



Beijing at Fifteen

UNFPA and Partners
Charting the Way Forward



Acknowledgements

Aminata Touré, Chief of the UNFPA Gender, Human Rights and Culture Branch, provided overall coordination and supervision of this review of the UNFPA contribution to progress on Beijing commitments to mark the fifteenth anniversary of the Fourth World Conference on Women. The report was prepared by Bonnie L. Shepard, with the support and assistance of UNFPA staff.

Special thanks go to UNFPA staff who provided valuable technical advice, including Helen Amdemikael, Stan Bernstein, Lynn Collins, Henna Dakkak, Upala Devi, Dennia Gayle, Jose Miguel Guzman, Azza Karam, Luz Angela Melo, Daniel Schensul and Leyla Sharafi. Gayle Nelson managed the project with editorial assistance from Barbara Ryan.





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List of acronyms and abbreviations

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CSO	Civil society organization
CSW	Commission on the Status of Women (United Nations)
DAW	Division for the Advancement of Women (United Nations)
ECOSOC	Economic and Social Council (United Nations)
EOC	Emergency obstetric care
FBO	Faith-based organization
FGM/C	Female genital mutilation/cutting
GBV	Gender-based violence (see also SGBV)
GGCA	Global Gender and Climate Alliance
HRC	Human Rights Council (United Nations)
IANWGE	Inter-Agency Network on Women and Gender Equality (United Nations)
IASC	Inter-Agency Standing Committee on Humanitarian Affairs
ICPD	International Conference on Population and Development (Cairo, 1994)
INSTRAW	International Research and Training Institute for the Advancement of Women
MDG	Millennium Development Goal
MHTF	Maternal Health Thematic Fund
NDAF	National development action framework (developed by United Nations Country Team)
NGO	Non-governmental organization
PRSP	Poverty Reduction Strategy Paper
RHCS	Reproductive Health Commodity Security
RR&SRH	Reproductive Rights and Sexual and Reproductive Health
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SWAp	Sector-wide approach
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UPR	Universal Periodic Review (at the Human Rights Council)
VAW	Violence against women
WHO	World Health Organization



Executive Summary

The year 2010 marks the 15th anniversary of the signing of the Beijing Declaration and the Platform for Action at the Fourth World Conference on Women, held in Beijing, China. This review analyses the contributions of UNFPA, through its main partnerships, to achieving the commitments made at Beijing in 1995 and those made at the International Conference on Population and Development (ICPD) in Cairo in the previous year. It highlights the shared agendas in the ICPD Programme of Action, the Beijing Platform for Action and the Millennium Declaration and Millennium Development Goals (MDGs). To facilitate dialogue on the way forward, the review contains recommendations for development partners to accelerate progress towards meeting the goals of all these conferences, with a focus on gender mainstreaming in all programmes and policies.

The Beijing +10 review in 2005 notes progress in implementing the Platform for Action at the policy level in some countries and cites numerous examples of improved global, regional or national policies. However, the review also notes a key challenge that cuts across all areas of concern: that despite notable policy gains, the large gap between policy and implementation and the persistence of discriminatory attitudes and practices have slowed the pace of change. The Beijing+10 review notes additional challenges that cut across all areas of concern:

- Limited progress in mainstreaming gender perspectives into policy decision-making in all sectors
- Need to improve the availability, quality and use of sex-disaggregated data and gender statistics
- Importance of increased efforts to involve men and boys
- Unrealized potential for effective collaboration among Governments and women's organizations
- Importance of recognizing and acting on the needs of the most marginalized and vulnerable women and girls

The global policy context shows three major advances in recent years: the addition in 2005 of the ICPD target of universal access to reproductive health by 2015 to the Monitoring Framework for MDG5 on maternal health; renewed attention and investment to accelerate progress towards MDG5, including the Human Rights Council (HRC) 2009 Declaration on Maternal Mortality and Morbidity; and the recent General Assembly resolution to form a new high-level gender entity that would provide new opportunities for unified action on gender equality.

I. UNFPA STRATEGIC DIRECTIONS

The UNFPA Strategic Plan 2008-2011 concentrates on three areas: gender equality, reproductive health and rights, and population and development.

A. Gender equality

A framework for action guides UNFPA work on gender equality: *Delivering on the Promise of Equality: UNFPA's strategic framework on gender mainstreaming & women's empowerment 2008-2011*. Placing gender equality at the heart of UNFPA policies and programmes, the framework calls for the integration of gender mainstreaming, human-rights-based programming and culturally sensitive approaches across all activities. It also calls for explicit programme components on women's empowerment. The priority areas for UNFPA work on gender are: setting policy for achieving the aims of the ICPD, Beijing and the MDGs, reproductive health, gender based violence (GBV), adolescents and youth, emergency and post-emergency situations, and men and boys. The Gender Framework also incorporates four strategic linkages that address critical factors underlying inequalities and rights violations: girls' education, women's economic empowerment, women's political participation, and the balancing of reproductive and productive roles.

1. Gender mainstreaming

United Nations reform initiatives to increase coherence, coordination and cost-effectiveness pose both challenges and opportunities for gender mainstreaming within the United Nations system, especially within the United Nations Country Teams (UNCTs). The UNCTs and the decision-making spaces of national development plans and poverty reduction strategy papers (PRSPs) are multisectoral in nature. Thus they provide opportunities for comprehensive gender-mainstreaming strategies. The corresponding challenge is to secure agreement on investments in gender equality among a diverse group of decision makers. Gender-mainstreaming efforts demand the strengthening of capacity-building strategies and accountability mechanisms.

UNFPA and its partners have engaged in two fundamental strategies to facilitate and increase accountability for gender mainstreaming. The first is engendering data collection, analysis and dissemination. The strategy focuses on age- and sex-disaggregated data and on "gender-sensitive" data about specific gender inequalities such as economic and educational discrimination and women's time use in unpaid household tasks. Such data would permit evidence-based planning to address gender issues as well as accountability for progress towards gender-equality goals. The second strategy is that of gender budgeting, an analysis of whether sectoral budgets include the investments needed to address gender inequalities.

2. Human-rights-based programming

UNFPA and its partners have invested in building the capacity to implement rights-based approaches through the development of reference tools and training programmes. Substantial progress has been made in increasing government and civil society involvement in the reporting process for the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) as well as support for two Special Rapporteurs to the HRC on "the right to the highest attainable standard of health" and on "violence against women, its causes and consequences."

Attention to marginalized and excluded populations is a key aspect of rights-based approaches. UNFPA has focused, in particular, on the sexual and reproductive health (SRH) and GBV risks to three groups:

- Migrant women and girls, including trafficked women and girls, engaging in data analysis and policy dialogue to address their vulnerabilities
- People with disabilities, co-chairing the new Inter-Agency Standing Committee to implement the new Convention on the Rights of Persons with Disabilities
- Indigenous women and girls, reducing disproportionately high maternal mortality



Akha woman and child in Doi Tung Chiang Rai. The women in this area have access to a mobile clinic.

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through the promotion of maternal health services that are culturally appropriate and linguistically accessible

3. Culturally sensitive approaches

Culturally sensitive approaches are essential to address the gap between gender-equality policies and their implementation, as noted in the Beijing+10 review, because discriminatory attitudes and practices have deep roots in local cultures and cannot be eradicated through legal change alone. UNFPA builds capacity in culturally sensitive programming by brokering training and technical assistance and by engaging in partnerships with organizations that can reach large numbers of people at the grass-roots level to gain their support for ICPD and Beijing goals. Years of work at national and regional levels to form partnerships with religious organizations resulted in the formation of the Global Inter-faith Network on Population and Development in 2008. As well, UNFPA places high priority on engaging men and boys as

agents of positive change, through partnerships with non-governmental organizations (NGOs) engaged in gender-equality advocacy and education with men and boys, and with organizations reaching large numbers of men and boys, such as uniformed services.

4. Programming to eliminate gender-based violence

UNFPA strategies address GBV at the national level in prevention and victim-support programmes, in advocacy for legal frameworks based on human rights and in humanitarian responses worldwide. GBV is both a violation of women's and girls' human rights and a public health issue, contributing to a wide range of health problems, including injury, mental illness, maternal mortality and morbidity and HIV infection. Attention to GBV is integrated into all UNFPA focus areas, including support to data collection on GBV, advocacy for investment in prevention and support to GBV survivors in national development plans, a focus on GBV in CEDAW



Schoolgirls in Kabul, Afghanistan. UNFPA is participating in Afghanistan's reconstruction.

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reporting, advocacy to address GBV experienced by vulnerable populations such as women migrants and commercial sex workers, integration of GBV into SRH and HIV education and services, and concerted attention to the prevention of GBV and care for survivors in humanitarian response settings. Special initiatives include a joint programming initiative with the United Nations Children's Fund (UNICEF) to accelerate the abandonment of female genital mutilation/cutting (FGM/C) and United Nations Action Against Sexual Violence in Conflict, an inter-agency body to improve coordination and accountability among all partners, advocate for an end to impunity, support national efforts to prevent sexual violence and respond to the needs of survivors. This body promotes women's leadership in conflict prevention, peace negotiations and post-conflict recovery.

B. Reproductive rights and sexual and reproductive health

1. Basic package

UNFPA and its partners contribute directly to Beijing objectives for women and health by adopting multisectoral approaches to increase access to an essential package of SRH services at the primary-care level and in emergency settings. This is supported through intensive investment in maternal health, family planning and the integration of HIV prevention, management and care into SRH services. One of the largest UNFPA initiatives is the Reproductive Health Commodity Security (RHCS) Trust Fund. Through this fund, UNFPA is a major donor of SRH supplies as well as a global leader in technical assistance and capacity-building in RHCS. UNFPA is the lead agency within the Inter-Agency Standing Committee on Humanitarian Affairs (IASC) for

providing supplies for the essential SRH package in humanitarian response.

2. Maternal health

Other important initiatives supported through the Maternal Health Thematic Fund (MHTF) with United Nations partners include:

- Accelerated support to 25 countries with high maternal mortality
- The new Midwives Programme to increase access to skilled care at childbirth
- The Campaign to End Fistula. By 2008, more than 38 countries had completed a fistula situation analysis, 25 countries had integrated fistula care into national policies and plans, and 12,000 women had been treated.

3. HIV/AIDS

With the Joint United Nations Programme on HIV/AIDS (UNAIDS), Governments, and civil society partners, UNFPA supports gender equality, the empowerment of women, and HIV prevention and impact mitigation by strengthening linkages between SRH and HIV/AIDS. Recently, UNFPA and other United Nations partners worked with networks of people living with HIV/AIDS to develop a guidance package on the SRH and human rights of people living with HIV. To contribute to the ability of women to protect themselves against HIV infection, UNFPA and its partners in 2005 launched the Female Condom Initiative, to scale up access and use of the female condom. As a result, access and use have almost tripled in three years, with 56 countries now participating.

4. Mental health

Mental health and psychosocial support is especially important in maternal health programmes because of the frequency of post-partum depression; the need for care and support of SGBV victims, many of whom suffer from post-traumatic stress; displaced persons in areas of conflict or natural disasters; and people living with HIV/AIDS. The UNFPA Strategic Plan for 2008-2011 commits UNFPA to integrating

psychosocial support into basic SRH services. Working with the World Health Organization (WHO) and IASC, UNFPA has developed several training and reference tools on this topic for country programmes.

5. Working with adolescents and youth

UNFPA mainstreams attention to adolescents and youth in all of its focus areas and initiatives, with advocacy at the national level to increase investments in adolescent/youth programmes in national development plans and PRSPs. UNFPA and its partners promote the scaling up of gender sensitive life-skills-based SRH education for adolescents and youth, including HIV prevention. UNICEF, UNFPA and national partners engage with both CEDAW and the Convention on the Rights of the Child (CRC) to advocate for the rights of adolescents, especially adolescent girls. As part of a human rights-based approach, UNFPA and its partners promote young people's participation and empowerment at all stages of policy and programme decision-making.

United Nations organizations and development partners have recognized that the MDGs and the Beijing Platform for Action goals cannot be achieved without a special focus on marginalized adolescent girls, particularly those between 10 and 14 years old. To focus on reaching these girls, UNFPA plays a leadership role in the Inter-Agency Reference Group on Adolescent Girls, which consists of United Nations organizations and international NGOs. UNFPA partnerships develop strategies to keep girls in school to eliminate child marriage, a strategic goal that recognizes the increased risks of maternal mortality, infant mortality and HIV infection posed by marriage and childbearing before 18 years of age. Recognizing the special SRH risks faced by young people in emergency settings, including the high risk of sexual violence for adolescent girls, UNFPA and Save the Children USA developed a toolkit on Adolescent Sexual and Reproductive Health for Humanitarian Settings.

6. Working with disabled persons

The UNFPA Strategic Plan, in line with the Convention on the Rights of People with Disabilities, provides

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guidance to UNFPA staff to ensure that persons with disabilities participate in the design, implementation, monitoring and evaluation of culturally and gender-sensitive policies and programmes that contribute to achieving the MDGs. UNFPA serves with the Department of Economic and Social Affairs (DESA) and the Office of the High Commissioner for Human Rights (OHCHR) as co-chair of the Inter-Agency Support Group for the Convention on the Rights of Persons with Disabilities. United Nations organizations, funds and programmes have developed a Joint Statement to support the implementation of the Convention and are preparing a joint strategy and plan of action to mainstream the Convention throughout the United Nations.

At the country level, UNFPA provides technical support for the incorporation of the disability perspective into health policies, programmes and national development frameworks, while advocating for the participation of persons with disabilities in decision-making processes. At the same time, UNFPA works to support capacity-building and education efforts, as well as positive media involvement to ensure adequate quality of care and response, particularly for young persons living with disabilities.

C. Population and development

The population and development focus area at UNFPA builds capacity in the collection, analysis and use of sex- and age-disaggregated data, thus contributing to filling the need for sex-disaggregated data noted in the Beijing+10 review. The programme also collects, analyses and disseminates information on population trends that require more investment in gender-sensitive analysis and planning, such as migration, ageing and the environment.

The UNFPA publication *State of World Population 2009: Facing a changing world: women, population and climate* highlights gender-equality issues relevant to climate change and ongoing global deliberations on how to address it. UNFPA recently engaged in a partnership with the Global Gender and Climate Alliance (GGCA) to redress the relative lack of attention thus far to gender issues in the analysis of and debates on climate change.

UNFPA and WHO supported the development of a Framework for Action on Women, Ageing and Health, to address the health status and factors that influence women's health at midlife and older ages. It provides guidance on how to improve the health and well-being of ageing women by applying both a gender and an ageing perspective in policies, programmes and research.

D. Emergency and post-emergency situations

In 2007, UNFPA responded to humanitarian crises in 54 countries, with a focus on age- and sex-disaggregated population data, the provision of a basic package of SRH services, women's and young people's participation, and a response to GBV. IASC is the main mechanism for coordination of humanitarian relief. UNFPA co chairs the IASC Sub-Working Group on Gender in Humanitarian Action, which now has 25 active United Nations and NGO members. The group produced *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* (2005), recently complemented by a practical handbook covering all aspects and sectors of humanitarian response and by a distance-learning course based on the handbook.

II. RECOMMENDATIONS

The principle of interdependence of human rights means that violations of, or failures to fulfil, rights in one arena may have negative effects and impede progress in others. However, the interdependence of human rights also creates opportunities when multisectoral approaches that address the root causes of gender inequalities are employed. Certain interventions for gender equality – such as increasing girls' access to education – result in progress in the realization of several related rights, thus creating “virtuous cycles” of cultural, social, political and/or economic transformation. The following recommendations have been identified for their potential to have positive impact on a highly interrelated set of women's and girls' rights. They focus on gender mainstreaming and women's

empowerment rather than specific areas of concern in the Beijing Platform for Action.

These recommendations will accelerate gender mainstreaming, thus facilitating progress towards ICPD and Beijing goals and MDGs:

1. Maximize all opportunities to promote multisectoral partnerships within the United Nations system and with national partners to respond to the interlinkages of the human rights of women and girls, thus overcoming the barriers to comprehensive approaches to promoting gender equality caused by overly rigid thematic programmes.
2. Ensure that multisectoral approaches to gender equality are fundamental in the work of the new United Nations gender entity, through multisectoral working groups instead of thematic divisions. It is important to ensure that the creation of this new entity does not reduce accountability for gender mainstreaming among all other United Nations entities.
3. Advocate for investments in gender equality and build the capacity for gender mainstreaming with multisectoral United Nations organizations, Governments and other development partners.
4. Strengthen all mechanisms of accountability for addressing gender issues, including mechanisms within UNCTs and national Governments, as well as human rights treaty reporting (especially for CEDAW and CRC), special mechanisms and Universal Periodic Reviews (UPRs) of the HRC, reviews of implementation of consensus agreements (ICPD, Beijing, MDGs, HIV/AIDS) and for Security Council Resolutions 1325, 1820 and 1888 in humanitarian response and conflict settings, especially where sexual violence is widespread.
5. Invest in age- and sex-disaggregated data collection, analysis and use in sectors spanning all the Beijing areas of concern to enable planning and accountability for gender mainstreaming.
6. Within the context of PRSPs and other national development plans, advocate for linkage of the MDG targets on gender equality with the MDG targets of universal access to reproductive health and the reversal of the spread of HIV/AIDS, so that efforts to combat GBV and other forms of discrimination against women are treated as essential components of strategies to achieve the health-related MDGs.
7. Involve women's organizations in development planning and in accountability for gender mainstreaming, building their capacity in engagement with the human rights system and national Governments, in particular, including the ability to undertake gender budgeting.
8. Ensure gender mainstreaming in all regional programmes, institutions and networks. This would include integrating issues of gender equality, human rights and culturally sensitive approaches into the work of all regional technical assistance organizations. Equally important is the concurrent fostering of South-South cooperation to integrate gender issues into initiatives in the least developed countries to achieve priority MDGs such as those for maternal health and HIV.
9. Address the gap between gender-equality policies and their implementation through culturally sensitive approaches to promote sociocultural norms that protect women's and girls' rights. The most important approaches include building alliances through engaging organizations that reach large numbers of boys and men, strengthening partnerships with faith-based NGOs and increasing partnerships with media outlets.





I. Introduction

The Beijing Platform for Action was signed by participating Governments in 1995, and the Key Actions to Implement the Platform were agreed to in the 2000 review of the Platform (Beijing+5). Based on the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW) and other human rights instruments, the Beijing agreements serve as a guide for all initiatives to achieve gender equality and the empowerment of women and girls.

The Beijing Platform was preceded by the Programme of Action of the International Conference on Population and Development (ICPD) in 1994, which forms the basis of the UNFPA mandate and includes a central commitment to gender equality and women's empowerment. In 2000, at the Millennium Summit, participating Governments agreed on the MDGs, which are based on the ICPD, Beijing and other United Nations agreements. The MDGs form a key framework for all development action.

This review analyses the contributions of UNFPA, through its main partnerships, to achieving the ICPD and Beijing commitments on the occasion of the Beijing+15 review. In the spirit of the "Delivering as One" initiative, launched officially in December 2006 by the Secretary General's High-Level Panel on United Nations System-wide Coherence, the review highlights shared agendas in the ICPD Programme of Action, the Beijing Platform for Action, and the Millennium Declaration and Development Goals. Emphasizing the principle of interdependence and the interrelatedness of all human rights,¹ the review analyses the intersections among the areas of concern, identifies increasing synergies among development partners and global initiatives, highlights examples of good practice, identifies challenges and suggests ways to address them.

A. Beijing +10 Review of Progress and Challenges

In each area of concern, the summary document from the Beijing+10 review discusses progress since 1995, the remaining challenges and recommendations for action to accelerate progress.² As a cross-cutting trend, the review notes considerable progress in most areas of concern at the policy level, with numerous examples of improved global, regional or national policies consensus agreements and declarations, human rights conventions and rulings, and national legal frameworks. For example, the review names several countries that have advanced significantly in the proportion of women in elected office, mainly through using quota systems for election slates. In policy advances on women's health, the summary document highlights the 2005 World Summit commitment to include the ICPD goal of universal access to reproductive health in MDG targets.

A young couple talking in a boardwalk in Lima, during the sunset.

Beijing Declaration and Platform for Action, Critical Areas of Concern

44. To this end, Governments, the international community and civil society, including non-governmental organizations and the private sector, are called upon to take strategic action in the following critical areas of concern:

- The persistent and increasing burden of poverty on women
- Inequalities and inadequacies in and unequal access to education and training
- Inequalities and inadequacies in and unequal access to health care and related services
- Violence against women
- The effects of armed or other kinds of conflict on women, including those living under foreign occupation
- Inequality in economic structures and policies, in all forms of productive activities and in access to resources
- Inequality between men and women in the sharing of power and decision-making at all levels
- Insufficient mechanisms at all levels to promote the advancement of women
- Lack of respect for and inadequate promotion and protection of the human rights of women
- Stereotyping of women and inequality in women's access to and participation in all communication systems, especially in the media
- Gender inequalities in the management of natural resources and in the safeguarding of the environment
- Persistent discrimination against and violation of the rights of the girl-child

At the national level, almost half of countries reported having revised health-related action plans, policies and agreements to include gender perspectives. In the discussion of challenges, the review points to many countries where major problems remain. In the case of women's political participation, for example, the review observes that major inequalities still exist in many countries with respect to women's participation in decision-making in government spheres and private life. Regarding challenges that had recently gained more attention and urgency, the review notes, in particular, "the high rates of

HIV/AIDS infection among women and girls and increasingly frequent natural disasters with gender-specific impacts" (Introduction, p. 1).

The review also notes a key challenge that cuts across all areas of concern: that the pace of change was slow because of a large gap between policy and implementation and the persistence of discriminatory attitudes and practices. Taking note of this challenge, the UNFPA strategy for 2008-2011 emphasizes the importance of using an integrated approach to gender, culture and human rights to address the implementation gap. UNFPA works with influential

constituents such as women's organizations, human rights groups and key cultural leaders to transform discriminatory social, cultural and legal norms with the aim of accelerating progress towards meeting ICPD and Beijing commitments.³

The Beijing+10 review notes five additional cross-cutting challenges:

- Limited progress in mainstreaming gender perspectives into policy decision-making in all sectors
- The need to improve the availability, quality and use of sex-disaggregated data and gender statistics
- The importance of increased efforts to involve men and boys
- The potential for effective collaboration among Governments, women's organizations and activists
- The need to recognize and act on the specific needs of groups of women and girls, particularly those who are the most marginalized and vulnerable

B. The Policy Context

The current policy context poses new opportunities and challenges since the Beijing +10 review in 2005. Two significant policy advances with regard to MDG frameworks and maternal health provide a solid basis for progress on Beijing targets for women and health and on ICPD targets for reproductive health.

1. New Millennium Development Goals

In the past five years, advocacy by broad coalitions of United Nations, Governments and civil society partners has contributed to major global and regional policy achievements related to the Beijing areas of concern, ICPD commitments and the MDGs. The most significant global achievement has brought the monitoring frameworks of the MDGs into alignment with ICPD and Beijing commitments on sexual and reproductive health (SRH) and HIV. In accordance with agreements made at the World Summit in 2005, four new targets were included in the revised MDG Monitoring Framework in 2008 with two that are

specifically relevant to the UNFPA mandate: universal access to reproductive health by 2015 and universal access to treatment for HIV/AIDS for all those who need it by 2010.⁴ This alignment of SRH and HIV targets provides a highly favourable political basis for moving forward for UNFPA and its partners, with increased opportunities to include ICPD and Beijing commitments in PRSPs and other key global, regional and national development plans.

Related achievements followed in regional forums. After the World Summit, the health ministers of the African Union agreed in 2006 to the Maputo Plan of Action to achieve, by 2015, "Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa."⁵

2. Maternal health

The goal of improving maternal health (MDG 5) has shown the least progress among all the MDGs. At the global level, maternal mortality continues to be the leading cause of death among women and girls; rates decreased by less than 1 per cent a year between 1990 and 2005, far below the 5.5 per cent annual improvement needed to reach the target.⁶ One major preventable cause of maternal morbidity and mortality is unsafe abortion. Yet, because of intense controversy, public health approaches to reducing unsafe abortion rates – as recommended at ICPD and in Beijing —face great political resistance.

However, the lack of progress on MDG 5 has brought a high level of visibility to this issue, with increased advocacy and political will for investments in maternal health. The high-level meeting on the MDGs in 2008 led to \$US2 billion in pledges of support for MDGs 4 (reduce child mortality) and 5. WHO, UNFPA, UNICEF and the World Bank developed a joint framework of responsibilities for working together to ensure universal access to family planning, skilled attendance at birth and basic and comprehensive emergency obstetric care (EOC). The HRC in 2009 issued a Declaration on Maternal Mortality and Morbidity, which recognizes the lack of progress on MDG 5 as a failure to protect and fulfil women's and girls' human rights to health



Women waiting to be treated at a UNFPA-supported reproductive health camp in Nepal.

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and survival. The Declaration calls on all State and non-State actors to increase commitments and resources to prevent maternal mortality and to “integrate a human rights perspective into such initiatives, addressing the impact that discrimination against women has on maternal mortality and morbidity.”⁷

3. The new United Nations gender entity

The October 2009 General Assembly resolution 63/311 to form a consolidated and high-level gender entity provides new opportunities for unified action for gender equality.*⁸ By the placement of a new entity at a higher level of authority, headed by an

Under-Secretary General, and by the unification of formerly discrete efforts on behalf of women’s and girls’ rights, the reform of the gender architecture of the United Nations should result in increased investment in gender programming, better accountability for gender mainstreaming within the United Nations system, improved coordination and streamlining of United Nations gender initiatives and improved quality of support on gender issues to Governments and other national partners.

4. Effects of the financial crisis

The current global financial crisis is having a severe effect on the lowest income countries, as well as on

* The four entities being consolidated into one are: the Office of the Special Adviser on Gender Issues, the Division for the Advancement of Women, the United Nations Development Fund for Women (UNIFEM) and the International Research and Training Institute for the Advancement of Women (INSTRAW).

women globally. This crisis, especially in countries hardest hit by the AIDS pandemic, has put a disproportionate burden on women. With this crisis in mind, the March 2009 53rd Session of the Commission on the Status of Women (CSW) urged Governments to prioritize spending for public health measures with the greatest positive impact on women's and girls' health. It also highlighted the aggravation of women's plight in households affected by HIV. The session focused on the theme of "equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS." One expert report notes that women are "concentrated in vulnerable employment, are more likely to be unemployed than men, tend to have lower unemployment and social security benefits, and have unequal access and control over economic and financial resources. Women also take on additional responsibilities to provide non-market substitutes for market goods that their families are no longer able to afford."⁹ Another CSW expert panel on global health¹⁰ agrees that, based on past evidence, the current financial crisis is likely causing negative effects on women's health because of decreased household income for private health spending and an overburdened public-health-care sector.

C. Intersections of Beijing+15, ICPD+15 and the Millennium Development Goals

The ICPD, Beijing and MDG commitments are integrally linked and reinforce one another, because the economic, political, social and cultural aspects of women's lives are intertwined and interdependent. For example, an adolescent girl's lack of access to comprehensive sexuality education and SRH services can lead to an unwanted pregnancy, which may curtail her access to further education and thus

to economic opportunities throughout her life, increasing her vulnerability to extreme poverty. This review points out the intersections among the different types of discrimination affecting women. Any one form of discrimination against women has deleterious effects in other areas of their lives; conversely, the elimination of any one form of discrimination can empower women to combat other forms.

The welfare of women influences that of their families and communities. In the ICPD Programme of Action, the Beijing Platform for Action and, again, in the Millennium Declaration, signatories recognize that empowering women and eliminating discrimination against women is essential to achieving broader development goals. All agreements recommend the ratification of and adherence to CEDAW. The Millennium Declaration followed the lead of both ICPD and Beijing in its resolution to "promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable" as well as "to combat all forms of violence against women."

The original MDG goals include goal 3, "Promote gender equality and empower women." The goal has only one target on equality in education, and the indicators do not include crucial objectives identified by the Millennium Project,¹¹ such as guarantees for women's and girls' property and inheritance rights and combating violence against women and girls (see box). Other MDGs do not consistently signal the need for indicators and related data to be disaggregated by sex and age. Without this disaggregation, information about significant forms of gender discrimination will continue to be overlooked and under-reported.

Targets and Indicators for MDG 3: Achieve gender equality and empower women

Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

- 3.1** Ratios of girls to boys in primary, secondary and tertiary education
- 3.2** Share of women in wage employment in the non-agricultural sector
- 3.3** Proportion of seats held by women in national parliament





II. UNFPA Strategic Directions

The UNFPA 2008-2011 Strategic Plan¹² is based on its mandate to take the lead within the United Nations system in achieving the goals of the ICPD Programme of Action. The three interlinked focus areas of UNFPA are as follows:

- “Population and development: systematic use of population dynamics analyses to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction
- Reproductive health and rights: universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life
- Gender equality: Gender equality advanced and women and adolescent girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence”

Based on the Paris Declaration for Aid Effectiveness, the new aid environment has had a fundamental effect on UNFPA strategies for helping to meet development goals. The role of UNFPA has shifted from small-scale project funding to policy support, institution-building and brokering of expertise. Sustainable capacity development to enable the scaling up of successful country-led initiatives is the overall goal guiding UNFPA strategies to meet ICPD, Beijing and MDG targets for gender equality, SRH and reproductive rights, and population and development.

A. Strategic Framework on Gender Mainstreaming and Women’s Empowerment

To guide UNFPA work on gender equality, a framework for action was developed: *Delivering on the Promise of Equality: UNFPA’s strategic framework on gender mainstreaming*

Gender Mainstreaming

“Gender mainstreaming” or “incorporating a gender perspective” are terms that can be used interchangeably. Both refer to strategies that ultimately further gender equality. The goal of gender mainstreaming is to integrate and promote gender equality and women’s empowerment in programmatic activities. This implies taking into account women’s and men’s perspectives, needs and rights, and opportunities and challenges at all stages of developing, implementing, monitoring and evaluating policies and programmes.¹³

A Sudanese refugee woman in the Touloum camp in Chad.

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& *women's empowerment 2008-2011*. The framework states that addressing and promoting gender equality is at the heart of UNFPA policies and programmes and calls for the integration of gender mainstreaming, human-rights based programming and culturally sensitive approaches across all its activities, and for explicit programme components on women's empowerment.

The UNFPA approach is based on the following premises:

- All human beings are entitled to equal rights and protections
- Gender mainstreaming and women's empowerment are strategic responses to the denial of women's human rights
- Culturally sensitive approaches consider the cultural context of communities and involve them in finding their own solutions to sustainably integrate women's rights within the positive cultural fabric of their societies.¹⁴

The priority areas for UNFPA work on gender, culture and human rights are:

- Setting Policy for the ICPD and the MDGs
- Reproductive Health
- Gender-based violence
- Adolescents and youth
- Emergency and post-emergency situations
- Men and boys

The UNFPA Gender Framework incorporates four strategic linkages that address critical factors underlying inequalities and rights violations: girls' education, women's economic empowerment,

women's political participation and the balancing of reproductive and productive roles. These linkages correspond to the Beijing critical areas of concern on education, the economy, political participation and women's health (see annex for the intersections of the UNFPA Gender Framework and the ICPD, Beijing and MDG commitments).

B. Mainstreaming Gender Equality and Women's Empowerment

1. Gender mainstreaming and United Nations reform

United Nations reform and the mandate of the Paris Declaration on Aid Effectiveness pose both challenges and opportunities for gender mainstreaming within the United Nations system. United Nations reform has led all United Nations organizations to place the highest priority on national ownership and capacity development and to harmonize their cooperation frameworks. As a result, United Nations Country Teams (UNCTs) have greatly increased their engagement in policy dialogue with government agencies and in advocacy and capacity-building for the design, implementation and monitoring of national development plans and more effective policies and programmes.

The United Nations Development Assistance Framework (UNDAF) is the strategic programme framework for the UNCTs. It describes the collective response of the UNCTs to priorities in national development frameworks. The situation analyses and joint planning processes that lead to national Governments' development plans and to the UNDAF provide increased opportunities for gender main-

Beijing Critical Area of Concern: Institutional mechanisms for the advancement of women

The strategic objectives in the Beijing Platform for Action identify three interrelated areas:

- Create or strengthen national machinery and governmental bodies
- Integrate gender perspectives in legislation, public policies, programmes and projects
- Generate and disseminate sex-disaggregated data and information for planning and evaluation

Good Practice “Planning as One on Gender” in Viet Nam

In response to a gender audit and a day-long retreat on “Planning as One on Gender” in 2008, the Viet Nam UNCT designed a gender-mainstreaming strategy for its 2009-2011 Strategic Plan. The plan is based on three pillars: building the capacity of staff to address gender-equality issues in their programmes, creating a gender-equitable work environment in the UNCT and establishing mechanisms to achieve accountability for gender mainstreaming. The work plan includes clear objectives, indicators, tasks and divisions of responsibility. It also includes systems developed to track allocations and expenditures. A key strategic objective is to ensure the availability of gender-sensitive data for tracking progress on gender-equality goals. In accordance with human rights principles and Beijing commitments, the plan includes collaboration with the Viet Nam ministry responsible for gender equality, women’s organizations and other stakeholders committed to gender equality in advocacy, policies and programmes.

streaming. However, these opportunities also entail the corresponding challenge of building consensus among diverse partners.

The United Nations reform initiative to increase coherence, coordination and cost-effectiveness through “Delivering as One United Nations” could foster gender mainstreaming within UNCTs. The case of Viet Nam, one of the “Delivering as One United Nations” pilot countries, illustrates the opportunities for taking a giant leap forward in advancing gender-equality policies and programmes within the context of United Nations reform.

2. Mainstreaming gender in national development plans

The UNFPA results framework mandates engagement with national planning processes in all focus areas and includes the following desired outcome: “Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development

frameworks and laws.” In many countries, UNFPA has fostered strong partnerships and the harmonization of work within UNCTs and with development partners. These partnerships facilitate stronger advocacy for investments in gender equality, SRH, young people and HIV and AIDS within the new aid modalities that have arisen through recent reform efforts. These modalities include PRSPs, sector-wide approaches (SWAps) and direct budget support (DBS). They emphasize nationally driven priorities and planning processes to reduce poverty, realize MDGs and achieve donor harmonization and cooperation. Other mechanisms for harmonization include common country assessments (CCAs) and national development action frameworks (NDAFs) elaborated by United Nations country teams; national development plans; the “three ones” of national HIV and AIDS work;¹⁵ and national emergency preparedness plans. In the context of United Nations reform, the “delivering as one” initiative mandates a higher level of coordinated planning than previously existed among these partners.

3. Engendering data collection, analysis and dissemination

“Engendering” statistical systems entails the collection of sex- and age-disaggregated data, the analysis and presentation of all major variables with sex and age cohorts as primary classification categories and the collection and analysis of “gender-sensitive data” — that is, data such as

Good Practice Integrating Population and Gender into Poverty Reduction Strategies

In 2004-2005, the Ethiopian Government embarked on an MDG Synthesis Analysis to inform its development plans. It identified population and gender as key priorities. UNFPA Ethiopia provided full-time experts to assist the Government in developing strategies for these two priorities in Ethiopia’s Plan for Accelerated and Sustainable Development to End Poverty. A year later, UNCT used the strategy papers to develop these key themes under the NDAF.¹⁶

“Limited health data disaggregated by sex remains an impediment to effective policy-making, resource allocation, monitoring and evaluation. In the period 1995-2003, even basic statistical data such as the number of deaths disaggregated by sex were not being reported for many countries.”¹⁸

time use in unpaid household or agricultural work.¹⁷ The Beijing+10 review notes the lack of sex-disaggregated data for guiding policies and programmes in most of the Beijing areas of concern. The UNFPA Gender Framework highlights strengthening these aspects of data collection and analysis as a key priority because this kind of data is a basic tool for gender mainstreaming. Without such data, advocates lack the evidence of gender inequalities needed to back their demands for action or to enable Governments to focus policies and programmes in areas or sectors of most need.

The UNFPA Gender Framework notes the importance of complementing the variables of sex and age with variables that reveal other aspects of discrimination, such as race, ethnicity, rural/urban residence, income level, assets, religion, marital status, disability, type of employment and educational level. Analysis of such data enables countries to identify the most vulnerable sectors of women and girls.

With respect to Beijing areas of concern on women’s health, and the girl child in particular, the need for census and health data disaggregated by sex and in the appropriate age increments is acute. Such disaggregation would produce evidence on gender and age disparities in health, particularly with regard to HIV and AIDS and maternal health; such evidence also supports advocacy for increased investment in the health of women and girls. Age data is collected but not disaggregated sufficiently during analysis and reporting. Grouping together “women of reproductive age” from 15 to 49 years of age ignores the distinct characteristics of and risks to adolescent girls. Using the age span of 10 to 19 years misses the crucial differences in marital status, reproductive risks and school-leaving among girls between 10 and 14 years compared with those between 15 and 19 years.

UNFPA is involved in major efforts with regional technical assistance partners to build capacity in all regions for collecting crucial data on population, SRH, HIV and AIDS, gender and young people in the 2010 census. In 2009, UNFPA also collaborated with the United Nations Statistical Division and the World Bank to hold a recent, widely attended forum in Ghana on improving gender statistics for evidence-based policymaking. Forum participants recommended that partner agencies “establish a strong collaboration between producers and users of statistics to identify policy priorities in relation to gender issues.”¹⁹

4. Gender budgeting

Gender budgeting is an important mainstreaming strategy for ensuring that policies are implemented, thus helping to address the gaps identified at the Beijing+10 review. Without the necessary resources, even the most progressive policies become empty promises. Gender budgeting was characterized at the Beijing+5 Special Session of the General Assembly as follows: “Incorporate a gender perspective into the design, development, adoption and execution of all budgetary processes, as appropriate, in order to promote equitable, effective and appropriate resource allocation and establish adequate budgetary allocations to support gender equality and development programmes that enhance women’s empowerment....” (A/S23/10/Rev.1).

The 53rd meeting of the CSW highlighted an issue of special strategic importance: the need to capture, in budgeting, the full value of women’s unpaid work. Attendees noted the increased burden of caregiving in households affected by HIV and AIDS and of the budgetary implications of women’s vulnerability in the financial crisis:

“Social safety nets, including for women in the informal economy, need to be enhanced

and women's access to employment and economic resources, such as microfinance, increased. The use of gender-responsive budgeting and support for implementation of international commitments, including the achievement of the Millennium Development Goals, should be strengthened."²⁰

UNFPA and the United Nations Development Fund for Women (UNIFEM) have developed training tools and a resource pack for gender-responsive budgeting: *Gender Responsive Budgeting and Women's Reproductive Rights*. The resource pack focuses mainly on health issues and provides briefing sheets and reference tools to facilitate mainstreaming gender-responsive approaches into reproductive health programmes. The tools are intended to be used in either a workshop setting or by programme staff and partners.

C. Human-Rights-Based Programming

All major consensus agreements affirm the importance of protecting and promoting the full range of women's rights, which form the basis of the entire Beijing Platform for Action. The Key Actions of ICPD+5 give prominence to women's rights in a comprehensive discussion based on the Beijing Platform: "Promotion and Protection of Women's Human Rights" (39-42). The World Summit of 2005 reaffirmed the need for special attention to women's human rights and the need to "undertake to advance them in every possible way...." (128).

Applying a Human Rights-Based Approach to Female Genital Mutilation/Cutting

Human rights standards classify female genital mutilation/cutting (FGM/C) as a "harmful practice" that is a violation of the rights of women and girls. FGM/C also violates numerous other rights, including the rights to health, security and physical integrity of the person; and the right to be free of torture and cruel, inhuman or degrading treatment. UNFPA addresses FGM/C in a holistic manner by funding and implementing culturally sensitive programmes for the abandonment of the practice and by advocating for legal and policy reforms, while building national capacities to stop all forms of FGM/C. UNFPA also supports the treatment and care of women and girls suffering from its immediate or long-term complications.²²

In accordance with Action 2,²¹ UNFPA aims at mainstreaming the principles of a human-rights-based approach to programming throughout the organization's focus areas, within the framework of the "Common Understanding" on human-rights-based approaches reached in 2003 by United Nations organizations. UNFPA engages in capacity development in human-rights-based programming approaches in all regions, using a curriculum developed with the International Health and Human Rights Program at the Harvard

Beijing Critical Area of Concern: Women's Human Rights

CEDAW is the human rights platform on which the entire Platform for Action is based, but the Platform also establishes a specific area of concern on women's human rights with three strategic objectives:

- To promote and protect the human rights of women, through the full implementation of all human rights instruments, especially CEDAW
- To ensure equality and nondiscrimination under the law and in practice
- To achieve legal literacy

CEDAW

GOOD PRACTICE: Using the Convention on the Elimination of All Forms of Discrimination against Women to draft a family code for gender equality

In Turkmenistan, UNFPA provided technical support to the Inter-Ministerial Commission on Treaty Bodies to draft a Family Code fully in line with the provisions of Article 16 of CEDAW, regarding equality within marriage and family relations. The new legislation addresses concerns raised by the CEDAW committee when it examined the initial and combined second periodic reports of Turkmenistan in 2006, with regard to the minimum legal age of marriage and the practice of polygamy.

School of Public Health. Acting as part of the UNCT, UNFPA also puts these principles to work by placing high priority on strengthening national and regional human rights bodies at their request and engaging with CEDAW and other international bodies.

1. Strengthening implementation of the Convention on the Elimination of All Forms of Discrimination against Women

CEDAW, with its national reporting process, has become a significant channel for the protection and promotion of women's and girls' rights now that 185 countries — more than 90 per cent of the members of the United Nations — are party to the Convention. United Nations partnerships have strengthened the implementation of CEDAW at the national level, including support to Governments for preparing reports and successful advocacy and technical assistance for inclusion of issues of reproductive rights and SRH. United Nations partners play a convening and technical-assistance role with

Governments and civil society partners to work towards appropriate responses to CEDAW recommendations for achieving improved policies and heightened attention to implementation gaps.

UNFPA programmes show a high level of engagement with the CEDAW reporting processes, with related activities in 20 countries in Africa, 6 countries in Eastern Europe and Central Asia, 7 countries in Latin America, and 3 in Asia. Many of the reports have incorporated gender and SRH issues, including harmful practices and violence against women and girls.

2. Engaging with other human rights bodies and mechanisms

In partnership with UNICEF, UNFPA is developing training and advocacy materials on linkages between the CRC and CEDAW to improve programming within UNCTs to support women's and girls' human rights.

In the HRC, the new UPR process is a significant means to advance women's rights and reproductive rights issues. It provides a comprehensive national review of compliance with all human rights treaties and a mandate for civil society's engagement with the reporting process. To date, UNFPA has mainly engaged with HRC through Special Rapporteurs,²³ United Nations-appointed independent experts who hold "thematic mandates" on specific rights. UNFPA has formed close partnerships with the rapporteurs on "the right to the highest attainable standard of health" and on "violence against women, its causes and consequences."

The partnership of UNFPA with the former rapporteur on the right to health, Paul Hunt, supported assistance for his focus on the right to SRH throughout his mandate. Hunt and his team produced several key reports analysing dimensions of the right to SRH and contributed to the launch of

"Age, race, ethnicity, culture, disability are among the factors that result in different barriers to enjoying human rights and to equitable participation in development. Women who are heads of household, refugees, migrants, HIV-positive, or widows may face particular economic and social challenges."²⁴



One year after the 2005 earthquake, UNFPA is still working with the Government of Pakistan.

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the International Initiative on Maternal Mortality and Human Rights. This and several related safe motherhood advocacy initiatives culminated in June 2009 in the HRC Resolution on preventable maternal mortality and morbidity and human rights, which identifies maternal mortality as a human rights issue.

3. Paying special attention to indigenous populations and persons with disabilities

An essential aspect of a rights-based approach to programming is to focus special attention on the most excluded and marginalized population groups in society. UNFPA work with indigenous women and other ethnic and cultural minorities illustrates how rights-based and culturally sensitive programming principles can reinforce one another. Intercultural health models designed and promoted by ministries of health and indigenous organization partners make maternal health services culturally

appropriate and linguistically accessible. This helps to increase use of prenatal and childbirth services, thus reducing disproportionately high maternal mortality rates in indigenous minority communities.

United Nations agency initiatives to support persons with disabilities are another example of the commitment to work with marginalized or excluded populations. The Convention on the Rights of Persons with Disabilities was brought into force in 2008 and has clauses on equal rights for women and girls (Article 6) and reproductive rights (Article 23). A United Nations Inter-Agency Support Group (IASG) for the Convention was established and UNFPA was designated as the co-Chair for 2009. With IASG, the United Nations has adopted a joint statement and is working towards the adoption of a joint strategy and plan of action. UNFPA has also joined with IASC²⁵ for supporting people with disabilities in emergency situations and with WHO

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to prepare a guidance note on SRH and disabilities — a fundamental reference for promoting accessibility to SRH and related services.

The UNFPA Strategic Plan, in line with the Convention on the Rights of People with Disabilities, provides guidance to UNFPA staff to ensure that persons with disabilities participate in the design, implementation, monitoring and evaluation of culturally and gender-sensitive policies and programmes that contribute to achieving the MDGs.

At the country level, UNFPA provides technical support for the incorporation of the disability perspective into health policies, programmes and national development frameworks, while advocating for the participation of persons with disabilities in decision-making processes. At the same time, it supports capacity-building and education efforts, as well as positive media involvement to ensure adequate quality of care and response, especially for young persons living with disabilities.

D. Culturally Sensitive Programming

Culturally sensitive programming is an essential strategy to address the gap between policies and implementation, as noted at the Beijing+10 review. Cultural beliefs and norms are at the root of gender inequalities in many societies, and gender equality and women's empowerment cannot be achieved without a favourable sociocultural environment.²⁶ Policy and legal changes to protect women's rights are absolutely essential, but laws are not sufficient to eliminate deeply rooted gender discrimination and harmful practices. Engagement with institutions such as schools, religious organizations, the police, the army and any other institutions with grass-roots networks is vital in the promotion of favourable

sociocultural norms, as is engagement with media outlets to disseminate and legitimize gender-equality and SRH messages.

1. Media partnerships for promoting gender equality

Media outlets and professionals have the potential to be positive cultural change agents who can help create a positive sociocultural and political environment that promotes women's rights and empowerment. UNFPA forms partnerships with the media, especially at the national level, to help build support for ICPD and Beijing goals.

UNFPA programmes invest in global and national media and advocacy to raise consciousness about key issues and recommend strategies for addressing them. For example, on the global level, UNFPA has supported high-profile campaigns on maternal health issues such as obstetric fistula and the use of midwives and health technicians to provide EOC. This effort has resulted in media pieces in the *Washington Post*, United Nations television, CNN International, and the BBC World Service. Country programmes offer multiple examples of innovative use of media, including campaigns to raise consciousness about eradicating FGM/C and GBV, to transmit culturally appropriate messages on HIV/AIDS prevention and to build support for CEDAW compliance in national policies.

Much of the UNFPA work with boys and men and with young people on gender equality and SRH issues involves the use of media channels such as radio, television and Internet-based communications (Web pages, blogs,²⁷ list-serves and social networking sites).

Beijing Critical Area of Concern: Women and the Media.

The potential positive role of the media is highlighted throughout the Platform for Action, since media involvement is critical in building support for the full range of women's and girls' rights. In a separate critical area of concern, the Platform for Action also sets out objectives for addressing gender inequity in the media industry and gender stereotypes of women in the media that perpetuate discrimination.

Istanbul Consensus on the Principles of a Global Interfaith Network on Population and Development²⁸

On 21 October 2008, more than 160 religious leaders and faith-based organizations (FBOs) from Buddhist, Christian, Hindu, Jewish, Muslim and Sikh faiths, as well as representatives from eight United Nations organizations, agreed to establish and strengthen a global Inter-faith Network for Population and Development to work together towards ICPD goals. The consensus statement committed the participants to strengthen exchange and cooperation among regional and national network members and “to work together to advance human well-being and realize the rights of all individuals with attention to women and young people.” In all the preceding regional meetings, participants recommended that FBOs “encourage positive attitudes towards women in all engagements and programmes” and that they “promote greater involvement of women in FBOs, and in decision-making roles in all spheres.”

2. Engaging community and religious organizations

Religion and faith shape cultural norms in many societies, reaching down to the community level. Faith based organizations (FBOs) run from 30 per cent to 60 per cent of the health services in the developing world. Consequently, faith-based support is critical if gender equality and goals for universal access to SRH and HIV/AIDS services are to be achieved. UNFPA has played a leadership role within the United Nations system in reaching out to faith-based communities to find common ground on the goals of ICPD and Beijing, and the MDGs, in a multi-year effort that has created regional networks of FBOs. A recent global mapping survey identified more than 100 UNFPA partnerships with FBOs of all major faiths in more than 75 countries. This outreach on national and regional levels, spanning several years, bore fruit recently in four regional forums for FBOs in 2007-2008. Participants

reached important agreements on gender and SRH issues, culminating in the Global Forum of Faith-Based Organisations on Population and Development in Istanbul, October 2008 (see box).

3. Engaging Men and Boys as Agents of Positive Change

Working with men and boys is one of the priority areas of the UNFPA Gender Framework, because experience has shown that men and boys need to be involved in achieving women’s empowerment and gender equality as well as SRH goals. Achieving men and boys’ support and participation is a transformational change agenda. The vision that inspires cultural change must be one of relationships based on respect and cooperation rather than on fear, violence and subservience. Mobilizing men and boys as partners and advocates in fighting GBV requires communications strategies that catalyse a deep empathetic response to the harm suffered by girls and women and provides strategies to influence change.

The ICPD Programme of Action identifies “Male Responsibilities and Participation” as a key strategy for promoting gender equality in all spheres of life,

Engaging Men and Boys in Support of Gender Equality

Efforts over the years have reflected several approaches to working with men. The most common and earliest approach focuses on men as clients. It aims at making reproductive health information and services more accessible and attractive to men.

The “men as partners” approach recognizes men’s influence on reproductive health options and decisions and encourages men and women to deal jointly with issues such as contraception, emergency plans for labour and delivery, and voluntary HIV counselling and testing.

A third approach, emphasizing men and boys as agents of positive change, engages them more fully in promoting gender equality and transformational social change.

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and the Beijing Platform emphasizes this principle as being essential to women's empowerment. The Beijing+10 Review highlights the importance of efforts to involve men and boys. "The increased attention [to men and boys] reflects a better understanding of gender relations and related structural inequalities — that is, greater recognition that gender inequality is not only a women's problem, but is an issue of social relations in the family and wider society that maintain inequality." Working with men and boys contributes to many Beijing areas of concern. Changes in cultural norms on masculinity and sexuality are especially important for preventing HIV transmission, for preventing sexual violence and GBV and for realizing women's reproductive rights. The growing attention to this work among UNFPA and its partners — particularly WHO and UNIFEM among United Nations organizations — is based on a shared understanding of gender discrimination as a system in which both sexes need to transform their beliefs and actions to achieve gender equality.

The mandate to engage men and boys as positive agents for change translates into partnerships with organizations that reach large numbers of men and boys, with school systems implementing gender sensitive SRH and life-skills education, and with NGOs working for gender equality. UNFPA has used four main entry points to reach men and boys:

- Through sexual and reproductive health programmes, UNFPA has been working to reach men to emphasize their roles in shared responsibility while promoting their active involvement in responsible parenthood; sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; as well as prevention of sexually transmitted infections (STIs), including HIV.
- Extensive work with uniformed services, including military services, peacekeepers and police, reaches large numbers of men and male youths to promote norms of masculinity that embrace gender equality, prevent GBV and HIV infection and help to enforce laws against GBV.
- Engagement with FBOs also reaches massive numbers of men and boys to discourage GBV and harmful traditional practices, such as FGM/C, and prevent HIV/AIDS. At the same time, working with religious leaders, who are mainly male opinion leaders, can help to legitimize cultural norms promoting human rights and the empowerment of women.
- UNFPA worked extensively with NGO networks in 2009 to support the Rio Global Symposium on Engaging Men and Boys and the resulting Rio Declaration aimed at promoting gender equality. Partners include MenEngage Alliance, a global alliance of NGOs and United Nations organizations that seeks to engage boys and men to achieve gender equality; the White Ribbon Alliance, founded to combat GBV; and NGO leaders such as Instituto Promundo, which has developed and evaluated culturally sensitive gender equality training programmes for boys and men in diverse settings.

Good Practice Working with Military and Police to Combat Gender-Based Violence

UNFPA in Turkey supported two large projects in sustainable strategies that reach significant numbers of men and boys with national coverage. The first project consists of a mandatory one-day annual training of new conscripts of the Turkish Armed Forces on reproductive health and rights, HIV/AIDS, gender equality and violence against women for approximately 400,000 new male conscripts each year. The second project builds the capacity of police officers and promotes procedures in the police stations to combat GBV. By the end of 2008, 270 high-ranking police officers had been trained as trainers in 14 regions. These officers then conducted field training, reaching 40,000 police officers in police stations across the country.

Beijing Critical Area of Concern: Violence against Women

The Platform for Action sets out three strategic objectives under the critical area of violence against women:

- Take integrated measures to prevent and eliminate violence against women
- Study the causes and consequences of violence against women and the effectiveness of preventive measures
- Eliminate trafficking in women and assist victims of violence due to prostitution and trafficking

E. Programming to Eliminate Gender-Based Violence

UNFPA work on GBV, including sexual violence, forms an essential component of its overall commitment to gender equality, women's empowerment and SRH, thus contributing to ICPD+10 and Beijing commitments on violence against women. UNFPA strategies address GBV at the national level for prevention and victim support programmes; in advocacy for human-rights-based legal frameworks and in humanitarian responses worldwide. Violence against women is both a violation of women's and girls' human rights and a public health issue, with strong links to several of the MDGs.

Beijing+10 identified considerable progress addressing GBV in many countries on legal frameworks, prevention strategies, care and support of victims/survivors, national action plans, data collection and international cooperation, especially for trafficking. Development aid to countries to fight violence against women has increased notably since 1995, with contributions to the United Nations Trust Fund for the Elimination of Violence against Women increasing from only \$US10 million between 1996 and 2004 to \$US22 million in 2008. However, even this increased amount still represented only 4 per cent of the value of \$525 million in proposals received.²⁹

1. Intersections

GBV affects women's and girls' physical and mental health and poses a barrier to access to SRH education and services, and thus to protection against unwanted pregnancies, HIV/AIDS and other

STIs. Whether from family members or in the public sphere, GBV or the threat of GBV limits women's and girls' autonomy. In many settings, GBV confines women to the private sphere and thus poses a barrier to education, economic empowerment and political participation. Risks to women and girls of sexual violence are greatly increased in emergency, conflict and post-conflict settings, where concerted attention to prevention as well as care for survivors/victims is essential.

The current Special Rapporteur to HRC on violence against women, its causes and its consequences, Yakin Ertürk, recently reported on the "Political economy of women's human rights,"³⁰ in which she identified the main trends that increase women's vulnerability to violence. These include the sexual division of labour between the public and private sphere, which constrains women's public participation; the relegation of women to caregiving roles in the lower paying segments of the labour market; and the increased feminization of poverty, marginalization and lack of protective mechanisms, "thus creating hierarchical structures that entrap many women into potentially violent environments."

2. UNFPA initiatives and partnerships

Although GBV affects both sexes, UNFPA programmes focus mainly on violence against women and girls. Prevention of GBV is an essential element in UNFPA support for gender-sensitive life-skills education programmes and in partnerships with organizations of men and boys. In the current Strategic Plan, attention to addressing GBV through UNFPA-



Brick makers. Udaipur, Rajasthan, India.

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supported SRH programmes “is the minimum standard to which all UNFPA operations should be held accountable.” The “UNFPA Strategy and Framework for Action to Address Gender-based Violence: 2008-2011” (hereinafter referred to as the UNFPA GBV strategy) sets priorities for the organization’s work on this issue, concentrating on UNFPA areas of focus and technical expertise.³¹ Focus areas include:

- Including attention to GBV in CEDAW reporting and responses for achieving improved policy, legal mechanisms and protection mechanisms to combat GBV
- Strengthening commitment to addressing GBV in development and monitoring of PRSPs, SWApS and other national development plans, complemented by the use of gender budgeting,

to ensure that funding frameworks include investment in the prevention of and responses to GBV

- Strengthening capacity in the collection and use of gender-sensitive statistics in the 2010 census round and in demographic and health surveys to include GBV
- Building capacity among partners to integrate the prevention of GBV and the care and support for survivors into SRH education and services
- Providing, in humanitarian responses, the basic SRH package — Minimal Initial Service Package — which includes SGBV prevention and care/treatment for survivors’

Recent awareness of the massive use of SGBV as a weapon of war in several countries has demanded a rapidly expanded response from

partner organizations. Within IASC, the inter-agency coordination mechanism for humanitarian response, UNFPA holds lead responsibility for GBV. UNFPA has conducted extensive outreach to members of the military and police aimed at building their awareness so that they are effective partners in opposing GBV. This is an essential strategy in conflict and post-conflict situations.³²

As co-convenor of the United Nations Inter-agency Task Force on Violence against Women, UNFPA is working with the Division for the Advancement of Women (DAW) to support 10 UNCTs in joint programming to prevent and respond to violence against women. This exercise has begun in 10 pilot countries selected from all regions with baseline assessments and the development of joint multi-stakeholder proposals. Other key partnerships include the United Nations Trust Fund to End Violence against Women, coordinated by UNIFEM, and a partnership with UNICEF on the Joint Programme and Trust Fund on FGM/C. Together with other United Nations entities, UNFPA provides ongoing support to the Secretary-General's multi-year Campaign UNITE to End Violence against Women, which aims at increasing public awareness, political will and resources for preventing and responding to violence against women and girls.

3. Trafficking

Although trafficking affects males and females, girls and women are more vulnerable to trafficking for purposes of sexual exploitation or domestic service, in conditions under which they are coerced or tricked into servitude and held against their will and often subject to SGBV. UNFPA is one of several United Nations organizations working on trafficking, both through partnerships and by promoting dialogue to bring greater visibility to the issue and share information about it. Where trafficking is prevalent, UNFPA programmes conduct outreach to community leaders and support providers of SRH and HIV services for victims of trafficking. It also provides technical assistance and training for Governments to facilitate prevention as well as cooperation among countries that are receivers and senders of trafficked individuals.³³

4. Female Genital Mutilation/Cutting

FGM/C is a violation of women's and girls' human rights (See II, C on human-rights-based programming) and has been shown to have both immediate and long-term health consequences. The practice is an obstacle to achieving the MDGs on child survival, maternal health and HIV/AIDS, since the more severe forms often lead to obstructed labour and haemorrhage, and most forms increase susceptibility to HIV infection.

Despite excellent progress in legal reforms to eliminate FGM/C, the roots of the practice lie in long standing cultural norms, and its prevalence remains high even in countries that have outlawed the practice. This gap between policy and implementation illustrates the cross-cutting challenge identified at Beijing+10. Although policy change is essential, experience has shown that laws are difficult to enforce if community norms do not support change. UNFPA has published lessons learned from experience with the implementation of culturally sensitive approaches to eliminating FGM/C.³⁴ Community-based cultural change initiatives are needed to raise awareness among community leaders and parents as well as the girls themselves about the harm caused by the practice, coupled with comprehensive approaches that are directed at the root causes. Raising awareness has been complemented in some settings by alternative initiation rites devised by the affected communities, a strategy that has succeeded in reducing the practice significantly.³⁵

United Nations/Government/NGO partnerships have addressed FGM/C at country, regional and global levels, through advocacy and community mobilization. UNFPA participated with a consortium of United Nations organizations that recently drafted a landmark inter-agency statement on "Eliminating Female Genital Mutilation." Following the guidance in this statement, UNFPA partnered with UNICEF in a joint programming initiative to accelerate abandonment of FGM/C and reduce prevalence rates by 40 per cent in 17 countries.





III. Reproductive Rights and Sexual and Reproductive Health

In the focus area of reproductive rights and SRH,³⁶ the overall development framework is to contribute to the achievement of MDGs 5 (on maternal health) and 6 (on HIV/AIDS) and the ICPD Programme of Action goals for Section VII on reproductive health and rights and Section VIII on health, morbidity and mortality. The 2008 2011 UNFPA Strategic Plan goals are: universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life. These targets correspond to those set at the ICPD and the Beijing Conference and reaffirmed by the 2006 General Assembly High Level Meeting on AIDS. As mentioned earlier, these targets are now aligned with the MDG monitoring frameworks, facilitating achievement of the MDGs by 2015, in particular MDGs 5 and 6. In this final five years before 2015, advocacy with donors and national Governments must take advantage of the consensus on targets to increase the level of investment in SRH.

The Beijing+10 review³⁸ notes progress since 1995, with almost half of the Governments that participated in the review reporting the incorporation of gender perspectives in their health plans and policies, leading to expanded access to contraception in many countries and increases in the proportion of deliveries attended by skilled health care professionals in Northern Africa, South-East Asia, and East Asia.

The Beijing Platform for Action reiterates and expands on the ICPD agreements on reproductive and sexual health by addressing the right of women “to have control over and decide freely and responsibly on matters related to their sexuality free of coercion, discrimination and violence.” The Beijing Platform for Action proposes actions towards five strategic objectives related to women and health:³⁷

- Increase women’s access throughout the life cycle to appropriate, affordable and quality health care, information and related services
- Strengthen preventive programmes that promote women’s health
- Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS and SRH issues
- Promote research and disseminate information on women’s health
- Increase resources and monitor follow-up for women’s health

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As a result, maternal mortality fell significantly in several of these countries. The review notes continuing gaps and challenges in other countries with a lack of progress on maternal health and other SRH issues, especially rising rates of HIV infection for women and girls. Other challenges noted were barriers to access to health services due to illiteracy, racism or lack of autonomy in patriarchal families; gender discrimination in access to adequate nourishment, especially for girls; and failures in the disaggregation of health data by sex.

Globally, the unmet need for the basic package of SRH services, including contraception and condoms for STI/HIV prevention, remains high and, in most developing countries, the MDG for maternal health is not on track to be met. The 2009 Millennium Development Goals Report provides the most up-to-date information on the situation:

“Whereas unmet need [for family planning] in the developing regions as a whole is 11 per cent, it is as high as 25 per cent in the least developed countries.... In Sub-Saharan Africa, donor support for family planning has declined more than 50 per cent and one in every four women who is married or in union has an unmet need for family planning, a figure that has remained almost unchanged since 1995.”³⁹

As the report suggests, a lopsided funding picture has emerged, with exponential increases in funding for HIV treatment, whereas support for other SRH services has lessened or stagnated, even when these could contribute to HIV prevention. The result is widespread denial of women’s and girls’ reproductive rights.

1. Intersections

The incorporation of the target of universal access to reproductive health in the MDG frameworks is an official recognition of the essential role that reproductive health plays in the achievement of all the MDGs. Lack of access to crucial SRH information and services not only heightens risks of death, illness or disability but also exacerbates other forms of discrimination, lessening women’s and girls’ access

to education and causing marginalization from the formal economy and impoverishment. ICPD and Beijing highlighted the crucial role that SRH issues play in the ability of women and girls to exercise a range of their human rights.

Conversely, fulfilling women’s and girls’ reproductive rights by providing access to quality SRH and HIV and AIDS education and services would facilitate their enjoyment of other rights. A healthy mother who has only the children she wants has a more manageable workload. She is more apt to be able to earn some income, gain increased access to health services, have increased autonomy in the family and participate in community organizations or a training programme.

2. The UNFPA strategy and programme

The reproductive rights and SRH framework of UNFPA aims at achieving progress on SRH and HIV-prevention goals in four priority areas:

- Providing SRH services at district and local levels through primary-health-care systems that prioritize quality, equity and integration and are equipped with accountability mechanisms for users and providers
- Integrating HIV prevention, management and care in SRH services
- Promoting gender-sensitive life-skills-based SRH education for adolescents and youth
- Providing SRH services in emergencies and humanitarian crises

The UNFPA Reproductive Rights and Sexual and Reproductive Health (RR&SRH) Focus Area accounted for almost 50 per cent of total annual resources in 2008. This programme contributes directly to Beijing objectives for Women and Health, mainly by working through a multisectoral approach. However, all UNFPA initiatives in Population and Development and in Gender, Culture and Human Rights contribute more or less directly to this area of concern, whether building capacity in gender- and age-disaggregated data collection and use, addressing the vulnerability of female migrants or promoting gender-based budgeting.

This chapter describes the major strategies that contribute to women's health and rights, highlighting initiatives and partnerships to ensure access to the basic package of SRH services. This report focuses on the topics of maternal health and family planning, HIV/AIDS, integration of mental health with SRH and the SRH of adolescents and youth.⁴⁰

A. The Basic Package of Sexual and Reproductive Health Services

UNFPA contributes to universal access to the basic package of SRH services through its role as an advocate, a broker of technical assistance and capacity development and a partner among United Nations organizations, NGOs and other stakeholders to include provisions for the basic package in national development plans and budgets.

1. Supplies

One of the largest UNFPA initiatives is the Reproductive Health Commodity Security (RHCS) Trust Fund. Through this fund, UNFPA is a major donor of SRH supplies as well as a global leader in brokering technical assistance and capacity-building in RHCS. UNFPA is also the lead agency within IASC for providing supplies for the essential SRH package in humanitarian response. When UNFPA builds national capacity in SRH commodity situation analysis, forecasting, procurement and logistics, it strengthens the capacity of a country's health system to manage all commodities. In an emerging good practice, some RHCS situation analyses identify barriers to women's access to reproductive health commodities, including sociocultural factors such as gender inequalities that make it more difficult for women to use contraceptives and HIV-prevention methods that require male cooperation and/or knowledge.

2. UNFPA initiatives and partnerships

SRH services and information require a robust and functioning health system. UNFPA follows current evidence by joining unified partnerships that promote a strong health system as the foundation on which all other health interventions rest — particularly at the primary-care level and among marginalized rural populations. Such approaches benefit women

SRH Services

The SRH package should universally include: family planning services; pregnancy-related services, including skilled attendance at delivery, EOC and post-abortion care; STI and HIV prevention and diagnosis and STI treatment; prevention and early diagnosis of breast and cervical cancers; prevention of GBV and care of survivors; and essential commodities for each component.⁴¹ Mental health and psychosocial support must be integrated as part of existing SRH services.⁴²

by enabling them to meet most of their diverse health needs through a unified primary-health-care system.

Multilateral partnerships that follow the principles of aid effectiveness — national ownership, aid coordination and results-based financing — are necessary to achieve the strengthening of health systems. Accordingly, UNFPA is a member of several high-level partnerships, including “H8,” composed of eight major international organizations pledged to coordinate their work, strengthen health systems, implement more horizontal approaches and support unified national health, strategies, plans, and monitoring and evaluation frameworks. In a similar vein, UNFPA works with Harmonisation for Health in Africa to support the strengthening of all components of the health system with the Government and other partners, including civil society organizations (CSOs) and the private sector.

Other major health partnerships include: the International Health Partnership Plus (IHP+), composed of United Nations and other donor agencies working to scale up programmes to achieve global health outcomes, with a special focus on the health MDGs (4, 5 and 6); the global Partnership for Maternal, Newborn, and Child Health (MNCH), which aims at accelerating progress on MDGs 4 and 5 and which UNFPA co-leads with UNICEF; and the Global Campaign for the Health MDGs, a United Nations-led coordination campaign that integrates the above partnerships.



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B. Maternal Health and Family Planning

The numbers of annual deaths related to pregnancy and childbirth are essentially unchanged since the 1980s, at about 536,000. Many times that number, between 10 million and 15 million, suffer injury or illness.⁴³ Birth spacing and family planning are essential tools for reducing maternal mortality and morbidity. Some estimates indicate that, by preventing pregnancies and unsafe abortions, reliable access to quality family planning commodities alone can reduce maternal deaths by one third, which equates to saving 100,000 to 175,000 women's lives each year.⁴⁴

1. Continuum of care

UNFPA promotes a continuum of care in maternal health as part of reproductive health and the right to health.⁴⁵ The UNFPA focus is on building national capacity to scale up the major components of maternal health services, including universal access to EOC; skilled attendance at childbirth; prevention of closely

spaced and other high-risk pregnancies, including those to girls under 18 years of age; prevention of unwanted pregnancies, which lead many women to put themselves at risk through unsafe abortions where the procedure is illegal or inaccessible; adequate prenatal care and nutrition during pregnancy; the addressing of maternal morbidities such as obstetric fistula and perinatal depression; and access to treatment for complications of unsafe abortion, and to safe abortion and services where these are legal. Ensuring access to family planning services and contraceptive supplies is the main means of preventing high-risk and unwanted pregnancies.

Much attention has focused recently on the expansion of infrastructure to ensure access to EOC. With regard to the prevention of unsafe abortion, the most recent WHO publication on unsafe abortion⁴⁶ pointed out that this most easily preventable cause of maternal mortality and morbidity causes approximately 20 per cent of the overall burden of maternal death and long-term sexual and

reproductive ill-health, almost entirely in developing countries. Unsafe abortion is prevalent where the procedure is either illegal or not easily available, but political controversies make it difficult to achieve the commitments of ICPD and Beijing for addressing its public health consequences. The perspectives of women who have had to undergo unsafe abortions — those who are often the most vulnerable and marginalized — are invisible in the public and policymaking arena because of the stigma attached to this practice. The high level of controversy, coupled with the invisibility of the approximately 20 million women who undergo unsafe abortions annually, means that in most countries the issue remains unaddressed, contributing to the failure to make progress on MDG 5.

2. UNFPA initiatives and partnerships

UNFPA has teamed up with UNICEF, WHO and the World Bank to provide, before the end of 2009, accelerated support in 25 countries with high maternal mortality, working towards a goal of 60 high maternal mortality countries over the next five years. To contribute to this joint effort, in early 2008 UNFPA launched the MHTF to provide enhanced support to countries that have made the least progress on MDG 5, working with Governments, civil society, United Nations and other key partners to implement and scale up effective maternal and newborn health interventions. In collaboration with the UNFPA Global Programme on Reproductive Health Commodity Security, the Campaign to End Fistula, and the new Midwives Programme, the MHTF provides support to priority countries in capacity development, technical assistance and the provision of lifesaving equipment, supplies and drugs.⁴⁸

With many United Nations, Government and NGO partners, UNFPA launched the Campaign to End Fistula in 2003 with the target of eliminating obstetric fistula by 2015. The campaign currently has 24 international and national partners, with \$US30 million raised for public education and for fistula prevention, treatment, and the social and economic rehabilitation of affected women who

Good Practice in Midwives Programme Ensures Human Resources for Maternal Health

In addition to its contribution to women's health, the Midwives Programme contributes to the Beijing Area of Concern of Women's Education and Training, in which one of the strategic objectives is to improve women's access to vocational training, science and technology, and continuing education. UNFPA, in partnership with the International Confederation of Midwives (ICM), launched the Midwives Programme in 2008 as a response to the growing need for human resources to meet the MDG target for skilled attendance at births. The programme aims at building, in all regions, a significant corps of midwife advisers who will lead national efforts in capacity building on four priorities: strengthening regulatory mechanisms, developing and strengthening education and accreditation, promoting the development of midwifery associations and promoting midwives as a key health workforce for the achievement of MDGs 4 and 5.⁵⁰

suffered stigma and marginalization. By 2008, more than 38 countries had completed a fistula situation analysis, 25 countries had integrated fistula into national policies and plans, and 12,000 women had been treated. The campaign supports fistula survivors in an effort to sensitize communities about ending stigma and discrimination against women with fistula, and about taking action quickly to save women and girls from suffering the worst consequences of obstructed labour. The survivors provide peer support and advocate at the national level for improved maternal health. The United Nations Development Programme (UNDP) granted an award of excellence to the Campaign to End Fistula for its innovative approach to South-South collaboration.⁴⁹

C. HIV/AIDS

The 2006 Political Declaration on HIV/AIDS committed United Nations Member States to taking extraordinary action to move towards universal

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access to comprehensive prevention programmes, treatment, care and support by 2010. The Declaration recognizes that halting and reversing the spread of HIV/AIDS is not only a goal in itself but is linked to other MDGs, especially the health MDGs 4 and 5, and MDG 3 on gender equality and the empowerment of women. Beijing+10 and ICPD+10 both highlight the special vulnerabilities of women and girls. UNFPA is one of the 10 co-sponsors of the UNAIDS consortium of organizations dedicated to meeting MDG 6, with the Target 6.A: “Have halted by 2015 and begun to reverse the spread of HIV/AIDS.” UNFPA has a strong investment in HIV prevention, with a commitment to linking gender-sensitive HIV and SRH policies, systems and service delivery.

As the HIV/AIDS pandemic has matured in the 15 years since the Beijing Conference, recognition has greatly increased of the importance of gender inequality as a driver of the pandemic. In the Caribbean and Southern Africa, girls’ infection rates are 2 to 4.5 times higher than those of their male peers.⁵¹ UNFPA participated actively in the process of developing the August 2009 UNAIDS Action Framework on Addressing Women, Girls, Gender Equality, and HIV. The new framework gives United Nations organizations and all their partners important guidance on how to address the gender inequalities and norms that are such key drivers of the epidemic and “seeks to intensify efforts towards a comprehensive, gender-transformative AIDS response.”

The prevention of HIV infection and its treatment are interlinked and equally important in attaining the universal access goal. Efforts need to be intensified on both fronts. While treatment access must be ramped up, it must also be recognized that, each year, there are about 2.7 million new HIV infections. So treatment costs will continue to rise, posing sustainability concerns. Finally, prevention funds need to be effectively allocated. For example, in countries with concentrated epidemics, interventions should focus on the most affected communities, such as sex workers and other key populations.

1. Intersections

The 2008 UNAIDS report on the Global HIV/AIDS

pandemic recognizes that economic discrimination and poverty make women vulnerable to HIV infections and supports CEDAW and Beijing recommendations to increase women’s economic independence and to enact legal reforms to recognize women’s property and inheritance rights. The report cites a study in Botswana and Swaziland, where “women who lack sufficient food are 70% less likely to perceive personal control in sexual relationships, 50% more likely to engage in intergenerational sex, 80% more likely to engage in survival sex, and 70% more likely to have unprotected sex than women receiving adequate nutrition.”⁵²

2. UNFPA initiatives and partnerships

As stated in the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV, UNFPA supports gender equality, the empowerment of women, and HIV prevention and impact mitigation by strengthening linkages between SRH and HIV/AIDS, including SRH and the human rights of people living with HIV/AIDS. UNFPA works with partners to empower women and girls through human-rights-based programmes. It supports programmes to provide male and female condoms, eliminate GBV, engage men and boys to adopt gender-sensitive attitudes and behaviour, prevent HIV infection among young people and support comprehensive and rights-based approaches to HIV/AIDS and sex work.⁵³

UNFPA works with its main partners — including all the UNAIDS co-sponsors — to gather evidence on the benefits of SRH and HIV linkages and on how best to implement them at the policy, systems and service-delivery level; use of the Rapid Assessment Tool for SRH and HIV linkages facilitates these efforts.⁵⁴ In collaboration with the International Health and Human Rights Program of Harvard School of Public Health, UNFPA supported a literature review on the evidence linking GBV with HIV to support integration of GBV prevention and addressing needs of GBV survivors in all HIV programmes.

United Nations Theme Groups on HIV/AIDS and Joint United Nations Teams on HIV/AIDS are the main vehicles through which organizations in the system coordinate their activities at the country

level. UNFPA chairs United Nations Theme Groups on HIV/AIDS in about one in five of its programme countries, and UNFPA technical staff are expected to be active members of the Joint Teams. At the country, regional and global levels, UNFPA has formed significant partnerships with organizations of people living with HIV, as part of its rights-based approach to programming. These partnerships include The Global Network of People Living with HIV/AIDS, the International Community of Women Living with HIV, and Young Positives.

3 Adolescents and Youth

UNFPA convenes the Inter Agency Task Team on HIV and Young people (IATT/YP) whose goal is to foster a joint accelerated, harmonized and expanded global, regional and country-level response aimed at increasing young peoples' access to and utilization of HIV prevention, treatment, and care services to reach the goal of universal access. UNFPA coordinated the Task Team to develop a package of Policy Guidance Briefs to support UN Country Teams and their national counterparts accelerate action in response to the transmission and impact of HIV among young people. The purpose of the briefs is to lay out the core areas of action and a broad set of strategies that are applicable to HIV policies and programmes for young people. The package also includes a brief on most at-risk adolescents (MARA) including those in emergency situations.

4. The Global Female Condom Initiative

To contribute to the ability of women to protect themselves against HIV infection, in 2005 UNFPA launched the Female Condom Initiative (FCI) with partners⁵⁵ to scale up access and use of the female condom. At the country level, UNFPA has helped establish condom technical working groups. It works with Governments and other stakeholders to develop and implement a country-driven strategy. As a result of this initiative, access to female condoms has dramatically increased for the third consecutive year, from global distribution of 13.5 million in 2005 to 33 million female condoms in

Good Practice Involving Networks of People Living with HIV in Programme Guidance

Recently, networks of people living with HIV/AIDS launched *Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV: A Guidance Package*.⁶⁰ The package grew out of a collaborative process among networks of people living with AIDS, international NGOs, and UNAIDS, UNFPA and WHO. This process began with a consultation on the rights of people living with HIV to SRH, after which drafts of the package were presented at two international meetings by and for HIV-positive people. The participatory process leading to the guidance package illustrates a human rights approach to HIV programming — involving and empowering groups most affected by the issue so that their priorities are reflected and taking their own direct action to fulfil their rights.

2008, and has more than doubled the original number of countries from 23 to 56. Efforts have been made to reach populations in remote and rural areas with targeted distribution programmes for vulnerable and marginalized populations.⁵⁶

5. HIV and SEX Work

HIV in the context of sex work is a key aspect of the epidemic and the AIDS response in most countries. Yet, despite twenty five years of experience and knowledge in developing responses to the HIV pandemic, prevalence among sex workers is high and rising with less than one in three⁵⁷ sex workers receiving adequate HIV prevention services, and even fewer receiving appropriate treatment, care and support.⁵⁸ UNFPA and partners have developed a Guidance Note on HIV and Sex Work that provides a unified approach by all the UNAIDS Cosponsoring agencies⁵⁹ to reduce HIV vulnerabilities in the context of sex work, where sex workers are defined as adults, 18 years and over. It addresses the circumstances of sex work, the urgent need to provide universal access to HIV prevention,

treatment, care and support for all sex workers, and the need to provide choices and alternatives to sex work, including for sex workers living with HIV.

D. Mental Health

ICPD and all other United Nations conferences frame the right to SRH in the language of the International Covenant on Economic, Social and Cultural Rights: “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

Mental health and psychosocial support is especially crucial in maternal health programmes because of the frequency of post-partum depression and of suicide as a response to unwanted pregnancies; care and support of SGBV victims, many of whom suffer from and post-traumatic stress; humanitarian responses, where displaced people face multiple stresses; and care and support of people living with HIV/AIDS, many of whom suffer from depression.

However, mental health issues have suffered from lack of attention. It was not until 2008 that WHO incorporated mental health issues into its Human Reproduction Programme. The UNFPA Strategic Plan for 2008-2011 commits the organization to integrating psychosocial support in basic SRH services, “focusing on mental health as an integral aspect of reproductive health.” Working with WHO and IASC (the humanitarian response coordination agency), UNFPA has developed several training and reference tools for country programmes.

E. Working with Specific Populations: Adolescents and Youth

Based on its ICPD mandate, the UNFPA Framework for Action on Adolescents and Youth recognizes the cross-cutting nature of issues affecting adolescents and youth and provides guidance in initiatives for and with young people throughout all focus areas. Always working through partnerships, the framework mandates four priority areas: integrating adolescent and youth investments in national development and emergency preparedness plans; using the instruments and reporting process of CRC and CEDAW for advocacy; promoting universal access to gender-sensitive, life-skills-based SRH education and SRH services; and engaging young people’s participation in policies and programmes at all stages. This section focuses on recent initiatives to reach marginalized and vulnerable girl children, a direct contribution to this Beijing area of concern.

1. Intersections

A focus on the needs, rights and vulnerabilities of the girl child is common to both ICPD and Beijing commitments. The ICPD Programme of Action calls for the elimination of all types of discrimination against the girl child, ranging from sex selection to disparities in access to adequate nutrition, health services and education. The cross-cutting nature of the need for special attention to the rights of the girl child is apparent when analysing actions needed to achieve the following MDGs.

Beijing Critical Area of Concern: The Girl Child

The Beijing Platform for Action has nine strategic objectives in this critical area, which cut across the other critical areas of concern, including issues of education, health and nutrition, violence, economic exploitation, and multiple types of discrimination and rights violations.

The Beijing+10 review notes many important advances in legal and policy frameworks protecting the girl child but also the need for more attention to issues of son preference, inequities in education, FGM/C, early marriage, girls’ risk for HIV/AIDS, and child labour (including domestic labour).

- Achieving universal primary education (MDG 2) requires attention to barriers to education for girls, who are the majority of children remaining out of school. Staying in school improves their chances of avoiding child marriage.
- Promoting gender equality and women's empowerment (MDG 3) requires attention to the discriminatory practices that begin in childhood, including inequities in access to adequate nutrition (MDG 1).
- Improving child survival (MDG 4) and maternal health (MDG 5) requires investment in young girls' SRH to avoid high-risk births under age 18 and to treat their high-risk pregnancies appropriately. Child marriage and FGM/C also lead to maternal and infant health risks.
- Combating HIV/AIDS (MDG 6) requires attention to the vulnerabilities of girls, who greatly outnumber their male peers among young people living with HIV/AIDS. Special attention is required to prevent child marriage, FGM/C and SGBV.

2. UNFPA initiatives and partnerships

United Nations organizations and their partners have recognized that the MDGs and the Beijing Platform for Action goals cannot be achieved without a special focus on marginalized adolescent girls, particularly those between 10 and 14 years of age. To focus on reaching these girls, UNFPA plays a leadership role in the Inter-Agency Reference Group on Adolescent Girls, consisting of United Nations organizations and international NGOs. The Reference Group conducted projects beginning in 2004 that aimed at reaching the most marginalized at-risk girls, many of whom were married, indigenous, living in rural areas, out of school or migrants from rural areas working in urban domestic service. Many projects had difficulty reaching these populations; a few that aimed at delaying child marriage and/or keeping girls in school had positive results but had not yet been brought to scale.

UNFPA partnerships to eliminate child marriage focus on strategies to keep girls in school, thus addressing the strategic linkage of girls' education

Good Practice in a Comprehensive Community Strategy to Delay Child Marriage⁶¹

The Berhane Hewan Programme in a rural area of Ethiopia operated over a two-year period with two goals: the prevention of child marriage through educational and economic support to unmarried adolescents and their families, and harm reduction through development and health support for girls who are already married. The programme recruited adolescent girls between 10 and 19 years of age into groups led by female mentors who provided them support to stay in school or convened groups outside of school for informal education and livelihood skills. The programme also led community-wide conversations on early marriage and reproductive health issues affecting girls to promote a more favorable sociocultural environment for delaying marriage and promoting girls' education. In addition, an economic incentive was provided to families who did not marry off their daughters during the project period. An evaluation showed that the programme made a significant impact on education and delay of marriage, particularly for younger adolescent girls between 10 and 14 years of age.

in the UNFPA Gender Framework and the Beijing Area of Concern on Education and Training of Women. Literature reviews suggest that keeping girls in school is the most effective prevention strategy for increasing the age of marriage. However, extreme poverty often drives families to marry off daughters under 18. Raising awareness contributes to empowering girls and to changing cultural norms to support delayed marriage, but it is best coupled with context-specific and culturally sensitive strategies to keep girls in school, sometimes combined with incentives for the parents. The Berhane Hewan Programme in Ethiopia points the way forward. UNFPA has organized study tours so that the practice can be replicated in other countries.





IV. Population and Development

The Population and Development Programme of UNFPA aims at building capacity in the collection, analysis and use of disaggregated data for evidence-based decision-making and national development plan monitoring, thus contributing to the gender mainstreaming need for sex-disaggregated data noted at Beijing+10. The programme also collects, analyses and disseminates information on emerging population trends that require more investment in gender-sensitive analysis and planning, such as migration, ageing and the environment.

A. Women and the Environment

Although the environment was a critical area of concern and focus at both ICPD and the Beijing Conference, today there is growing attention to the impact of environmental degradation on women and to the need for women's participation. New data on the rapidity of climate change have raised widespread alarm, and concerted action by

Critical Area of Concern: Women and the Environment

The Beijing Platform for Action sets out three strategic objectives:

- Involve women actively in environmental decision-making at all levels
- Integrate gender concerns and perspectives in policies and programmes for sustainable development
- Strengthen or establish mechanisms at the national, regional or international levels for assessing the impact of development and environmental policies on women

Beijing +10 identifies recommendations for accelerating progress on these objectives, including supporting land titling for women along with access to resources for sustainable agricultural or land use; involving women in disaster-mitigation planning, especially for flooding; linking reductions in women's workloads with environmentally sound practices; and strengthening women's participation in biodiversity and conservation management.

A Ngöbe-Buglé couple visiting the UNFPA-supported health clinic in Hato Chamí with their young child. © Carina Wint / UNFPA

women's environmental organizations seeks to promote understanding of the gendered implications of climate change. The Beijing+10 review notes that gender issues are mainly ignored in the environmental movement.

1. Intersections

Women and girls living in poverty bear a disproportionate burden of climate change consequences. Effects of climate change include increased risks of drought and flooding, as well as other natural disasters caused by severe weather, such as hurricanes. In societies in which women's socio-economic status is low, women are more likely to die in natural disasters of all types than are men. "Natural disasters exacerbate previously existing patterns of discrimination that render females more vulnerable to the fatal impact of disasters."⁶⁵

Drought disproportionately affects the rural poor engaged in subsistence agriculture, who are mainly women. Women's responsibility for using and preserving land for food and fuel production and the resulting dependency on the soil make them vulnerable to climate-change effects and consequences such as desertification, erosion and soil degradation. Decreasing crops and livestock, less productivity and lower income lead to increased poverty and, again, disproportionately affect women. The resulting scarcity of water and fuel causes increased time burdens for women and girls, often meaning that girls have to leave school and women have less time for other necessary tasks benefiting their own and their family's welfare.

The evidence from numerous natural disasters — many but not all of which are related to climate change — shows that trauma and displacement disproportionately affect women, who still carry the main responsibility for caring for the sick and ageing and feeding the family. Displacement into insecure settings also increases women's and girls' risks for SGBV.

2. UNFPA initiatives and partnerships

The UNFPA publication *State of World Population 2009: Facing a changing world: women, population*

Good Practice in Engaging Women in Environmental Management

The Dasholi Gram Samaj Mandal women-led environmental movement in India, which began as a protest against deforestation, has been successfully protecting and managing the environment for 32 years. Many village women depend on the local forest for essential needs like water, fodder and firewood, all of which are threatened by climate change and natural disasters. Establishing that natural resource conservation was a matter for community concern, the women involved men as partners. The women's initiative resulted in reduced damage from floods and landslides, extensive reforestation and less drudgery for the women. The movement also challenged government policies and traditional assumptions about gender roles, as women effectively demonstrated their leadership abilities and improved the sustainability of their environment.⁶⁴

and climate highlights gender-equality issues relevant to climate change and ongoing related negotiations. UNFPA recently engaged in a partnership with the Global Gender and Climate Alliance (GGCA), which is attempting to redress the relative lack of attention to gender issues in the climate change analysis and debates thus far. The main points in the recent GGCA position paper are the need to ensure women's full participation in all climate change decision-making processes at all levels and the need to fully recognize that the "prioritization of the most vulnerable groups must include women and must be addressed in all response measures (adaptation, mitigation, technology and financing)."⁶⁶

UNFPA, working with the Women's Environment and Development Organization (WEDO) produced fact sheets to raise awareness and impact policy on the links between gender and climate change. These fact sheets will help UNFPA country offices and Governments to integrate gender and related population issues into their climate change activities.

B. Women and Ageing

Following ICPD+5 recommended actions for elderly people, as well as recommendations from the Second World Assembly on Ageing in Madrid in 2002, UNFPA works with the United Nations Programme on Ageing to address and analyse the implications of the changing age structure of the world population, with much larger percentages of the population who are elderly. From a gender perspective, there are two main issues: concern for the rights and needs of older women; and women as caregivers for ageing family members. Worldwide, as life expectancy increases, female caregivers' burdens increase.

1. Intersections

The ICPD Programme of Action addresses issues related to "Elderly People" in a similar vein as at Beijing +5, calling for actions such as the development of social security systems and support services that enable the elderly to "lead self-determined, healthy and productive lives," with due recognition of their vital role as volunteers and caregivers. ICPD objectives include the

development of systems of health care as well as economic and social security in old age, paying special attention to the needs of women. The Beijing Conference identified elderly women as a vulnerable population, and ICPD called for elimination of all violence and discrimination against elderly people, particularly women.

In recent years, the role of elderly women in the care of orphans and vulnerable children in households affected by HIV/AIDS has come to the fore. Increased attention is needed to the physical and mental health and well-being of elderly women who are the main caregivers for children.

A proposed CEDAW general recommendation⁶² drew attention to the vulnerabilities of older women, especially those living in areas of conflict and displacement. The recommendation highlights age-related abuse, negative stereotypes of older women, older women's need for palliative care and the impact of life-long economic discrimination against women as they age, leading to increased impoverishment.

The Beijing Platform for Action notes that women bear the main responsibility for elder care in most societies.

Beijing+5 calls for the following actions:

83(c) — "Take measures to enable all older women to be actively engaged in all aspects of life, ... and implement policies and programmes to ensure their full enjoyment of human rights and quality of life, as well as to address their needs"

98 (g) — "Support innovative programmes to empower older women to increase their contribution to and benefit from development and efforts to combat poverty"

103 (a) — "Promote programmes for healthy active ageing that stress the independence, equality, participation and security of older women and undertake gender-specific research and programmes to address their needs"

2. UNFPA initiatives and partnerships

UNFPA and WHO supported the development of a Framework for Action on Women, Ageing and Health, which addresses the health status and factors that influence women's health at midlife and older ages. It provides guidance on how to improve the health and well-being of ageing women by applying both a gender and an ageing perspective in policies, programmes and research.

UNFPA is building the knowledge base on linkages between ageing and family support to older persons, using a gender lens to understand the increased time burdens for women and girls. The organization has worked with the United Nations Programme on Ageing and other partners to organize consultations and seminars, with a summary report to be presented at the next Commission on Social Development meeting. The report examines the implications for women — both the elderly and their caregivers — of changing age structures when family size is reduced and there are fewer children to support older persons.

C. Women and Migration

Almost 200 million people live outside their country of birth. Women constitute approximately 52 per cent of the migrants in developed countries and 46 per cent of all international migrants in developing countries.⁶³

For international migration, ICPD objectives address the root causes of migration and encourage dialogue between countries “to increase the likelihood that migration will have positive consequences for the development of both sending and receiving countries.” The Beijing+10 review comments that several countries have advanced in passing legislation protecting the rights of migrant domestic workers, citing model legislation in Jordan. The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families entered into force in 2003, strengthening the protection of the rights of all migrants with no discrimination by sex, age, race, ethnicity, religion or other characteristics. However, as of 19 October 2009, only 42 countries had ratified the Convention.

Beijing Platform for Action.

Actions for Governments 58 (k) — “Ensure the full realization of the human rights of all women migrants, including women migrant workers, and their protection against violence and exploitation; introduce measures for the empowerment of documented women migrants, including women migrant workers; facilitate the productive employment of documented migrant women through greater recognition of their skills, foreign education and credentials, and facilitate their full integration into the labour force.”

Beijing+5 Recommended Actions

98 (b) — “Promote and protect the human rights of all migrant women and implement policies to address the specific needs of documented migrant women and, where necessary, tackle the existing inequalities between men and women migrants to ensure gender equality.”

1. Intersections

Most voluntary international migrants are pulled by employment opportunities in the receiving country and pushed by poverty and lack of employment opportunities in the sending country. Involuntary migrants include refugees, people internally displaced by emergencies or conflict and victims of trafficking.

Increasing numbers of women are migrating either to other countries or to urban areas from rural areas within their own country, often to low-wage and informal sectors of the economy such as domestic service. The special vulnerabilities of women migrants stem from gender discrimination in the economy, in the labour force and in education. Especially when women are “poor, uneducated, unskilled and/or undocumented migrants, they are often exposed to inadequate working conditions, increased health risks, the risk of trafficking, economic and sexual exploitation, racial discrimination and xenophobia, and other forms of abuse.” (Beijing+5, 41)

Patterns of migration have been shown to drive the HIV/AIDS pandemic in countries such as South Africa and Mexico, putting married women at high risk. Men who leave their families and migrate for employment may engage in high-risk sexual behaviour, often with sex workers, and infect their wives upon their return or on visits home.

2. UNFPA initiatives and partnerships

The UNFPA strategic focus in this area is capacity-building, facilitating policy dialogue and strengthening partnerships. UNFPA advocates for the collection, analysis and dissemination of data on migration for informed policymaking and calls attention to the special needs of female migrants. UNFPA also works to combat trafficking and assists women who have been trafficked.

A joint UNFPA–International Organization on Migration Expert Group Meeting in 2006, “Female Migrants: Bridging the Gaps Throughout the Life Cycle,” identified the challenges that women migrants face at all stages in the migration process, from the time they decide to move to their return to the country of origin. The UNFPA 2006 *State of World Population*⁶⁷ and its companion publication for young people focus on women’s migration and highlight the opportunities connected with migration as well as the risks of trafficking, exploitation and GBV.

During its chairmanship of the Global Migration Group (GMG) in 2008, UNFPA coordinated the Group’s report, *International Migration and Human Rights: Challenges and Opportunities on the Threshold of the 60th Anniversary of the Universal Declaration of Human Rights*. All 14 member organizations contributed to the report, which highlights female migrants’ vulnerability to discrimination, abuse and exploitation, including trafficking





V. Emergency and Post-Emergency Situations

Beijing Critical Area of Concern: Women and Armed Conflict

The Platform for Action includes five strategic objectives related to conflict situations: to stop all human rights abuses and protect women's human rights, increase their participation in conflict resolution at decision-making levels, reduce military expenditures and availability of armaments, promote non-violent conflict resolution and protect and assist refugees and those living in non-self-governing areas.

Women and girls constitute approximately 49 per cent of all refugees, internally displaced people and other populations under the jurisdiction of the Office of the United Nations High Commissioner for Refugees (UNHCR).⁶⁸ Women's and girls' rights urgently need protection in these settings. For a variety of reasons, women tend to be at greater risk for death in natural disasters in societies where they suffer multiple forms of discrimination.⁶⁹ The insecure, crowded environments of camps for displaced people often lack basic sanitation and health services and make women more vulnerable to maternal mortality, unwanted pregnancy and unsafe abortion, HIV infection and GBV.

After Beijing+10, significant policy achievements contributed to the protection of a range of women's and girls' rights in the humanitarian sphere. After highly publicized episodes of widespread sexual violence in conflict situations in several countries caused worldwide outcry, the Security Council passed resolution 1820 in 2008 and resolution 1888 in 2009. Resolution 1820 identifies sexual violence as a war crime, demands its complete cessation and an end to impunity for perpetrators, and calls for increased capacity-building and training among military forces and peacekeepers to prevent sexual violence in conflicts. Resolution 1888 specifically mandates peacekeeping missions to protect women and children from rampant sexual violence during armed conflict and authorizes several mechanisms to put additional protective mechanisms into place rapidly. In another positive development, IASC approved a new policy statement, "Gender Equality in Humanitarian Action," in 2008. Numerous partners — United Nations, Governments and international NGOs — have demonstrated increased commitment to mainstreaming gender equality and women's participation in humanitarian response.

Yet most of the gaps identified at Beijing+10 in the areas of concern of Women and Armed Conflict and Women and the Environment remain: lack of women's participation

Women carry a sack of food during a UN World Food Programme distribution in Jowhar, Somalia. © Manoocher Deghati/IRIN

Security Council Resolution 1325

In 2000, the Security Council passed security resolution 1325, which calls on all Governments, parties to conflict, relief agencies and peace-keepers to: 1) ensure the equal participation and full involvement of women in the planning and implementation of all efforts to maintain and promote peace and security; 2) protect women's and girls' human rights in conflict situations, especially against sexual and gender-based violence; and 3) take into account the special needs and vulnerabilities of women and girls in the design of humanitarian response in conflict and post-conflict situations.

This resolution has become the main policy framework within which women's organizations monitor humanitarian response. Since women and girls face similar issues when they are displaced because of natural disasters, the basic principles of the resolution apply in a variety of humanitarian response settings.

in peace processes and decision making structures as well as in environmental initiatives; increased SGBV against women and girls during and after conflict and disasters; lack of adequate attention to the challenges faced by refugee and displaced women, including the differential impact of disasters on men and women; and the low profile and low resources for gender issues within international organizations.⁷⁰ United Nations evaluations of a wide range of humanitarian response efforts — involving Darfur, Pakistan, the 2004 tsunami and the implementation of Security Council resolution 1325 — note serious neglect of gender issues in relief and recovery planning.⁷¹

1. Intersections

Gender-sensitive humanitarian responses address most of the critical areas of concern in the Beijing Platform for Action. The displacement of families characterizes crises caused by both conflicts and natural disasters. Displacement entails loss of basic security and community support systems; loss of

basic necessities such as food, water, fuel, clothing and bedding; and loss of any access to education, health services and employment. In refugee situations, the loss of basic citizenship rights may also occur. Displaced families — especially those headed by women — are most often thrown into extreme poverty. In such situations, the physical and mental health of women and girls suffers. They are often traumatized and depressed by multiple losses and exposure to violence during conflict, as well as GBV, whether from armed combatants or their partners. Their work burdens increase since enormous effort may be required just to cook a meal and care for ill and aged family members. GBV combined with the lack of social and health service infrastructure increases their risks of unwanted pregnancies and HIV in these settings. Girls and women become at increased risk for trafficking or engagement in transactional sex to obtain basic necessities.

Humanitarian response partners must pay special attention to gender equity in disarmament, demobilization and reintegration (DDR) programmes of armed groups;⁷² female combatants or women associated with armed groups are often excluded from the benefits of such programmes. The protection of women and girls in conflict and post-conflict situations brings into play the cross-cutting mandate of UNFPA to engage boys and men as partners in equality, through work with military, police and judicial institutions, which are mainly male.⁷³

2. UNFPA initiatives and partnerships

UNFPA is working with partners on multisectoral humanitarian response in all three of its focus areas in accordance with its strategy for emergency preparedness, humanitarian response, transition and recovery.⁷⁴ In 2007, UNFPA responded to humanitarian crises in 54 countries, with a focus on age- and gender-sensitive population data, the provision of a basic package of SRH services, women's and young people's participation, and combating and responding to GBV.

The UNFPA role in humanitarian emergencies, displacement situations, transition and recovery is to conduct rapid assessments, distribute emergency

reproductive health and hygienic supplies and equipment, and provide the essential SRH package of services, as part of implementing the Minimum Initial Service Package (MISP) to save women and newborn lives. UNFPA provides training for health workers and midwives to make sure women receive the care they need during all phases of pregnancy and childbirth.

Within IASC, the main mechanism for coordination of humanitarian relief, UNFPA holds co-lead responsibility for addressing GBV under the protection cluster led by UNHCR and for reproductive health under the health cluster led by WHO.⁷⁵ With InterAction represented by Winrock International, UNFPA co-chairs the IASC Sub-Working Group on Gender in Humanitarian Action,

which now has 25 active United Nations and NGO members and has worked since 2004 to increase the capacity of humanitarian partners to address gender issues. The group's first task was to produce guidelines, *Gender-based Violence Interventions in Humanitarian Settings* (2005), recently complemented by a practical handbook covering all aspects and sectors of humanitarian response, from legal frameworks to camp management and water and sanitation: *Women, Girls, Boys & Men. Different Needs – Equal Opportunities. IASC Gender Handbook for Humanitarian Action*.

In partnership with InterAction, a consortium of international development NGOs, UNFPA took the lead in developing a four-hour e-learning course based on the handbook, which became mandatory

Laotian women refugees. Thailand.

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Women coming back from a well, Sahel area. Burkina-Faso.

© Marie Dorigny / UNFPA

Good Practice for Gender Mainstreaming in Humanitarian Response

High levels of burnout and rotation among humanitarian workers makes capacity development a challenge. To help to ensure that the content of the gender handbook is applied, the IASC Gender Sub-Working Group deploys gender technical advisers to areas requiring humanitarian response. In the last two years, some 30 gender advisers have been deployed in more than 19 countries. UNFPA has hosted several of these advisers, who helped UNCT and NGO field staff put the content of the handbook into practice in response planning and implementation.

for all new staff of member organizations being deployed to emergencies.

UNFPA contributes its demographic expertise to the Gender Sub-Working Group's collection and

use of sex- and age-disaggregated data for decision-making. Such information is fundamental in planning for equitable humanitarian response and sectoral recovery in emergencies and yet has been lacking in most cases.⁷⁶ UNFPA has used its expertise in population-based data analysis to accurately project the needs for SRH and health commodities among refugee and internally displaced populations.

3. Gender-based violence, including sexual violence

As part of its ICPD mandate and in support of the Beijing Platform for Action, the UNFPA commitment to combating GBV is long-standing and not limited to humanitarian response. (See previous section on GBV for a complete discussion.) Since the risks of GBV are so elevated for women and girls in humanitarian response settings, especially in conflict and post-conflict situations, this issue rightly receives high priority for advocacy and

support. As part of its contribution to the Gender Sub-Working Group of IASC and with other United Nations and NGO development partners, UNFPA supports advocacy for policies in alignment with CEDAW and Security Council Resolutions 1325, 1820, 1888 and 1889. These partnerships also support testing of approaches and knowledge-sharing on GBV prevention, along with SRH services and commodities for victims and survivors.

UNFPA is one of the founding members of United Nations Action Against Sexual Violence in Conflict, an inter-agency body comprising representatives from 12 United Nations organizations. United Nations Action is a concerted effort by the United Nations to improve coordination and accountability among all partners, to advocate for an end to impunity and to support intensification of national efforts to prevent sexual violence and respond effectively to the needs of survivors. This initiative takes a holistic approach to sexual violence by recognizing the linkages with political and economic discrimination against women. Accordingly, United Nations Action strengthens services provided to survivors, including medical care, legal support and economic security required to rebuild their lives. Women's increased political engagement and leadership in general is promoted, as well as the specific mandate of resolution 1325 for women's leadership in conflict prevention, peace negotiations and post-conflict recovery processes. Promoting women's leadership also helps ensure that

preventing sexual violence and ending impunity for perpetrators is on the agenda of the police, security forces, justice and other government sectors after conflict.

4. Working with young people in emergencies

The principles of attention to gender equality, human rights, culturally sensitive approaches and young people's participation characterize UNFPA work with and on behalf of young people in humanitarian response. In addition to providing the basic package of SRH services and hygienic supplies to them, UNFPA and partners — especially UNICEF — aim at promoting young people's participation in relief and recovery efforts, with attention to overcoming barriers to girls' participation. Young people's contributions give them useful work and leadership experience, protect them from depression and often prove to be crucial in community recovery and rebuilding.

Advocacy efforts focus on ensuring that national emergency preparedness plans incorporate young people's SRH needs. At latest report,⁷⁷ the proportion of countries doing so had risen from 58.2 per cent in 2007 to 72.5 per cent in 2008. In 2009, UNFPA and Save the Children USA developed a toolkit on Adolescent Sexual and Reproductive Health for Humanitarian Settings,⁷⁸ which is a companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings.





VI. Strategic Linkages: Addressing Underlying Factors

Addressing the root causes of rights violations, or failures to fulfil rights, is a core principle of human rights-based approaches. The strategic linkages in the UNFPA Gender Framework — girls' education, women's economic empowerment, women's political participation, and the balancing of productive and reproductive roles — were identified at ICPD and its follow-up conferences (ICPD+5, ICPD+10) as essential actions needed to realize women's rights and achieve sustainable development.

A. Root Causes

Beijing and its follow-up conferences have focused on these actions in the areas of concern of women and poverty, women and the economy, women in power and decision-making and education and training of women. The MDG monitoring frameworks address these concerns, with indicators on women's employment, women's political participation and gender equality in education.

1. Intersections

Advances in any one of these linkages have positive ripple effects throughout the system of discrimination against women in societies. Ensuring education protects girls from child marriage, early pregnancies leading to maternal mortality or morbidity, and HIV infection. Economic empowerment makes women more able to nourish themselves and their families, to access health services and to leave abusive family situations. Women's political participation gives them input into policies that affect their lives, helping all women to enjoy a range of rights. When women are able to balance productive and reproductive roles, they are better able to participate in community and political life and to engage in the economy.

2. UNFPA strategies

The main advocacy and gender mainstreaming strategies of UNFPA with regard to all four linkages are as follows:

- Supporting engagement with the CEDAW reporting process, first, in helping Governments and/or multisectoral coalitions gather information on key issues for the report and, second, in strengthening Governments, women's ministries, women's CSOs, and other stakeholders to respond to the CEDAW recommendations so that laws, policies and programmes meet international human rights standards.
- Assisting Governments and research institutions in gathering sex- and age-disaggregated data on these strategic linkages for situation analyses and then assisting policymakers and programme managers to make evidence-informed plans based on the findings.

STRATEGIC LINKAGES: ADDRESSING UNDERLYING FACTORS

- Mainstreaming gender issues into national development plans, including PRSPs, SWAPs, and emergency preparedness. Gender budgeting is an especially useful strategy for ensuring that budgets provide adequate resources to address these strategic linkages.
- Generating and sharing advocacy-relevant evidence about the benefits of gender equality interventions, the social costs of discrimination and effective programmes to be scaled up.
- Convening multisectoral stakeholders to support dialogue, the sharing of knowledge and expertise, and coordinated action.
- Through regional programmes, mobilizing experts who can build national capacity to address these strategic linkages.

UNFPA gives the strategic linkage of girls' education high priority in all the strategies described above. Discussions of the other three strategic linkages in the UNFPA Gender Framework follow.

B. Women's Economic Empowerment

This strategic linkage addresses two Beijing areas of concern: women and poverty, and women and the economy. The analysis below highlights the links between poverty, economic discrimination and other rights violations.

In December 2008, the participating Governments signed the Doha Declaration on Financing for Development.⁷⁹ In this meeting, delegates reaffirmed statements made at ICPD,

Beijing and the World Summit on the crucial importance of remedying economic and other types of discrimination against women in achieving development goals. Concerted advocacy by a coalition of United Nations and NGO partners helped achieve consensus on the following statement.

19. Gender equality and women's empowerment are essential to achieve equitable and effective development and to foster a vibrant economy. We reaffirm our commitment to eliminate gender-based discrimination in all its forms, including in the labour and financial markets, as well as, inter alia, in the ownership of assets and property rights. We will promote women's rights, including their economic empowerment, and effectively mainstream gender in law reforms, business support services and economic programmes, and give women full and equal access to economic resources. We will further promote and reinforce capacity-building of State and other stakeholders in gender-responsive public management, including, but not limited to, gender budgeting.

Although there are difficulties in measuring poverty, by most estimates, women still account for the majority of the poor. In the developing world, a recent estimate states that 60 per cent of those living in extreme poverty are women and girls.⁸³ As country development planning processes focus

Beijing Critical Area of Concern: Women and Poverty

The Beijing Platform for Action proposes actions towards four strategic objectives:

- Review, adopt and maintain macroeconomic policies and development strategies that address the needs and efforts of women in poverty
- Revise laws and administrative practices to ensure women's equal rights and access to economic resources
- Provide women's access to savings and credit mechanisms and institutions
- Develop gender-based methodologies and conduct research to address the feminization of poverty

Beijing Critical Area of Concern: Women and the Economy included objectives focused on the labour market and the balancing of productive and reproductive roles:

- Promote women’s economic rights and independence, including access to employment, appropriate working conditions, and control over economic resources.
- Facilitate women’s equal access to resources, employment, markets, and trade.
- Provide business services, training and access to markets, information and technology, particularly to low-income women.
- Strengthen women’s economic capacity and commercial networks.
- Eliminate occupational segregation and all forms of employment discrimination.

on achieving the MDGs, awareness of the close interconnection between women’s poverty and other violations of their human rights becomes a crucial lens for engendering national planning processes. As the 37 United Nations Special Rapporteurs declared on the occasion of Human Rights Day on 10 December 2006:

“Through our respective mandates, we have witnessed how poverty exacerbates the occurrence of human rights violations, reinforces discrimination against groups and communities, and denies individuals the ability to claim their human rights and seek a remedy. We are particularly troubled by the heightened effects of poverty on women around the world.”⁸⁴

1. Women and poverty

Layers of discrimination hinder women as they attempt to break out of poverty, including discrimination in the sharing of household responsibilities; in access to education, training, employment and productive resources; in access to property and inheritance; and in economic and political decision-making. The “intersectionality” of types of discrimination is revealed by the compounding effect of factors such as race and class in women’s lives. Specific groups of women and girls (including rural women, indigenous women, ethnic or religious minorities, migrant women, widows and older women, disabled women and women living with HIV/AIDS) face discrimination on many fronts and are especially vulnerable to

living in extreme poverty, as well as to maternal and child mortality, HIV/AIDS, GBV and lack of access to education.

2. Economic discrimination

Economic discrimination against women is one of the root causes of poverty. Such discrimination includes legal or customary law discrimination, which denies women equal access to credit, inheritance and assets such as land, as well as discrimination in the labour market. Coupled with educational discrimination in some countries, women’s relative lack of assets and education makes them dependent on male family members, whether fathers or husbands, and reinforces their lack of power and autonomy. Women in informal work or unpaid work related to subsistence agriculture and household tasks are less likely to have the resources to gain access to the health services that they need, to avoid extreme poverty if they are widowed or separated, or to recover from displacement and loss of home caused by disaster.

Women’s Employment

Although more women have been able to secure paid jobs outside agriculture, they have generally failed to access decent work. Close to two thirds of all employed women have vulnerable jobs, either as contributing family workers or as own-account workers.⁸⁵

“Women also continue to bear a disproportionate share of the household responsibilities and the care of children, the sick and the elderly. Such imbalance needs to be consistently addressed through appropriate policies and programmes, in particular those geared towards education and through legislation where appropriate. In order to achieve full partnership, both in public and in private spheres, both women and men must be enabled to reconcile and share equally work responsibilities and family responsibilities.”
(Beijing+5, Further Actions and Recommendations.)

Linking access to SRH information and services with economic empowerment brings positive benefits, since SRH services can allow women to control their fertility, making it easier for them to balance work and family roles and to rise from extreme poverty. Economic empowerment enhances women’s status as decision makers in the household, thus facilitating women’s access to SRH services and commodities. Studies conducted by the Micro-credit Summit Campaign suggest that economic empowerment also reduces violence against women.⁸⁰ The partnership of UNFPA with the campaign showed that the inclusion of SRH education in their monthly meetings benefited women participants and the microfinance programmes, with little additional cost.

C. Balancing Productive and Reproductive Roles

The discriminatory segmentation of the labour market, in which a vast majority of the work done by women receives lower pay and is more likely to fall in the informal sector, contributes to women’s poverty. Many declarations, United Nations consensus agreements, and human rights treaty bodies note that women’s and girls’ sole responsibility for unpaid household tasks poses barriers to access to education, employment in the formal sector and political participation. This imbalance between productive and reproductive roles for women and girls is a linchpin in the feminization of poverty. ICPD and the Beijing Conference called for increased sharing of household tasks between men and women, but if both sexes work outside the home in the formal sector, additional resources are also needed to compensate for both men’s and women’s lack of time for necessary but unpaid household tasks;

these resources are rarely included in formal-sector employee benefits or in national budgets of developing countries. Women and girls experience an increased burden of caregiving and household work in a variety of circumstances: when HIV/AIDS enters the household, when sick or ageing family members need care, when emergencies strike and when climate change increases the level of effort needed to find fuel, food and water. Gender-budgeting initiatives that take these increased time burdens into account have the potential to help to achieve the necessary support for caregivers and families, thus relieving the disproportionate burden on women and girls.

The International Labour Organization (ILO) addressed the balance between productive and reproductive roles in its Workers with Family Responsibilities Recommendation, 1981 (No. 165), which includes “the provision of adequate and appropriate child-care and family services and facilities, free of charge or at a reasonable charge in accordance with the workers’ ability to pay, developed along flexible lines and meeting the needs of children of different ages, of other dependents requiring care and of workers with family responsibilities” (25b).

In addition to the strategies described at the beginning of this chapter, UNFPA-supported programmes address this strategic linkage through messages that promote the sharing of household responsibilities in comprehensive SRH education and in outreach and awareness-raising with men and boys.

D. Women’s Political Participation

The Beijing+10 review notes considerable progress in women’s political participation, especially in the numbers of countries establishing gender quotas

for various elected offices, but notes that this progress was insufficient. Women continue to be underrepresented in national parliaments, with only 17.3 per cent by 2007, despite the 30 per cent target for 1995 set by the Economic and Social Council (ECOSOC) in 1990. Given the global trend towards decentralization of responsibilities to the local level, the review recommends interventions to increase the numbers and effectiveness of female officials at local levels.

Discrimination against women in the political arena holds back progress in all areas of women's rights. It keeps the numbers of female officials low and denies women's right to take part in the conduct of public affairs and have access to public service.⁸¹ This discrimination occurs from the community to the national level, with the result that women's concerns and demands are often absent in the public arena. Women's low participation also stems from difficulties in balancing productive and reproductive roles, as discussed above, leaving little freedom outside the home. In countries where women suffer the most discrimination in access to education, their capacity to engage in dialogue as equals with more educated public officials suffers. Where women and girls have the most limitations on their mobility outside the household, they encounter barriers to political participation even at the local level, where most of the opportunities lie.

In addition to the strategies named at the beginning of this chapter, the main contributions of UNFPA to this area are through:

- Facilitating linkages among elected women, as recommended in the Beijing +10 review
- Capacity-building in gender, reproductive rights and SRH issues for women leaders and candidates

Good Practice Supporting Women's and Girls' Participation in Development Planning

UNFPA and the Nicaraguan Women's Institute are the two lead organizations in a project financed by the Spanish Government: "From rhetoric to reality: Achieving gender equity and women's empowerment through participation in government budgeting on gender issues."⁸² The project supports women's organizations in 15 municipalities and at the national level to participate in municipal and national development planning and in gender budgeting. The project will build women's capacity in advocacy and, at the same time, raise awareness among government officials on key gender issues in Nicaragua that development plans should address.

The work of UNFPA and its partners with adolescents and youth encourages the participation of girls, and the support to women's organizations and to educational programmes with boys and men also strives to promote women's and girls' participation and autonomy. Although the objectives in this Beijing Area of Concern focus on the political arena, participation in power and decision-making begins in the private realm, within the family. UNFPA promotes the increased participation of women and girls in decision-making in the family and community in order to empower them to exercise their reproductive rights, including access to SRH education and services. Initiatives to prevent child marriage and school-leaving for girls also remove barriers to their participation in community and political life.

Beijing Critical Area of Concern: Women in Power and Decision-making

The Platform for Action sets out two strategic objectives:

- Take measures to ensure women's access to and full participation in power structures and decision-making
- Increase women's capacity to participate in decision-making and leadership





VII. Recommendations

This review has addressed a wide range of gender-equality issues related to ICPD, Beijing and MDG commitments and commented on the intersections among various forms of discrimination against women. These intersections are due to the principles of interdependence and interrelatedness of human rights, so that violations or failures to fulfil rights in one arena have negative effects in others. For this reason, initiatives focused on fulfilling just one right — such as the right to health — may founder when the exercise of that right depends upon the enjoyment of other rights. For example, difficulties in enforcing laws that eliminate child marriage — one violation of girls' rights — are rooted in other violations of girls' and women's rights. Cultural norms that devalue girls, girls' vulnerability to sexual harassment, limitations on their mobility in the name of protecting their "honour," family requirements for household labour, and other factors related to educational and economic discrimination against women cause parents to take girls out of school. Girls' school-leaving in turn reinforces economic discrimination by greatly reducing their opportunities for work in the formal sector. This complex interaction among girls' and women's rights violations paves the road to child marriage, which incurs further violations of girls' rights to survival, health and development by greatly increasing their risk of HIV infection, maternal morbidity and mortality, social isolation and GBV.

However, the principles of interdependence and interrelatedness do not just pose barriers; they also create opportunities. Certain interventions for gender equality and women's empowerment, such as the four strategic linkages discussed in Chapter VI, result in progress in the realization of several related rights, thus creating positive synergies — "virtuous cycles" of cultural, social, political and/or economic transformation.

The Beijing Platform for Action and the ICPD Programme of Action, complemented by follow-up reviews, offer comprehensive analyses and recommended actions in each area of concern — actions that world Governments have agreed to implement. The following recommendations for the development community do not presume to be so comprehensive; rather, they are chosen for their potential to have a positive impact on a highly interrelated set of women's and girls' rights. For that reason, all of the recommendations below are related to gender mainstreaming rather than to a specific Beijing area of concern.

A. General Recommendation

The overarching recommendation is to maximize all opportunities to promote multisectoral partnerships within the United Nations system and with national partners to respond to

RECOMMENDATIONS

the interdependence and the interrelatedness of the human rights of women and girls. All development partners should strive to overcome the barriers to comprehensive progress towards gender equality and SRH caused by overly rigid thematic programmes and funding structures.

B. Delivering as One United Nations

United Nations organizations have complementary sectoral mandates. Whether at global, regional or national levels, when inter-agency task forces or UNCTs deliver as one United Nations by agreeing to cooperate on achieving common goals and objectives, the multisectoral nature of these initiatives should be highly beneficial, especially in areas such as maternal health, HIV prevention, and adolescent SRH, where progress is hampered by multiple cultural, social, political and economic barriers.

Recommendations:

1. Ensure that all development partners work internally as well as externally to facilitate interdisciplinary, holistic programming so that structural and systemic discrimination is addressed.
2. Continue to build capacity in gender mainstreaming, human rights, and culturally sensitive approaches among United Nations staff and other partners.
3. Develop UNCT gender-mainstreaming plans involving all organizations that include capacity-building activities as well as systems for accountability. Learn from the experience of the Viet Nam UNCT in implementing its plan.
4. Evaluate the successes and challenges in implementing joint programming — such as the experiences in programming on violence against women — to promote best practices in joint programming initiatives.
5. Involve women and women's organizations meaningfully as development actors, with serious consideration of their input, to contribute to more effective development.

C. The New United Nations Gender Entity

The United Nations General Assembly resolution⁸⁶ to create a new high-level gender entity creates opportunities for unified, multisectoral initiatives to accelerate progress towards ICPD and Beijing goals and the MDGs.

Recommendations:

1. Ensure that strategic, comprehensive approaches to gender equality are a founding principle of the new gender entity, which should aim at overcoming the barriers to such approaches that arise from vertical, thematic divisions.
2. Ensure that the new gender entity mirrors the principle of the interdependence of women's and girls' human rights in its structure, through multisectoral working groups instead of thematic divisions.
3. Ensure that each United Nations organization continues to assume responsibility for and devote resources to capacity-building and accountability mechanisms for gender mainstreaming.

D. The New Aid Environment

The harmonization of United Nations and donor efforts to support nationally driven development plans offers both challenges and opportunities for gender mainstreaming. The opportunities are similar to those in United Nations reform: when actors with complementary mandates agree to join forces, the resulting policies and programmes can be more comprehensive, thus addressing interrelated human rights.

National priority-setting documents such as PRSPs and National Development Strategies provide opportunities to address gender-based discrimination through improved national policy and planning. However, the current financial crisis poses a countervailing threat; in times of budget cuts, programmes to benefit women are often viewed as dispensable. The evidence is clear that investments in girls' education and women's economic empowerment are sound investments in economic recovery and development planning. All development agencies must clarify and promote this evidence.

A major challenge in the new aid environment is that accountability mechanisms — for gender mainstreaming, for attention to marginalized sectors of women and girls and for civil society involvement in these processes — are generally weak. Participation in PRSPs, SWAPs, emergency preparedness plans and expenditure frameworks forums tends to be high level. Gender and youth ministries are often excluded or low status, and CSOs — especially women’s or youth organizations — are rarely present in a meaningful decision-making role.

Recommendations:

1. Strengthen mechanisms for accountability on gender mainstreaming throughout the development community, linking these mechanisms to reporting processes of human rights treaty monitoring bodies, reviews of implementation of the consensus agreements of ICPD, Beijing and the MDGs, and, in the sphere of humanitarian response, Security Council Resolutions 1325, 1820, 1888 and 1889.
2. Continue to build the capacity of United Nations staff, gender and youth ministries, and women’s organizations and CSOs committed to gender equality to engage in advocacy in the new aid effectiveness decision-making processes, including their ability to engage in gender budgeting.
3. Within the context of PRSPs and other national development plans, advocate for linkage of the MDG goal of gender equality and women’s empowerment with the MDG targets of universal access to reproductive health and reversal of the spread of HIV/AIDS, so that combating GBV and other forms of discrimination against women are treated as essential components of strategies to achieve the health MDGs.
4. Build support among UNCTs and other development partners so that they will advocate for CSO and gender/youth ministry participation in these processes.
5. Engage in concerted advocacy communications strategies targeting national decision makers with the evidence that investments in gender

equality lead to progress in economic development.

E. Engendering Data Collection Frameworks, Analysis and Dissemination

The Beijing+10 review cites the need across many of the areas of concern to improve the availability, quality and use of sex-disaggregated data and gender statistics. Sufficient disaggregation by age to highlight the risks and vulnerabilities of adolescents and youth is also lacking.

Intersections of forms of discrimination determine which groups of women and girls are most marginalized and vulnerable. Implementing a human-rights-based approach requires that data collection frameworks help identify these groups by including factors that often determine disparities, such as race, ethnicity, rural/urban residence, caste, educational and income levels, religion, marital status and disability. Such data is a crucial input into national development planning and monitoring to reach the most marginalized women and girls.

Recommendations:

1. To ensure that the most crucial information in the national setting for advancing gender equality will be collected, analysed and disseminated, foster partnerships between the users of sex- and age-disaggregated data and the producers. The United Nations can use its convening power to bring together the women’s and youth ministries and CSOs with the statistical offices and population data experts to discuss the most urgent information needs related to gender issues in the local context.
2. Work through the United Nations system and in partnership with users of sex- and age-disaggregated data to achieve standardized data collection and analysis frameworks for Beijing areas of concern as well as emerging issues such as women and ageing.
3. Use the reporting processes of CEDAW, CRC, HRC and other treaty bodies to highlight and disseminate data on gender issues as well as identify data gaps that pose barriers to monitoring compliance with the treaties.

RECOMMENDATIONS

4. Conduct secondary analyses of census, demographic and other sectoral surveys to disaggregate data on adolescents by sex and smaller age segments, such as 10-14, 15-19, and 20-24. Even finer disaggregation might be necessary to understand the local dynamics of issues such as girls' school-leaving, sexual initiation, or child marriage.

F. Regional Capacity Development

The current regional programme of UNFPA focuses on strengthening networks of regional organizations that build capacity at the national level in a sustainable manner through South-South collaboration and technical assistance. These regional networks can provide technical assistance to national stakeholders — United Nations partners, Governments and CSOs — to build their capacity to implement ICPD and Beijing commitments.

Recommendations:

1. Through gender mainstreaming plans in regional United Nations programmes, ensure that issues of gender equality, human rights, and culturally sensitive approaches are integrated into the work of all regional technical assistance organizations, not just those that specialize in gender, human rights or culture.
2. Foster South-South cooperation to accelerate progress in the least developed countries on the MDGs, especially on maternal health and HIV.

G. Engagement with CEDAW, the Human Rights Council, CRC and Other Human Rights Bodies

Engagement with the international human rights system is an essential strategy for advocacy for gender equality. It is an opportunity to work with Governments and CSOs to collect and disseminate data on women's and girls' rights, to have government representatives engage in dialogue with the monitoring body on progress as well as gaps, and to use committee recommendations and observations as advocacy tools. Through dialogue with these committees, Governments understand how their policies and

programmes are and are not in compliance with their treaty obligations.

CEDAW is the main basis in human rights law for the Beijing commitments and is now one of the most widely signed and ratified human rights conventions. The CRC is almost universally ratified, and the committee consistently supports adolescents' development, SRH and reproductive rights. One example of good practice is the partnership of UNFPA with UNICEF to unify support in each country for reporting to CEDAW and CRC, so that both committees receive consistent input on the situation of the girl child and adolescent.

Partnerships with special rapporteurs on the Right to Health and Violence against Women at HRC have made effective contributions to addressing girls' and women's rights, including reproductive rights. The special mechanisms of HRC have protection gaps in their coverage of key gender-equality issues which gender-equality advocates are beginning to address. The UPR process in HRC is an important opportunity to promote the political participation of women and girls in situation analysis and policy dialogue with Governments. The recent HRC declaration on maternal mortality is an opportunity to engage strongly on this issue in the upcoming UPRs.

Recommendations:

1. Promote engagement with CEDAW of all development partners — including the UNCTs — as a keystone of their gender mainstreaming strategies. These strategies should include support for capacity-building with Governments and civil society to report to CEDAW and monitor implementation of CEDAW recommendations.
2. Support country-level initiatives to coordinate engagement with CRC and CEDAW, thus ensuring that girls' rights are thoroughly addressed in both committees' reporting processes as well as in country responses to recommendations.
3. Continue to support the work of the special rapporteurs in HRC on the Right to Health and Violence against Women, and to address gaps in

protection in the special mechanisms with regard to gender equality. Engage with the UPR to learn how best to use this new process to ensure that women's, girls' and young people's rights are addressed, including SRH issues and reproductive rights.

4. Implement rights-based approaches to programming that address the intersections between gender inequality and class, ethnicity, race and other types of discrimination to reach out to the most vulnerable women and girls.
5. Explore engagement with other conventions and monitoring bodies to promote gender equality and SRH, such as the Committee on Economic, Social and Cultural Rights; the Committee on Migrant Workers; and the Committee on the Rights of Persons with Disabilities.

H. Culturally Sensitive Approaches: Reducing the Implementation Gap

One of the cross-cutting challenges identified at Beijing+10 was the frequent failure to implement progressive new laws or policies that promote gender equality. This gap between policy and implementation occurs when a new policy that

meets international human rights standards — such as that outlawing FGM/C — runs into widespread cultural resistance. In these cases, culturally sensitive approaches that seek local knowledge and leaders as the basis for positive change, and work from within local cultures for creative solutions, are crucial in bridging the gap.

Recommendations:

1. Foster partnerships with mass organizations that reach large numbers of men and boys, especially with uniformed forces and peacekeepers, with coalitions of men, and with FBOs, to promote gender equality and to prevent HIV/AIDS and SGBV.
2. Support rigorous evaluations to identify community-led strategies that should be scaled up to reverse practices that discriminate against the girl child, with a focus on traditional harmful practices such as FGM/C, nutritional deprivation and child marriage.
3. Increase partnerships with media outlets to promote sociocultural norms that protect women's and girls' rights.



Annex

Linkages of the UNFPA Gender Framework to the Beijing Platform for Action, the ICPD Programme of Action and the Millennium Development Goals

UNFPA Gender Framework Priority Areas	Beijing Critical Areas of Concern	ICPD Commitments	MDGs
Setting policy for the ICPD and the MDGs	Institutional mechanisms for the advancement of women	IV. Gender equality, equity and empowerment of women	3: Gender equality and women's empowerment; broadly relevant to all MDGs
Sexual and reproductive health	Women and health	VII. Reproductive rights and Reproductive health	The "health MDGs": 4, 5, and 6
Gender-based violence	Women and violence	VIII. Health, morbidity, and mortality VII.D. Human sexuality and gender relations	3: Gender equality and women's empowerment 5: Maternal health 6: HIV
Adolescents and youth	The girl child	IV.B. The girl child VII.E. Adolescents	1: Poverty 2: Universal primary education and 4, 5, and 6
Emergency and post-emergency situations	Women and armed conflict ⁸⁷	X.D. Refugees, asylum seekers, and displaced persons	3: Gender equality and women's empowerment, broadly relevant to all MDGs
Men and boys	Cuts across all of the above	IV.C. Male responsibilities and participation	3: Gender equality and women's empowerment 6: HIV Also relevant to MDGs 4, 5, and 6
Girls' education	The girl child Education and training of women	IV.B. The girl child XI. Population, development, and education	2: Universal primary education 3: Gender equality and women's empowerment
Women's economic empowerment	Women and poverty Women and the economy	IV.A. Empowerment and status of women III.B. Population, sustained economic growth, and poverty	1: Extreme poverty and hunger
Women's political participation	Women in power and decision-making	IV.A. Empowerment and status of women	3: Gender equality and women's empowerment
Balancing productive and reproductive roles	Women and poverty Women and the economy Women and health	VII. Reproductive rights and reproductive health IV.C. Male responsibilities and participation V.A. Diversity of family structure and composition	1: Extreme poverty and hunger 3: Gender equality and women's empowerment 5: Maternal health

A Bolivian woman selling vegetables in South Yungas. March 2007.

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Notes

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