

GENDER-BASED VIOLENCE  
UNFPA PREVENTION & RESPONSE

# UNFPA Engagement in Ending Gender-based Violence

ADVOCACY & POLICY  
CAPACITY DEVELOPMENT  
KNOWLEDGE MANAGEMENT  
SERVICE DELIVERY

Results of a mapping exercise



## Ending gender-based violence

Gender-based violence (GBV) is one of the most pervasive, under-reported and unaddressed human rights violations in the world. It knows no social, economic or national boundaries. UNFPA, the United Nations Population Fund, is working to prevent and respond to gender-based violence in 135 countries or territories worldwide, among them 43 crisis-affected countries experiencing conflict or natural disasters.

### \$93 million

In 2015, UNFPA spent \$93 million to prevent and respond to gender-based violence and harmful practices.

### 135 countries

UNFPA works in 135 countries to address gender-based violence, including 43 countries affected by conflict or natural disaster.

### 97 countries

UNFPA leads or co-leads gender-based violence coordination mechanisms in 97 countries. Within the Global Protection Cluster, the area is co-facilitated by UNICEF and UNFPA.

### 40%

Nearly 40 per cent of UNFPA Country Offices participate in fully operational UN Joint Programmes on gender-based violence and harmful practices, with more such efforts launching soon.

This set of brochures presents the results a mapping of all UNFPA Country Offices to assess their level of engagement in gender-based violence prevention and response. The brochures showcase the work of UNFPA through four modes of engagement:

- **Advocacy and policy:** Develop laws, policies and plans and promote enforcement
- **Capacity development:** Strengthen capacities of government and civil society partners in prevention and response
- **Knowledge management:** Conduct data collection and analysis
- **Service delivery:** Support countries to provide quality sexual and reproductive health services for victims and survivors of gender-based violence

Eliminating gender-based violence is an important area of work in operationalizing the UNFPA mandate<sup>1</sup> to carry out the ICPD Programme of Action. UNFPA-supported programmes offer psychosocial assistance, medical treatment and rape kits to victims and survivors, and promote the right of all women and girls to live free of violence and abuse.

## Profound and far-reaching consequences

Gender-based violence undermines the health, dignity, security and autonomy of its victims and survivors. It also has detrimental consequences for the development of societies and countries in terms of economic productivity and educational outcomes.

The physical and mental health consequences are substantial and contribute, both directly and indirectly, to many negative health outcomes among women and their children. These include physical injuries, depression and anxiety disorders, and even death. Globally, as many as 38 per cent of murdered women died at the hands of an intimate partner.<sup>2</sup> Effects on sexual and reproductive health are severe. Gender-based violence is linked to higher rates of unintended pregnancies and also to increased risks of miscarriage, unsafe abortions, stillbirth and intrauterine haemorrhage, and increased vulnerability to HIV and other sexually transmitted infections. Violence during pregnancy is associated with low birth weight of babies and an increased risk of preterm birth.<sup>3</sup>

<sup>1</sup> What is the UNFPA mandate? [www.unfpa.org/frequently-asked-questions#sthash.WrWOjr94.dpuf](http://www.unfpa.org/frequently-asked-questions#sthash.WrWOjr94.dpuf)

Marginalized women, such as those living with HIV and female sex workers, and girls who are subject to harmful practices like child marriage and female genital mutilation are particularly vulnerable to violence. A study in Kenya found that almost 80 per cent of sex workers in Mombasa had experienced violence in the previous month.<sup>4</sup> Similarly, women living with HIV report high levels of violence, including coerced sterilizations and abortions at the hands of health service providers.<sup>5</sup>

## Humanitarian response

<b>43 crisis-affected countries</b>	43 of the 135 countries and territories with UNFPA-supported programming to address gender-based violence are affected by conflict or natural disaster.
<b>35%</b>	Of the \$93 million in spending across all regions, the Arab States region received 35 per cent in 2015, reflecting a commitment to scale up gender-based violence prevention and response in humanitarian situations.
<b>100%</b>	All of crisis-affected countries are staffed with gender-based violence experts.
<b>67%</b>	The majority have stand-alone gender-based violence units.
<b>98%</b>	Nearly all have committed funding dedicated to gender-based violence programming and coordination in humanitarian emergencies.

Every woman and girl is at grave risk at the onset of a crisis. Gender inequalities, marginalization and exclusion deepen, while women's roles and responsibilities often intensify with repercussions for their own security, health and well-being. Many lack access to vital services at the onset of an emergency, especially life-saving sexual and reproductive health services, and this increases their vulnerability to gender-based violence. Further, women and young people are typically both the first responders to crises and the leading innovators of sustainable solutions. Yet their contribution is often overlooked and their fuller potential as active contributors to resilience and recovery is not realized.

UNFPA is the lead of the gender-based violence Area of Responsibility of the Global Protection Cluster, designated by the Inter-Agency Standing Committee. UNFPA catalyzes a wide network of actors at global and country levels to ensure a holistic and comprehensive response and sets norms and standards to guide humanitarian action in emergencies.

## Operationalizing the UNFPA mandate

UNFPA is one of the United Nation's lead agencies working to advance gender equality and women's empowerment and to address the causes and consequences of gender-based violence, especially its effects on sexual and reproductive health.

UNFPA works to address gender-based violence in both development and humanitarian contexts, where the risk of violence against women and girls intensifies. UNFPA provides emergency prevention and response in crisis-affected countries, while at the same time it supports long-term interventions at the national level. The nature of UNFPA's work shifts when a country can take on a greater share of responsibility for financing and implementing interventions. As countries develop, their need for UNFPA's service delivery lessens and the organization adds value through upstream work on advocacy and policy dialogue and technical advice. Support is provided across a continuum of needs.

<sup>2</sup> World Health Organization (2013): Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence.

<sup>3</sup> Ibid.

<sup>4</sup> Pack AP, L'Engle K, Mwarogo P, Kingola N. Intimate partner violence against female sex workers in Mombasa, Kenya. *Cult Health Sex* 2014; 16(3): 217-230.

<sup>5</sup> Kendall and Albert (2015): [www.ncbi.nlm.nih.gov/pmc/articles/PMC4374084/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4374084/)

Partnership is a priority. Much of this work is carried out through joint initiatives with other United Nations agencies. Nearly 40 per cent of UNFPA Country Offices (49 of 124) participate in fully operational UN Joint Programmes on gender-based violence and harmful practices, and several countries plan to launch such programmes in the near future.<sup>6</sup> UNFPA participates in UN Joint Programmes in all regions and in countries as diverse as Albania, Indonesia, Iraq, Kenya, Nigeria and Panama.

## Key international agreements

Resolutions and agreements make explicit reference to violence against women and girls. While men and boys also suffer from gender-based violence, women and girls are overwhelmingly targeted for abuse. Worldwide, one in three women will experience physical or sexual abuse in her lifetime. The most common form of violence experienced by women globally is physical violence inflicted by an intimate partner, with women beaten, coerced into sex or otherwise abused.<sup>7</sup>

**1993:** Gender-based violence is defined as “any act 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 deprivation of liberty, whether occurring in public or in private life” in the United Nations Declaration on the Elimination of Violence against Women (A/RES/48/104).

**1994:** The International Conference on Population and Development (ICPD) Programme of Action includes this global commitment: “...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. The human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights”.

**1995:** The Beijing Platform of Action emerging from the Fourth World Conference on Women underlines commitments to a woman’s right to make choices in her reproductive life and identifies some groups especially vulnerable to gender-based violence, including migrants and the displaced, minorities and indigenous people, the disabled and elderly, and women in detention.

**2015:** Global leaders adopted the 2030 Agenda for Sustainable Development and pledged to leave no one behind. Sustainable Development Goal 5 is to achieve gender equality and empower all women and girls. Progress will be measured against targets 5.2 and 5.3: “Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation” and “Eliminate all harmful practices, including female genital mutilation”.

**2016:** The World Humanitarian Summit supported a new Agenda for Humanity to generate commitments to reduce suffering and deliver better for people around the globe and ultimately “transcend the humanitarian and development divides”.<sup>8</sup>

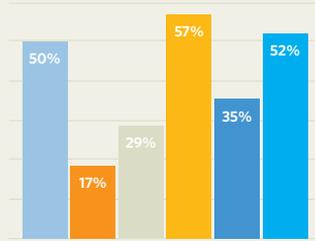
<sup>6</sup> UNFPA currently operates in 124 Country and Sub-Regional Offices throughout the world, some of which cover several programme countries. UNFPA works in 150 countries and territories.

<sup>7</sup> United Nations Secretary-General’s Campaign, Unite to End Violence Against Women, Fact Sheet, UNDPI 2009.

<sup>8</sup> United Nations (2016). Report of the Secretary-General for the World Humanitarian Summit. One Humanity, Shared Responsibility.

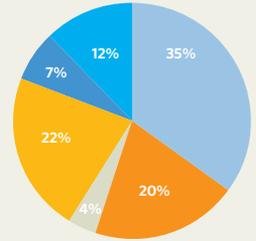
Percentage of UNFPA Country Offices engaged in UN Joint Programmes on GBV, by region:

40%



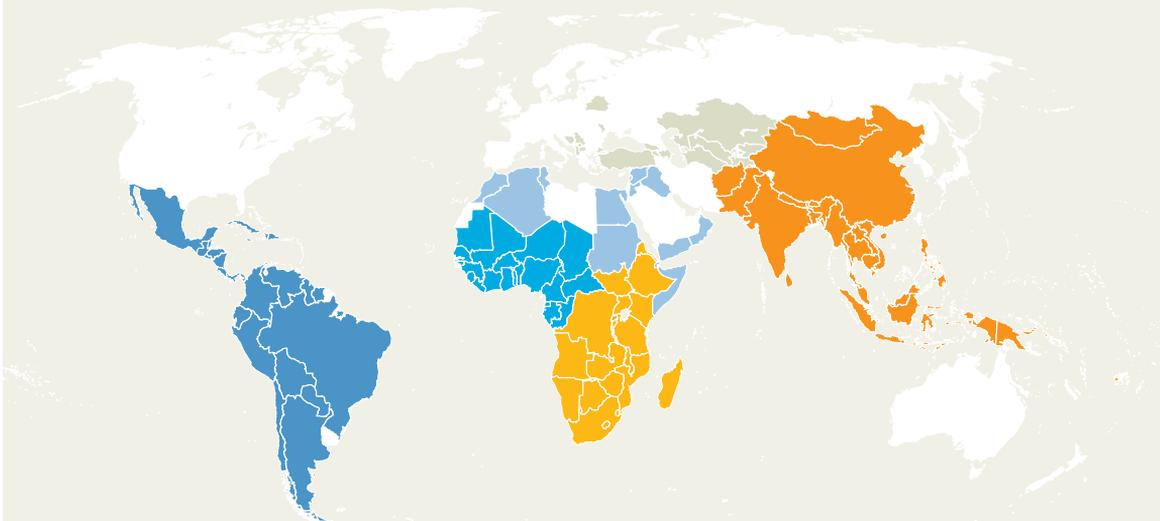
Financial investments by UNFPA in GBV and harmful practices elimination, by region:

\$93 million in 2015



- Arab States
- Eastern Europe & Central Asia
- Latin America & the Caribbean
- Asia & the Pacific
- East & Southern Africa
- West & Central Africa

UNFPA engagement in gender-based violence programming reaches 135 countries and territories



**Arab States**

- Algeria
- Djibouti
- Egypt
- Iraq
- Jordan
- Lebanon
- Morocco
- Oman
- Palestine
- Somalia
- Sudan
- Syria
- Tunisia
- Yemen

**East & Southern Africa**

- Angola
- Botswana
- Burundi
- Comoros
- Democratic Republic of the Congo
- Eritrea
- Ethiopia
- Kenya
- Lesotho
- Madagascar
- Mauritius
- Malawi
- Mozambique
- Namibia
- Rwanda
- South Africa
- South Sudan
- Swaziland
- Tanzania
- Uganda
- Zambia
- Zimbabwe

**West & Central Africa**

- Benin
- Burkina Faso
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- Congo, Republic of
- Côte d'Ivoire
- Equatorial Guinea
- Gabon
- Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Liberia
- Mali
- Mauritania
- Niger
- Nigeria
- Sao Tome and Principe
- Senegal
- Sierra Leone
- Togo

**Eastern Europe & Central Asia**

- Albania
- Armenia
- Azerbaijan
- Belarus
- Bosnia & Herzegovina
- Georgia
- Kazakhstan
- Kosovo\* Kosovo Territory, UNSCR 1244 (1999)
- Kyrgyz Republic
- Macedonia
- Moldova
- Serbia
- Tajikistan
- Turkey
- Turkmenistan
- Ukraine
- Uzbekistan

**Latin America & the Caribbean**

- Argentina
- Bolivia
- Brazil
- Barbados
- Belize
- British Virgin Islands
- Chile
- Colombia
- Costa Rica
- Cuba
- Dominica, Commonwealth of
- Dominican Republic
- Ecuador
- El Salvador
- Grenada
- Guatemala
- Guyana
- Haiti
- Honduras
- Jamaica
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Suriname
- Trinidad and Tobago
- Uruguay
- Venezuela

**Asia & the Pacific**

- Afghanistan
- Bangladesh
- Bhutan
- Cambodia
- China
- Cook Islands
- Federated States of Micronesia
- Fiji
- India
- Indonesia
- Kiribati
- Lao People's Democratic Republic
- Malaysia
- Maldives
- Marshall Islands
- Mongolia
- Myanmar
- Nauru
- Nepal
- Pakistan
- Palau
- Papua New Guinea
- Philippines
- Samoa
- Solomon Islands
- Sri Lanka
- Thailand
- Timor-Leste
- Vanuatu
- Viet Nam

Jammu-Kashmir line of control is not demarcated.

#### ACKNOWLEDGMENTS AND FURTHER INFORMATION

This set of brochures was produced by UNFPA. Staff who contributed to this publication include Benoit Kalasa, Borghild Berge, Danielle Engel, Enshrah Ahmed, Erin Kenny, Ingrid Fitzgerald, Luis Mora, Matthew Cogan, Neus Bernabeu, Nigina Abaszade, Sabrina Juran, Seynabou Tall and Upala Devi (coordinator for this initiative). All UNFPA Country Offices that contributed to this initiative are acknowledged.

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# GENDER-BASED VIOLENCE

## UNFPA PREVENTION & RESPONSE

### ADVOCACY AND POLICY

# Advocating for change



### Advocating for change

**Legal** and policy frameworks at all levels must promote and protect the human rights of women and girls when seeking to eliminate gender-based violence (GBV). Perpetrators must be held accountable and liable for their actions. Creating comprehensive legislation that criminalizes all forms of gender-based violence, including harmful traditional practices such as child, early and forced marriage and female genital mutilation, is crucial to effectively preventing and responding to gender-based violence. UNFPA, the United Nations Population Fund, is working with stakeholders to strengthen national legal and policy frameworks.

## Laws, policies and plans

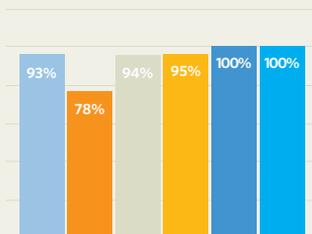
States have clear obligations under international treaties and conventions to address all forms of violence against women and girls, including ensuring that comprehensive legislation is in place. Despite significant efforts to strengthen legislation on gender-based violence in recent years, a large number of states still do not have legislative provisions that address all forms of gender-based violence. At the global level, 119 countries have passed laws on domestic violence and 125 have laws on sexual harassment in workplaces and public spaces, but only 52 countries have laws on marital rape.<sup>1</sup> Even where laws exist, they do not always comply with international standards and recommendations. They are often inadequate, providing limited definitions and scope and a lack of enforcement. As a mode of engagement, advocacy and policy to strengthen legislation is an essential pillar for UNFPA-supported programming.

UNFPA Country Offices work in partnership with local, national and international stakeholders to address the inadequacies of national legislation and law enforcement and to develop culturally sensitive and rights-based policies and plans on gender-based violence prevention and response. In most programme countries, these efforts are carried out in close collaboration with other United Nations agencies, government and civil society partners. More than 93 per cent of UNFPA Country Offices are involved in drafting laws, policies, strategies and plans.

In emergency contexts, UNFPA advocates for the integration of gender-based violence risk mitigation and support for victims and survivors across sectors throughout the humanitarian response.

Percentage of UNFPA Country Offices involved in drafting laws, policies and plans on GBV, by region:

93%



Arab States Eastern Europe & Central Asia Latin America & the Caribbean  
Asia & the Pacific East & Southern Africa West & Central Africa



**DOMINICAN REPUBLIC** Momentum is growing for the passing of a law against gender-based violence in the Dominican Republic, where UNFPA-supported advocacy efforts have long called for change. An inter-agency and inter-sectorial coordination mechanism was recently established to develop a special 'bill of law on violence against women'. High-level advocacy for the proposed legislation has taken place in the Senate of the Republic. At present, the bill is being reviewed by the House of Representatives. The bill will incorporate important elements to secure the rights of Dominican women, including legislation on sexual harassment and femicide (homicide based on being female).

**AZERBAIJAN** The advocacy efforts of UNFPA Azerbaijan in collaboration with its partners from the government, civil society and media led to the country's adoption of the Law on Prevention of Domestic Violence in 2010. UNFPA also advocated for raising the minimum legal marriage age for girls, and the amendment equalizing the minimum legal age for both men and women was introduced in the country's national legislation in 2011.

<sup>1</sup> UN Women (2015): *Progress of the World's Women 2015-2016. Transforming Economies, Realizing Rights.*



**MONGOLIA** Extensive UNFPA-supported advocacy efforts and effective collaboration with the National Committee on Gender Equality in Mongolia resulted in Parliament passing the Gender Equality Law, which includes legislation on gender-based violence, in 2011. To ensure effective implementation of the law, UNFPA provided technical and financial support to the government to develop a mid-term strategy and action plan. Since the law was passed, the government has allocated state funds to ensure its implementation. UNFPA has also provided support to mobilize additional funding for implementing the law.

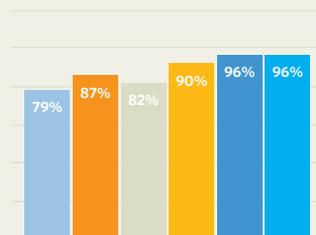
**BURKINA FASO** UNFPA implements advocacy and policy interventions as part of the UN Joint Programme on GBV in Burkina Faso. Working in collaboration, the United Nations agencies provide data for evidenced-based advocacy to support government actors responsible for policy-making. They also provide expert technical guidance to health professionals involved in sexual and reproductive information and services, including psychosocial support and the clinical management of rape, to improve the quality of care victims and survivors receive. The partners advocate for better management of cases of violence in the police and justice sector.

## Implementation and enforcement

Passing legislation to address gender-based violence is only a first step towards eliminating the problem. It is also essential to ensure that countries properly implement laws at all levels and that their judicial systems hold perpetrators accountable. Working closely with partners, UNFPA provides technical and financial support to ensure that laws, policies and plans are implemented and enforced. Actors in the public and private sectors with a mandate to implement legislation, policies and plans on gender-based violence must know their role and have the tools required to take necessary and appropriate action. It is also crucial to educate society as a whole about gender-based violence and the laws and policies that exist in the country. More than 88 per cent of UNFPA Country Offices support implementation of laws, policies and plans on gender-based violence.

Percentage of UNFPA Country Offices involved in implementation of laws, policies and plans on GBV, by region:

88%



Legend: Arab States, Eastern Europe & Central Asia, Latin America & the Caribbean, Asia & the Pacific, East & Southern Africa, West & Central Africa



**SOMALIA** At a time when reports of sexual violence are widespread and increasing in Somalia, UNFPA is leading the process to advance the Government of Somalia's Sexual Offences Bill. It is hoped that the bill will help victims and survivors to access justice and end impunity for sexual violence in Somalia, once it is enacted, and that it will be a model for Muslim-majority countries emerging from conflicts on how to address sexual offences. UNFPA will continue to support its realization by developing an implementation plan. In Somaliland, UNFPA is also helping develop and finalize the national policy on female genital mutilation (FGM) and supporting enactment of a zero tolerance FGM law.

For advocacy and policy dialogue and advice, UNFPA engages with a large number of stakeholders in the effort to end violence against women and girls:



**Government officials and policymakers**



**Religious leaders and faith-based organizations**



**Health professionals**



**Media**



**Judges and lawyers**



**Civil society organizations, including women's rights activists**



**Social workers**



**Academic institutions**



**Police officers and military personnel**



**Young people**



**Traditional and community leaders**



**International partners**



## Focusing on health professionals

Nearly 97 per cent of UNFPA Country Offices are targeting health professionals in their advocacy and policy work on gender-based violence to ensure that prevention, protection and response is integrated into sexual and reproductive health policies and programmes for women and girls. This strong focus on the health sector builds on UNFPA's longstanding expertise and experience advancing sexual and reproductive health and reproductive rights.

Percentage of UNFPA Country Offices targeting health professionals in their GBV advocacy and policy work, by region:

97%



**ZAMBIA** UNFPA supported the development, launch and dissemination of the first Anti-Gender-Based Violence Act No. 1 of 2011 and is currently supporting the Government of Zambia in developing a national strategy for addressing gender-based violence in the health sector. UNFPA has also facilitated consultations on the Marriage Bill, which, if adopted, will harmonize customary and statutory law to address child marriage. Zambia was among the 116 countries co-sponsoring the UN Resolution on Child, Early and Forced Marriage, which was adopted in 2014.



#### ACKNOWLEDGMENTS AND FURTHER INFORMATION

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# GENDER-BASED VIOLENCE

## UNFPA PREVENTION & RESPONSE

### CAPACITY DEVELOPMENT

# Government and civil society partners

Violence against women (VAW) is deeply rooted in unequal and discriminatory gender norms and structures, and violence against women based on this subordinate status is defined as gender-based violence (GBV). When aiming to prevent gender-based violence, it is necessary to address these discriminatory gender norms, work to transform gender roles and promote more equitable relationships between men and women. According to the United Nations framework to underpin action to prevent violence against women, the focus of prevention is to “address the root causes of VAW, to strengthen population-level factors that protect against violence, and to address those that increase the probability of it occurring”.<sup>1</sup>

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<sup>1</sup> UN Women, UNFPA, ILO, UNDP, UNESCO, OHCHR, WHO (2015): *A Framework to Underpin Action to Prevent Violence against Women*.



## Changing norms and taking action

Changing gender-discriminatory social norms requires changes in structural policies as well as action at the community, organizational, family and individual levels.

UNFPA, the United Nations Population Fund, partners with a number of key stakeholders in efforts to prevent gender-based violence – including women’s organizations and other civil society organizations, local authorities, service providers, armed forces, faith-based organizations, religious and traditional leaders, young people, the media and men and boys. Civil society organizations play a leading role in prevention programmes, either through advocating for improved legislation, policies and plans or through implementing community-based efforts to change social norms.

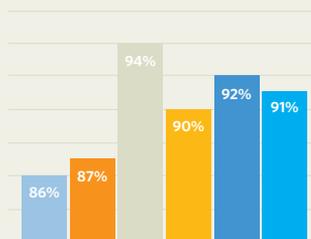
More than 90 per cent of UNFPA Country Offices are involved in capacity development of government and civil society partners in prevention of gender-based violence.

### LATIN AMERICA AND THE CARIBBEAN UNFPA, in collaboration

with the Economic Commission for Latin America and the Caribbean (ECLAC), Chile and Spain, has developed a regional training programme on gender and security and the implementation of UN Security Council resolution 1325 on women, peace and security. The programme is for government officials, military and civilian peacekeeping personnel, professionals and academics as well as NGOs and civil society organizations. The training programme aims to increase knowledge of UNSCR 1325 in Latin America and the Caribbean to make gender mainstreaming in the area of peace and security a critical function of nations sending peacekeeping forces. Several countries in the region piloted the programme in 2014 and 2015; UNFPA will launch it globally in 2016.

Percentage of UNFPA Country Offices developing the capacity of government and civil society actors in GBV prevention, by region:

90%

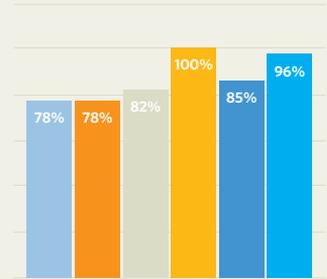


■ Arab States    
 ■ Eastern Europe & Central Asia    
 ■ Latin America & the Caribbean  
■ Asia & the Pacific    
 ■ East & Southern Africa    
 ■ West & Central Africa



Percentage of UNFPA  
Country Offices engaging  
men and boys in GBV  
prevention, by region:

87%



■ Arab States
 ■ Eastern Europe & Central Asia
 ■ Latin America & the Caribbean
 ■ Asia & the Pacific
 ■ East & Southern Africa
 ■ West & Central Africa

**MALAWI** In Malawi, UNFPA helped establish Men for Gender Equality Now (MEGEN), a network of men with structures at the national level down to communities. The network promotes positive masculinity favouring non-violence and encourages men to embrace gender equality and the empowerment of women and girls. At the community level, there are 'men only' and 'boys only' groups trained on gender-based violence prevention, response and management that have become important allies in preventing such violence and promoting gender equality.

**CHINA** The China White Ribbon Volunteers Network (CWRVN) has mobilized a large number of men and boys in its campaign to condemn and prevent gender-based violence. The network has more than 400 registered volunteers, including both men and women. Through partnerships with the media, CWRVN has raised awareness in China, especially what men can do to prevent and respond to violence against women and girls. In 2014, the network organized a series of public dialogue forums called 'Men Talk Stories' with support from UNFPA and the French Government. Through these public events during which men from diverse backgrounds shared their personal stories, the forums aimed to strengthen social norms promoting healthy masculinities and gender equality – and to help eliminate gender-based violence and homophobia. Based on these dialogues, CWRVN produced a documentary and published a book titled 'The Voices of Men'.

## Sensitizing the police and military

Since the 1990s, UNFPA has worked with national militaries, peacekeepers and police forces to develop and implement programmes promoting sexual and reproductive health, including the prevention of HIV infection and gender-based violence. UNFPA works with uniformed services to ensure members are made aware of sexual violence, HIV and human rights during training and capacity development initiatives.

## Men and boys as agents of change

Men and boys comprise another key stakeholder group in the effort to eliminate gender-based violence. UNFPA supports initiatives that engage men and boys in a wide range of activities that challenge gender stereotypes, promote positive constructions of masculinity, and practice attitudes and behaviours based on equality and respect for human rights. In the Fund's work with men and boys, UNFPA uses messages on gender equality and zero tolerance for sexual violence. The vast majority of UNFPA Country Offices – some 87 per cent – actively involve men and boys in their work to prevent violence against women and girls.

**KAZAKHSTAN** *In its work to prevent gender-based violence, UNFPA has forged partnerships with religious leaders and faith-based organizations of the two dominant religious communities in Kazakhstan: Sunni Islam and Orthodox Christianity. Religious leaders of both are actively engaged in developing advocacy and awareness-raising materials on gender-based violence, including through child marriage, as well as on sexual and reproductive health issues. The groups and leaders have developed appropriate sermon messages on gender-based violence and child marriage prevention, delivered during the Friday prayers in mosques and Sunday liturgies in churches.*

## Developing partnerships, developing capacity

UNFPA partners with faith-based organizations, religious leaders and traditional leaders to challenge cultural and social norms that support violence, discrimination and harmful practices. These groups and leaders are often reference points for their communities and are respected as having high credibility, in addition to providing communities with spiritual and moral support and, in many cases, educational and health services. In many countries, UNFPA engages male opinion leaders, including powerful religious and cultural leaders, in campaigns aiming to raise public awareness. The media is also an important partner in preventing gender-based violence and challenging gender discriminatory norms and stereotypes in society, by ensuring that the voices of women and girls are heard while also exposing the larger and often more complex conditions that lead to their suffering.

Engaging young people is essential to eliminating gender-based violence and empowering adolescents and youth to realize their full potential in their own lives, and to become agents of change in their communities. UNFPA promotes opportunities for the participation of adolescents and youth to fight violence against women and girls. In many countries, young people serve as peer educators on issues relating to gender equality, sexual and reproductive health and reproductive rights and promotion of non-violence.



## Training for prevention and response

More than 88 per cent of UNFPA Country Offices are engaged in developing the capacity of government, civil society actors and other service providers in preventing and responding to gender-based violence. This includes training health professionals on medical care for victims and survivors of physical and sexual violence, training police officers on how to handle cases, and training social workers on providing psychosocial support for victims and survivors.

UNFPA has a particularly important role in developing the capacity of health care providers in their response to gender-based violence, with emphasis on sexual and reproductive health services. Maternal health care and family planning services are key entry points for providing care to women affected by violence.

On behalf of the gender-based violence Area of Responsibility of the Global Protection Cluster and managed by UNFPA under an inter-agency advisory group, the Regional Emergency GBV Advisors (or "REGA") develop capacities of national actors in countries experiencing or preparing for humanitarian crises. Areas of support include: preparedness and contingency planning, establishing inter-agency coordination mechanisms and investing in joint action to maximize impact.

By the end of 2016, UNFPA will have trained and assessed more than 80 personnel to deploy to humanitarian crises as GBV Programme Specialists, GBV Coordinators and GBV Information Management Officers. This massive investment in surge capacity means that UNFPA will be amongst the first responders to deploy to any crisis, including in inter-agency coordination functions, and will ensure that the needs of women and girls are kept at the forefront of the humanitarian agenda.

Percentage of UNFPA Country Offices developing the capacity of government, civil society actors and other service providers in GBV response, by region:

**88%**



**EGYPT** UNFPA supports a capacity development programme for health care providers on the medical guidelines for GBV case management, including physical and domestic violence and sexual violence, targeting all public hospitals in Egypt. Health care providers have an important preventive role to play in fighting gender-based violence as they are able to detect early signs of domestic violence, provide quality care for victims and survivors and refer them to other services when necessary.

**GUINEA-BISSAU** UNFPA has in recent years supported several capacity development initiatives on gender-based violence in Guinea-Bissau. In an example of UNFPA-supported South-South development cooperation, experts from Brazil trained 35 public health managers from Guinea-Bissau to provide medical care and psychosocial recovery for victims and survivors of gender-based violence. This established a pool of trainers in GBV, which in turn helped to gradually replicate this knowledge among health staff. Every year, UNFPA Country Offices initiate capacity building programmes on gender-based violence that not only focus on professional health staff but also the police and justice sector, civil society organizations, religious and traditional leaders and social workers.

#### ACKNOWLEDGMENTS AND FURTHER INFORMATION

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# GENDER-BASED VIOLENCE

## UNFPA PREVENTION & RESPONSE

### KNOWLEDGE MANAGEMENT

# Collecting data and evidence

## UNFPA interventions in gender-based violence data collection

- Support the development of suitable quantitative and qualitative indicators on gender-based violence (GBV) and support countries in data collection and analysis using these indicators.
- Support Demographic and Health Surveys (DHS) to integrate modules on intimate partner violence and other forms of violence at the national and sub-national levels.
- Provide technical assistance to National Statistics Offices and women's machinery for conducting gender-based violence prevalence surveys at the national level.
- Conduct evidence-based research on how social and cultural factors contribute to gender-based violence.
- Collect incident and case data from frontline delivery sites, including health centres, police stations, shelters, women's centres and courts.
- Employ data expertise to develop models and projections for decision-makers on the costs of inaction.
- Addressing key research gaps, such as on violence during pregnancy.

## Challenges in gathering data

Over the last decade, global attention has turned to gender-based violence as a human rights violation, but the issue remains sensitive and hidden in most societies and cultures. UNFPA, the United Nations Population Fund, is responding to the lack of reliable data on gender-based violence, in both development and humanitarian settings. In many contexts, the data challenge is compounded by weak sectorial infrastructure, a lack of fiscal and human resources and capacities, low statistical capacity, ineffective sectorial coordination in relevant government ministries, and significant cultural or religious barriers to confronting or even discussing the issue. Quantitative and qualitative data is important for understanding problems, informing policies and designing programmes based on evidence.

When collecting data, sensitivities and ethical considerations are often encountered, reflecting the unequal status of women and girls in most countries where UNFPA works. Data-gathering exercises also come up against the reluctance of those with power to expose the violence to scrutiny. When documenting gender-based violence, a lack of adherence to core ethical and safety guidelines not only puts women and girls at greater risk of abuse, but also increases the likelihood of retaliation against those actors who are trying to help. Gathering data is especially complicated in conflict contexts where the issue may be particularly politicized and where data may reveal a pattern of abuse by a fighting faction.



**TUNISIA** Data on discrimination and violence against women has been collected since 2009 in Tunisia, with UNFPA support. The data has helped to demonstrate the need for legal protections for women, and informed the drafting of the new constitution of 2014. A national survey conducted in 2010 revealed that nearly 48 per cent of women had endured at least one form of violence in their lives. Yet they rarely reported the violence. UNFPA also has supported a study on men and boys' perception of violence, and provided support to Tunisia to undertake the Multiple Indicator Cluster Survey (MICS) in 2011. UNFPA continues to provide technical support to the National Statistics Institute in the analysis of gender-disaggregated data from the most recent census in 2014.

**MAURITANIA** UNFPA provides ongoing support to the government to conduct regular Multiple Indicator Cluster Surveys (MICS). The Fund also supported introducing female genital mutilation (FGM) variables in the health information system and helped conduct the first national survey on the prevalence of gender-based violence. In 2013, UNFPA piloted the fourth population and habitat census, which collected and made available data disaggregated by gender within all key sectors.



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**MADAGASCAR** *The Madagascar Millennium Development Goals National Monitoring Survey of 2013 included questions on gender-based violence. This was the first time any group had collected national data on the issue in the country, and results revealed that one in three Malagasy women had experienced violence during the 12 months prior to the survey. The National Statistics Institute conducted the survey in collaboration with UNFPA.*

**COSTA RICA** *UNFPA supported the National Institute of Statistics and Census of Costa Rica (INEC) in the elaboration of a diagnostic on the existence of and demand for gender-related statistics, especially in the area of gender-based violence. In 2014, UNFPA supported the design of the National Survey on Violence against Women with INEC and the National Women's Institute and the Centre for Investigation and Women's Studies (CIEM) at the University of Costa Rica. UNFPA has also supported the preparation and implementation of the pilot for that survey, in preparation for the nationwide survey launch in 2017.*

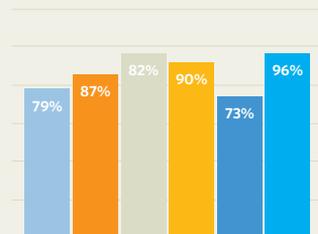


## Role of UNFPA in reliable data

UNFPA spearheads initiatives to address the lack of reliable data and limited technical capacity to collect data on gender-based violence as part of its interrelated mandates to address sexual and reproductive health and gender equality in relation to data issues in development and humanitarian contexts. Nearly 87 per cent of UNFPA Country Offices are supporting data collection and analysis on gender-based violence.

Percentage of UNFPA Country Offices supporting data collection and analysis on GBV (DHS, MICS, etc.), per region:

**87%**



■ Arab States
 ■ Eastern Europe & Central Asia
 ■ Latin America & the Caribbean
 ■ Asia & the Pacific
 ■ East & Southern Africa
 ■ West & Central Africa

**NEPAL** UNFPA supports the National Women's Commission to strengthen evidence-based advocacy and programming through the Gender-Based Violence Information Management System (GBVIMS), a global initiative that started in Nepal in 2009. The GBVIMS provides a simple system for gender-based violence service providers to collect, store and analyse their data, and enables safe and ethical sharing of reported incident data. The GBVIMS highlights gaps in services that victims and survivors request and provides data on changes or adaptations that donors and partners could make to gender-based violence response and prevention interventions.

**BOSNIA & HERZEGOVINA** UNFPA has supported research on socio-economic impediments to social reintegration of victims and survivors of conflict-related sexual violence (CRSV), and backed a study on how media report on the health and social rights of CRSV victims and survivors. UNFPA has also supported studies on stigma, masculinities and violence against women and girls. Research on gender-based violence that examines health professionals and social workers' capacities and attitudes and the quality of services and referral mechanisms has also received UNFPA support.

In most settings where it is safe to do so, UNFPA plays a key role as a technical partner with national statistics offices and relevant government ministries to bolster efforts to collect, analyse and disseminate data on gender-based violence. This is done through dedicated national prevalence surveys on intimate partner violence (IPV) that use the World Health Organization (WHO) multi-country study methodology or the integration of domestic violence modules in the Demographic Health Survey, or both. UNFPA also supports academic research and evidence gathering on gender-based violence in many countries, such as prevalence surveys and studies on behaviours, attitudes and socio-cultural drivers, as well as research on the quality of service delivery.





## Information management system

To harmonize collection of data in humanitarian contexts, UNFPA and key partners created the Gender-Based Violence Information Management System (GBVIMS). The GBVIMS is an inter-agency partnership between UNFPA, the International Rescue Committee (IRC), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). It operates under the auspices of the gender-based violence Area of Responsibility of the Global Protection Cluster. Implemented in 25 humanitarian contexts, the GBVIMS is a first attempt to organize management of GBV-related data across the humanitarian community. The GBVIMS aims both to assist service providers to better understand the cases being reported and to enable data-sharing across groups to facilitate broader trends analysis and improved coordination.



**PACIFIC ISLAND COUNTRIES** UNFPA has supported prevalence surveys on intimate partner violence (IPV) in Samoa, Kiribati, the Solomon Islands, the Federated States of Micronesia, the Marshall Islands, Palau and the Cook Islands, as well as a study on gender-based violence in Nauru. The UNFPA Pacific Sub Regional Office developed a 'lessons learned' document summarizing the practical takeaways from an in-depth assessment of the surveys in the Pacific Island Countries. The report also presents examples of how the research itself acted as an intervention in the Solomon Islands and Kiribati, and the impact participating in the research had on individuals and institutions, increasing their awareness of gender-based violence.

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# GENDER-BASED VIOLENCE

## UNFPA PREVENTION & RESPONSE

### SERVICE DELIVERY

# Quality services for victims and survivors

### Improving access

Despite extensive work by governments, women's organizations and their partners, many women and girls who experience violence still lack access to quality services for their health and safety and to adequate justice. Quality gender-based violence (GBV) services are multi-sectorial, including health services, police and justice services and social services, and necessitate a system that can effectively coordinate their delivery. These services provide remedy and support to women and girls affected by violence, which promotes rebuilding of their lives and can reduce the risk of violence reoccurring. These services also hold perpetrators of violence accountable. When implemented effectively, quality services for victims and survivors can break the cycle of violence and mitigate its effects.



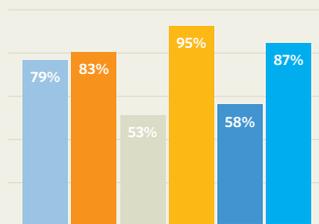
## Delivering services for victims and survivors

UNFPA, the United Nations Population Fund, provides a full package of interventions in countries with the highest needs and lowest ability to finance their own interventions – including in all four areas of engagement: advocacy and policy dialogue and advice, capacity development, knowledge management and service delivery. UNFPA focuses mainly on advocacy and policy in upper-middle income countries with low needs and high ability to finance their own programmes. There are, therefore, large differences between countries in terms of support for delivering services to victims and survivors of gender-based violence, with more support going to those most in need.

Some 76 per cent of UNFPA Country Offices support the Ministry of Health and actors in other sectors to deliver health services for victims and survivors of gender-based violence.

Percentage of UNFPA Country Offices supporting the Ministry of Health and/or allied sectors to deliver health services for victims and survivors of GBV, by region:

76%



Arab States    Eastern Europe & Central Asia    Latin America & the Caribbean  
Asia & the Pacific    East & Southern Africa    West & Central Africa

**AFGHANISTAN** In Afghanistan, UNFPA supports the Ministry of Public Health to develop a wide-ranging response to gender-based violence. The Family Protection Centres located in regional hospitals are at the core of the response. Their guiding principle is to provide all services in one place inside a health facility, which promotes safety for victims and survivors while diminishing restrictions on their mobility and exposure to additional risk. All Family Protection Centres offer victims and survivors psychosocial and trauma counseling, medical treatment, information on services available, legal advice, referral to other services when necessary and forensic evidence collection through the Forensic Medicine Unit. Health care providers also receive regular training and mentoring.

**BOTSWANA** In Botswana, UNFPA is leading implementation of the country's inaugural UN Joint Programme on GBV in partnership with UNDP, UN Women, UNICEF, WHO, UNAIDS, UNHCR, ILO and UNESCO. It strengthens gender mainstreaming within HIV/AIDS programmes and integrates gender-based violence into HIV/AIDS services. It also supports Legal Aid Botswana in providing legal literacy education through radio, and will review the Botswana Police Service's data collection tool for gender-based violence to help disaggregate case information. Finally, it creates platforms for engaging stakeholders to coordinate initiatives and services to support victims and survivors.

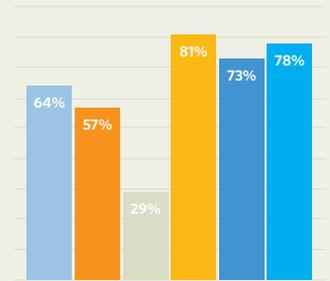


**LIBERIA** UNFPA supports the Ministry of Health and Social Welfare in improving the medical well-being of victims and survivors of sexual violence by increasing the number of health workers and counsellors trained in the clinical management of rape; ensuring supply of rape kits; and refurbishing one-stop centres for sexual and gender-based violence. UNFPA has supported refurbishing a total of 11 one-stop centres in referral hospitals and health centres in seven out of 15 counties in Liberia. The model provides comprehensive services under one roof, including medical and psychosocial support, protection and legal services, while minimizing the constraints and stigma that victims and survivors face in seeking redress. The one-stop centres provide holistic care to victims and survivors while ensuring confidentiality; the majority also house a police office.

**BELARUS** UNFPA has worked throughout Belarus to develop, pilot and disseminate a multi-sectorial referral mechanism used to respond to domestic violence, involving all relevant state and non-state organizations. It stipulates the roles and responsibilities of involved agencies, including law-enforcement agencies, social services providers, health organizations, schools, bar associations, NGOs and faith-based organizations, in providing comprehensive and consistent assistance to victims and survivors and outlining the referral mechanism. In addition, a national model of work with male offenders has been introduced at the community level as a means of creating wide-ranging response and ensuring the safety of victims and survivors. Social service providers coordinate assistance in institutions at the local level.

Percentage of UNFPA Country Offices reporting that GBV prevention, protection and response is integrated into national sexual and reproductive health programmes, by region:

64%



Arab States Eastern Europe & Central Asia Latin America & the Caribbean  
Asia & the Pacific East & Southern Africa West & Central Africa

## Integrating services to reach women and girls

Women and girls affected by violence face many barriers that prevent them from getting help. Globally, less than 40 per cent of women who experience violence seek help of any sort. However, those who experience violence or are at risk are likely to seek out health services at some point in their lives, making the health sector a key entry point for victims and survivors. This is particularly true for sexual and reproductive health services, which is why UNFPA advocates for and works towards developing capacities that integrate gender-based violence measures into national sexual and reproductive health programmes. Some 64 per cent of UNFPA Country Offices report that GBV prevention, protection and response is integrated into national sexual and reproductive health programmes.

UNFPA is uniquely positioned to promote an integrated approach to providing sexual and reproductive health services and gender-based violence response in both development and emergency settings, including through ensuring implementation of the Essential Services Standards and the Minimum Initial Services Package (MISP), the set of actions required to respond to victim and survivor needs. The access of victims and survivors of rape to health services is a major gap and there is a critical need to ensure that established protocols are carried out for the clinical management of rape. UNFPA builds the capacity of national authorities and health providers in the clinical management of rape and facilitates distribution of reproductive health kits, including medical supplies for post-rape treatment, such as post-exposure prophylaxis (PEP) to reduce HIV transmission.

**BOLIVIA** UNFPA supports public services that provide legal, psychological and social services to women victims and survivors of gender-based violence in 14 Bolivian municipalities. The Fund has provided equipment for operations and ongoing development of capacities to improve the quality of these services. UNFPA has also helped develop tools for health service providers, such as GBV medical care standards for the public health system. The Fund supported the Prosecutor's National Office in developing and implementing a protocol on the protection of women victims and survivors and trained prosecutors. UNFPA also supported training for members of the police's Special Force to Combat Violence in investigating crimes against women, with a focus on the collection and preservation of evidence.

**JORDAN** In Jordan, UNFPA has established Women and Girls Safe Spaces for those affected by the Syrian crisis. A safe space is a place where women and girls feel secure and enjoy the freedom to express themselves without the fear of judgment or harm. It is also a place where those who have been subject to violence can access safe and non-stigmatizing multi-sectoral services for victims and survivors of gender-based violence. Evidence suggests that establishing safe spaces helps reduce risks and prevent further harm during acute emergency responses. These spaces provide women and girls with a safe entry point for sexual and reproductive health services and a place to access information and rebuild community networks and support.

## Access to police and justice services

The police and other justice service providers play important roles. They ensure that laws against gender-based violence meet international norms and standards and are enforced; keep women and girls safe from violence, including from the reoccurrence of further violence; hold perpetrators accountable; and provide effective reparations for victims and survivors. Despite progress in some contexts, the formal justice system often fails to guarantee the rights of women and girls, as well as their access to justice. UNFPA collaborates with its partners to improve the access of victims and survivors to quality police and justice services.

## Access to social services

Providing quality social services is a core component of a coordinated, multi-sectorial response for women and girls subject to violence. Social services include supplying psychosocial counseling, financial support, crisis information, safe accommodation, legal and advocacy services, and housing and employment to support women and girls who experience violence. These services are also imperative to prevent reoccurring violence and, in some instances, might work with particular sections of society or the community to change attitudes and perceptions of violence. UNFPA works with its partners to improve service delivery and increase the access of victims and survivors to social services, both in development and humanitarian settings.



## Minimum Initial Service Package

The Minimum Initial Service Package (MISP) is a series of crucial actions required to respond to sexual and reproductive health needs at the onset of every humanitarian crisis. This set of life-saving activities forms the foundation for reproductive health programming and should be sustained and built upon with comprehensive reproductive health services throughout protracted crises and recovery.

The five objectives of the MISP are to:

1. Ensure an organization is identified to lead the implementation of the MISP;
2. Prevent and manage the consequences of sexual violence;
3. Reduce HIV transmission;
4. Prevent maternal and newborn death and illness;
5. Plan for comprehensive sexual and reproductive health care integrated into primary health care, as the situation permits.

UNFPA is working to ensure that the MISP is systematically implemented in all new emergencies and as a minimum standard in ongoing emergency settings. Post-rape treatment supplies should also include emergency contraception, antibiotics, preventive treatment for sexually transmitted infections and pregnancy tests.

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## United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence

The UN Joint Global Programme on Essential Services for Women and Girls Subject to Violence was launched in December 2013 as a joint effort between UNFPA and UN Women, with support and funding from the Australian, Basque and Spanish governments. The first phase of the programme was co-managed by UNFPA and UN Women, but grew to include partnerships with other UN agencies, including the World Health Organization (WHO), the United Nations Development Programme (UNDP) and the United Nations Office on Drugs and Crime (UNODC).

The overall goal of the programme is to provide women and girls who have experienced violence greater access to a set of essential quality and coordinated multi-sectorial services. Access to these services can reduce the consequences of violence on women and girls' well-being, health and safety and help stop violence from reoccurring.

The programme has four key pillars:

- Health services, including sexual and reproductive health services and post-rape care;
- Justice and policing services;
- Social sector services, such as hotlines, psychosocial support and safe accommodation;
- Coordination and governance mechanisms.

The programme identifies the services the police and health, justice and social services sectors should provide, and offers guidelines for coordinating and governing these essential services. Guidelines also help to ensure the delivery of high quality services, particularly in low- and middle-income countries. Taken together, these elements comprise the Essential Services Package. Phase 2 of the programme, the implementation phase, began in 2016 and focuses on launching the guidelines in selected pilot countries.

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