

2008-2011

UNFPA Strategy and
Framework for Action *to*

Addressing Gender-based Violence





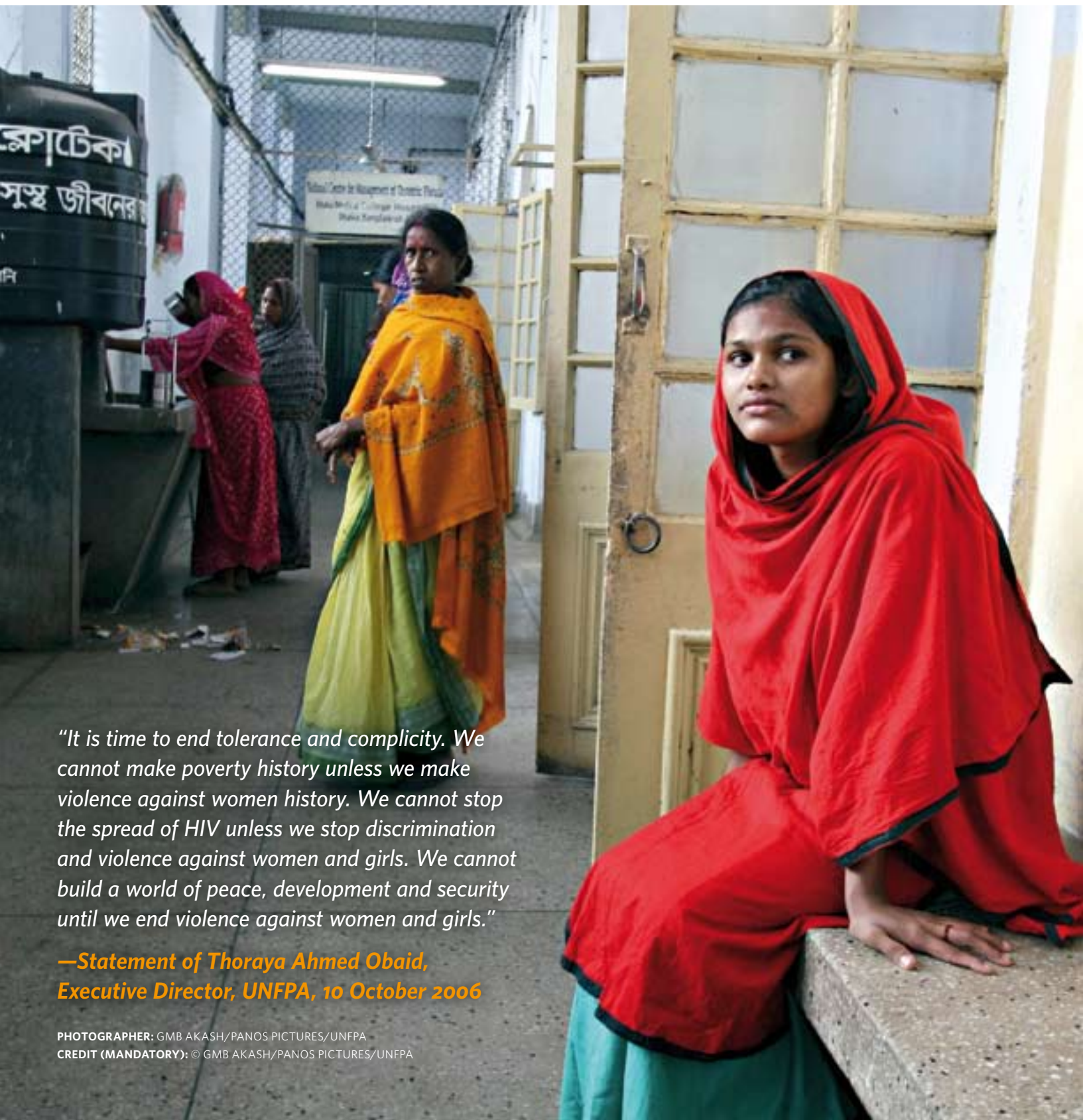
UNFPA Strategy and Framework for Action
to

Addressing Gender-based Violence

2008-2011

**Gender, Human Rights and Culture Branch
UNFPA Technical Division**





"It is time to end tolerance and complicity. We cannot make poverty history unless we make violence against women history. We cannot stop the spread of HIV unless we stop discrimination and violence against women and girls. We cannot build a world of peace, development and security until we end violence against women and girls."

**—Statement of Thoraya Ahmed Obaid,
Executive Director, UNFPA, 10 October 2006**

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List of acronyms and abbreviations

AIDS	Acquired immunodeficiency syndrome
CCA	Common Country Assessment
CERF	Central Emergency Response Fund
CST	Country Technical Services Team
DDR	Disarmament, demobilization and reintegration
DPKO	United Nations Department of Peacekeeping Operations
FGM/C	Female genital mutilation/cutting
GBV	Gender-based violence
HRBA	Human rights-based approach
HIV	Human immunodeficiency virus
IASC	Inter-Agency Standing Committee
ICPD	International Conference on Population and Development
MDG	Millennium Development Goal
NGO	Non-governmental organization
PEP	Post-exposure prophylaxis
PRSP	Poverty Reduction Strategy Paper
SRH	Sexual and reproductive health
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime

I. *Rationale for Expanding UNFPA Work on Gender-based Violence*

The United Nations Population Fund (UNFPA) has consistently advocated that violence against women and girls is a human rights violation and a public health priority. UNFPA's contributions in this area are a major part of its leading role within the United Nations system in furthering gender equality and women's empowerment, in line with its commitment to achieving the Millennium Development Goals (MDGs) and the goals of the International Conference on Population and Development (ICPD), the Fourth World Conference on Women ("the Beijing Conference"), and various international human rights instruments (box 1). In the many countries where UNFPA has a presence, it has supported the building up expertise, leadership and credibility, from organizing catalytic data collection and piloting multisectoral service networks and strategic partnerships to supporting the formulation of national laws and policies and spearheading public awareness raising and social mobilization campaigns. UNFPA can build upon these global experiences to expand its support significantly, commensurate with the scale that this human rights priority warrants.

However, UNFPA support has been fragmented. With commendable exceptions in some countries, funding support has tended to be limited,¹ at times focused on ad hoc, one-time pilot projects of small scale that are not sustained or viable. Yet gender-based violence (GBV) — especially as it relates to women and girls — not only constitutes an affront to the human rights of women and girls and to the achievement of internationally agreed-upon goals and commitments but also directly af-

Reproductive rights include the right of all individuals and couples "to make decisions concerning reproduction free of discrimination, coercion and violence...."

Source: "ICPD Programme of Action," paragraph 7.3.

¹ In 2005, UNFPA resources devoted exclusively to addressing violence against women and girls amounted to \$US 4.2 million, or 1.2 per cent of all UNFPA project fund expenditures (core and non-core funds).

fects sexual and reproductive health (SRH) outcomes, thereby diminishing the effectiveness of the UNFPA-supported core programme.

A. *UNFPA Role and Accountability*

As the lead United Nations organization on SRH, UNFPA has a natural and strategic entry point to address this issue, given the intrinsic linkages with GBV and the critical opportunities that SRH services represent. As the organization with primary responsibility for designing and promoting the ICPD Programme of Action, UNFPA has an ethical, programmatic and fiscal responsibility to redouble its efforts in addressing GBV. This is also the case regarding its efforts to reduce poverty and achieve the MDGs.² Moreover, as an organization that follows a human rights-based approach (HRBA) to programming, UNFPA has an obligation to tackle this systematic and universal violation of fundamental human rights via its policies and programmes. Furthermore, the Inter Agency Standing Committee (IASC)³-designated UNFPA as the lead agency for addressing GBV in humanitarian situations. Hence, UNFPA is at the forefront in dealing with this issue and coordinating systems of multisectoral response in all conflict, post-conflict, natural disaster and recovery settings.

UNFPA has multiple opportunities to step up responses to GBV through its regular programmes, via its humanitarian response efforts as well as intensified partnerships and resource mobilization efforts — at advocacy, policy formulation, community mobilization and service-levels (see box 1). By seizing such opportunities, UNFPA can make better use of available resources and maximize results, thereby improving the efficacy of its programme implementation and technical support. Such efforts are in line with the Paris Declaration on Aid Harmonization and Effectiveness.

2 The United Nations Millennium Project Task Force on Gender Equality notes that eliminating violence against women is one of seven strategic priorities for achieving MDG 3, the goal of promoting gender equality and women's empowerment.

3 Established in June 1992, IASC is a unique inter-agency forum for coordination, policy development and decision-making involving the key United Nations and non-United Nations partners working in humanitarian contexts. Under the leadership of the Emergency Relief Coordinator, IASC develops humanitarian policies, agrees on a clear division of responsibility for the various aspects of humanitarian assistance, identifies and addresses gaps in response, and advocates for effective application of humanitarian principles.

Box 1. UNFPA and Gender Equality

In the context of United Nations reform and "One United Nations", UNFPA is currently co-chair of the United Nations Inter-Agency Task Force on the follow-up to the 2006 Secretary-General's In Depth Study on Violence Against Women. UNFPA supports the Coordinator of the Task Force and is devoting resources to joint programming efforts in 10 selected pilot countries. It also has an ongoing partnership with the United Nations Development Fund for Women (UNIFEM), the lead global "champion" on the issue. UNFPA is also a lead member of the United Nations Trust Fund on Violence against Women, managed by UNIFEM. UNFPA partners with the United Nations Children's Fund (UNICEF) globally and in 17 country offices, co-chairing and implementing activities under the UNFPA-UNICEF Joint Programme and Trust Fund on Female Genital Mutilation and Cutting (FGM/C). UNFPA will also be a major collaborator in the implementation of the Secretary-General's UNITE to End Violence against Women Campaign, which will be operationalized globally in the coming years.

At country levels, UNFPA is often chair of the United Nations Gender Theme Groups and usually acts as lead or co-lead on GBV coordination bodies, especially in humanitarian contexts. As such, UNFPA is well positioned to continue its role in fostering partnerships and collaborative responses.

In the context of humanitarian response, UNFPA is mandated to play a leadership role in mainstreaming gender and in ensuring that effective systems are in place to address GBV. UNFPA is one of the main actors operationalizing Security Council resolution 1325 and will inevitably be at the forefront of implementing Security Council resolution 1820 on sexual violence as a threat to peace and security. UNFPA is a founding member of the United Nations initiative United Nations Action against Sexual Violence in Conflict (UN Action), which seeks to harmonize the work of 12 United Nations agencies to better address sexual and other forms of GBV in conflict and recovery settings. UNFPA work with uniformed personnel (including the United Nations Department of Peacekeeping Operations (DPKO), national police and the military) to see that the unique needs of women and girls are considered during disarmament, demobilization and reintegration (DDR) processes presents invaluable opportunities for scaling up GBV-prevention efforts, ensuring, among other things, that uniformed personnel and humanitarian workers do not engage in sexual exploitation and abuse. UNFPA took the lead on coordinating the development of "United Nations Guidelines on Management of Sexual and Gender Based Violence in Humanitarian Situations" and is a champion of the follow-up to the 2006 "Brussels Call to Action to Address Sexual Violence in Conflict and Beyond". It is also an active member of the Inter-Agency Task Force on Sexual Exploitation and Abuse.

Note: For more information on the work of the Task Force on Violence against Women, see:
http://www.un.org/womenwatch/ianwge/taskforces/tf_vaw.htm

B. The UNFPA Strategic Plan and the Strategic Framework on Gender Mainstreaming and Women's Empowerment 2008-2011

The commitment of UNFPA to ending GBV is reflected at the highest level of expected organizational results: Its Strategic Plan 2008-2011 has both a gender equality outcome explicitly devoted to addressing the issue in addition to outcomes related to its two other key programme areas: population and development, and reproductive health.

Addressing GBV is also one of six pillars of the UNFPA "Strategic Framework on Gender Mainstreaming and Women's Empowerment 2008-2011", which accompanies the Strategic Plan. The Strategic Framework on Gender Mainstreaming and Women's Empowerment represents the umbrella for planned work on gender and should therefore be consulted, *inter alia*, for details on the comparative advantages of UNFPA in the context of United Nations reform.

C. Purpose of This Framework

The purpose of this Framework for Action is to identify priority areas in which UNFPA should strategically direct its GBV programming based on its comparative advantages and experience, in the context of United Nations reform and "One United Nations" processes and in line with the expected outcomes stated in the Strategic Plan. It is intended to provide a common platform and technical guidance for UNFPA at country, regional and global levels to direct capacity-development initiatives, resources and partnerships for an effective approach to addressing GBV. It can also serve to clarify the primary areas of UNFPA focus with the partners it works with.

This Framework was developed through a process (2005-2007) that involved in-house consultations; a desk review of UNFPA country office and Country Technical Services Team (CST) reports; an analysis of UNFPA operations in 10 countries; and a more recent stocktaking of UNFPA programming in 2007 and 2008 on violence against women with a focus on national-level implementation. It also builds on Unit-

ed Nations self-reported activities on violence against women,⁴ an internal concept paper and a background paper and takes into account the work of the United Nations Trust Fund on Action to End Violence against Women — including the grant-making window on HIV and violence — as well as the Action Plan of the United Nations Inter-Agency Task Force on Violence against Women (of which UNFPA is the co-chair and lead implementing partner).

The Framework also responds to the UNFPA report *“Multi-Year Funding Framework Cumulative Report 2004-2007: Report of the Executive Director”*. While noting the increase in institutional efforts around GBV over the past four-year cycle, it calls attention to the critical need to increase monitoring and accountability, including the need to focus on civil society strengthening, mobilization and other community-based/focused procedures.

4 See website of the Division for the Advancement of Women at: www.un.org/womenwatch/daw/vaw/SGstudyvaw.htm

Box 2. Definition and Forms of Gender-Based Violence

The *United Nations Declaration on the Elimination of Violence against Women* (1993) defines the term violence against women in Article 1 as “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life”.

The essence of Article 2 of the Declaration is that the definition should encompass but not be limited to acts of physical, sexual and psychological violence in the family, community, or perpetrated or condoned by the State, wherever it occurs. These acts include: spousal battery; sexual abuse, including of female children; dowry-related violence; rape, including marital rape; female genital mutilation/cutting and other practices harmful to women; non-spousal violence; sexual violence related to exploitation; sexual harassment and intimidation at work, in school and elsewhere; trafficking in women; and forced prostitution.

The 1995 Beijing Platform for Action expands on this definition, specifying that violence against women includes: violations of the rights of women in situations of armed conflict, including systematic rape, sexual slavery and forced pregnancy; forced sterilization, forced abortion, coerced or forced use of contraceptives; prenatal sex selection and female infanticide. It further recognizes the particular vulnerabilities of women belonging to minorities: the elderly and the displaced; indigenous, refugee and migrant communities; disabled; women living in impoverished rural or remote areas, or in detention.

Source: UNFPA, “State of World Population Report 2005”

II. *UNFPA Priorities for Intensified Action on Gender-based Violence*

Eliminating violence against women and girls is the ultimate goal of UNFPA-supported interventions. Holistic responses require unravelling and transforming the root causes of GBV, which is often manifested in gender inequality and discrimination (box 2). This Framework, however, confines itself only to those areas of GBV work that are explicitly and directly related to the organization's mandate of programming on SRH. As such, these priority areas of intervention should be understood to fall within the Fund's broader work in promoting gender equality and women's empowerment (box 1).

As mentioned earlier, UNFPA efforts focus on eliminating forms of violence against women and girls that are especially relevant to its mandate of programming on SRH issues, such as domestic and sexual violence and harmful practices, as well as on addressing sexual and other forms of GBV in humanitarian settings.

Box 3. Gender-based Violence or Violence against Women - which is it?

GBV can apply to women and men, girls and boys. The UNFPA focus remains on tackling violence against women and girls, since it is they who are overwhelmingly affected. This is not to say that sexual abuse of adolescent boys, and the sexual exploitation of young men are not of grave concern to UNFPA.

Women and adolescent girls are not only at high risk and primary targets for GBV but also suffer exacerbated consequences as compared with what men endure. As a result of gender discrimination and their lower socio-economic status, women have fewer options and less resources at their disposal to avoid or escape abusive situations and to seek justice. They also suffer SRH consequences, including forced and unwanted pregnancies, unsafe abortions and resulting deaths, traumatic fistula, and higher risks of sexually transmitted infections and HIV — issues at the core of the UNFPA programming mandate.

The intervention areas identified below for expanded UNFPA action take into account the recommendations of the 2006 Secretary-General's study: "Ending violence against women: From words to action". Investments in knowledge-sharing of good practices and lessons learned, partnership and coalition-building, and capacity development of national counterparts and UNFPA staff would be central cross-cutting strategies for implementing this Framework. Throughout, the guiding principle of UNFPA-supported interventions would be its unique human rights-based, gender-responsive and culturally vested approach. In the context of United Nations reform, emphasis would be placed on strengthening partnerships and seeking complementarities with other United Nations agencies and initiatives (see the various partnerships listed in section III, "Operationalizing the Framework"). UNFPA will also continue to strengthen partnerships across the United Nations system and with non-governmental organizations (NGOs), academic and other entities to fulfill its mandate for addressing GBV under the humanitarian reform process.

Moreover, UNFPA country operations and partners will ascertain whether specific population groups are facing intensified vulnerability related to violence against women and girls, and whether specific forms of violence warrant focused attention at national and/or subnational levels. (see section II, H, "Focus on the Most Vulnerable and Marginalized").

Eight priority areas for interventions are identified in the following sections.

A. Policy, Legal and Protection Mechanisms and Funding Frameworks

In Haiti, UNFPA pursued an extended partnership with the Ministry of Women's Affairs and key civil society actors to consider reproductive rights, particularly those of marginalized women and adolescent girls, sex workers, women living with HIV and women living with disabilities.

One starting point to strengthen country-level processes and accountability mechanisms on GBV as it relates to macro-level SRH issues is at the policy and legal levels. In many countries, UNFPA has been a key partner in supporting the drafting and

implementation (including through awareness-raising efforts) of national laws and policies. UNFPA is already engaged at the national level in advocacy and technical assistance for developing and monitoring leading policy and funding frameworks, including Poverty Reduction Strategy Papers (PRSPs), other MDG-follow up plans, sector-wide reforms and national HIV and AIDS plans. These efforts include systematically ensuring that violence against women issues receive high priority along with such other areas of UNFPA focus as population and development dynamics analysis; SRH, including sexually transmitted infections and HIV; adolescents and youth; and gender equality, more broadly. Other national policy and legal reforms that UNFPA supports offer key entry points as well, such as policies on education, young people, indigenous peoples, migrants and persons with disabilities.

UNFPA's role in this regard include efforts to:

- » Bolster policy-oriented advocacy coalitions and refine capacities, including those of media outlets, civil society groups and research/academic institutions. This also entails strengthening the capacities of such groups and institutions for establishing accountability of public policies and budgets for addressing GBV.
- » Support the development of national multisectoral action plans and coalitions in opposition to violence against women and girls, and strengthen the institutional capacities required for inter-ministerial coordination, implementation and monitoring (including women's machineries).
- » Advocate with peacekeeping missions, national governments and other actors to ensure that reproductive health and GBV prevention and response programmes are integrated into all disarmament, demobilization and reintegration (DDR) processes. This also entails advocating within the Security Council for increased attention to preventing and responding to GBV in conflict contexts, including by ensuring increased ethical and safe reporting on trends and patterns in sexual violence data.
- » Ensure that laws against GBV are in place or improve them through legal reforms and strengthened enforcement mechanisms, including alignment of family, criminal and other relevant codes.
- » Provide advocacy support and technical assistance to incorporate the issue of violence against women and girls as a priority in the portfolio of regional and national human rights bodies and national human rights institutions, including ombudspersons' offices.

» Develop tools and build the capacities of law enforcement officials, including the judiciary and the police, to adopt decisions to protect women from violence and ensure redress and reparations.

» Reinforce and support civil society organizations and partnerships, including human rights NGOs and community-based organizations.

» Promote adequate budgetary allocations, including support for parliamentarians' advocacy

role and for gender-responsive budgeting. This also includes developing costing tools for both proposed interventions and cost-benefit analyses.

» Develop the UNFPA policy position on sexual trafficking, including identifying and clarifying for national counterparts, partners and staff the roles, comparative advantages and priority responses of UNFPA at policy and programming levels.



PHOTOGRAPHER: CARINA WINT FOR UNFPA CREDIT (MANDATORY): © CARINA WINT FOR UNFPA

A progressive political environment in Morocco ushered in a number of victories for women, including widespread acceptance of the Government-led national strategy to combat violence against women, which came about after years of advocacy and consensus-building supported by UNFPA and civil society organizations.

B. Data Collection and Analysis

In Algeria, UNFPA supported a multisectoral survey on violence against women which provided a baseline on prevalence while raising visibility of the issue in the public arena.

A major obstacle to developing policies, sound programming, monitoring and evaluation, and tracking for accountability is the lack of reliable and comparable data on violence against women and girls, especially as it relates to issues like trafficking, sexual harassment in the workplace and in schools, sexual violence in armed and post-conflict settings, prenatal sex selection and female infanticide. Accurate data would facilitate better operational guidance to address these under-documented forms of violence at national and subnational levels. It would also facilitate United Nations work and action in a coherent manner and prevent duplication of efforts. UNFPA has a natural role to play within the United Nations system in this regard, given its mandate in population and development data analysis and its strong track record in supporting national statistics offices, as well as the health and other sectors in this area.

Some of the key interventions in this regard could include the following:

- » Supporting the development of suitable quantitative and qualitative indicators on GBV and supporting countries in data collection and analysis for these indicators.
- » Supporting Demographic and Health Survey (DHS) modules on domestic violence and national/subnational surveys on



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this and other forms of violence (especially sexual violence, GBV in conflict/post-conflict situations and harmful practices).

- » Carrying out evidence-based sociocultural research and on how such factors contribute to GBV.
- » Collecting service-based data from the service-delivery efforts UNFPA supports in countries to better understand sector responses. Such information would include data collected from public and private health centres, shelters, women's groups, courts, police stations and so on — the agencies that are in contact with women who have suffered violence.
- » Utilizing its data expertise in developing models and projections for decision-makers on the costs of inaction, linked to its policy-influencing and implementation role.
- » Filling up key research gaps, such as abuse during pregnancy.

C. Focus on Sexual and Reproductive Health, including HIV and AIDS

Addressing GBV through the SRH programmes that UNFPA supports is the centerpiece of the agency's corporate strategy on GBV. It is the minimum standard to which all UNFPA operations should expectedly be held accountable in the area of violence against women, and vis-à-vis other United Nations organizations. UNFPA is the lead United Nations organization on SRH and spends the bulk of its resources in this programme area. More importantly, the direct links between GBV and poor

Addressing GBV through UNFPA-supported SRH programmes is the minimum standard to which all UNFPA operations should be held accountable.

Fundamentally, UNFPA should play a leadership role in ensuring that GBV is addressed as an integral part of the essential SRH package.

Source: "UNFPA Strategic Plan 2008-2011: Accelerating Progress and National Ownership of the ICPD Programme of Action", para. 58 and Outcome 4, para. 74.

SRH outcomes cannot be ignored. Both, therefore, require a response through the primary health-care level.

The role of GBV as an impediment to SRH, however, has as yet received limited recognition in practice, in particular, at the programme implementation level. Violence against women fuels SRH problems — including unwanted pregnancies, unsafe abortions, fistulas, sexually transmitted infections and HIV — and causes their recurrence. Women in abusive relationships are prevented from negotiating condom use or using other contraceptives. There is growing alarm concerning the links between sexual violence and HIV, especially among young women in high prevalence countries. And violence during pregnancy — an especially neglected form of abuse — has serious repercussions for both infant and maternal health outcomes.

Within a multisectoral framework of mutually reinforcing interventions for prevention and management of violence against women and girls, health system capacities need to be developed at all levels. This is especially the case at the first point of contact for abused women: A woman's visit to a reproductive health service provider may be her only chance to receive support and care and escape a situation of abuse. Most women, even in marginalized and remote areas, are likely to seek family planning or prenatal care services at least once in their lifetime, making reproductive health services a critical entry point for violence-related information and services, providing an opportunity that is too costly to lose for the millions of women and adolescent girls who could benefit.

Below is a non-exhaustive overview of key areas for UNFPA capacity-development efforts — subject to country context and available resources and within an overall multipronged and multisectoral approach — to strengthen the health sector's role in addressing GBV.

- » In the context of health sector-wide approaches and reforms, and the formulation and monitoring of national HIV and AIDS plans, advocating for public programmes and budgets to address violence against women and girls, providing follow-up technical assistance and support — a critical missing link in the current response to the pandemic — and engaging associations of women living with HIV and AIDS in the process.
- » Establishing or improving health-sector policy, legal and normative frameworks and protocols for screening, managing and referring cases of GBV in its various forms (e.g., domestic, sexual, harmful practices) and throughout service-delivery policies and protocols (e.g., family planning; prenatal, maternal and post-natal care; psychosocial and legal advice; and HIV counselling and testing).

» Raising awareness of reproductive rights violations in the health sector as a form of GBV (from unavailability or disruption of contraceptive supplies, to judgemental or biased treatment based on reproductive status or choices, coercive family planning counselling, denial of contraceptives, forced sterilization, verbal or physical abuse by providers and health-centre staff that poses a barrier to reproductive health care access, etc.); and instituting health-sector policies and human rights mechanisms for redress (such as promoting community oversight mechanisms, disciplinary sanctions and awareness-raising in the judiciary and national human rights institutions).



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» Developing capacities and supporting the institutionalization of databases and tracking and reporting systems within the health and other social service sectors on violence against women and girls. This would include improving data collec-

UNFPA in Burundi supported awareness-raising on the links between sexual violence and HIV, with a focus on youth, faith-based groups and demobilized military personnel.

tion on violence against women and girls through the health and other social service sectors, including SRH needs assessments and surveys.

- » Institutionalizing GBV in pre-service training curricula for health professionals; and instituting on-the-job training for service providers on human rights, including legal and socio-economic as well as normative aspects. Priority should be on ensuring that all health providers have received Clinical Management of Rape Survivors training and training in implementing the Minimum Initial Services Package. Consideration should be given to prioritizing strategic categories of providers, such as general medical practitioners, women's health specialists, family planning and HIV counsellors, nursing and midwifery personnel, pediatricians, obstetrics and gynaecology. Training should cover legally valid forensic examinations.
- » Equipping health centres for quality care, such as separate rooms for private consultations and medical exams in cases of rape and other forms of physical abuse; this also includes advocating for, providing technical assistance to and supporting access to post-exposure prophylaxis (PEP) in order to prevent HIV transmission for all women and adolescent girls who have been raped and others who have engaged in unprotected sexual intercourse.
- » Ensuring the availability of emergency contraception supplies, post-rape kits and demand-creation strategies. These services are integral to UNFPA-supported SRH programmes and part of its response to sexual coercion and sexual violence. They are also in line with its leading role in reproductive health commodities security.
- » Advocating for civil society groups working on violence against women and girls to be included in national HIV and AIDS coordinating committees and relevant entities; this includes the fostering of coalition-building at local levels among municipal authorities, civil society and others to establish and strengthen multisectoral networks for the prevention and management of violence against women and to respond to the range of survivors' needs, including legal, safety, health, economic and cultural considerations.
- » Mainstreaming gender and HIV and AIDS prevention and response into DDR processes in all post-conflict settings.
- » Developing know-how and supporting strategies to protect sex workers from violence, in the context of the UNFPA role within UNAIDS as convening agency for this area.

In 2006, the Venezuelan National Assembly passed a new law on violence against women that recognizes “obstetric violence” and “gynaecological violence” as forms of violence against women, a process supported by UNFPA.

Most of the above actions are centred on the supply side of what the health sector can offer in quality services to prevent and mitigate the consequences of GBV. Demand-side interventions are critical, however. Without them, the services supplied run the risk of being underutilized by those most in need. Vulnerable women and adolescent girls (as well as the communities that support them) need to know their rights and know where to seek protection and to access services; they need to trust those services and to be encouraged and supported to seek them. Without those interventions, even the best programmes are likely to fail in their ultimate goal: to prevent, reduce and mitigate the impacts of violence against women and girls, as well as the longer term impact on the family and communities. UNFPA programmes have a central role to play in supporting, technically and financially, local mobilization strategies, particularly those led by women’s groups and other civil society groups.

Improving SRH requires an interdisciplinary, multisectoral response, much as addressing violence against women and girls does. The underlying root causes are the same — gender inequality — and the response to both challenges requires transforming discriminatory attitudes and roles and responding to multifaceted factors and service needs. Key interventions that build on the vast experience of UNFPA and its partnerships in mobilizing various sectors beyond the health sector are listed below. Emphasis is placed on socialization processes and education on gender equality in its broadest sense, and on safety and enforcement issues. Such interventions could lead to capacities to demand for and respond to services under an empowerment-oriented approach.

- » Supporting national campaigns against violence against women and girls, identified as a “quick win” for achieving the MDGs by the United Nations Millennium Project.

UNFPA has helped to spearhead national campaigns on violence against women including, in recent years, in Latvia, Morocco, Timor-Leste and Turkey. In Belarus (as part of a United Nations campaign), a campaign with the motto “Domestic violence should not be a part of your life” was started. In Zimbabwe, a multimedia campaign was launched to garner support for the Domestic Violence Bill.

- » Training journalists and establishing partnerships with media outlets to ethically report on gender equality and violence against women issues from a human rights-based, culturally sensitive, and gender lens perspective.
- » Systematically integrating sensitization on violence against women and girls in the sexuality and reproductive health education programmes (formal and non-formal) UNFPA regularly supports, beginning at an early age.
- » Integrating gender issues and human rights education into school policies.
- » Integrating gender issues and human rights education into police academies and law schools.
- » Improving women's legal literacy and knowledge about their human rights, with a focus on violence against women and reproductive rights, and emphasis on especially disadvantaged groups of women (e.g., poor, illiterate, indigenous, migrant, adolescent, disabled).



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Mauritanian midwives, alarmed about sexual violence in their communities, began mobilizing against rape. They were later joined by imams. Such mobilization was undertaken with UNFPA support and led to the first national statistics on the issue and the establishment of the first centre for survivors.

- » Mobilizing communities to foster a culture of “zero tolerance” for violence against women and girls, including working with elders and opinion leaders.
- » Sensitizing and institutionalizing norms and training programmes for strengthened women’s human rights protections and legal enforcement, with emphasis on the judiciary and the police, while seeking to draw linkages between legal and security services and the health sector. Health services and the police are usually the two sources of potential support that abused women turn to. Ensuring their readiness would provide a first-line of critical defense for women’s protection and well-being.
- » Establishing partnerships and programme linkages to promote women’s economic opportunities and autonomy, including supporting women escaping abusive situations, such as through microfinance and skills training.

D. Humanitarian Action and Beyond

To date, UNFPA humanitarian efforts have focused mostly on ensuring that all women, men, girls and boys have access to safe SRH services at all phases of a crisis, preventing and treating HIV, and addressing sexual and other forms of GBV. The growing awareness of, and global attention to, the atrocities committed against women and girls during conflicts, notably reflected in the historic Security Council resolution 1325 and more recently in Security Council resolution 1820 on sexual violence as a threat to peace and security, urgently require a rapidly expanded response. Women’s and girls’ increased vulnerability to opportunistic rape, sexual exploitation and other forms of GBV during natural disasters must be considered at

In the Democratic Republic of the Congo, UNFPA is coordinating the first, national-level multi-agency (and multidonor) programme to address sexual violence in conflict and post-conflict/recovery settings.

the onset of any humanitarian response effort. Multisectoral, holistic approaches to preventing and responding to sexual and other forms of GBV during emergencies and to establishing systems for coordinating response efforts are at the foundation of the Fund's efforts to address this issue.

Within the global-level collaborative arrangements outlined by IASC for strengthened accountability and action to address GBV in emergencies, UNFPA is positioned to play a leading and expanded role to coordinate interventions in this regard. Within IASC, UNFPA holds lead responsibilities for GBV, reproductive health and gender mainstreaming — all of which provide central venues for addressing this issue in conflict, post-conflict, natural disaster and recovery situations.

Globally, there is emerging evidence that conflicts, disasters and emergencies may lead to sex being sold or exchanged for accommodations, protection, drugs, food, gifts or other items. However, there are few examples of good practice to draw upon for guidance on what works well in humanitarian/post-conflict contexts and to advocate with governments for increased attention to the issue of sex work in emergencies/post-conflict settings. As the lead agency within the UNAIDS Division of Labour to address HIV and sex work and as one of the main partners of the Office of the United Nations High Commissioner for Refugees (UNHCR) to address HIV and AIDS in emergency settings, UNFPA is aiming at filling this gap.

The UNFPA approach to addressing GBV in emergencies varies by country and according to the humanitarian context. The following are some of the Fund's key areas of intervention:

- » Supporting advocacy and technical support to incorporate GBV in crisis and post-crisis situations (e.g., emergency preparedness plans; consolidated appeals; humanitarian action plans; post-conflict needs assessments and transition frameworks; DDR plans; security sector reform initiatives and peace-building programmes; and national plans to implement and monitor actions under Security Council resolution 1325 and 1820.

The Humanitarian Response Branch and the HIV and AIDS Branch of UNFPA, in close cooperation with UNHCR, are launching a literature review on HIV and sex work in humanitarian, post-conflict, transition and recovery settings. This project aims at gathering good practices and lessons learned to develop a global practice guidance document on HIV and sex work in humanitarian, post conflict, transition and recovery settings.

- » Supporting GBV data collection and gender analysis on refugees, displaced persons, other forced migrants and others impacted by emergencies. Recognizing the extremely sensitive and complex nature of data collection around sexual and other forms of GBV, especially in emergency settings that lack even the basic social infrastructures to support survivors, UNFPA is supporting development of new methodologies and tools to safely collect, analyse and share sexual violence data.

Following from the above, accurate and comprehensive data collection and other documentation can also assist in supporting the establishment of monitoring systems to monitor, report and advocate against instances of abuse by perpetrators, including military forces, state actors and humanitarian workers. Such documentation can also help in monitoring the delivery of comprehensive support services for those who have been subjected to GBV. Some of the key interventions in this regard could include the following:



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- » Strengthening health services and provider competencies to render a comprehensive response to sexual violence and its consequences, including counselling, shelters, hotlines, prevention and treatment of sexually transmitted infections, HIV PEP, emergency contraception, treatment and care for women with traumatic fistulas, pregnancy-related care, as well as the collection of forensic evidence as part of legal procedures to bring perpetrators to justice and document human rights violations. Comprehensive support services could also include the setting up of and ready access to related support services, such as forming self-help groups.
- » Sensitizing uniformed personnel, such as the police and the military, on zero tolerance for violence against women and girls, including sexual exploitation and abuse.
- » Supporting civil society networks working to tackle gender-based and sexual violence in post-conflict situations, especially women's and youth groups that have been fractured by civil unrest and conflict. Special emphasis will be placed on capacity development of women's organizations and their networks as a key pillar of reconstruction, peacebuilding and development efforts.
- » Building capacity within the humanitarian community for effective programming to address GBV and to coordinate systems of GBV interventions in emergencies. UNFPA has been fortifying its academic and other partnerships to standardize training programmes to help ensure a viable pool of professionals to address this issue.
- » Strengthening surge capacity for the deployment of gender experts in crisis situations who can ensure that GBV and appropriate coordination, planning and actions can be adequately integrated into any emergency response.
- » Integrating GBV issues into humanitarian coordinator training for better understanding and cooperation with UNFPA on field-level interventions, including for the consolidated appeals process and the Central Emergency Response Fund (CERF).

In Liberia, UNFPA worked with the criminal justice system to improve its response to GBV by establishing a special court for the prosecution of rape cases and by increasing the capacity of legal professionals.

E. Adolescents and Youth

Violence in the home and sexual abuse in childhood and adolescence can have life-long health and developmental effects, such as depression, low self-esteem, poor school performance and difficulties in psycho-social adjustment. Adolescent girls and the disabled are especially at risk of recurrent SRH problems, such as unwanted pregnancies, unsafe abortions, sexually transmitted infections and higher risks of HIV. Interventions to prevent sexual abuse and violence in the first place and to provide early detection, care and counselling for those who have been subjected to them can make a significant difference in mitigating immediate and long-term harmful effects.

Adolescent girls and young women are especially at risk of various forms of GBV, including sexual violence and trafficking; sexual abuse, including incest, rape and harmful practices such as FGM/C and forced marriage. They are at risk at home, in school, on the street, in their places of work (e.g., as factory, farm and domestic workers) and in refugee/displaced person camps. UNFPA-supported programmes have much to contribute in terms of preventing and addressing sexual violence against adolescent girls and young women and fostering non-violent, respectful behaviour among boys and young men. Young men may also be vulnerable to sexual and gender-based violence in conflict settings that place them at risk for further exploitation and coercion into military recruitment, drugs and other abuses. Differential analysis of the risks associated with the conflict on dealing with sexual and gender-based violence should be adequately made to protect young people across the board.

As part of its leading global role in promoting the human rights of young people and meeting their needs in both peaceful settings and humanitarian contexts, and within the organization's "Framework for Action on Adolescents and Youth", UNFPA is undertaking the following:

- » Ensuring that adolescent SRH services address GBV, including access to prompt quality care in cases of rape, emergency contraception and PEP, and additional referrals (e.g., legal, specialized counselling and support groups).
- » Accelerating the response to sexual violence and harmful practices against adolescent girls and young women, including through focused public campaign messages, community outreach and services, youth networks and peer-based approaches and — at the global level — through the UNAIDS partnership.



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- » Ensuring that national HIV and AIDS plans and HIV-prevention strategies, policies, programmes and services adopt practical measures and monitor responses to sexual violence against young women, especially in countries with generalized epidemics and especially where Global Fund proposals are planned or in place.
- » Increasing outreach and tailoring sensitization efforts to adolescent boys and young men, including in the context of HIV prevention and DDR among ex-combatants (see section F for more suggested strategies on how to co-opt and include men and boys in efforts to end GBV, especially against women and girls).
- » Making schools safe spaces for girls by, among other things, preventing sexual harassment and harmful practices, exploitation and rape in or en route to school, supporting education policies, life skills-based curricula reform and teacher train-

In Ecuador and Panama, UNFPA supported the Ministries of Education in addressing the sexual abuse of girls in schools.

ing that can help in transforming gender norms and eliminating violence against young women.

- » Sensitizing, training and providing referral networks for school-based health providers on detection and counselling for cases of GBV as well as appropriate referral within youth-friendly spaces for further counselling and/or treatment.
- » Providing educational and livelihood opportunities to out-of-school girls, especially in contexts where young girls might have to resort to transactional sex to survive.
- » Upscaling strategies for eliminating harmful practices, especially child marriage, and FGM/C. Progress has been made in this regard via the UNFPA-UNICEF partnership under the UNFPA-UNICEF Joint Programme and Trust Fund on FGM/C.

F. Men and Boys

In Turkey, a UNFPA-supported project provided education on reproductive health rights as well as on gender equality to new army recruits. It is estimated that one day of mandatory interactive training could reach up to 500,000 new soldiers a year.

Promoting gender equality and ending violence against women and girls require a concerted effort to actively engage men and boys as partners and agents for change. Men may be the primary perpetrators of GBV, but they are a major part of the solution. Involving men and boys as partners and agents of change and as a vital campaign strategy has been clearly reiterated by the United Nations Secretary-General while inaugurating the UNITE to End Violence against Women Campaign in New York in February 2008.

Building on its niche and experience of working on issues of masculinity and male outreach since the ICPD and Beijing Conferences, UNFPA is committed to:

- » Systematically incorporating components with tailored interventions and messages for men and adolescent boys on gender equality and zero tolerance for violence against women in the SRH programmes it supports, including those related to HIV prevention.



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- » Strengthening the role of male advocates and opinion leaders under a framework of social change, at policy and community levels and through the mass media, to raise public awareness and foster a culture of non-violence.
- » Launching public education and mobilization campaigns by and for men opposed to violence against women, in collaboration with women's groups, explicitly targeting male notions of entitlement that perpetuate GBV.
- » Institutionalizing sensitization on violence against women and gender issues in the policies and training programmes of large-scale, formative male-dominated institutions such as the armed forces and the police.

G. Faith-Based Networks and Other Custodians of Cultural Norms

In Indonesia, UNFPA worked with the Ministry of Women's Empowerment to support a faith-based organization that provided critical services and shelter for survivors of GBV.

The full potential of faith-based organizations and interfaith networks in helping to eliminate violence against women remains largely untapped by international development organizations. Faith-based organizations and other custodians of cultural norms — such as village and community elders, traditional opinion leaders and “holders” of customary law — have a massive and influential reach. By comparison, programming interventions to combat GBV via partnering with these constituencies have tended to remain small and limited in scope. While examples of faith-based entities and UNFPA-supported programmes that work in this field are available, notably in the area of HIV and AIDS and harmful practices such as FGM/C, there is much room for expanded work.



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In Yemen, UNFPA contributed to community-level capacity-building activities involving religious leaders concerning the topics of reproductive health and rights, including FGM/C and GBV.

Building on its past leadership and experience in applying a culturally sensitive lens, UNFPA is working on and will continue to expand its work in:

- » Establishing and strengthening partnerships with interfaith networks, including those with women of faith.
- » Offering capacity-development opportunities to committed religious leaders and interfaith networks concerning GBV concepts and strategies for reaching their constituencies and strengthening their advocacy in opposition to violence against women and, where relevant and appropriate, their participation in service-delivery programmes.
- » Identifying and operationalizing communication and mobilization strategies, from national to community levels and through the mass media, with cultural opinion leaders, including religious and traditional leaders.
- » Supporting faith-based networks and traditional gatekeepers in aligning customary laws and practices (the informal justice sector) with international human rights standards and laws on violence against women, where they exist, so as to tackle one of the most pernicious and common challenges to legal enforcement and women's safety.

H. Focus on the Most Vulnerable and Marginalized

UNFPA follows a HRBA in its programmatic interventions in the countries where it works. The HRBA focuses on the most vulnerable and marginalized populations — populations that seldom have access to even basic services and opportunities to realize their rights. While UNFPA strives to work with all populations without discrimination, it does pay special attention to those who need these services the most. Such an approach has been made explicit across UNFPA operations.

In Honduras, UNFPA supported the institutionalization of police training on violence against women — claimed as the second greatest achievement of the President's administration in 2004.

As noted elsewhere in this Framework, women and girls are often the most vulnerable, marginalized and economically disempowered in any given country scenario. Among women and girls, those who are trafficked or are migrants and those who belong to internally displaced groups, are refugees or victims of conflict, are indigenous or are disabled are always the most at risk when it comes to encountering violence. Using a HRBA will work to ensure that their concerns and needs will be mainstreamed during programme planning, implementation, monitoring and evaluation. Such an approach would entail:

- » Applying a human rights-based and culturally sensitive lens when designing, and implementing programmes, including programme monitoring and evaluation, to ensure that duty bearers and rights holders participate in the programme design, implementation, monitoring and evaluation processes.
- » Advocating for and supporting capacity development of governments (particularly the judiciary, national human rights institutions, the police, the armed forces and other public sector agencies) to comply with international and national human rights obligations; to follow up recommendations of treaty bodies and special mechanisms relating to violence against women (especially the Convention on the Elimination of All Forms of Discrimination against Women, the Committee on the Rights of the Child and the United Nations Special Rapporteur on Violence against Women, Its Causes and Consequences); to sustainably implement and monitor effective implementation of GBV laws, policies and programmes, and to ensure speedy access to justice mechanisms with a special focus on the most vulnerable and marginalized.
- » Supporting civil society efforts to monitor effective implementation of government obligations in this regard.
- » Providing support to ensure that government funding frameworks, including gender-responsive budgeting, adequately reflect allocations for GBV issues, with a special focus on the most vulnerable and marginalized women and girls.

- » Ensuring that high-quality services are made available, accessible, affordable and acceptable while ensuring that they are supported by the communities.
- » Ensuring that women and girls are informed of their rights and empowered to negotiate the use of those services. This would entail that they have recourse to redress and reparation mechanisms in cases of violations of those rights and that they are enabled to make decisions regarding their health and life options.
- » Supporting policy-oriented advocacy and the meaningful participation of women's groups and concerned organizations representing marginalized and vulnerable populations.



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III. Operationalizing the Framework

The UNFPA Strategic Plan 2008-2011 establishes accountability for results on GBV at global, regional and country levels of the organization. Mechanisms for capacity development, including knowledge sharing, institutional accountability and monitoring of this Framework are reflected in the “Strategic Framework on Gender Mainstreaming and Women’s Empowerment 2008-2011”.

In addition to national governments, parliamentarians and civil society organizations, especially women’s, youth and human rights groups and research institutions, key partnerships in the area of violence against women and girls are identified below.

- » Within the United Nations system — at the headquarters level — UNFPA co-chairs the 15-member United Nations Inter-Agency Task Force on Violence against Women. It is a lead member of the United Nations Trust Fund to End Violence Against Women and co partners with UNICEF on the Joint Programme and Trust Fund on FGM/C. UNFPA will also be a major collaborator in the implementation of the Secretary-General’s UNITE to End Violence against Women Campaign, which will be operationalized globally in the coming years.

- » At country levels, UNFPA partners with the following: UNIFEM, at various levels; the World Health Organization (WHO), especially in terms of standards and protocols for health service delivery, catalytic research (e.g., on abuse during pregnancy) and data collection; UNICEF, on harmful practices and the focus on adolescent girls; UNAIDS and the Global Coalition on Women and HIV and AIDS, to strengthen the linkages with HIV prevention; UNHCR, on refugee women and girls; the Office of the High Commissioner on Human Rights, to strengthen linkages with the legal system and ensure that women’s rights are respected in the context of ending impunity for perpetrators; DPKO to train peacekeepers in effective protection strategies, to refrain from sexual exploitation, and on appropriate survivor response as well as to support its missions with effective monitoring and reporting strategies; the 12 United Nations-entity initiative United Nations Action against Sexual Violence in Conflict, to ensure that all United Nations-led efforts to address this issue are coordinated and harmonized; and the regional economic commissions, as regards inter-ministerial policy platforms and data analysis. Opportunities for collaboration with the International Labour Organi-



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zation (ILO) and the United Nations Office on Drugs and Crime (UNODC), on trafficking, among other agencies, are also now being developed in the 10 pilot countries in which UNFPA is spearheading United Nations Country Team (UNCT) implementation of joint programming efforts to end violence against women (as part of the United Nations Inter-Agency Task Force on Violence against Women). Furthermore, its role as chair of the Gender Theme Group of the UNCT in many countries provides UNFPA an opportunity to integrate this issue in a concerted manner into the Common Country Assessment/United Nations Development Assistance Framework (CCA/UNDAF) processes.

- » Health professional associations and medical schools at global, regional and national levels, e.g., midwifery and nursing associations, the Medical Women's International Association, the Commonwealth Medical Association, the International Federation of Gynaecology and Obstetrics, the International Federation of Medical Students Associations. UNFPA efforts include support for institutionalizing provider training on violence against women in pre- and in-service curricula.

- » Women's, youth-serving and reproductive health groups and research institutions with experience in conducting research on and delivering community-based programmes and services on violence against women and girls, including International Planned Parenthood Foundation (IPPF), the International Centre for Research on Women (ICRW) and national family planning associations in regions and countries where they have developed specialized expertise.
- » Global, regional and national networks of men against violence against women, including synergies with the White Ribbon Campaign and the Men Engage Alliance.
- » The World Bank and regional development banks, especially as regards health-sector financing and policy advice to governments on the links of SRH and violence against women to the achievement of the MDGs.

In addition, UNFPA would continue to advocate for and contribute technically to ensure that violence against women and girls receives adequate attention and resources throughout standard United Nations processes, notably the CCA/UNDAF and all humanitarian reform processes. Increasingly, the UNCT joint reporting exercises on the Convention for the Elimination of All Forms of Discrimination against Women and "Action 2" on implementing the HRBA, as mandatory under the CCA/UNDAF processes, also provide key policy instruments and opportunities to strengthen the role of UNCTs in systematically addressing this issue.

The progress of UNFPA in expanding and strengthening its capacities to address violence against women and girls will be assessed as part of the evaluation exercise of the UNFPA "Strategic Framework on Gender Mainstreaming and Women's Empowerment", planned for completion by 2011, and as part of the overall evaluation of the "Strategic Plan 2008-2011: Accelerating Progress and National Ownership of the ICPD Programme of Action".



UNFPA Strategy and Framework for Action to

Addressing Gender-based Violence

2008-2011

