR), "Frequently Asked Questions on a Human Rights-Based Approach to Development Cooperation" (2006). The reference for a "culturally sensitive approach" is the Program on International Health and Human Rights, Harvard School of Public Health and UNFPA, "Glossary of Terms" (2010).

B. GENDER EQUALITY AND HUMAN RIGHTS PROGRAMMING

Its resolve to embark on a reinvigorated approach to gender mainstreaming and women's empowerment falls squarely within the commitment of UNFPA to develop a holistic human rights-based approach. Such an approach targets gender equality and is rooted in cultural sensitivity. A concerted effort on integrating gender, human-rights and culture programming is thus not only timely but central to advancing gender equality. It also fulfils the need to advance the human rights of women and girls and places them at the forefront of all UNFPA programmes. As an example, this includes working with all development partners to ensure that Common Country Assessments (CCAs) and United Nations Development Assistance Frameworks (UNDAFs) support national priorities for gender equality by examining the linkages with human-rights commitments and implementing development programmes in specific gender-sensitive ways.

Adopting a systematic gender perspective with a results-oriented and evidence-based approach will increase the impact of UNFPA programmes, especially in the areas it most invests in: reproductive health and population issues. To illustrate, a common assumption is that because reproductive health services benefit women primarily, there is little need to be concerned with gender-mainstreaming or women's empowerment strategies, or with the engagement of men. Yet gender-related attitudes and barriers to autonomous sexual and reproductive decision-making by women, or to shared rights and responsibilities with men, are well documented and a major reason why SRH problems persist on such a widespread scale.

A gender-equality perspective is often considered either implicit or peripheral to programming. Yet ignoring such a perspective leads to missed opportunities for improving and saving lives, achieving results and utilizing resources effectively. Fully employing a rights-based and culturally sensitive gender-mainstreaming approach, on the other hand, specifically adds value by identifying key gender factors in a given sociocultural, economic and political context. Moreover, it systematically opens up new approaches and good practices to address them. UNFPA-supported programmes have much to gain if a gender-equality perspective is strengthened by:

- Ensuring non-discrimination of women and men, by applying a human rights-based approach to programming.⁶ This includes ensuring participation by rights-holders and ensuring the accountability of duty-bearers in securing equal rights and protection for all women, men, boys and girls.
- Improving effectiveness, by transforming gender-blind approaches or built-in discriminatory biases -- whether legal, cultural, social or economic in nature -- into gender-sensitive ones, so that they do not stand in the way of achieving results. For example in such a way, women and girls can be ensured of available, accessible and acceptable quality services targeted to their needs. At the same time, improving effectiveness in the above manner would ensure that opportunities are seized to secure optimal results (by, for example, transforming gender attitudes and power relations between SRH service providers and their clients).

⁶

For more information about the human rights-based approach, see, for example, UNFPA, *Human Rights-based Programming: What it is / how to do it* (New York, UNFPA, 2007).

Box 2. Comparative Advantages of UNFPA

UNFPA is one of the leading operational United Nations organizations with a strong mandate in the area of gender equality. Its recognized contributions on key gender issues include its lead role in furthering reproductive health and rights globally; ensuring the integration of gender equality and human-rights considerations into population programmes such as census and population dynamics analyses; championing efforts to tackle various forms of discrimination and violence against women and girls at policy, legal and local levels; promoting the human rights of women and girls, especially among disadvantaged groups such as indigenous, migrant and refugee women and girls; and working on issues of masculinity and partnering with men and boys to promote gender equality.

UNFPA has a unique approach that aims at achieving gender equality and human rights, particularly reproductive rights, by using a human rights-based approach, gender-mainstreaming and culturally relevant strategies – a process that requires an understanding of deep-rooted sociocultural norms on the status and roles of women and men and that fosters community ownership of the process.

The field presence of UNFPA in more than 140 countries and its access to policymaking circles at central and decentralized levels positions the organization to promote gender equality in national policy, programming and funding frameworks.

UNFPA places a premium on coalition-building and strong partnerships. The multisectoral nature of the organization's mandate on population and development, sexual and reproductive health, and gender issues has lent itself to nurturing a broad base of partners. Multisectoral partnerships, in which each development partner's efforts and outputs complement one another's, are crucial in furthering a gender-equality agenda and, collectively, in attaining desired outcomes. At the global level, UNFPA has also been an active member of United Nations inter-agency networks and groups collaborating on gender mainstreaming, violence against women (VAW), the prevention of HIV and AIDS, and adolescent girls.

UNFPA brings a unique approach to the issue of eliminating GBV, which is especially crucial in the context of United Nations reform. UNFPA fostered United Nations partnerships as co-chair of the United Nations task force on Violence Against Women and develops knowledge and support programmes to address VAW as a critical aspect of reproductive health and rights. UNFPA works to ensure the abandonment of harmful practices such as child marriage, prenatal sex selection and female genital mutilation/cutting (FGM/C). It also works to ensure that the linkages between GBV and sexual and reproductive health (including HIV/AIDS) services are seamless and support the human rights of survivors.

- Improving efficiency, by maximizing the use of existing resources and investments, especially in areas on which UNFPA spends the bulk of its resources (e.g., reproductive health, HIV prevention) and/or can leverage support from national policies and budgets (e.g., by influencing leading development and funding frameworks).
- Enhancing sustainability through improved results and culturally responsive programming that is owned at the local level. The success of programme interventions is essential to sustaining political and community will as well as to ensuring continued funding to build on and expand existing programmes. Its ability to mobilize additional resources will be strengthened if UNFPA is recognized as a leader in programming for the goals of the ICPD and its linkages to realizing the MDGs, both of which demand a gender-equality perspective.



UNFPA policy calls for a dual approach to gender equality that both mainstreams gender across all its activities and supports explicit programme components on women's and girls' empowerment (see box 1 on key concepts and definitions). Its gender-mainstreaming efforts need to operate at both formal – e.g., laws and policies – and informal, e.g., customs and cultural factors – levels. Those efforts need to be applied to all programming areas, from census work and Demographic and Health Surveys (DHSs) to reproductive health service delivery, reproductive health commodity security (RHCS), HIV prevention and SRH education and services for young people.

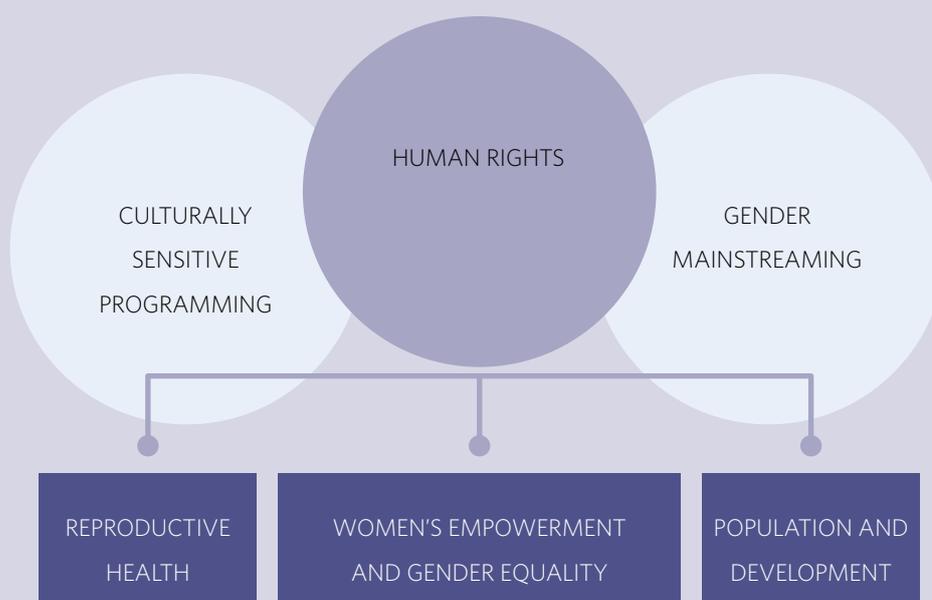
The UNFPA approach also implies working with men and boys as well as women of all ages and from diverse backgrounds in transforming discriminatory attitudes, behaviours and practices.

To further gender equality, human-rights concerns and cultural sensitivity need to be both mainstreamed and made explicit across UNFPA operations through an integrated approach to programming, with a focus on the poorest, most excluded and marginalized groups (see box 3 and box 4). A human rights-based, culturally sensitive and gender-sensitive approach has implications for UNFPA programmes. Such programmes must ensure, for example, not only that SRH education and services are made available, accessible, of good quality and culturally acceptable but also that women and adolescent girls, as rights holders, are informed of their rights to access those services; are empowered to negotiate their use of those services; have the means to access remedial mechanisms when these rights have been violated; and are enabled to make autonomous decisions regarding their health and life options.

Box 3. The UNFPA Integrated Approach to Programming

The integration of gender mainstreaming, a human rights-based approach and culturally relevant approaches to advance human rights, particularly reproductive rights, is based on the following premises:

- All human beings are entitled to equal rights and protections.
- Gender mainstreaming is a strategic response to the widespread denial of women's and adolescent girls' human rights.
- Culturally sensitive approaches involve communities in supporting human rights in many cultural contexts and support the sustainability of development initiatives.



Source: Diagram is from UNFPA, *State of World Population 2008: Reaching Common Ground: Culture, Gender and Human Rights* (New York, 2008), p. 33; text is adapted from UNFPA, "Understanding Culture, Gender and Human Rights", http://unfpa.org/rights/main_presentation_3.swf.

The integrated approach also implies community mobilization and the participation of agents of change, such as cultural custodians, including religious leaders, to create a culturally supportive environment for gender equality. It also implies that duty bearers (e.g., policymakers, service providers, police and community leaders – most of whom are male) are made aware of the human rights of women and adolescent girls, including reproductive rights; have the will and capacities to meet their obligations; and are held accountable for their actions, in conformity with human-rights principles and standards.

The integrated approach also means that there is a human-rights enabling environment with appropriate and effective national protection systems, including an environment in which reproductive rights are protected, respected and fulfilled; a strong presence of civil society working in favour of women's rights; and widespread education on gender equality. It is at these levels of intervention that unequal gender relations and harmful attitudes and practices can be transformed, ultimately resulting in greater equality and improvements in the status and rights of women and adolescent girls, with benefits to families, communities and countries at large.

Box 4. Integrated approach to female genital mutilation/cutting in Sudan, involving adolescents

To accelerate the abandonment of FGM/C, UNFPA and the United Nations Children's Fund (UNICEF) have combined a rights-based and culturally sensitive approach to promote behaviour change. Because the practice has a strong cultural value in many contexts, it is imperative to initiate dialogue with communities on preserving positive cultural values and to engage with cultural agents of change in pursuing a policy of abandonment. When integrated with principles of human rights and social justice, the process of community engagement and participation is transformative: communities recognize the rights of girls, and together they are empowered to review and change discriminatory practices to make them more consistent with the fulfilment of human rights.

In Sudan, UNFPA multiple interventions include capacity-building exercises which encourage male participation at policy and community levels. These have contributed to the abandonment of FGM/C in certain communities.

Sources: UNFPA, *Annual Report 2009* (New York, UNFPA, 2010), p. 24; UNFPA, *Gender Snapshot: UNFPA Programming at Work* (New York, UNFPA, 2008), pp. 19-20; UNFPA, *Integrating Gender, Human Rights and Culture in UNFPA Programmes* (New York, UNFPA 2010), p. 12.

C. EMERGING ISSUES, OPPORTUNITIES AND CHALLENGES

Current policy shifts and trends in international development cooperation present UNFPA with both opportunities and challenges. UNFPA is strengthening partnerships with a range of development actors to enhance its commitment to gender equality, human rights and culturally sensitive approaches. Working in strong partnerships with civil society organizations, other United Nations organizations, multilateral financial institutions and bilateral organizations, UNFPA will enhance the quality and results of policy dialogue with Member States.

The following emerging issues are relevant to UNFPA work to promote gender equality and human rights:

- Universal Access to Reproductive Health Reaffirmed by World Leaders in 2005. The centrality of reproductive health to poverty reduction, gender equality and development, including for achieving the MDGs, has been widely recognized at the highest levels of government.⁷ This brings added impetus to the relevance and importance of implementing the ICPD Programme of Action with the firm gender equality perspective with which it was crafted and adopted by governments.

7

United Nations General Assembly, *2005 World Summit Outcome* (United Nations, A/Res/60/1, 24 October 2005), paragraphs 57g and 58c.

- United Nations Reform and Collaboration with United Nations Women. The recommendations of the Secretary-General's High-Level Panel on United Nations System-wide Coherence and pursuant General Assembly decisions on United Nations Reform, in particular on United Nations Women, should intensify the organization's emphasis on gender equality and women's empowerment. At the same time, those recommendations and decisions should enhance impact through the complementarities of each United Nations agency's initiatives. UNFPA will work closely with all United Nations partners, including United Nations Women, to ensure a coordinated and harmonized approach that will provide Member States with ongoing support to meet their national and international commitments to gender equality and women's empowerment. Related to United Nations reform is the new organizational structure of UNFPA. The new structure has positive implications for UNFPA work on gender equality, human rights and culture, particularly the objectives of strengthening regional and national institutional capacity for gender and human rights and reinforcing country-level programming.
- United Nations Initiatives on Human Rights. Two major developments in the area of human rights present opportunities for reinforcing UNFPA efforts on gender equality: the establishment of the Human Rights Council and the United Nations Development Group's Human Rights Mainstreaming (UNDG-HRM) mechanism that followed "Action 2".⁸ Both represent entry points for UNFPA advocacy efforts and country-level operations. The UNDG-HRM workplan aims at strengthening the capacities of United Nations agencies and funds, including UNFPA, to engage in human rights-related activities at the country level. It envisions:
 - Promoting a coordinated and coherent United Nations system-wide approach towards the integration of human-rights principles and international standards into United Nations operational activities for development.
 - Strengthening support to resident coordinators and United Nations Country Team (UNCT) agency leadership on human rights.
 - Developing a coherent approach through enhanced collaboration among United Nations agencies to support strengthening of national human-rights protection systems at the request of governments.
 - Integrating human rights into the overall UNDG advocacy on development agendas – critical venues through which the United Nations system can have a collective impact on furthering policy attention and protection systems for the human rights of women and adolescent girls, including their reproductive rights.

8

The "Action 2 Initiative" stems from the report of the Secretary-General entitled "Strengthening of the United Nations: an agenda for further change (A/57/387 of 9 September 2002). In that report, the Secretary-General stated that "The promotion and protection of human rights is a bedrock requirement for the realization of the Charter's vision of a just and peaceful world" (paragraph 45). See summary in <http://www.un.org/events/action2/index.html>

- United Nations Initiatives on Interreligious and Intercultural Dialogue for Peace and Development. A series of General Assembly resolutions in 2005 and 2006, together with initiatives focused on creating mechanisms to institutionalize the engagement with cultures, highlighted an emerging interest in promoting interreligious and intercultural dynamics within the United Nations.⁹ The General Assembly declared 2010 as the Year for the Rapprochement of Cultures. The UNFPA record in systematically integrating cultural considerations across all its mandate areas, including its continued commitment to vesting its programmes proactively with a cultural lens, places it in a unique position to institutionalize the necessary and complementary dimensions for advancing gender equality and women's and girls' empowerment by working with like-minded cultural agents of change, including faith-based organizations (FBOs).
- New aid modalities. The aid modalities of the past decade, including Poverty Reduction Strategies (PRSs), Sector-Wide Approaches (SWAps) and Direct Budget Support (DBS), have emphasized nationally driven priorities and planning processes to reduce poverty and realize the MDGs, as well as donor harmonization and cooperation. More than 100 high-level representatives of governments, development agencies and the United Nations system expressed their commitment to aid harmonization in the March 2005 Paris Declaration on Aid Effectiveness.

⁹

As reflected, for example, in the following resolutions: A/RES/ 60/160 (28 Feb 2006), "Effective Promotion of the Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities", 62nd General Assembly Session, 2007; and A/RES/60/166 (14 March 2006), "Elimination of All Forms of Intolerance and Discrimination based on Religion or Belief", 61st General Assembly Session, 2006.



D. PURPOSE OF THE FRAMEWORK

In line with its Gender Capacity Assessment of 2009,¹⁰ UNFPA continues to apply an integrated gender, human-rights and culture perspective to its work with the aim of:

- Supporting the systematic implementation of gender mainstreaming across the organization.
- Building gender-equality skills and expertise among staff at all levels of the organization, including country and regional offices and headquarters, as well as in key programme areas.
- Reinforcing the message that gender equality is “everybody’s business” in the context of the ICPD mandate, overall United Nations directives that gender equality is a priority development issue, and the United Nations-wide commitment to a human rights-based approach. Gender-equality programming is not just the responsibility of assigned focal points and advisers.
- Developing user-friendly tools to assist staff in gender mainstreaming.
- Systematically adapting indicators in its programme and performance evaluation systems to document progress on women’s and girls’ empowerment and gender mainstreaming.
- Developing effective mechanisms for establishing and monitoring accountability on results for gender equality.
- Implementing focused gender assessments to gauge progress on the quality and quantity of resources invested in gender-equality programming at the level of UNFPA-supported country programmes as well as within UNFPA.
- Reinforcing the integration of gender mainstreaming, a human rights-based approach and cultural sensitivity to advance human rights.
- Institutionalizing and systematizing the sharing of good practices on gender equality, human rights-based and culturally sensitive programming within UNFPA to ensure that all initiatives are evidence based.
- Building capacity to support the promotion and realization of reproductive rights.

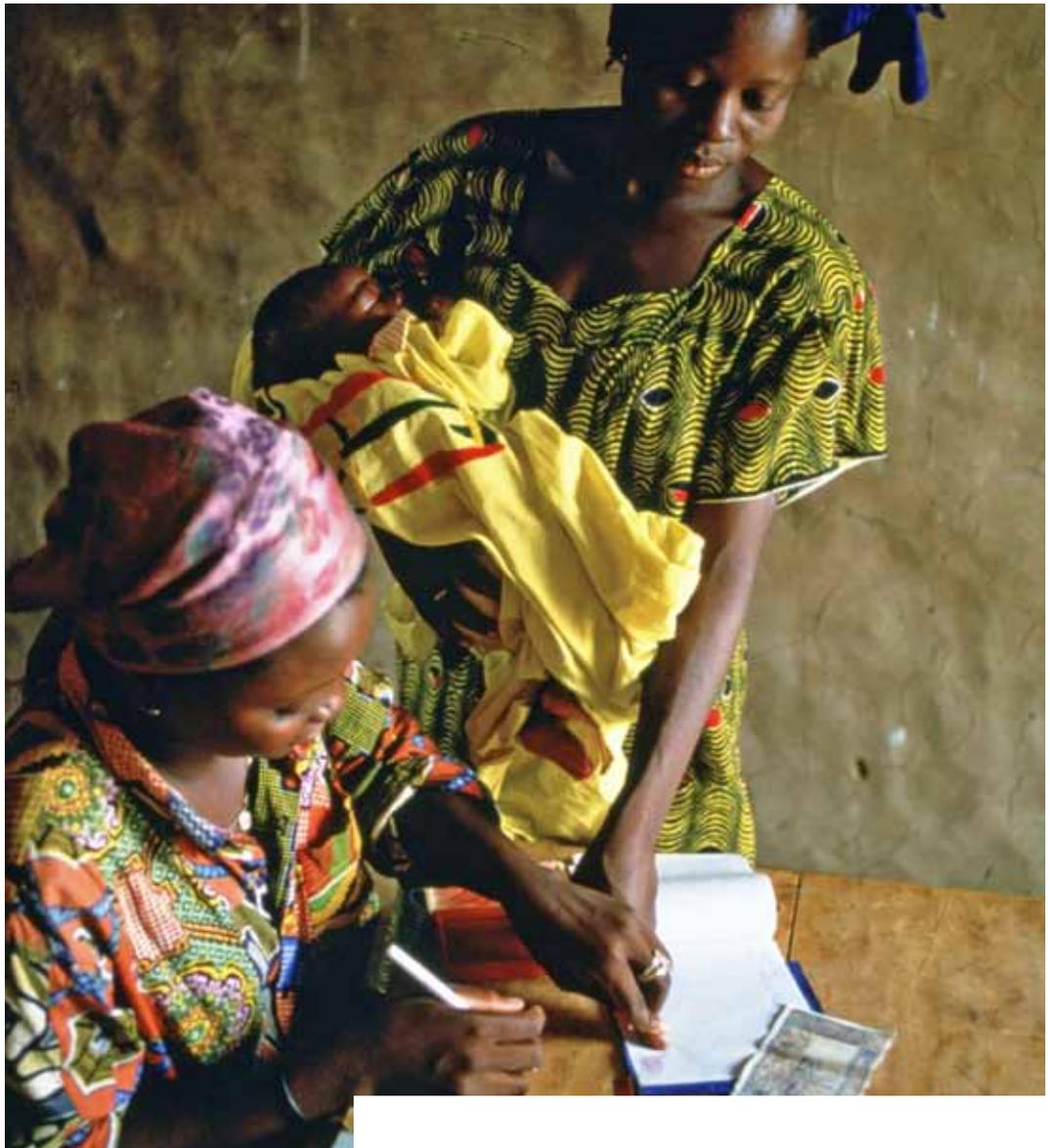
10

UNFPA, “Gender Capacity Assessment”, internal UNFPA document (2009).

This Strategic Framework thus seeks to address these issues and needs. The overriding aim is to continue to assert the comparative advantage of UNFPA on gender equality and to provide clear guidance on programming and investment. It is intended as a first step in providing strategic and operational guidance for its implementation, as recommended by the assessment of the organization's previous four-year plan.¹¹ This will be achieved through coordination with regional strategies for gender and human-rights implementation with a focus on strengthening the network of gender specialists and focal points in UNFPA; capacity-building of UNFPA staff and partners to facilitate mainstreaming and the integration of gender, human rights and culture across all mandate areas; and annual implementation plans in line with the Outcome Areas under Goal 3 of the Strategic Plan. Its strengthened ability to deliver gender-equality and human-rights results in a way that is owned by governments and civil society will be critical to the successful implementation of the UNFPA Strategic Plan.

¹¹

UNFPA, *Assessing the Implementation of the Multi-Year Funding Framework 2004-2007* (New York, UNFPA, 2007), p. 23.



As such, the specific aims of this framework are as follows:

- To identify strategic priorities forming the core of interventions to advance reproductive rights in the context of sustained population and development policies and programmes, with a view to maximizing results in the medium term.
- To reaffirm the UNFPA policy¹² that promoting gender equality requires a dual approach to programming consisting of gender mainstreaming by systematically integrating gender equality into SRH and population programmes and by explicitly supporting components focusing on women's and girls' empowerment.
- To lay out the principal elements of an operational plan for implementation and follow-up of the framework, with emphasis on planning for gender equality, capacity development and accountability.¹³

It is important to note here that the Strategic Framework is intended to provide comprehensive guidance on programming areas but does not constitute a full inventory of ongoing UNFPA work on gender-equality issues.

12

The first UNFPA policy on gender mainstreaming was introduced in a circular (29 November 1997): "Each Staff Person's Responsibility: Mainstreaming a Gender Perspective into All Policies and Programmes in UNFPA, as a result of the Agreed Conclusions adopted by ECOSOC in September 1997." This policy provided a definition of gender mainstreaming and called for translating the concept into practice across all sectoral areas of the United Nations system. Currently, the *Policies and Procedures Manual* (2005), Section 4 on Gender, provides most guidance for UNFPA-supported programmes.

13

This aim is in line with the United Nations Development Group, "Enhancing the UN's Contribution to National Capacity Development: A UNDG Position Statement, a new framework for UNCTs" (UNDG, 2006).

II.

UNFPA PRIORITIES FOR GENDER-EQUALITY PROGRAMMING

UNFPA has identified six key entry points and associated priority areas for focused efforts. These priorities are aligned to desired outcomes identified in the UNFPA Strategic Plan, which addresses how gender, human rights and culture can be mainstreamed into population and SRH issues. Within this context there is an emphasis on strengthening country-level operations and capacity and on reinforcing the United Nations goal of “Delivering as One” on gender equality and human rights, among other issues. In addition, given the role of staff working at the organization’s regional and global levels to support country operations, setting priorities and developing capacity at such levels are implied.

The main criteria for identifying priority areas in which to focus UNFPA gender-equality programming efforts are as follows:

- The urgency and scope of global development priorities. The priority areas identified reflect the urgent global challenges affecting millions of people in the developing world, which are undermining global efforts for development and the achievement of the MDGs. For example, the programme area of SRH is reflected in the MDG goals, targets and indicators. It is also recognized as critical to the MDGs as a whole. Equally critical in reaching the MDGs is to invest in young people’s health and development and to fashion an adequate response to the plight of internally displaced people and refugees, and of the millions in emergency and post-emergency situations. Other identified priorities, such as GBV, do not appear in the MDGs but are considered as falling within the scope of the problem.
- The identification of leading areas of current UNFPA investment and/or strategic policy entry points so as to maximize results. Operationalizing a gender-equality approach across the areas in which UNFPA invests the bulk of its human, technical and financial resources is a strategic objective from a results-based perspective. These areas include reproductive health, HIV, commodities, population analysis and data collection, and young people. So, too, is leveraging high-level commitments and resources through key policy frameworks (e.g., poverty reduction and development plans, health-sector reforms). These are areas in which UNFPA has great potential to deliver intended benefits to individuals, families, communities and countries and to improve the quality, effectiveness and efficiency of the programmes it supports.

- The comparative advantages, strengths and role of UNFPA vis-à-vis other United Nations organizations and development partners, which exist in relation to both its mandate and its approach. The ICPD Programme of Action identifies specific issues that have complex gender and social relations associated with them; these include family planning, VAW and SRH. UNFPA uses its ICPD mandate to promote and protect women's human rights. It also uses the strategy of an integrated approach to gender, human rights and, when working on development, humanitarian and human-rights issues that must be addressed in the context of intimate relationships and at the community level to be transformational and sustainable. Such issues include an enabling environment respectful of human rights, especially women's rights and reproductive rights; HIV prevention among women and youth; a health sector responsive to GBV issues, particularly intimate partner violence; the empowerment of adolescent girls; and the engagement of men and boys as partners in promoting gender equality. All need to be linked to behaviour change, an examination of values and a shifting of paradigms to the promotion of rights and equality.

Another area of comparative advantage for UNFPA is supporting countries to incorporate a gender perspective into data collection and analysis to ensure that census and survey information reflect gender disparities. UNFPA helps develop and analyse statistics and other data that can be used to paint detailed pictures of gender equality and inequality, as an evidence base to help decision makers improve policy formulation, decision-making, programme implementation and monitoring.

This global Strategic Framework provides guidance related to priority issues and areas of intervention. Attention to particular groups and the relative weight given to specific issues will depend on regional and country realities, the programmes that other development partners are leading and the extent to which gender is mainstreamed across SRH and population issues. For example, some regions and countries may focus more or less on gender mainstreaming, human rights-based programming and culturally sensitive programming to address the rights and SRH needs of refugee and migrant women; engaging with indigenous women; ensuring support to adolescent girls and young women on HIV prevention; making SRH services available for disabled women and girls; sex trafficking; dealing with sexual violence or harmful practices; and addressing issues of prenatal sex-selection.

This document therefore sets out the range of priority areas of UNFPA work. The priorities identified all relate directly to the UNFPA Strategic Plan 2008-2013. Implementation of this framework should thus contribute to ensuring optimal organizational results and impact.

In the following section, six priority areas for gender equality are identified. Each is embedded in the principles of the ICPD Programme of Action, gender mainstreaming and empowerment, and a human rights-based and culturally sensitive approach to programming. These six priorities reflect opportunities for UNFPA to fill critical gaps and/or build on existing plans and ongoing work. In all cases, the proposals are aimed at identifying concrete areas of intervention that can serve to measure results and progress on gender-equality programming.

A. MAINSTREAMING WOMEN'S REPRODUCTIVE RIGHTS IN LAWS AND REGULATIONS, DEVELOPMENT POLICIES AND FRAMEWORKS, INCLUDING THE MILLENNIUM DEVELOPMENT GOALS

This priority area discusses strategic entry points and cross-cutting needs for UNFPA work, in general, and in the area of gender equality, in particular. As such, its contents should be considered integral to all the priority areas of intervention discussed in this framework. For example, sex- and age-disaggregated data and gender analysis are prerequisites for engendering any policy or programme. National policies, laws and budgets should reflect a gender-equality perspective as they are the first point of departure for setting political and funding agendas at the highest levels. Human rights and the participation of civil society constitute fundamental guiding principles that need to be reflected in concrete actions at policy and programming levels. The UNFPA commitment to an integrated approach, bringing together the dynamics of human rights, gender and culture, is also a strategic, cross-cutting dimension of all the priority areas discussed in this document.

Box 5. *Convention on the Elimination of All Forms of Discrimination against Women and Culture in Azerbaijan*

One feature of the integrated approach is the attempt to form alliances and common platforms that bring together the power of faith and gender-equality aspirations to advance human rights.

In Azerbaijan, UNFPA conducted a study on gender equality by comparing the text of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) with some widely recognized Islamic references and resources. The results reflect the parallels between the Convention and many tenets of Islamic scripture and practice. The study showcased specific issues, including VAW, child marriage, respect for the dignity of women, and equality in the economic and political participation of women. The study was later used to produce training materials geared towards sensitizing religious leaders.

Source: UNFPA, *'Integrating Gender, Human Rights and Culture in UNFPA Programmes (2010), pp. 7-8.*

1. Priority Programming Area: Positioning Gender Equality in National Policy and Funding Frameworks, including Poverty Reduction Strategies, Sector-Wide Approaches and Post-Emergency Transition Frameworks

UNFPA places high priority on aid effectiveness and the provision of policy-oriented advocacy and technical assistance at country levels, particularly as such assistance is linked to the formulation and implementation of leading policy and budgetary frameworks. This includes MDG follow-up plans, PRSs, SWAps in the health and education sectors, and National HIV Prevention and AIDS Plans (see section B, 3, below on HIV). As such, UNFPA country offices are already at the negotiating table on key policy and funding frameworks. This experience provides a critical opportunity to leverage additional policy attention and resources for gender-equality issues in the context of ICPD and MDG implementation. This work can be – and is being – done in collaboration with other development partners and through inter-agency theme groups.

To achieve this priority objective, technical assistance at global, regional and country levels of the organization should have a strong gender perspective, as discussed in the examples below. Policy-oriented materials, training workshops, knowledge-sharing and South-South cooperation initiatives need to be available to country offices and linked to the consistent documentation and dissemination of good practices. Examples include the following:

- ✓ Developing a gender-equality component for the UNFPA MDGs toolkit, focusing on MDG goals 5 and 6. This component would include guidance on how to develop sociocultural and economic vulnerability profiles based on a gender analysis. In addition, evidence-based briefs for advocates and policymakers would be developed on the linkages of specific gender issues to poverty reduction and the MDGs, as a useful support to gender-responsive interventions at all levels of national planning. As part of this effort, special attention would be given to vulnerable groups of women and adolescent girls.
- ✓ Developing costing and cost-benefit analysis tools for policy-oriented advocacy, for example, on the costs of not acting on GBV or on the benefits of empowering adolescent girls. Such types of evidence can be used to influence public budgets and socioeconomic development.
- ✓ Strengthening a gender-equality perspective in UNFPA-supported SWAp efforts, by expanding gender-specific components in guidance notes, knowledge-sharing assets and training workshops under development and by building the capacities of ministries of women's affairs and women's groups in SWAp exercises.
- ✓ Strengthening capacities to mainstream gender in Post-Emergency Transition Frameworks. Increasing capacities and commitments in this critical area would include developing policy-oriented, evidence-based arguments for policymakers; facilitating South-South exchange of good practices; strengthening advocacy and capacity-building within United Nations system-wide initiatives and other relevant international forums to mobilize concerted action on gender equality; and developing focused training and tools on how to mainstream gender in transition policies and programmes.
- ✓ Undertaking advocacy and capacity-building on gender-responsive budgeting (GRB). The 10-year review of the Beijing Platform for Action concludes that, despite progress in securing policy-level commitments to gender equality, implementation and accountability are lagging. GRB is an important response to address this gap. It is also a key tool in a human rights-based approach to enabling rights-holders to hold duty-bearers to account over public expenditures.

Box 6. Gender-responsive budgeting for reproductive health in Timor-Leste

In Timor-Leste, UNFPA called for accountability of the State to its rights-holders by promoting gender-responsive budgeting exercises, advocating for increased and sustained investment of government resources in the national SRH programme. This effort has proved successful as the country has since seen increased financing for safe motherhood initiatives, family planning programmes and adolescent reproductive health needs.

Source: UNFPA, *Gender Snapshot: UNFPA Programming at Work* (New York, UNFPA, 2008), pp. 13-14.

- ✓ Consolidating work with cultural institutions as agents of change and involving them in policy dialogue and advocacy. UNFPA efforts to institutionalize engagement with cultural agents of change, including FBOs, artists and other civil society actors, are deeply rooted in a culturally sensitive approach that seeks to work with gatekeepers in building common ground. UNFPA will strengthen advocacy roles and build technical capacities of civil society as leading spokespersons and critical service deliverers in the domain of gender equality and the elimination of violence against women and girls. These gatekeepers contribute to public mobilization, transform attitudes around gender equality and address impunity for GBV. These efforts can build on recent successful initiatives in which communities have publicly declared their positions on such issues as FGM/C, child marriage and trafficking. In addition, building on its record of creating a Global Interfaith Network on Population and Development, UNFPA will continue to systematically engage women of faith organizations active on the same issues within their respective communities.

Box 7. “Community aunts” in Senegal

Consistent with an integrated approach to reproductive health, UNFPA works with potential agents of change who have a deep understanding of local communities as well as the legitimacy to advocate for and realize change from within.

In Senegal, the *bajayn*, the aunt from the father’s side, provides key information pertaining to sexuality and marriage to nieces of reproductive age. The *bajayn* remains involved with her niece throughout her adult life as a counsellor and mediator. Building on this ancestral cultural practice, the national reproductive health programme recently developed the nationwide initiative *bajaynu goh* (“community aunts”). The programme mobilized hundreds of mature women who were recognized in their communities and charged them with visiting young married women regularly to provide them with information on antenatal care, family planning and HIV prevention.

Preliminary assessments show that the programme is supported by husbands, who easily relate to the volunteers, and positively acknowledged by religious and traditional leaders and other gatekeepers, who value the positive appreciation of their culture.

Source: UNFPA, *Integrating Gender, Human Rights and Culture in UNFPA Programmes* (New York, UNFPA, 2010), p. 6.



2. Priority Programming Area: Supporting Data Collection, Analysis and Dissemination

UNFPA has long held a niche position as a major provider of technical assistance and financial support in national and subnational capacity development in the area of data collection and analysis, working with statistics offices and demographic professionals. It is therefore uniquely positioned to take advantage of all opportunities for improving the availability and utilization of quantitative and qualitative data and gender analysis, in coordination with other relevant United Nations agencies. As such, UNFPA provides support to census activities in some 80 programme countries.¹⁴ The availability and analysis of those data to demonstrate gender disparities constitute an essential first step in evidence-based advocacy, policy development and programming. They also constitute a key element in both a human rights-based approach and a culturally sensitive approach in the use of data to inform analysis and programming. At the same time, it is crucial to catalysing policy and community commitment as well as media coverage for awareness-raising on neglected gender issues. Strengthening capacities for the collection and analysis of sex- and age-disaggregated data, among other gender analysis variables (e.g., race, ethnicity, rural/urban residence, income level, religion, disability, marital status, education) is thus a key priority, as reflected in the ICPD Programme of Action, chapter XII (especially paragraphs 12.2, 12.7 and 12.19). Actions include the following:

¹⁴

<http://www.unfpa.org/public/home/datafordevelopment/census>

- ✓ Incorporating a gender perspective in the data collection, analysis and dissemination exercises that UNFPA periodically supports. These include censuses and national surveys, DHS modules on women and domestic violence, and needs assessments often sponsored by UNFPA at national and subnational levels to create baseline information for programming.
- ✓ Linking professionals from statistics offices and gender ministries to build capacity and facilitate understanding of what evidence is needed and how existing data can be used to demonstrate gender inequalities. There is an urgent need for support on data collection and gender analysis in emergency and post-emergency situations, to understand how women and men, girls and boys, are affected differently by emergencies as well as by humanitarian and recovery response. A capacity-building strategy would include providing knowledge-sharing on recommended tools and good practices; preparing a user-friendly technical kit on data collection on GBV; integrating gender modules in data-related training of national counterparts and staff; and identifying other capacity-development plans and opportunities, such as in the context of inter-agency collaboration and partnership. Current inter-agency tools include the Gender-Based Violence Information Management System (GBVIMS) and the Inter-Agency Standing Committee (IASC) guidelines on gender and on gender-based violence in humanitarian settings, as well as UNFPA Data Guidelines in Emergencies.¹⁵

Box 8. Gender-Based Violence Information Management System

The GBVIMS is a tool to systematize management of reported GBV-related data across the humanitarian community. It provides a standard tool and methodology for data collection and analysis and for the development of information-sharing protocols. GBVIMS improves the reliability of GBV information (trends and patterns) within humanitarian settings and improves programmatic decision-making at the local, country and global levels.

In Uganda, one of the GBVIMS pilot countries, data is collected in a range of categories including incidence, types of violence disaggregated by age and sex of survivors, and information on perpetrators. The project in Uganda works closely with government and non-governmental organizations (NGOs) in the regular sharing of information and the incorporation of data into policy and programme decision-making. For example, data is being used to monitor key indicators of an ongoing UNFPA-led GBV joint programme for Northern Uganda involving 11 development partner organizations.

Source: UNFPA, "UNFPA Frontlines, News from the field" (UNFPA, 2008) and Anna Mutavati, UNFPA presentation "UNFPA Experience with the GBV IMS" (UNFPA, 2008).

¹⁵

IASC, *Gender Handbook for Humanitarian Action* (2006); IASC, *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* (2005); UNFPA, *Guidelines on Data Issues in Humanitarian Crisis Situations* (New York, UNFPA, 2010).

- ✓ Applying a human rights-based approach to any data collection exercise. This means following the human-rights principles of participation and inclusion to ensure that partners are able to participate meaningfully at all stages of the process, even if the time frame needs to be adjusted to permit certain activities or the allocation of extra resources. It is important to ensure that the interests of all marginalized groups are represented at the preparatory stage. More important, UNFPA can facilitate linkages between national statistics offices, gender-equality civil society organizations and ministries responsible for gender equality. This can enhance ownership, build trust between the authorities and all of the populations involved, improve the likelihood of proposed activities being acceptable to these groups and, consequently, promote the participation of these groups in data collection itself. Implementing the principles of equality and non-discrimination entails the protection of the confidentiality of all data collected and the taking into account of the needs of marginalized groups. Finally, the principle of accountability entails a transparent data collection process.

3. Priority Programming Area: Strengthening Safeguards and Accountability for the Human Rights of Women, Particularly Reproductive Rights

In addition to specific actions on human-rights issues referred to throughout this framework and the ICPD Programme of Action, chapters IV (paragraphs 4.4 and 4.5) and VII (paragraph 7.3) and in the context of United Nations reform, inter-agency collaboration, and the use of the UNFPA human rights-based approach, the following areas are highlighted:

- ✓ Increasing the utilization of existing international human-rights standards in policy-oriented advocacy and programming. This involves building partners' and staff capacities on supporting national efforts to utilize international human rights standards in developing, implementing and monitoring national policy and funding frameworks, programmes and services, with a focus on the human rights of women and girls, including reproductive rights, the rights of adolescents and the rights of especially disadvantaged groups. A noteworthy model is the development of UNCT joint programmes to support efforts to implement the concluding observations of the CEDAW Committee. UNFPA can also strengthen its efforts in terms of supporting the participation and capacities of civil society, especially women's and youth groups, in state party reporting processes.
- ✓ Expanding mechanisms for reproductive-rights protections. In many countries, work is still needed to bring national legislation, policies and practices into conformity with international reproductive-rights standards. Part of the effort to align those practices with institutionalizing reproductive rights-monitoring mechanisms would include exploring how reproductive rights can be integrated into the portfolios of national human-rights institutions; into the policies and mechanisms for oversight of medical practices and of the work of judiciary and law enforcement systems; and into community-based systems. UNFPA facilitates greater attention through advocacy, policy and technical support to advance monitoring and accountability systems for reproductive rights. One of the products proposed at the global level is a policy-oriented advocacy publication to provide guidance for country-level follow-up. Such a publication would compile good practices based on a cross-regional stocktaking of reproductive rights protection mechanisms.

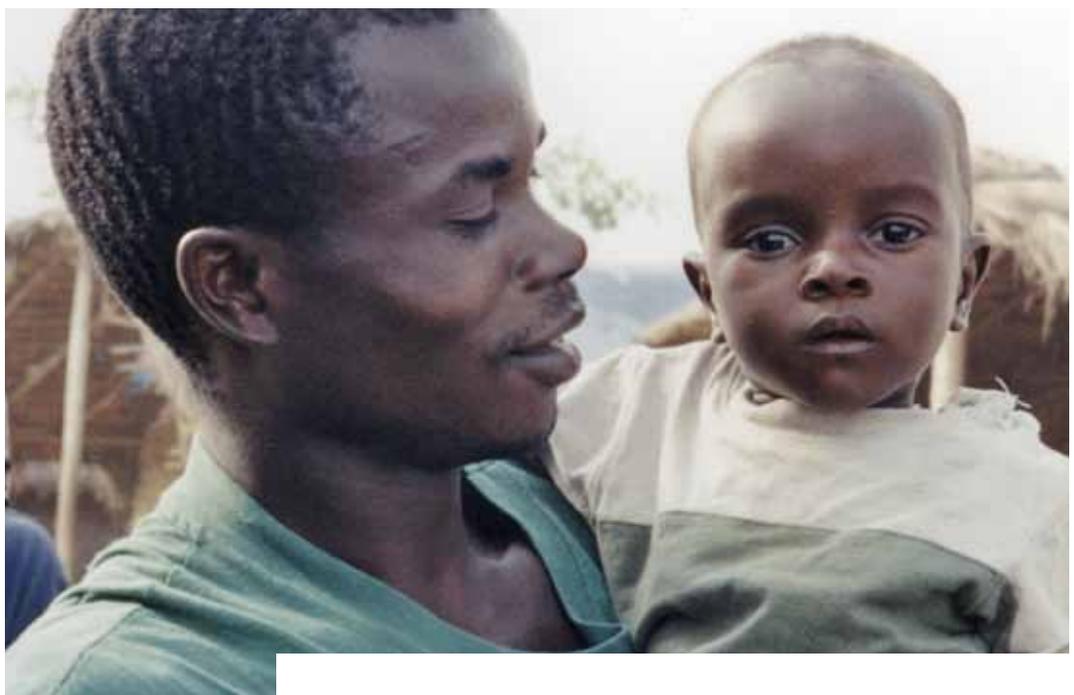
Box 9. Facilitating consensus-building on a Social Development Law in Guatemala

In Guatemala, UNFPA facilitated consensus-building among a wide range of stakeholders, including traditional supporters such as civil society as well as potential allies among church and business leaders, to secure passage of a groundbreaking Social Development Law that promotes reproductive health.

A broad consensus on the need to reduce maternal and infant mortality became the starting point for negotiations and the centrepiece of the new law. Strategic partnerships helped gain support and reduce the influence of opposition groups. Articles on population and reproductive health ran in newspapers and magazines, and debates were aired on television and radio.

Source: UNFPA, "Integrating Gender, Human Rights and Culture in UNFPA Programmes" (UNFPA, 2010); and *Culture Matters: Working with Communities and Faith-based Organizations: Case Studies from Country Programmes* (UNFPA, 2004).

- ✓ Developing the capacities of civil society for accountability. Support for civil society organizations, including women's groups, in strengthening their policy-oriented advocacy capacities is central to establishing accountability mechanisms to monitor commitments on the human rights of women and gender equality, including on reproductive health and rights. This effort also reflects a culturally sensitive approach to working with local agents of change. Such support would include creating or strengthening the following: networks that can participate in formulating and monitoring national and local policy and funding frameworks, and advocacy coalitions that can mobilize public opinion on the priority areas of focus reflected in this framework. Support would also be aimed at facilitating access to and utilization of data and gender analyses to produce evidence-based monitoring scorecards or "shadow" reports of progress on public policies, and at skills-building in communication strategies, including how to work effectively with the media.



B. INTEGRATING GENDER EQUALITY INTO REPRODUCTIVE HEALTH PROGRAMMES

Gender inequality and discrimination are at the root of why so many women and adolescent girls are still unable to exercise one of the most crucial human rights for their empowerment and quality of life: their reproductive rights (see ICPD Programme of Action, chapters IV [paragraphs 4.4c, 4.24 and 4.27] and VII [especially paragraphs 7.3, 7.7, 7.34 and 7.35]). Culture influences the status of women's reproductive health through a determination of the age and modalities of sexuality, marriage patterns, the spacing and number of children, puberty rites, decision-making mechanisms and their ability to control resources. Societal and cultural gender stereotypes and roles also explain why so many adolescent boys and men remain on the fringes of SRH policies and programmes, despite their key role and their own needs for information and services. Another factor is GBV, a widespread human-rights violation, although as yet receiving limited recognition as a significant impediment to SRH.

Applying a human rights-based approach entails applying the principles of availability, accessibility, acceptability and good quality to reproductive health programming, in addition to the human-rights principles of participation, accountability and non-discrimination. Accountability in the context of reproductive health provides individuals and communities with an opportunity to understand how those with responsibilities have discharged their duties; it also provides those with responsibilities an opportunity to explain what they have done and why. A human rights-based approach to reproductive health also requires effective monitoring; for example, the registration of all maternal deaths is essential, as well as a procedure for investigating the causes of all such deaths.

Integrating a gender-equality perspective into SRH programmes entails collecting and analysing critical information on why people adopt the behaviours they do within their social and cultural contexts and how these behaviours influence their reproductive health. To promote sustainability, this knowledge should be used to inform planning so that proposed solutions are harmonized as much as possible with the values and beliefs of various groups. Evidence shows that some of the strongest opposition to SRH programmes comes from cultural gatekeepers. At the same time, dramatic changes can occur when the guardians of cultural norms and practices advocate for such programmes.¹⁶

16

UNFPA. "Integrating Gender, Human Rights and Culture in UNFPA Programmes," p. 5.

Box 10. Empowering women to access reproductive health services in the Islamic Republic of Iran

In the Islamic Republic of Iran, an initiative known as the “Women’s Project” is mobilizing support for high-quality reproductive health services and the promotion of women’s rights by providing research-based evidence, mounting public awareness campaigns and involving grass-roots communities. It builds capacity among institutions and organizations working in the social sector and supports activities to empower women, including income-generating schemes. Prompted by a more open environment, religious leaders, community leaders and parliamentarians are now discussing protective legislation and other measures.

Source: UNFPA, *State of World Population 2008: Reaching Common Ground: Culture, Gender and Human Rights* (2008), p. 60.

UNFPA spends almost half of its programming resources on reproductive health programmes, with particular emphasis on family planning, the prevention of maternal mortality and morbidity, and the prevention of HIV and other sexually transmitted infections (STIs).¹⁷ Women are disproportionately burdened by SRH problems and consequences. From a gender perspective, an integrated essential package of services is critically important: only in this way can services respond to women’s SRH needs, to the risks they face in contracting HIV and other STIs as well as risks of unintended pregnancy. Such a package includes enhancing women’s autonomous decision-making in the realm of sexuality. It also implies integrating screening, care and referrals for women and girls who have survived GBV, and sound responses to the after-effects of unsafe abortions. These issues are also crucial in emergency settings, where an inter-agency tool --the Minimal Initial Service Package (MISP) -- includes components of SRH such as gender issues, HIV/AIDS and GBV.

1. Priority Programming Area: Family Planning

Expanding universal access to family planning is not only recognized as a human right and central to gender equality and women’s empowerment but also considered as a key factor in reducing poverty and achieving the MDGs.¹⁸ Highlighted in chapters IV (paragraphs 4.1, 4.3 and 4.27) and VII (paragraphs 7.2 and 7.3) of the ICPD Programme of Action, family planning is critical to reducing maternal mortality and morbidity and preventing HIV. Despite great progress in past decades, 201 million women still lack access to contraception. In the least developed countries, an estimated 24 per cent of women of reproductive age who are married or in union still have an unmet need for family planning, and in all regions it is poorer women who have a greater unmet need for family planning.¹⁹ Moreover, disturbing reports of human-rights violations pertaining to family planning have been documented, including forced sterilizations of women living with HIV. Along with poverty and marginalization, culturally based gender inequalities are often at the root of this gap. Expanding access to family planning programmes is therefore essential in the immediate and long-term as large numbers of youth enter their reproductive years.

¹⁷

UNFPA, *Annual Report 2009* (New York, UNFPA, 2010), p. 29.

¹⁸

Family planning was identified as a “quick win” to reduce poverty and reach the MDGs in the United Nations Millennium Project, *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals* (United Nations, 2005).

¹⁹

UNFPA, *Sexual and Reproductive Health for All: Reducing Poverty, Advancing Development and Protecting Human Rights* (New York, UNFPA, 2010), p. 10; UNFPA, *State of World Population 2008: Reaching Common Ground*, p. 57.

UNFPA-supported efforts can be strengthened to systematically address gender-specific factors in family planning programme design, implementation, monitoring and evaluation (see box 11). This implies ensuring that the SRH commodities that are procured respond to gender-specific needs and are delivered and distributed to countries' health facilities. At the same time, men, women and young people must be supported as they exercise their rights to family planning; they must be told about the availability of these commodities and where they can access them. Both men and women need support in transforming the gender attitudes and cultural barriers that prevent them from accessing and utilizing family planning, including the development of communication and negotiation skills in intimate relationships.

Within the broader framework of UNFPA work on family planning, the following interrelated components are especially relevant from a gender-equality and human-rights perspective:

- ✓ Incorporating gender assessments into the ongoing/planned assessments of UNFPA-supported family planning programmes, to serve as a baseline for identifying a capacity-development plan, good practices and innovation for knowledge-sharing, and the development of targeted programming guidance in this regard. This includes establishing a minimum set of actions or a checklist that all UNFPA programmes should consider as a quality standard from a gender perspective, including factors such as sociocultural determinants that limit or support family planning, men's attitudes and women's decision-making power.
- ✓ Mainstreaming gender in the UNFPA Global RHCS framework, with a focus on family planning. RHCS is first and foremost about people and their health and human rights. Within this broader framework, contraceptive security is central to the exercise of the right to family planning. Commodity security efforts therefore need to respond to gender-specific factors throughout the supply-demand continuum, beginning with the integration of a gender perspective in national RHCS situation analyses. This effort would include integrating women's empowerment strategies in RHCS, such as skills development for women to negotiate safe sex.
- ✓ Promoting universal access to specific commodities that are underutilized and especially strategic from a gender-equality perspective, specifically male and female condoms and emergency contraception. Expanding demand for and the use of male and female condoms remains challenging. It requires the systematic incorporation of a gender perspective in condom programming across UNFPA-supported programmes. Female condoms provide women with an option to prevent HIV but it is difficult to use them without the knowledge of the sexual partner. As such, it is key to take a users' empowerment approach to female condoms, such as partnering with women's organizations for training in negotiation skills. Undertaking a gender assessment of female condom programming can also serve to refine strategies and programme effectiveness, particularly relevant given UNFPA efforts to introduce and scale up access in an increasing number of countries.

Because men continue to wield sexual decision-making power, promoting universal access to and use of the male condom remains an urgent, strategic, low-cost option to halt the HIV/AIDS pandemic for sexually active individuals and couples, while also offering

protection from unwanted pregnancies. Increasing male condom use requires a concerted effort to incorporate approaches that fully respond to male needs and their culturally influenced perceptions. UNFPA will revisit existing programme guidance tools and staff training opportunities to strengthen this aspect of effective condom programming.

Box 11. Integrating a gender perspective into family planning programmes in Zimbabwe

In Ruheri District in Zimbabwe, after training in communication and negotiation skills, women spread the gender-equality message at weddings, parties, schools, food distribution points and public forums. Men's initial resistance, based on concerns that changes would promote promiscuity, was overcome through dialogue with key groups and traditional leaders. In 2004, the project exceeded expectations with a 50 and 20 per cent increase in the distribution of male and female condoms, respectively, reaching a total of 47,423 people.

Source: UNFPA, *State of the World Population 2005: The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals* (2005), p. 43.

2. Priority Programming Area: Maternal Mortality and Morbidity

Maternal mortality and morbidity are issues with human-rights, gender-equality, and cultural implications, as noted in the ICPD Programme of Action, chapters IV (paragraph 4.1) and VIII (paragraph 8.19). More than 350,000 women die each year due to complications of pregnancy and childbirth, with many more suffering disabilities. Globally, about 80 per cent of maternal deaths are due to obstetric complications; however, it is poor women who are far more likely to die as a result of pregnancy or childbirth. It is estimated that the worldwide number of maternal deaths per 100,000 live births is 400, with only 9 per 100,000 in developed regions and as many as 900 per 100,000 in sub-Saharan Africa. In Africa, just 46.5 per cent of women have skilled birth attendants; in Asia, 65.4 per cent; and in Latin America and the Caribbean, 88.5 per cent.²⁰

The knowledge of necessary approaches and the science to prevent maternal deaths is available. Yet maternal deaths have not been eliminated as a public health problem because of multiple barriers embedded in various cultural contexts, such as gender-related barriers, in addition to poverty and a lack of resources. With maternal mortality at the top of its agenda, UNFPA is well-positioned to implement a stronger integrated gender, human-rights and culture perspective in existing operations and partnerships. UNFPA efforts will focus on interrelated areas, such as the following:

- ✓ Advancing programme models to reduce maternal mortality and morbidity. As a first step, UNFPA can undertake gender assessments of current programming to identify good practices for knowledge-sharing as well as capacity-development needs. In this way, an evidence-based programming framework can be developed, tested and evaluated in selected countries and the findings widely disseminated with a menu of

²⁰

UNFPA, *Eight Lives*, p. 45; UNFPA, *State of World Population 2008: Reaching Common Ground*, pp. 50, 58.

recommendations for mainstreaming gender in programmes to prevent and reduce maternal mortality and morbidity. This effort may serve to fill a critical gap in the global literature and programme guidance currently available, strengthening service-delivery approaches, especially at the community level where they are most crucial.

- ✓ When developing programme models to reduce maternal mortality and morbidity, planners need to address the following issues: the need for integrated gender, human-rights and cultural analyses of policy and legal frameworks; the use of community-based approaches; the targeting of the youngest, first-time adolescent mothers to access health services; and an assessment of gender issues as they affect the health sector's human resource planning and management, with particular attention to midwives and nurses. With strengthened staff and counterpart capacities in this area, UNFPA has many opportunities to improve gender-based approaches through partnerships at global, regional and country levels – including the Safe Motherhood Initiative, the Partnership for Maternal, Newborn and Child Health, and the Road Map for Accelerating the Attainment of the MDGs Related to Maternal and Newborn Health in Africa.
- ✓ Strengthening policy-oriented advocacy and programming on maternal morbidity, with emphasis on unsafe abortion and fistula. Worldwide, the World Health Organization (WHO) estimates that 300 million women are living with pregnancy-related morbidity. UNFPA is well positioned to play a key role in global and regional advocacy and in increasing investments and capacities for tackling maternal morbidity at national policy and programming levels. Opportunities are available, for example, to systematically strengthen health-sector capacities in addressing reproductive health complications, including unsafe abortion, by building on the highly visible global campaign on obstetric fistula and ensuring that a gender perspective is mainstreamed in plans for next steps.²¹ Other opportunities exist for expanding treatment and care for women with traumatic fistula as a result of rape in conflict situations; addressing genital prolapse resulting from obstructed labour; and participating in the formulation of national poverty reduction plans and health SWAPs.

Box 12. Working with men for maternal health in Equatorial Guinea, Rwanda and Uganda

UNFPA worked in Equatorial Guinea, Rwanda and Uganda, where male traditional and religious leaders sensitized their communities on the importance of male involvement in maternal health and access to services, including prenatal care.

Source: UNFPA, *Gender Snapshot: UNFPA Programming at Work* (New York UNFPA, 2008), p. 9.

21

These include the following: developing and evaluating components to empower adolescent girls and women who have undergone surgery; introducing WHO/UNFPA quality-of-life assessments six months after surgery; working with local radio stations, with an opportunity to build capacities in developing health-education messages and broadening discussion on gender equality at community levels; and skills-building on leadership and advocacy for fistula surgery patients, linking them to civil society networks and policymaking circles.

3. Priority Programming Area: Addressing Gender Equality with HIV Programmes

Ensuring a gender perspective is of utmost urgency as gender inequality contributes to fueling the HIV and AIDS epidemic (see ICPD Programme of Action, chapters VII [Paragraph 7.28] and VIII [paragraph 8.29a]). HIV prevalence in women has increased steadily and is most severe in sub-Saharan Africa, where women make up more than 60 per cent of people living with the virus. HIV infection increases the risks associated with pregnancy and childbirth, and women also carry a greater burden of caring for male partners, children and other family members when they become ill.²² Recognizing the importance of addressing gender equality and empowering women and girls, several related global strategies have been developed and are being widely implemented, in particular through the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria.²³

As a cosponsor of UNAIDS, UNFPA supports a broad view of gender and how it impacts on the epidemic. UNAIDS notes that “Gender is an integral factor in determining an individual’s vulnerability to HIV infection, his or her ability to access care, support or treatment, and the ability to cope when infected or affected by HIV”.²⁴ For example, specific sociocultural gender norms may dictate that women and girls should be ignorant and passive about sex, whereas in some societies, gender norms reinforce a belief that men should seek multiple sexual partners and take risks, and some notions of masculinity also condone VAW – all of which may affect vulnerability to HIV infection and access to treatment. Therefore, the application of a gender perspective includes responding to gender-related barriers and stigma in prevention, treatment, care and support services and at community levels. Interventions need to be rooted in a culturally sensitive understanding of gender and sexuality issues in specific sociocultural and economic contexts, and fully support human-rights principles.

UNFPA supports gender equality, the empowerment of women and HIV prevention and impact mitigation by strengthening linkages between SRH and HIV, including SRH and the human rights of people living with HIV. UNFPA is engaged at the global level in several mechanisms to respond effectively, including the Inter-Agency Working Group on Linking Sexual and Reproductive Health and HIV and the Inter-Agency Task Team on Preventing HIV infection in Pregnant Women, Mothers and their Children.²⁵

22

UNFPA, *Sexual and Reproductive Health for All: Reducing Poverty, Advancing Development and Protecting Human Rights* (New York, UNFPA, 2010), pp. 23-4; Joint United Nations Programme on HIV/AIDS and World Health Organization, *AIDS Epidemic Update: November 2009* (2009).

23

See, for example: UNAIDS *Agenda for Accelerated Action for Women, Girls, Gender Equality and HIV* (Operational Plan 2010-2014, now incorporated in the UNAIDS *Joint Action for Results Business Case: Meet the HIV Needs of Women and Girls and Stop Sexual and Gender-based Violence*); the UNAIDS *Joint Action for Results Business Case Empower Men Who Have Sex with Men, Sex Workers, and Transgender People to Protect Themselves from HIV Infection and to Fully Access Antiretroviral Treatment*; the *Global Fund to Fight AIDS, Tuberculosis, and Malaria’s Gender Equality Strategy and its Strategy on Sexual Orientation and Gender Identity*; and the *President’s Emergency Plan for AIDS Relief Gender Equality Strategy*.

24

From the UNAIDS website: <http://www.unaids.org/en/PolicyAndPractice/Gender/default.asp>

25

Other relevant mechanisms in which UNFPA is involved include the Inter-Agency Working Group on Gender-Based Violence and HIV, the Inter-Agency Working Group on Women, Girls, and HIV, the Inter-Agency Task Team on Young People and HIV, the Inter-Agency Task Team on Condom Programming, the UNAIDS Advisory Group on HIV and Sex Work, and the priority Area Working Group on Men Who Have Sex With Men, Sex Workers, and Transgender People.

UNFPA programmatic and policy intervention efforts will centre on the initiatives listed below:

- ✓ Implementing the UNAIDS Agenda for Accelerated Action for Women, Girls, Gender Equality and HIV. The Agenda for Women and Girls aims at leveraging the synergies between the AIDS response and the women's movement at the country level. UNFPA is also specifically designated to carry out two activities in this Agenda for Women and Girls: to build the capacity of female sex workers to reduce their vulnerability to violence as part of national UNiTE campaigns; and to take the lead in the United Nations joint teams on AIDS in supporting countries within each region to develop and operationalize strategies addressing social norms around gender and sexual relationships. These efforts would be undertaken working with men and boys, in particular, with those working for gender equality,
- ✓ Implementing the UNAIDS Joint Action for Results Business Cases for other gender-related areas, such as reducing sexual transmission of HIV; preventing mothers from dying and babies from becoming infected with HIV; ensuring that people living with HIV receive treatment; preventing people living with HIV from dying of tuberculosis; protecting drug users from becoming infected with HIV; removing punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS; empowering young people to protect themselves from HIV; and enhancing social protection for people affected by HIV.
- ✓ Utilizing the UNFPA Action Framework: Women, Girls, Gender Equality and HIV to guide its advocacy, policy dialogue, programming, monitoring and evaluation. This framework complements other gender-equality frameworks. It articulates for UNFPA the scope and key approaches within the UNFPA mandate to contribute to the global response to prevent HIV and mitigate its impact among women and girls. It is structured in line with the three UNFPA mandates of population and development; SRH; and gender, human rights and culture. The UNFPA Action Framework embeds the UNAIDS Joint Action Business Case.
- ✓ Promoting UNAIDS initiatives on HIV, AIDS and sex work, to ensure safety and protection from violence for sex workers, given the UNFPA role as convening agency for this area (see the previous section on HIV, especially the UNAIDS Joint Outcome Framework Business Case: Meet the HIV Needs of Women and Girls and Stop Sexual and Gender-based Violence).

A key priority in addressing the links between sexual violence and HIV is discussed in the following sections on GBV and adolescents.

C. ENDING GENDER-BASED VIOLENCE

There is widespread acceptance that GBV is a human-rights violation and that it also directly affects SRH outcomes and, consequently, socio-economic development (see the ICPD Programme of Action, chapters IV [paragraph 4.4e] and VII [paragraph 7.3]). A multi-country study conducted by WHO finds that the proportion of ever-partnered women who had ever experienced physical or sexual violence by an intimate partner in their lifetime ranged from 15 per cent to 71 per cent; the combined prevalence of physical and sexual violence by a non-partner over the age of 15 years ranged from 5 per cent to 65 per cent. VAW was linked to SRH outcomes and was associated with STIs, including HIV, unintended pregnancies and poor maternal health outcomes, such as miscarriage, low birthweight and foetal death, as well as poor mental health.²⁶

The concept of GBV can be understood to encompass all acts of violence perpetrated against anyone based on gender, including VAW generally, as well as violence against men (including men who have sex with men), girls and boys.²⁷ UNFPA has been a strong advocate for assessing GBV as a human-rights violation and a public health priority. In collaboration with sister United Nations agencies and other development partners, UNFPA employs the life-cycle approach in addressing this issue and looks forward to expanding resource investments and mainstreaming responses to GBV.

UNFPA contributions to ending GBV are embedded in the SRH framework. A human rights-based approach to GBV intervention means empowering survivors of violence to claim their rights and reinforcing duty-bearers to fulfil their obligations. It means aligning national legislation with human-rights instruments and standards, especially CEDAW, as well as advocating that parliamentarians and decision makers tighten laws against GBV. A human rights-based approach also entails supporting national and community civil society organizations in designing, implementing and evaluating community-based interventions for the prevention of GBV -- such as community-based surveillance systems -- as well as increasing community participation by involving community leaders and men in dialogue as to the importance of preventing GBV.

The intervention areas identified below take into account the recommendations of the Secretary-General's In-Depth Study on Violence Against Women²⁸ and the UNFPA role as Co-Chair with the United Nations Division for the Advancement of Women (DAW) of the United Nations Inter-Agency Task Force responsible for following up on this question.²⁹ In addition, UNFPA will strengthen its coordination and partnership with key United Nations agencies, especially United Nations Women and WHO, and continue its work on specific initiatives against sexual GBV, such as the United Nations Action initiative.

26

Claudia García-Moreno et al., *Multi-Country Study on Women's Health and Domestic Violence against Women: Initial results on prevalence, health outcomes and women's responses* (Geneva, World Health Organization, 2005).

27

Inter-Agency Working Group on GBV and HIV and Harvard School of Public Health, "Gender-Based Violence and HIV" (forthcoming).

28

United Nations General Assembly, In-Depth Study on All Forms of Violence against Women: Report of the Secretary General, A/61/122/Add.1(2006),

29

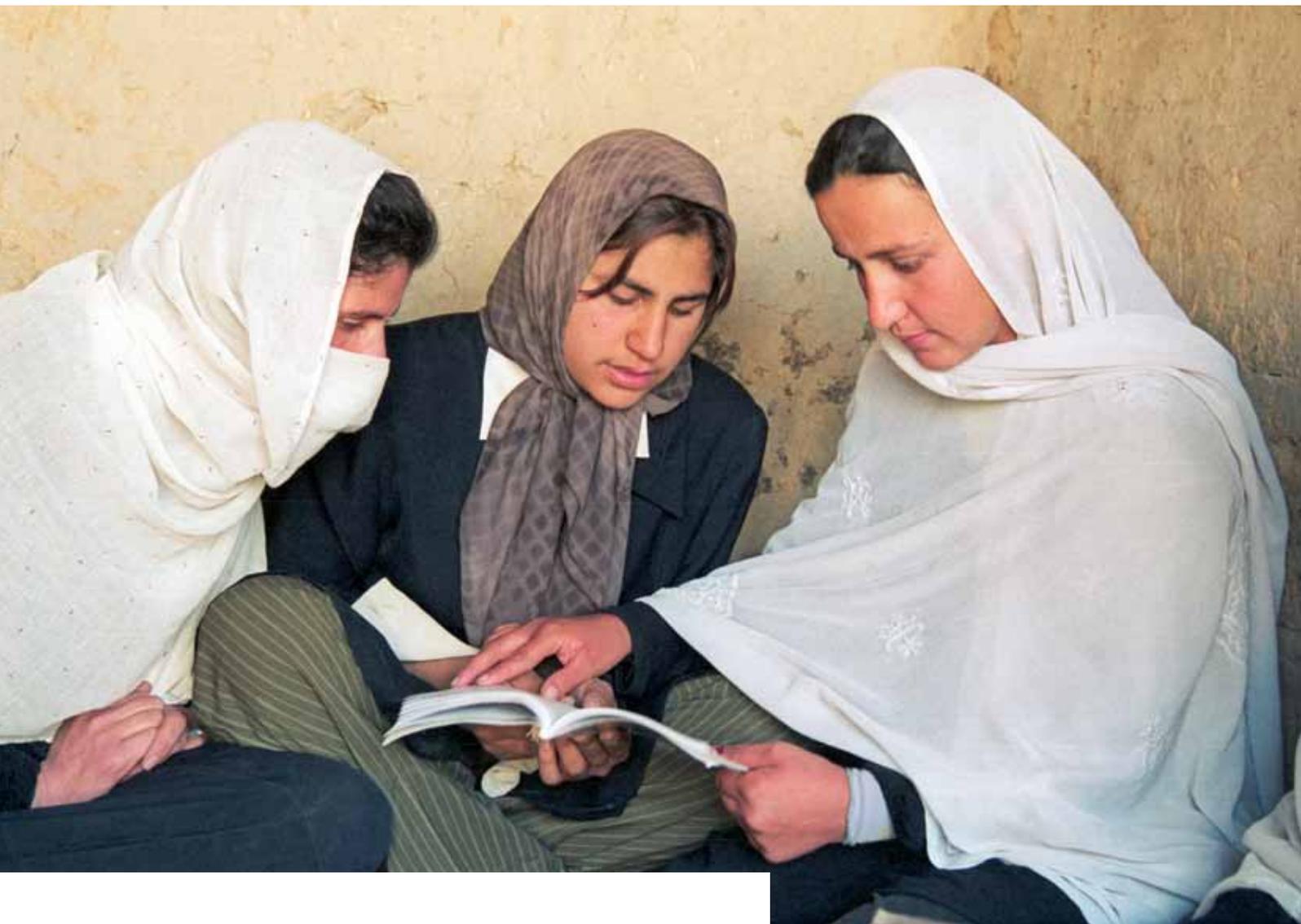
Task Force on Violence Against Women of the UN Inter-Agency Network on Gender and Women's Empowerment. The Task Force website is as follows: http://www.un.org/womenwatch/ianwge/taskforces/tf_vaw.htm

Box 13. Breaking the Culture of Silence in Mauritania

An integrated approach to GBV can include incorporating engagement with cultural gatekeepers to transform attitudes as well as enhancing data collection for evidence-based programming to facilitate acceptance of the need for change. In Mauritania, local midwives broke the culture of silence around rape, which often resulted in the imprisonment of victims and freedom for the perpetrators.

UNFPA supported the collection of statistics on sexual violence and the establishment of a centre to meet the needs of survivors. It also facilitated a consensus-building process among local imams, judges, police, government officials and other members of the public that protecting women was a religious obligation. These interventions have led to a notable reduction in the incidence of rape and observed changes in attitudes towards rape.

Source: UNFPA, *State of World Population 2008: Reaching Common Ground: Culture, Gender and Human Rights* (2008), pp. 40-41.



1. Priority Programming Area: Strengthening the Health Sector's Role in Responding to Gender-Based Violence as an Integral Part of Sexual and Reproductive Health and HIV and AIDS Services

Strengthening the health sector's response to GBV implies developing capacities of health systems at all levels (see box 14) and especially at the first point of contact for abused women. A woman's visit to a reproductive health centre may be her only chance to receive support, care and information related to her options in remedying a situation of abuse. Addressing GBV through the SRH programmes that UNFPA supports is the most critical area in which its country operations worldwide can be effective over a medium- to longer term period. This is especially so in light of the linkages between violence and poor SRH outcomes and the fact that both need to be addressed through the primary health-care level.³⁰ UNFPA initiatives include the following:

- ✓ Capacity-building to address GBV. Policy, legal and normative frameworks include sensitizing policymakers to develop screening, care and referral protocols; institutionalizing GBV in national training curricula for health professionals; on-the-job training for service providers in human rights, legal and sociocultural as well as medical and normative aspects; equipping health centres for quality care by providing separate rooms for privacy, addressing needs for emergency contraception and supplies and providing local training for legally valid forensic examinations; fostering coalition-building at local levels among municipal authorities and civil society to establish and strengthen multisectoral networks for the range of survivors' needs, including access to livelihood options; and supporting community-based strategies that reach marginalized groups, particularly poor rural women and other key groups (e.g., migrant women, disabled women, domestic workers).
- ✓ Mainstreaming' responses. In addition to its efforts through the health sector and SRH programmes, and depending on the situation in the countries concerned, UNFPA mainstreams its response through the other regular processes and programmes it supports (see section 2 below).

30

Beijing Platform for Action, paragraph 106(q): "Integrate mental health services into primary health-care systems or other appropriate levels, develop supportive programmes and train primary health workers to recognize and care for girls and women of all ages who have experienced any form of violence[,] especially domestic violence, sexual abuse or other abuse resulting from armed and non-armed conflict."

Box 14. Multisectoral support to sexual and reproductive health and gender-based violence services in the United Republic of Tanzania

In the United Republic of Tanzania, the Stronger Voices project, supported by UNFPA and the African Medical Research Foundation, organized workshops for men and women in villages throughout the Geita District. The goal was not only to help people understand the full range of their reproductive rights but also to empower them to claim them. The project conducted training for local government officials and health providers. Feedback showed that participants became more aware of their reproductive rights, more confident and more motivated to respect the rights of others. Working with providers and municipal health officials also led to developments in policy and services, such as the renovation of facilities, improved equipment and the integration of SRH into local budgets.

District staff who participated in the training sessions said they no longer saw themselves as benefactors but as public servants. Moreover, the recognition of GBV resulted in a data collection system by which the Ministry of Health can track cases. In short, the Stronger Voices project fostered the perception of SRH as a human-rights issue, encouraging community members, health providers and local authorities to identify concrete mechanisms for accessing and improving services on the basis of community concerns and needs.

Source: United Nations Population Fund and Harvard School of Public Health, Program on International Health and Human Rights, *UNFPA at Work: Six human rights case studies* (2008).

2. Priority Programming Area: Mainstreaming Gender-Based Violence Programming Across UNFPA Work

UNFPA is well positioned to seize the many opportunities available to mainstream responses to GBV. Critical entry points include the following:

- ✓ National data collection, analyses, surveys and needs assessments, to improve data availability and knowledge on various forms of GBV.
- ✓ Advocacy and technical support (including for data analysis) to strengthen the role of UNCTs in addressing GBV, including through CCAs and corresponding UNDAFs.
- ✓ Emergency and post-emergency support to policies, programmes and services, with a focus on sexual violence, and including training of uniformed personnel, in the context of Security Council Resolutions 1325, 1820, 1888 and 1889.
- ✓ Developing the capacities of stakeholders (government and civil society) to initiate and develop sustainable GBV initiatives.

3. Priority Programming Area: Supporting Multisectoral Partnerships on Gender-Based Violence

The following are areas in which UNFPA already plays a catalytic or supportive role in various countries. It may be able to step up responses in a greater number of countries, depending on country context and the role and capacities of other United Nations organizations.

- ✓ Supporting the development of national multisectoral plans and coalitions against violence against women and girls.
- ✓ Ensuring that laws against GBV are in place, or improving them through legal reforms and strengthened enforcement mechanisms.
- ✓ Launching national and international campaigns on violence against women and girls, identified as a “quick win” for achieving the MDGs by the United Nations Millennium Project. An example at the international level is the UNiTE to End Violence against Women campaign.³¹
- ✓ Introducing or scaling up strategies for eliminating harmful practices, especially child marriage, FGM/C and prenatal sex selection. UNFPA already has a niche for working in these areas. These initiatives need to be expanded, and the lessons learned need to be disseminated and replicated.

31

<http://www.un.org/en/women/endviolence/index.shtml>



Box 15. Building grass-roots capacity for gender-based violence prevention in Indonesia

Participation and inclusion are critical steps in rights-based approaches because they encourage everyone to engage in and have access to information relating to decision-making processes that affect their well-being. In Indonesia, UNFPA supported grass-roots organizations in promoting the implementation of a domestic violence law while increasing their capacity to engage women in participatory planning, especially to address GBV in post-conflict situations.

Source: UNFPA, *Gender Snapshot: UNFPA Programming at Work* (New York, UNFPA, 2008), p. 11.

D. ADDRESSING ADOLESCENTS AND YOUTH: STARTING EARLY ON THE PATH TO GENDER EQUALITY

Adolescent reproductive health is a critical issue, as 1 billion young people between 15 and 24 years of age are entering their reproductive years. More than one third of young women in developing countries between 20 and 24 years of age are married before the age of 18, over half of whom complete less than three years of schooling. It is estimated that a total of 67 per cent of married adolescents in sub-Saharan Africa who want to avoid pregnancy for at least the next two years are not using any form of contraceptives. The comparable figures in other regions are 54 per cent in South Asia and 36 per cent in Latin America. On average, one third of young women in developing countries gives birth by the age of 20, with associated health risks. Nearly half of all sexual assaults worldwide are against girls 15 years of age and younger.³²

From a strategic standpoint, investing in gender-equality programming for this age group is an unquestionable priority, with evidence-based benefits in both the short and the long term. In many cases, gender attitudes and related values – including those concerning sexuality, reproductive health and gender relations – are instilled in adolescence. UNFPA can play a key role in transforming gender-biased attitudes at this stage. Young people are often more open to new ideas and perspectives than are adults, which can help eliminate harmful stereotypes that they may otherwise carry with them for life. In this sense, adolescents can be effective agents of cultural change. From a public health standpoint, research shows that adolescents who acquire “good habits” on prevention and self-care in this stage of life are more likely to retain them into adulthood (see also ICPD, Programme of Action, chapters IV [paragraphs 4.9 and 4.15-4.23] and VII [paragraphs 7.41-7.48]).

UNFPA has been steadily increasing the share of resources it devotes to adolescent and youth programming, particularly with regard to gender, SRH and HIV issues. Focusing UNFPA gender-equality programming efforts on this age group is therefore also timely. As programmes and resources devoted to young people expand, strengthened gender-mainstreaming capacities can help ensure that interventions are effective and efficient.

32

UNFPA, *Eight Lives*, pp. 16-34.

UNFPA is also playing a lead role within the United Nations. UNFPA has strengthened its United Nations partnerships overall, within a multisectoral framework for addressing young people's needs and rights, including serving as Co-Chair, with UNICEF, of the United Nations Adolescent Girls Task Force on the human rights of marginalized adolescent girls (see also section 2 below). UNFPA is also involved in other global partnerships, such as the Coalition on Adolescent Girls, which brings together United States-based foundations, civil society, United Nations organizations and private-sector companies.

The UNFPA Framework for Action on Adolescents and Youth³³ mainstreams gender and calls for priority attention on specific gender issues facing adolescents and youth. It centres on four key pillars of programming: policy environment; life skills-based SRH education; SRH services, including HIV; and young people's participation. The framework also includes cross-cutting themes of gender mainstreaming and young women's empowerment approaches, with a focus on marginalized groups of young people. The UNFPA Strategy on Addressing Gender-Based Violence³⁴ provides further discussion on several of the issues highlighted below for operationalizing a gender-equality perspective.

1. Priority Programming Area: Incorporating a Gender Perspective in Educational Systems, Including School Safety and Sexual and Reproductive Health in Curricula Development

This component falls within UNFPA support for life skills-based, gender-sensitive comprehensive sexuality education. It aims at strengthening girls' human rights by eliminating stereotypes and biases, and instead supporting equal participation and treatment of girls in the classroom, as well as preventing sexual harassment and abuse. Existing entry points and comparative advantages for UNFPA in this area include:

- ✓ Collaborating with Ministries of Education, NGOs, UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO) on policy development, curricula reform and the development of teacher training packages to eliminate stereotypes and to promote sexuality education within schools.
- ✓ Reaching out-of-school youth, parents and other adults to eliminate stereotypes and prevent sexual harassment and abuse in the community.

Box 16. Gender-sensitizing curricula in Pakistan

In Pakistan, UNFPA gained support from traditional custodians of culture by working with faith-based schools to promote rights awareness. It also worked through the Ministry of Education to integrate population issues into the curriculum for grades 9 to 12.

Source: UNFPA, *Gender Snapshot: UNFPA Programming at Work* (2008), pp. 18-19.

³³

UNFPA, *Framework for Action on Adolescents and Youth* (New York, UNFPA, 2006).

³⁴

UNFPA, *Addressing Gender Based Violence: Strategy and Framework for Action* (New York, UNFPA, 2009).

2. Priority Programming Area: Stepping Up Investments in Very Young Adolescent Girls

Socialization processes and opportunities for boys and girls change sharply in many contexts in early adolescence (10-14 years of age). For girls, especially those living in poverty, this can mean an end to schooling, child marriage and SRH problems, higher risks of HIV infection and being subjected to sexual exploitation and trafficking. In addition, there is sometimes an abrupt curtailment of prospects for self-development, with implications for the entrenchment of poverty and its intergenerational transmission. Few programmes are available that work with this younger age group, despite the strategic pay-offs of investing in gender equality before the effects of gender discrimination can leave an indelible imprint on the life prospects of adolescent girls. One important programme is the United Nations Adolescent Girls Task Force, which aims at supporting countries in reorienting youth programmes to target the hardest-to-reach girls, with a focus on those 10-14 years of age. The priority interventions for empowering young adolescent girls include the following:

- ✓ Strategies to keep girls in school through secondary education, such as conditional cash transfer programmes, as well as advocacy efforts on the importance of educating girls.
- ✓ Strategies for the prevention of child marriage, as discussed in section 3 below.
- ✓ Strategies calling for a multisectoral response for empowering very young adolescent girls, including education, health, protection from violence, and leadership, as mentioned in the United Nations Joint Statement on Adolescent Girls; UNFPA along with other United Nations organizations is now developing guidance on such interventions targeting very young adolescent girls.



3. Priority Programming Area: Meeting the Needs of Married Adolescent Girls and Eliminating Child Marriage and Other Harmful Practices

Child marriage is a key factor in gender inequality, girls' abandonment of schooling, poor reproductive health, high fertility and limited development opportunities in countries and communities of South and South-East Asia and sub-Saharan Africa, where the practice is especially prevalent. Worldwide, more than 50 million adolescent girls aged 15-19 are married. The percentage of girls who are married before the age of 18 varies from 48 per cent in South Asia, to 42 per cent in Africa, and to 29 per cent in Latin America and the Caribbean, with child marriage most common among the poorest 20 per cent of the population across all regions.³⁵ Research shows that worldwide, most sexual activity among girls under the age of 18 occurs within the context of marriage, and that married adolescent girls have a higher prevalence of HIV when compared with their unmarried peers.³⁶ Key areas for UNFPA support include the following:

- ✓ Preventing child marriage for the roughly 100 million girls at risk and keeping them in school through targeted inter-agency collaboration supporting adolescent girls. This is one of the most strategic contributions to poverty reduction, gender equality and reproductive health that UNFPA can make in countries where the practice is common.
- ✓ Enhancing collaboration with United Nations organizations, inter-faith networks and other cultural agents of change. Efforts to end harmful practices affecting adolescent girls will build on collaboration with other United Nations organizations, especially UNICEF and the United Nations Development Fund for Women (UNIFEM), and also engage youth inter-faith networks, for enhanced culturally sensitive advocacy and programme delivery.
- ✓ Scaling up successful approaches. UNFPA will work to ensure that cutting-edge approaches being piloted in several countries -- with UNFPA and partner support -- receive the scaled-up backing they merit.

Box 17. Tackling Child Marriage in Ethiopia

In Ethiopia, UNFPA uses an integrated approach enhancing the awareness of girls' rights through the adaptation of positive cultural values in its support of the *Berhane Hewan* project. This project provides adolescent girls with education to help them delay marriage and promotes community conversations in which parents and religious leaders discuss child marriage and issues that affect the girls' well-being. When girls graduate from the programme their families are given a goat – the same present they would have received from a bridegroom's family.

Community involvement is one of the keys to the programme's success: 96 per cent of participants remain unmarried after two years in the programme.

Source: UNFPA, *State of World Population 2008: Reaching Common Ground: Culture, Gender and Human Rights* (2008), p. 41; UNFPA, *State of World Population 2008: Youth Supplement* (2008), p. 17.

35

UNFPA, *Fact Sheet: Young People and Times of Change* (New York, UNFPA, 2009); UNICEF, *Early Marriage: A Harmful Traditional Practice* (New York, UNICEF, 2005).

36

Shelley Clark, Judith Bruce and Annie Dude, "Protecting Young Women from HIV/AIDS: The Case Against Child and Adolescent Marriage," *International Family Planning Perspectives* 32: 2 (2006); UNFPA, *State of World Population 2005: The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals* (New York, UNFPA, 2005), p. 54.

4. Priority Programming Area: Combating Sexual Violence and Harassment against Adolescent Girls and Young Women

The alarming levels of forced sexual initiation and violence experienced by adolescent girls and young women require a systematic and concerted UNFPA response, especially as it is the lead United Nations organization on SRH and an increasingly recognized leader on young people's needs and human rights, including for HIV prevention. Adolescent girls and young women face various forms of sexual violence, from sexual harassment on the streets and in school; sexual abuse and incest in the home; forced sexual relations within marriage (including in the context of child marriage); sexual abuse at work; sexual violence in conflict, post-conflict and natural-disaster situations and in refugee camp settings; and date rape and gang rapes perpetrated by boyfriends and peers, among others. Sexual abuse and violence in childhood and adolescence can have lifelong health and developmental effects, including recurrent SRH problems. UNFPA-supported programmes have much to contribute in terms of preventing and addressing sexual violence against adolescent girls and young women, especially in the following areas:

- ✓ Involving boys and young men to foster non-violent, respectful behaviour (see section F later in this chapter).
- ✓ Strengthening UNFPA partnerships to tackle sexual violence, including with UNIFEM (on advocacy) and WHO (on research and health-service delivery), as well as under the broader umbrella of United Nations Action on Sexual Violence in Conflict.
- ✓ Scaling up successful approaches, identifying the cutting-edge approaches piloted in selected countries to receive scaled-up support.

5. Priority Programming Area: Developing Programmes for Adolescents and Youth in Emergency and Post-Emergency Situations

UNFPA can strengthen its role in this respect by building on its experience of working with adolescents in emergency and transition settings. Specific areas of UNFPA intervention in this field include the following:

- ✓ Since 2007, co-leading, with UNICEF, an initiative to develop United Nations system-wide inter-agency guidelines focused on adolescents and youth. This effort provides an entry point to institutionalize a rights-based gender perspective in humanitarian and post-crisis operations, including ensuring that issues of GBV, SRH and HIV prevention are systematically addressed.
- ✓ Supporting HIV-prevention programmes for youth, an issue of global urgency.
- ✓ Scaling up successful approaches. UNFPA will work to ensure that cutting-edge approaches being piloted in a few countries, with UNFPA and partner support, receive the backing they merit.

E. RESPONDING TO EMERGENCY AND POST-EMERGENCY SITUATIONS

During armed conflict, girls are subject to a multitude of human-rights violations, including illegal detention, torture, amputation and mutilation, forced recruitment into fighting groups, slavery, sexual exploitation, increased exposure to HIV and AIDS, rape, forced pregnancy, forced prostitution, forced marriage and forced childbearing.³⁷ Women and children account for more than 75 per cent of the refugees and displaced persons at risk from war, famine, persecution and natural disaster; 25 per cent of this population at risk are women of reproductive age and one in five is likely to be pregnant.³⁸

In line with its ICPD mandate, UNFPA is increasingly playing an important role in humanitarian emergencies within a United Nations system-wide response (see ICPD Programme of Action, chapters IV [paragraph 4.10], VII [paragraph 7.11] and IX [paragraphs 9.19-9.22]). Conflicts and natural disasters, and the humanitarian responses and transition and recovery plans that are put in place, have different impacts on women and men, girls and boys. Transition and recovery situations can offer a unique opportunity for countries to be set on a path of gender equality and improved prospects for poverty reduction, human rights, lasting peace and development. This is because women play a key, although little recognized, role in reconstructing communities and restoring the fabric of societies and economies. For example, after conflicts have ended, widows form a substantial proportion of the population. Children and the elderly or disabled dependents rely on them for their survival and well-being. Women in this context need political representation, income-earning options, reproductive health services and additional support, such as help to maintain their children's education. This is especially relevant in the context of the MDGs, since humanitarian emergencies often strike countries with already high levels of poverty.

37

Paper prepared by D. Mazurana and K. Carlson for the United Nations Division for the Advancement of Women and UNICEF's Expert Group Meeting on the Elimination of All Forms of Discrimination and Violence against the Girl Child, Florence: 25-28 September 2008.

38

UNFPA, *Reproductive Health for Communities in Crisis: UNFPA Emergency Response* (New York, UNFPA, 2001), p. 2.

UNFPA is well placed to play a strengthened role in furthering the gender-equality agenda in emergency preparedness, response and recovery, within the framework of Security Council Resolutions 1308 and 1325 (2000)³⁹ and the World Summit Outcome (2005). UNFPA is a member of the Inter-Agency Task Force responsible for implementing Security Council Resolution 1325 and also plays a key role in the Gender and Humanitarian Assistance Sub-Working Group of the IASC, which brings together United Nations and non-United Nations entities working on humanitarian response.⁴⁰ Within the inter-agency cluster approach, UNFPA also holds responsibilities for sexual and gender-based violence, reproductive health and gender mainstreaming and is responsible for mainstreaming gender issues throughout all of the nine cluster areas. It is a member of the inter-agency initiative Stop Rape Now: United Nations Action Against Sexual Violence in Conflict and is a champion of the follow-up work to the 2006 Brussels Call to Action to Address Sexual Violence in Conflict and Beyond. Also the strategy proposed in UNFPA Role in Emergency Preparedness, Humanitarian Response, and Transition and Recovery⁴¹ reflects a welcome gender perspective.

In its role of addressing reproductive health needs, including family planning, maternal health care and preventing HIV and other STIs, UNFPA is also well placed to respond programmatically. It is playing an increasingly important role in working with young people in emergency and transition situations and ensuring that their reproductive health needs and human rights are addressed, as well as working on GBV in humanitarian settings within the wider context of United Nations fieldwork, including ensuring that rape survivors receive proper protection and care. UNFPA is also reaching out to men and boys – including peacekeepers and uniformed personnel as duty-bearers and as agents of cultural change – to prevent violence against women and girls and the spread of HIV and other STIs.

The comparative advantage and experience of UNFPA in working with faith-based communities is highly relevant as religious communities often play a key role in delivering humanitarian assistance. In addition, gender relations and human-rights violations often worsen during periods of conflict. An integrated approach to humanitarian response focuses attention on the ways in which programmes address gender relations while taking into account existing values and beliefs in the design of emergency interventions. With cultural knowledge, humanitarian programmes can accurately identify women's needs and the assistance channels most likely to be effective.⁴²

39

Security Council resolution 1308 expresses concern about the spread of HIV and AIDS, especially in emergency situations, and calls for HIV prevention and related services for United Nations peacekeeping personnel. Security Council resolution 1325 was a landmark endorsement of the importance of involving women in peace processes, incorporating a gender perspective in peacebuilding programmes and protecting women during conflict situations, including from sexual violence.

40

Within the IASC Gender Sub-Working Group, UNFPA is also responsible for coordinating the development and field testing of the United Nations Guidelines on Management of Sexual and Gender-Based Violence in Humanitarian Situations.

41

United Nations, *UNFPA Role in Emergency Preparedness, Humanitarian Response, and Transition and Recovery* (United Nations, DP/FPA/2006/14, 18 August 2006).

42

UNFPA, "Integrating Gender, Human Rights and Culture in UNFPA Programmes," p. 6.

1. Priority Programming Area: Raising Awareness and Mobilizing Policy Commitments to Address Gender Equality and Reproductive Health Issues in Crises and Transitions

All of the priority areas identified in this framework apply to emergency and post-emergency situations – from dealing with policy, programme and SRH service-delivery issues to involving males, adolescents and youth and addressing GBV. Some key areas in which UNFPA is positioned to play an expanded role in building national counterpart and staff capacities are highlighted below.

In the window of opportunity for change in the aftermath of conflict and disasters, it is crucial that policymakers recognize the differentiated effects on women and girls, and the rationale for addressing their needs. Although the gender implications of conflict and natural disasters have been the subject of research, results are not easily accessible to policymakers and programme staff. As such, key areas of intervention for UNFPA include:

- ✓ Increasing advocacy with all levels of decision makers. This would entail intensified advocacy efforts aimed at policymakers and other opinion leaders, including cultural ones, focused on illustrating how women and girls are affected by crises and presenting reproductive health and gender-related interventions as elements of an effective response. This is in line with a culturally sensitive approach in terms of raising the awareness of gatekeepers as to how gender issues overlap with values and affect the needs of the community.
- ✓ Compiling and disseminating existing research, tools and resources, and developing additional advocacy, research and related training materials to fill key gaps. This effort is necessary to meet the information and capacity-building needs of key stakeholders with respect to the gender implications of conflict and natural disasters.

Box 18. Awareness-raising on post-conflict sexual violence in the Democratic Republic of the Congo

Culturally sensitive approaches to gender-equality needs in times of conflict were used in the 2008 UNFPA public awareness campaign in the Democratic Republic of the Congo. Such approaches were aimed at addressing widespread sexual violence as a violation of women's rights in the context of post-conflict reconstruction. The campaign raised the level of awareness on sexual violence and united authorities, neighbours, survivors, friends and family members in its elimination. A wide range of communication channels – including media outlets, theatre, open telephone lines, films and video forums and debates – were used to reach out to all, as well as relying on the moral authority of recognized community leaders to influence public opinion.

Source: UNFPA, *State of World Population 2008: Reaching Common Ground: Culture, Gender and Human Rights* (2008), p. 74.

2. Priority Programming Area: Integrating Gender and Reproductive Rights in Crisis and Post-Crisis Situations

- ✓ Strengthening support for data collection and gender analysis on refugees, displaced persons and other forced migrants.
- ✓ Strengthening support for gender mainstreaming in the development of CCAs; emergency preparedness plans; consolidated appeals; humanitarian action plans; post-conflict needs assessments and transition frameworks; disarmament, demobilization and reintegration plans; security-sector reform initiatives; and peacebuilding programmes.
- ✓ Supporting disarmament and demobilization efforts by focusing policy and programme attention on the needs and rights of women and girls associated with armed forces. Emphasis would be placed on strengthening responses to sexual violence, including institutionalizing treatment and care for women with obstetric and traumatic fistula in the context of SRH services.
- ✓ Ensuring that gender and reproductive health expertise is available as part of the United Nations humanitarian, transition and peacebuilding mechanisms. UNFPA would continue to work towards establishing technical expert networks and mechanisms for rapid deployment and would conduct training to build national capacities.
- ✓ Expanding partnerships for sharing knowledge and applying research to build evidence-based programmes. A priority in this respect would consist of improving monitoring and evaluation systems, including those that focus on GBV, HIV and the protection of women and girls.
- ✓ Accelerating responses to sexual violence against adolescent girls and young women, including in emergency and post-emergency situations.



3. Priority Programming Area: Building the Capacities of Civil Society, Especially Women's Groups and Networks

After conflicts, civil society organizations are greatly weakened or dispersed. They need to be built up again – a critically important task in terms of national capacity development for furthering women's empowerment and gender equality, and a cornerstone of a rights-based and culturally sensitive approach.

Box 19. Community-Based 1325 Initiatives in Occupied Palestinian Territory

An integrated approach to gender equality in emergency settings includes efforts to build the capacity of duty-bearers and support community-based work. In Occupied Palestinian Territory, UNFPA joined with its national partners to implement United Nations Security Council Resolution 1325 through the creation of community-based initiatives that empower women to protect themselves from GBV, particularly within the context of conflict. These types of initiatives build the capacity of NGOs to improve services, particularly psychosocial support.

Source: UNFPA, *Gender Snapshot: UNFPA Programming at Work* (2008), p. 22.

- ✓ Rolling out training workshops for civil society representatives in post-conflict countries. UNFPA will continue this process, in line with Security Council Resolution 1325. These workshops have received positive feedback and are in high demand. The training would cover institution-building, including governance and management issues, advocacy and GBV.

F. ENGAGING MEN AND BOYS: PARTNERS FOR EQUALITY

Gender biases and inequalities overwhelmingly and gravely affect women and their abilities to claim their rights. Such inequalities are the drivers of SRH problems, including the HIV and AIDS pandemic and GBV. Gender stereotypes also pose restrictions and risks for men, including risks leading to poor health, HIV and other STIs. They can limit men's potential and enjoyment of their roles as affectionate and supportive partners, husbands, fathers and sons, and as role models of non-violence and tolerance.

Men's own SRH needs and their perspectives on gender issues have not received the necessary attention and response to ensure that programmes are optimally effective. Not surprisingly, the Political Declaration on HIV/AIDS and the Secretary-General's In-Depth Study on Violence against Women, both issued in 2006, call for greater outreach and involvement of men if progress is to be made in tackling these problems and the root issue of gender discrimination and inequality. The ICPD Programme of Action outlines the importance of male involvement in a number of sections, including chapters IV (paragraphs 4.24-4.29) and VII (paragraphs 7.8 and 7.37). Transforming the ways in which boys and men are socialized and relate to girls and women is essential. As discussed earlier, adolescence is an excellent opportunity to endorse cultural norms supportive of gender equality, including improving SRH and preventing GBV.

Within the United Nations system, UNFPA is regarded as one of the leaders for engaging men and boys, particularly in relation to SRH issues. Engaging men and boys as partners for gender equality and women's empowerment is a cross-cutting aspect of all the priorities identified in this Strategic Framework. This strategy engages men in many segments of society -- as husbands, partners, service providers, uniformed services and religious leaders. As such, it represents another facet of integrating issues of gender, human rights and culture.

Box 20. “Schools for Husbands” in Niger

UNFPA Niger is promoting male involvement in reproductive health through “schools for husbands”. The community-based initiative encourages husbands to become more engaged in SRH issues by openly discussing family planning with their wives, while also being involved in their prenatal health care. The “schools” also focus on involving men to eliminate obstetric fistula.

In the areas covered by the schools, husbands are taking an increasingly active role in the health care of their families and communities. According to one wife, “we have seen many changes since the schools were set up. The men have become more aware.” Moreover, husbands and wives say that they are now talking to each other more: men understand the importance of the health of their wives and children, and husbands have even begun attending the births of their children. Reproductive health indicators are also improving, with significant increases in the number of deliveries assisted by skilled personnel, prenatal and post-natal consultations and family planning.

Source: UNFPA, “UNFPA Global Consultation on Engaging Men and Boys in Gender Equality and HIV”; UNFPA Niger, *Niger husbands schools seek to get men actively involved in reproductive health* (2009).

In collaboration with key partners, expert institutions and other United Nations entities such as WHO, UNIFEM and UNICEF, UNFPA can build on its niche and work in this area to step up efforts in a systematic way, as listed below.

- ✓ Engaging and building capacities of men’s and adolescent boys’ groups for promoting gender equality, SRH and population and development. Through mapping expertise available on masculinity at regional and country levels, offices can establish and/or strengthen technical partnerships, with a focus on programming skills related to working with young men on issues around SRH, family planning, HIV prevention and GBV.
- ✓ Developing a corporate strategy and support regionally led initiatives. At the global level, a corporate Engagement of Men and Boys Strategy will iterate guidance for UNFPA staff on the rationale for and importance of integrating the approach of engaging men and boys into the UNFPA mandate areas and existing programmes. Within the context of the Engagement of Men and Boys Strategy, regionally specific strategies, with a focus on particular issues, e.g., GBV, peace and security, and maternal health, can be pursued based on regional and country-level needs.
- ✓ Designing a capacity-development plan, including a toolkit and South-South cooperation on working with men and boys. This would include a global training programme for national counterparts and staff tailored to regional and national priorities. The approach aims at supporting the development of a critical mass of capacities in each region and at supporting cross-country and cross-regional sharing and applications of good practices.

- ✓ Developing programme models on working with men and adolescent boys. Building on UNFPA experience and assessments of current practices in key priority areas such as GBV, HIV prevention, maternal health and family planning, as well as its record in working with male-dominated institutions such as uniformed personnel and faith leaders, UNFPA would develop evidence-based models to showcase good practices in gender-equality programming and contribute to the global knowledge-base in this area. Targeted technical assistance and training can focus on ways in which governments and UNFPA-supported programmes reflect a commitment to working with men and boys at policy and programme levels.
- ✓ Strengthening advocacy and mobilization of men and adolescent boys, including on their role in ending violence against women and girls. As per the UNFPA strategy to address GBV, awareness-raising and mobilization would be undertaken at global, regional and country levels. This would be part of a larger effort to build the advocacy capacities of men and boys, including opinion leaders, across a range of policymaking, parliamentary, community, media and faith-based circles to promote gender-responsive values, norms and behaviours.

Box 21. Men Fighting to End Violence against Women in Brazil

UNFPA Brazil is supporting national efforts to include men as part of the solution to ending GBV, including a campaign launched by the Special Secretariat on Women's Affairs to mobilize men across the country in response to the United Nations Secretary-General's campaign to end VAW—UNiTE.

Source: Trygve Olfarnes, "Preventing Gender-based Violence in Brazil" (UNFPA, 2009).

III.

OPERATIONALIZATION AND PLANNING FOR GENDER MAINSTREAMING AND WOMEN'S EMPOWERMENT

UNFPA implementation of the Strategic Framework will centre on three key axes: planning, capacity development, and results and accountability. Follow-up will be required to ensure that global, regional and national programmes integrate the priorities of the Strategic Framework and that staff, at all levels, receive the capacity-development support needed. Monitoring of the implementation of the Strategic Framework is ongoing, with a full evaluation carried out in 2010/11.

A. PLANNING FOR GENDER EQUALITY

As discussed in chapter I, the UNFPA policy on gender equality requires a dual approach, both mainstreaming gender across all activities and supporting specific programme components on women's empowerment and gender equality. Key overarching elements for gender mainstreaming, inter-agency collaboration and sustained and targeted emphasis on gender equality include consideration of the following:

- Involvement of senior staff in all gender-mainstreaming and gender-equality initiatives, particularly as lead members in gender theme groups at the country level.
- Cross-goal and interdisciplinary planning to support gender-mainstreaming and gender-equality initiatives to build capacity and share information among all staff. This can be accomplished by working across levels (bottom-up and top-down), through networks and by piggybacking programme activities and budgets to maximize results and effectiveness. Senior staff in UNFPA can establish measurable priorities working on gender theme-group priorities and creating an organizational culture that clearly values the incorporation of gender analysis in all programme design and implementation.
- Coordination with other agencies in the spirit of One United Nations and aid-effectiveness principles, including clarification of the value added and contributing role of UNFPA, as well as the creation of common messages for national partners.

When selecting and designing a specific gender programme at the country level, planners should consider the following criteria in the choice of which area of gender equality to emphasize:

- ICPD priorities: Which of the ICPD priorities are most critical in the country? To what extent does the proposed gender programme reflect one or more of those priorities?
- UNFPA priorities for gender equality: Which of the six UNFPA priority areas for gender equality, as described in chapter II, reflect the greatest need(s) in the country?
- Country-specific needs: What are the key gender-equality issues and challenges related to reproductive health and population dynamics in the country? To what extent are these issues being addressed by United Nations partners and other development and humanitarian agencies?
- The comparative advantage of UNFPA: To what extent does the proposed gender programme capitalize on the unique comparative advantages of UNFPA in its mandate areas vis-à-vis the work of other United Nations organizations?

The following checklist is from the UNFPA guidance on Integrating Gender, Human Rights and Culture in UNFPA Programmes, which is entirely compatible with this Strategic Framework. The checklist was designed to assist in programme design, implementation and monitoring, reporting and evaluation at the country level.



Box 22. Checklist for the Integration of Gender Equality, Human Rights and Culture in UNFPA Programming

Feasibility Assessment and Programme Design

- Has the programme identified root and underlying causes for gender inequalities and reproductive rights violations?
- Has the proposed programme identified and analysed the existing mainstream and/or various subgroups' norms, attitudes, practices and beliefs related to the programming objectives?
- Has the programme clearly identified the negative attitudes, practices, policies and laws as well as forces resistant to change that constitute barriers to the improvement of the situation of women and girls, men and boys? Have these been incorporated into a problem analysis?
- Has the programme clearly identified and analysed the positive attitudes and practices among various groups and subgroups that can be used to promote the development objectives? Has it identified strategic partners and allies within communities?
- Has the programme undertaken an interest group/key stakeholder analysis that identifies the existing formal and informal power structures and those who control them and influence decision-making and behaviours (e.g., traditional and religious authorities, FBOs, local chiefs, influential male figures, politicians, elected officials, business/commercial companies/interests), and those who are powerless (e.g., the poorest of the poor, displaced persons or refugees, persons with disabilities, discriminated cultural, ethnic and religious minorities)?
- Was the programme designed with meaningful participation of the identified stakeholders? How?
- Have the social-economic/reproductive health/political situations of various groups of women and girls and their needs been assessed? Were the specificities and needs identified in connection with race, ethnicity, socio-economic, rural/urban, age factors?
- Has a risk analysis been done to ensure that any changes related to gender power relations do not increase risks of VAW?
- Has the programme reviewed existing CEDAW Committee concluding comments, general recommendations and United Nations Rapporteurs' recommendations that are relevant to the programme objectives? Is it helping to disseminate information about these recommendations at the political and policy level?
- Have the gaps between international norms and standards and national legislation (if any) been identified? If the legislation is in place, has the analysis determined the impediments to implementation -- and have the sociocultural dynamics been taken into account when doing this?
- Has the programme built networks with progressive local women's organizations to analyse the ways in which gender relations constrain progress towards objectives?

Programme Implementation

- Does the programme use positive entry points within culture and community? How successfully does the programme work with local agents of change?
- How were the most vulnerable groups identified and what kind of outreach was designed?
- Does the community provide/create opportunities in which women can meet and discuss issues among themselves? Do these opportunities also include decision-making?
- In what ways is an approach to constructively engage men and boys to help facilitate gender equality and women's empowerment being undertaken?
- In what ways are activities promoting women's and girl's rights and/or rectifying the gap(s) noted in the feasibility assessment?
- Are the programmes/projects supporting capacity development with public officials, national human-rights institutions, the police, the judiciary, medical and paramedical personnel and teachers, among other duty-bearers, to enhance their capacities to fulfil their obligations?
- Is the programme/project supporting/facilitating capacity development with local NGOs, community-based organizations and FBOs, and awareness-raising to enhance the capacities of the most excluded and marginalized to know and claim their human rights, particularly their reproductive rights?
- Is additional capacity development necessary to ensure gender equality? Will positive cultural factors be more effectively advocated in this process?
- Will the key agents of change (e.g., FBOs, religious/community/indigenous leaders) be engaged in implementation as key partners to ensure sustainability? How will this outreach to them take place?
- How does the programme build community ownership?
- Are disparities arising or anticipated in the way the programme is unfolding?
- How does the programme mitigate resistance and opposition to the programme?

Monitoring and Evaluation

- How will the monitoring of gender, human-rights and cultural considerations be integrated into the programme?
- Were clear targets identified at the outset, which take into account the integrated gender elements, cultural features and human-rights laws and mechanisms? If so, to what extent were these achieved?
- Is the data gathered disaggregated by sex, ethnicity, socio-economic status? Does the data take into account people with special needs (e.g., adolescent girls, the elderly, indigenous peoples, persons with disabilities, marginalized populations)? Are monitoring systems also using disaggregated data?
- Were the recommendations of the various stakeholders taken into account at all stages?
- What are the constraints/challenges that prevented stakeholders from meaningfully participating in the processes?
- Should there be any shortfalls when comparing objectives with results? To what can these be attributed? Do these have any impact on the integrated approach used?
- Depending on the objective of the particular programme, what kinds of change have actually been achieved at the community level within a certain time frame (e.g., changes in beliefs, attitudes and practices)?
- Has baseline data been collected and is its collection central to programme planning?

Source: UNFPA, "Integrating Gender, Human Rights and Culture in UNFPA Programmes" (New York, UNFPA, 2010), pp. 16-18.

B. DEVELOPING CAPACITY

UNFPA needs to strengthen both its own gender-equality programming capacities and, for the promotion of national priorities and sustainable development, the capacity development of national counterparts, across the priority areas identified and presented in chapter II. All UNFPA professional staff should have sufficient guidance and knowledge to meet increased performance expectations in gender mainstreaming. If they are to be held accountable, they need the institutional support to meet their learning needs. This is the first step in ensuring that UNFPA strengthens national counterpart capacities for gender-equality programming.

UNFPA should enhance its own gender-equality programming capacity by the following:⁴³

- Consolidating a common vision at all levels of the institution, including through sustained in-house advocacy from the highest levels of management and endorsement of this framework and its operationalization as a policy and programming priority. This implies developing a communications and information-sharing plan to sustain staff attention, self-learning and mobilization.
- Expanding internal human resources with the necessary knowledge and skills at all levels of the organization for gender-equality and human-rights programming and developing a roster of staff with gender and human-rights expertise across thematic areas of programming at all levels of UNFPA to facilitate knowledge-sharing and South-South cooperation.
- Establishing partnerships with research and training institutions at global, regional and country levels, including partnerships for programme planning, monitoring and evaluation from a gender perspective.
- Mobilizing technical and financial resources, such as supporting and strengthening gender expertise in regions and countries and working with gender research and training institutions to expand national technical resources.

In the area of staff training, UNFPA should undertake the following:

- Institute a mandatory staff-orientation course on gender mainstreaming and support additional learning tools in UNFPA and the United Nations system.
- Garner approval and expansion of opportunities for staff to participate in training workshops offered by others, such as United Nations agencies, partners and/or centres of excellence. All relevant staff would be given the opportunity to participate, in addition, in training on GRB, the human rights-based approach and culturally sensitive programming referred to earlier.

43

UNFPA, *UNFPA's Support to National Capacity Development: Achievements and Challenges*, UNFPA Evaluation Report No. 20 (2003), p. ix.

In terms of knowledge-sharing, including the development of programming tools in priority areas as discussed earlier, UNFPA should undertake the following:

- Establish and maintain an Intranet repository of recommended tools for policy and programming for country offices, by category of uses.
- Facilitate cross-fertilization of gender expertise among specialist and non-specialist staff within and across headquarters, regions and country offices.
- Assess and strengthen a gender perspective in programming tools and training with especially strategic value. In the development of guidance and technical tools, a special effort would be made to produce succinct checklists reflecting minimum quality standards from a gender perspective for specific policy and programming issues.
- Compile, synthesize and disseminate tools such as state-of-the-art good practices, model methodologies and training manuals on specific issues of gender, human-rights and culture programming, including South-South technical cooperation across UNFPA-supported programmes.

In terms of partnerships, UNFPA should continue to collaborate with a wide range of established partners at national, regional and global levels. UNFPA should work to strengthen capacities in this regard by the following:

- Assessing partners' gender-related capacities and capacity-building needs. A key issue in improving UNFPA gender-mainstreaming and women's-empowerment programming relates to the partners that are selected to support planning, implementation, monitoring and evaluation.
- Establishing new and expanding emerging partnerships. Partnerships would be sought or further strengthened at global, regional and country levels to pool relevant expertise for the follow-up of this framework. For example, this could include centres of excellence that involve government, non-governmental and academic organizations.
- Supporting women's organizations. A guiding principle and cross-cutting aspect of the framework's implementation is ensuring the active participation of women's groups in all aspects of policy development and programming. Participation would include representatives and organizations of young women and marginalized groups of women, as well as men's and boys' organizations. This implies reaching out and facilitating their access to policymaking negotiation tables, including those for UNDAFs, PRSs and SWAps; consultation on the development of UNFPA-supported programmes; and direct participation by organizations and researchers with gender expertise in programme implementation, monitoring and evaluation.

To build national capacities, with global and regional level supports, country offices are encouraged to undertake the following:

- Form partnerships with national organizations and consultants who are experts in gender equality to support capacity development for effective programme design, delivery, monitoring and evaluation. Where such capacities are unavailable, UNFPA will advocate for UNCTs to support capacity-building of a critical mass of national counterparts in government, civil society, universities, the media, etc.
- Provide gender technical expertise for developing capacities that can result in evidence-based programme planning, monitoring and evaluation. This can be achieved through the recruitment of national expertise, where available, and/or a combination with UNFPA regional and headquarters colleagues, as well as national, regional or international centres of excellence. In all cases, a specific objective of that technical assistance should be to build national capacities in gender-equality programming.
- Design capacity-development plans for all staff (UNFPA and national counterparts) directly responsible for programme management, implementation, monitoring and evaluation, with explicit attention to skills-building on integrated gender-equality, human-rights and culture programming.



C. ASSESSING RESULTS AND STRENGTHENING ACCOUNTABILITY

1. Expected Results of the Strategic Framework

The expected results of this framework can be considered on two interrelated levels: improved UNFPA capacity to deliver on gender-equality programming, measured in terms of individual staff and institutional systems (policies, workplans, budget expenditures, etc.); and results at the level of the Fund's outputs and outcomes, as reflected in the Strategic Plan and global and regional programmes.

The expected results in the medium term (2008-2013) are summarized as follows:

- UNFPA staff and management are further inspired and committed to advancing gender equality and reproductive rights (as measured by increased human, technical and financial resources).
- UNFPA staff at global, regional and country levels demonstrate improved technical expertise in priority programme areas identified in this framework.
- UNFPA staff increasingly utilize and apply good practices and state-of-the-art know-how in gender-equality programming at global, regional and country levels.

2. UNFPA Accountability for Gender Equality

This framework falls within the United Nations system-wide strategy on gender mainstreaming and the United Nations overall accountability for advancing gender equality.⁴⁴ The strong mandate of UNFPA, iterated at the ICPD and later conferences, concerning women's empowerment and gender equality, field presence and strategic opportunities, implies that all UNFPA staff at all levels and across all programme areas are expected to play a role in promoting gender equality.

The UNFPA executive level highly values accountability and thus the refinement of mechanisms to monitor the implementation of the organization's strategic objectives. Specifically, this entails mainstreaming gender in the UNFPA accountability system, centred on the Strategic Plan, Office Management Plans, and the Performance Appraisal and Development system (PAD).

At country programme levels, where the bulk of resources are invested and results are critical in terms of improving the lives of women, men, girls and boys, country offices are accountable for gender-equality results (as reflected in the UNFPA-supported programmes and the Strategic Plan). Therefore, gender mainstreaming and support for women's empowerment is a required standard in all UNFPA programming. Country offices would continue to work in collaboration with UNCTs to support a common United Nations commitment to gender equality. Regional and headquarters offices would similarly be responsible in their support to country offices for achieving those gender-equality results. Such responsibilities

⁴⁴

See, for example, General Assembly Resolution A/59/488/Add.1, on Operational Activities for Development, which "Calls upon all organizations of the United Nations system to articulate specific country-level goals and targets to be pursued in accordance with the national development strategies and within their organizational mandates to achieve gender equality and gender mainstreaming in their country programmes, planning instruments and sector-wide programmes," 17 December 2004.

would fall on, among others, managers of the global and regional programmes for ensuring adequate investments in gender equality.

In terms of tracking progress and increased investments in gender-equality programming, the following proposed short-term measures will strengthen accountability:

- The setting of annual investment targets. UNFPA senior management envisages setting defined annual target levels of investment for gender-equality and reproductive-rights programming, applicable to global, regional and country planning processes.
- The tracking of investments. Existing human resource and financial reporting systems would be reviewed to improve the tracking of investments in gender mainstreaming, reproductive rights and women's empowerment. This includes exploring how reporting systems could disaggregate specific inputs related to gender for each of the UNFPA programming areas (reproductive health, population and development, gender equality and adolescents/youth).
- Global, regional and country-level programming. Annual Work Plans and Office Management Plans (including outputs, targets and staff capacity-building) to reflect greater investment for gender-equality and women's empowerment programming. This also entails heavier involvement of gender advisers in the design and evaluation of regional and country programmes and the completion of annual gender assessments.

A key issue related to UNFPA programme efforts lies in the responsibilities of the UNCTs and resident coordinators with respect to gender-equality programming. Multisectoral and simultaneous interventions on various fronts are required for gender-equality programming, and these will have to be reflected in CCAs and UNDAFs. The United Nations Development Group's "Gender Equality Scorecard" offers a useful instrument for tracking United Nations system-wide responsibilities on this front.⁴⁵

45

Tony Beck, *From Checklists to Scorecards: Review of UNDG Members' Accountability Mechanisms for Gender Equality, Synthesis Report* (United Nations Development Group, 2006).

3. Human and Financial Resources for Gender-Equality Programming

Ensuring that a gender perspective is fully implemented across the organization's operations as well as institutional culture requires additional investments in human and financial resources.

In the short-term, UNFPA will strengthen capacities among existing staff, as described earlier. In the medium to longer term, UNFPA will aim at securing a larger pool of staff with the relevant skills for gender mainstreaming and will augment the number of full-time gender technical advisers.

As part of its accountability to gender equality, UNFPA will aim at increasing both core and extra-budgetary resources for this programming area. This can result from one or a combination of possibilities, including a shift in existing budget allocations, renewed mobilization efforts and the establishment of a "challenge fund" or other creative mechanisms to harness additional monies for gender-equality programming.



LIST OF REFERENCES

- Beck, Tony. *From Checklists to Scorecards: Review of UNDG Members' Accountability Mechanisms for Gender Equality. Synthesis Report*. United Nations Development Group, April 2006.
- Clark, Shelley, Judith Bruce and Annie Dude. "Protecting Young Women from HIV/AIDS: The Case against Child and Adolescent Marriage." *International Family Planning Perspectives* 32 (2006): 2.
- Garcia-Moreno, Claudia, et al. *Multi-Country Study on Women's Health and Domestic Violence against Women: Initial results on prevalence, health outcomes and women's responses*. Geneva, World Health Organization, 2005.
- The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Gender Equality Strategy and Strategy on Sexual Orientation and Gender Identity*.
- Harvard School of Public Health and UNFPA. "Glossary of Terms." Program on International Health and Human Rights, 2010.
- Inter-Agency Standing Committee. *Gender Handbook for Humanitarian Action*. IASC, 2006.
- _____. *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*. IASC, 2005.
- Inter-Agency Work Group on GBV and HIV and Harvard School of Public Health. Forthcoming.
- Joint United Nations Programme on HIV/AIDS. *UNAIDS Agenda for Accelerated Action for Women, Girls, Gender Equality and HIV (Operational Plan 2010-2014)*, now incorporated into the *UNAIDS Joint Action for Results Business Case: Meet the HIV Needs of Women and Girls and Stop Sexual and Gender-based Violence*. UNAIDS, 2010.
- _____. *UNAIDS Joint Action for Results Business Case: Empower Men Who Have Sex with Men, Sex Workers, and Transgender People to Protect Themselves from HIV Infection and to Fully Access Antiretroviral Treatment*. UNAIDS.
- _____ and World Health Organization. *AIDS Epidemic Update: November 2009*. UNAIDS and WHO. 2009.
- Mutavati, Anna. UNFPA presentation "UNFPA Experience with the GBV IMS." New York, UNFPA, 2008.
- Mazurana, D., and K. Carson. Paper prepared for the United Nations Division for the Advancement of Women and UNICEF's Expert Group Meeting on the Elimination

of All Forms of Discrimination and Violence against the Girl Child, Florence 25-28 September 2008.

Office of the High Commissioner for Human Rights. "Frequently Asked Questions on a Human Rights-Based Approach to Development Cooperation." OHCHR, 2006.

Olfarnes, Trygve. "Preventing Gender-based Violence in Brazil." UNFPA, 2009.

United Nations. *Beijing Declaration and Platform for Action, Fourth World Conference on Women*. New York, United Nations, 1995.

_____. *Programme of Action, International Conference on Population and Development*. New York, United Nations, 1994.

_____. UNFPA Role in Emergency Preparedness, Humanitarian Response, and Transition and Recovery. United Nations, DP/FPA/2006/14, 18 August 2006.

United Nations Children's Fund. *Early Marriage: A Harmful Traditional Practice*. New York, UNICEF, 2005.

United Nations Development Group. "Enhancing the UN's Contribution to National Capacity Development: A UNDG Position Statement, a new framework for UNCTs." New York, UNDG, 2006.

United Nations Economic and Social Council, E/1997/L.3014. *Human Rights-Based Approach*. ECOSOC, July 1997.

United Nations General Assembly. "Effective Promotion of the Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities." A/RES/60/160 (28 February 2006).

_____. "Elimination of All Forms of Intolerance and Discrimination based on Religion or Belief." A/RES/60/166 (14 March 2005).

_____. *In-Depth Study on All Forms of Violence against Women: Report of the Secretary General*. A/61/122/Add. 1. (2006).

_____. "Operational Activities for Development." Resolution A/59/488/Add. 1. (17 December 2004).

_____. Resolution adopted by the General Assembly. 2005 World Summit Outcome. A/RES/60.1 (24 October 2005).

_____. "Strengthening of the United Nations: an agenda for further change." Report of the Secretary-General. A/57/387 (9 September 2002).

United Nations International Research and Training Institute for the Advancement of Women (INSTRAW). "Glossary of Gender-Related Terms and Concepts."

- United Nations Millennium Project. *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*. 2005.
- United Nations Population Fund. *Addressing Gender Based Violence: Strategy and Framework for Action*. New York, UNFPA, 2009.
- _____. *Annual Report 2009*. New York, UNFPA, 2010.
- _____. *Assessing the Implementation of the MYFF 2004-2007*. New York, UNFPA, 2007.
- _____. "Concept Note on Integrating Gender, Human Rights and Culture in UNFPA programmes." New York, UNFPA, 2010.
- _____. *Culture Matters: Working with Communities and Faith-based Organizations: Case Studies from Country Programmes*. New York, UNFPA, 2004.
- _____. "Each Staff Person's Responsibility: Mainstreaming a Gender Perspective into All Policies and Programmes in UNFPA, as a result of the Agreed Conclusions adopted by ECOSOC in September 1997." New York, UNFPA, internal circular, 29 November 1997.
- _____. *Eight Lives: Stories of Reproductive Health*. New York, UNFPA. 2010.
- _____. *Fact Sheet: Young People and Times of Change*. New York, UNFPA, 2009.
- _____. *Framework of Action on Adolescents and Youth*. New York, UNFPA, 2006.
- _____. "Gender Capacity Assessment," internal UNFPA document. New York, UNFPA, 2009.
- _____. *Gender Snapshot: UNFPA Programming at Work*. New York, UNFPA, 2008.
- _____. *Guidelines on Data Issues in Humanitarian Crisis Situations*. New York, UNFPA, 2010.
- _____. *Human Rights-based Programming: What it is / how to do it*. New York, UNFPA, 2007.
- _____. "Integrating Gender, Human Rights and Culture in UNFPA Programmes." New York, UNFPA, 2010.
- _____. *Policies and Procedures Manual*. New York, UNFPA, 2005.
- _____. *Reproductive Health for Communities in Crisis: UNFPA Emergency Response*. New York, UNFPA, 2001.
- _____. *Sexual and Reproductive Health for All: Reducing Poverty, Advancing Development and Protecting Human Rights*. New York, UNFPA, 2010.

- _____. *State of World Population 2008: Reaching Common Ground: Culture, Gender and Human Rights*. New York, UNFPA, 2008.
- _____. *State of World Population 2005. The Promise of Equality, Gender Equity, Reproductive Health and the Millennium Development Goals*. New York, UNFPA, 2005.
- _____. *UNFPA Frontlines. News from the field*. New York, UNFPA, 2008.
- _____. "UNFPA Global Consultation on Engaging Men and Boys in Gender Equality and HIV." New York, UNFPA, 2009.
- _____. *UNFPA Strategic Plan 2008-2013*. New York, UNFPA, 2007.
- _____. *UNFPA's Support to National Capacity Development Achievements and Challenges*. UNFPA Evaluation Report No. 20. New York, UNFPA, 2003.
- _____ and Harvard School of Public Health. *UNFPA at Work: Six human rights case studies*. Program on International Health and Human Rights, 2008.
- _____. Niger. *Niger husbands' schools seek to get men actively involved in reproductive health*. UNFPA Niger, n.d.

Websites:

- <http://www.unaids.org/en/PolicyAndPractice/Gender/default.asp>
<http://www.unfpa.org/public/home/datafordevelopment/census>
Task Force on Violence against Women of the United Nations Inter-Agency Network on Gender and Women's Empowerment:
http://www.un.org/womenwatch/ianwge/taskforces/tf_vaw.htm
<http://www.un.org/en/women/endviolence>



