



Gender Snapshot

UNFPA PROGRAMMING AT WORK

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The Mission of UNFPA

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV and AIDS, and every girl and woman is treated with dignity and respect.

UNFPA—because everyone counts.



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Introduction

The rights of women and adolescent girls, particularly their reproductive rights, are a priority for the United Nations Population Fund (UNFPA). With that in mind, UNFPA is committed to fulfilling the principles and recommendations of the Programme of Action which was endorsed by 179 countries at the 1994 International Conference on Population and Development (ICPD) in Cairo. The Cairo agenda represents an unprecedented international commitment to principles of reproductive health and rights for women and men, gender equality and male responsibility, and autonomy and empowerment of women everywhere.

Setting Policy for the International Conference on Population and Development and the Millennium Development Goals: Human Rights, Gender Equality and Culture

UNFPA's commitment to an integrated three-pronged approach, bringing together the dynamics of human rights, gender and culture, is also a strategic, cross-cutting dimension of all the priority areas. In addition to being a useful approach for advancing the ICPD agenda, this strategy serves as a roadmap for the realization of the Beijing Platform for Action and the Millennium Development Goals.

International and Regional Commitments to Reproductive Rights

UNFPA works to ensure that gender equality and human rights of women and adolescent girls, particularly their reproductive rights, are integrated into national policies, development frameworks and laws. At the global level, UNFPA worked with the Harvard School of Public Health to develop a practical implementation manual on applying the human rights-based approach to UNFPA's mandate areas.

At the same time, wide support for this dedication is evident as various countries reported activities in this area. In sub-Saharan Africa, the governments of **Comoros**, **Rwanda**, **Cote D'Ivoire** and **Mali** drafted or revised their policies and laws related to reproductive health, with support from UNFPA. These include laws and policies concerning family planning, safe motherhood, and men's role



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in sexual and reproductive health. Similarly, in **Mozambique, Senegal, Tanzania, and Botswana**, UNFPA helped governments draft policies on gender equality. UNFPA was also instrumental in the passage of Domestic Violence Acts in both **Ghana and Zimbabwe**.

In **Namibia**, UNFPA supported Parliamentarians in visiting communities and households to assess whether and how laws and policies related to sexual and reproductive health and gender were being effectively implemented.

In **Venezuela**, a UNFPA-supported assessment with the People's Defence Office that evaluated the knowledge of public defenders revealed non-compliance with laws and norms relating to the sexual and reproductive health of young women and adolescents. The report underscored the importance of coordination between the health and justice sectors, and will provide more justification for a comprehensive response to gender-based violence.

In **Sudan**, in addition to supporting legislation related to women's empowerment, UNFPA supported the capacity of government, non-governmental organizations (NGOs) and civil society groups to mainstream gender through gender auditing, gender responsive budgeting, actions related to gender-based violence, and by engendering the Sudan census.

In **Lesotho**, UNFPA supported the Government by helping to coordinate efforts on the drafting of a domestic violence bill. At the regional level, UNFPA supported a situational analysis of the Africa region, which assessed different ways to determine women's empowerment levels, gender equality and levels of gender-based violence.

In **Albania**, UNFPA has been the leading agency in ensuring that gender equality and human rights of women and adolescent girls, especially their reproductive rights, become integrated into national policies, development frameworks and laws. This includes UNFPA support for the development of the National Strategy and Action Plan on Youth, and the National Strategy and Action Plan on Gender Equality and Domestic Violence.

Working with other UN agencies and national partners, UNFPA in Yemen provided support to the Women's National Committee to integrate the issues of reproductive health and rights, and harmful practices, such as violence against women and female genital mutilation/cutting, in the policies of different government sectors. UNFPA activities in **Turkmenistan** contributed to the passage of a new law aimed at ensuring that women have rights and freedoms in political, economic, social, cultural and other areas on an equal basis with men.

In the Asia and Pacific region, UNFPA partnered with **Indonesian** government agencies and NGOs for the passage of a trafficking law, while also supporting the integration of reproductive rights in the draft amendment of a health and population law.

In **Mongolia**, UNFPA developed a training manual titled Mainstreaming and Integration of Population, Gender and Reproductive Health in National and Sectoral Policies and Plans, and met with the Ministry of Finance to introduce ways to integrate, cost and budget health and gender concerns into national strategies and plans.

In **Vietnam**, UNFPA supported the Government by providing technical inputs for the development of gender equality law while advocating for government adoption of it and providing support for a legal guide on how to implement a new law on domestic violence.

UNFPA strongly advocated for the integration of the Cairo Agenda at the highest levels of decision making processes throughout the Latin America and Caribbean Region as well. With UNFPA support, the Quito Consensus¹ was unanimously adopted by all countries participating in the Regional Conference on Women of Latin America and the Caribbean - a significant advancement in positioning the ICPD agenda in the region. The Quito document has direct relevance to the UNFPA mandate, including references to women's political and economic participation, migration and trafficking; gender-based violence; feminization of the HIV pandemic; the need to ensure adolescent girls and young women have access to reproductive health, employment and political participation; and shared work/life responsibilities within the family, as well as in the private and public sectors. Examples include **Brazil** where UNFPA worked with government to build an observatory which implements and monitors a law against domestic and family violence. In the **Dominican Republic**, UNFPA supported the Government with the revision of the National Gender Equity Plan II and provided technical assistance to the 10-year Health Plan, ensuring the inclusion of gender equity, human rights and reproductive rights issues. In **Honduras**, UNFPA supported the draft-

¹ In the Quito Consensus, countries agreed to adopt all necessary affirmative action measures and mechanisms, including legislative reforms and budgetary measures, to ensure the full participation of women in public office and in political representative positions, with a view to achieving parity in the institutional structure of the State at all levels throughout the region.

ing of the National Youth Policy which involved training young men and women on human rights, including reproductive health rights of young people.

With the help of UNFPA, **Uruguay** celebrated the implementation of the First Plan of Equal Opportunities and Rights. In **Peru**, UNFPA contributed to the elaboration of gender indicators in health and education sectors, while also supporting the government in implementing the recently passed Law of Equal Opportunities.

Culturally sensitive approaches are critical for UNFPA programming. In **Ecuador**, UNFPA helped make services such as those related to the Free Maternity Law accessible to indigenous women. In **Haiti**, UNFPA pursued an extended partnership with the Ministry of Women's Affairs and other key civil society actors to consider reproductive rights, particularly those of marginalized women and adolescent girls.

UNFPA also supported the development of case studies for the Latin America region. A powerful advocacy tool, these case studies analyzed the intersections and implications of women's productive and reproductive work in **Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Mexico, Nicaragua** and **Panama**.

Convention on the Elimination of All Forms of Discrimination against Women

UNFPA is working to promote women's rights and end gender-based discrimination worldwide. This includes advocating for adherence to The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) because although many states have ratified the Convention, many have failed to implement and enforce it.

In **Kenya**, UNFPA supported national partners to develop tools for various stakeholders including the government to assess CEDAW implementation, awareness and its impact on women in rural areas. UNFPA in **Jordan** reported collaborating with the National



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Women's machinery to follow up on recommendations from the most recent CEDAW report.

In **Timor Leste**, UNFPA helped draft the country's First State Party Report to CEDAW. In **Papua New Guinea** UNFPA continues to support the Department of Justice and Attorney-General's review of the laws and legislations in the country within the context of CEDAW. Assistance is also being provided to the National Council on Women to undertake national and provincial advocacy campaigns to promote gender equality and women's empowerment. Support for CEDAW reporting also took place in **Rwanda, Pakistan** and **Maldives**.

Human Rights Protection Systems

One way UNFPA can be most effective in protecting reproductive rights is by influencing policy and legislation. For example, the Fund works closely with parliamentarians and is involved in advocacy efforts to realize reproductive rights and other goals set forth in the ICPD. At global and country levels, UNFPA is an active member of Action 2, an initiative aimed at fulfilling the recom-

mendations of the Secretary General report on Strengthening of the United Nations: an agenda for further change, by calling for joint UN action to strengthen human rights-related actions at the country level. As part of the UNDG interagency groups related to indigenous issues and discussions around the Convention on Persons Living with Disabilities, UNFPA maintained its focus of ensuring that these thematic areas pay adequate attention to gender, reproductive rights and culturally sensitive approaches.

In **Congo**, UNFPA worked with the Government to ensure that the protection of reproductive rights and responses to gender-based violence are addressed in poverty reduction strategies, national health development plans, national policies on gender, and the national communication strategy on HIV and AIDS. In **Madagascar**, UNFPA was pivotal in the revision of discriminatory texts against women, including those related to marriage laws, while working on increasing access to psychosocial and legal services for gender-based violence survivors.

UNFPA in **Jordan** strengthened its partnership with the National Council for Family Affairs to ensure that reproductive rights are addressed in the national human rights protection systems. In **Yemen**, UNFPA provided support in six governorates to strengthen legal enforcement and to establish protection systems for gender-based violence. UNFPA also supported further expansion of a programme which established centres for women's social and legal support under the auspices of the Women's Committee of **Uzbekistan**.

In **Venezuela**, UNFPA supported the Ombudsman's research on situations of gender-based violence as well as on how reproductive rights, particularly those of adolescents, were being addressed in primary health care facilities at the national level. UNFPA in **Colombia** supported the Attorney General's Office and a women's network in establishing a surveillance system which gauges the reproductive rights of women and adolescent girls.

Similarly in **Brazil**, UNFPA worked closely with the Secretary of Human Rights to reinforce the prevention of sex exploitation of adolescent and young women. UNFPA helped realize a ‘south-south’ component which allowed an experience and information exchange on human rights between **Argentina, Brazil, Paraguay, Uruguay** and other South American countries. By drafting a human rights action plan and by strengthening internal capacities on human rights, UNFPA in **Haiti** broadened the scope of the Haitian human rights protection systems to include more social rights, including reproductive rights. In **Mexico**, UNFPA is part of Action 2, a UN interagency human rights initiative, which aims to strengthen national systems for the promotion and protection of human rights.

Culturally Sensitive Approaches for achieving gender equality

Collaboration and partnerships between UNFPA and local power structures and institutions including traditional leaders and religious organizations often perceived as custodians of culture have proved instrumental in neutralizing resistance and creating local ownership of the ICPD Programme of Action. At the global and regional levels, UNFPA supported forums of faith –based organizations on population and development, which brought together religious leaders from all faiths, in order to strengthen partnerships and provide a platform for networking on population and development issues including HIV prevention and gender-based violence. For example, UNFPA forged relationships with partners in the Latin America and Caribbean region, namely with the Latin American Chapter of the World Conference of Religions for Peace (WCRP). Among the main objectives of the joint effort was to prepare for the 2008 International AIDS Conference which included discussion of the feminization of the HIV and AIDS pandemic.

UNFPA worked in **Equatorial Guinea, Rwanda, and Uganda** where male traditional and religious leaders sensitized their communities on the importance of male involvement in maternal health and access to services including prenatal care. In **Madagascar**, UNFPA supported local chiefs who convened a forum which



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brought men together to discuss the importance of their involvement in the prevention of gender-based violence. In **Afghanistan**, UNFPA worked directly with the Ministry of Haj and Religious Affairs in conducting workshops aimed not only at men but adolescent boys in several provinces and villages. The topic was the importance of having mutual respect for both genders. Through culturally sensitive approaches, UNFPA also worked with other local decision-makers and youth to reach out to the community with messages regarding sexual and reproductive health, including HIV prevention. Similarly in **Uzbekistan** and **Timor Leste**, efforts were made to increase knowledge and support policy makers, decision makers, and religious and community leaders on the principles of ICPD PoA and CEDAW.

At the global level, UNFPA organized a meeting with members of the UN Permanent Forum on Indigenous Issues to discuss how to improve UNFPA's work with indigenous peoples. Collaboration with indigenous communities, particularly in the Latin America and Caribbean region, was fostered. For instance, in **Bolivia**, UN-

FPA supported delegations of indigenous women to attend international forums while providing input into updating the National Policy for Gender Equity and Advancement of Women. This move strengthened the focus on indigenous women's needs.

Civil Society Partnerships

Participation and inclusion are critical steps in rights-based approaches because they encourage everyone to engage in and have access to information relating to decision-making processes that affect their well-being. In **Guinea Bissau** and **Ethiopia**, one of the primary objectives was to support the strengthening of the civil society sector in order to enhance human rights protection systems and mechanisms, while raising awareness among communities on ending harmful practices. In **Niger**, through capacity building of civil society partners including strengthening their ability to liaise with national and international actors, UNFPA was the lead agency for the implementation of a framework on gender-based violence.

In **Iran**, UNFPA has been involved in establishing a first-of-its-kind civil society network which advocates for gender equality and reproductive health and rights for everyone, including adolescents. Similarly in **Indonesia**, UNFPA has supported grassroots organizations promoting the implementation of the domestic violence law while also increasing their capacity to engage women in participatory planning, especially to address gender-based violence in post conflict situations. In addition to working with civil society organizations, UNFPA in **Bangladesh** strengthened partnerships with faith-based organizations and law enforcement agencies to improve ways to promote dialogue, discussions and orientation on the issues of gender equality. UNFPA also supported the commissioning of a study aimed at revealing the main drivers of gender-based violence in Bangladesh. Similarly in **Honduras**, UNFPA supported civil society groups advocating for the implementation of domestic violence laws through the strengthening of committees in charge of human rights surveillance and training, provision of legal advice and support to survivors of gender-based violence.

UNFPA in **Albania** promoted a participatory process and mechanisms for involving civil society in the protection of women's and girls' reproductive rights, while in **Ukraine**, those same initiatives featured a strong emphasis on male involvement.

Reproductive Health

UNFPA recognizes that sexual and reproductive health and HIV services can be a key entry point to preventing and responding to gender-based violence. At the country level, UNFPA offices reported that 64 per cent of countries have adequately included response training to gender-based violence in pre- and in-service training of health service providers. Adequate in this case means totally or partially including two out of the three following items: the national health institute curriculum, the national training plan, and standard training materials designed to improve skills of sexual and reproductive health service providers.

In South **Sudan**, UNFPA supported capacity building of health care providers trained in the clinical management of sexual and gender-based violence. In **Mozambique**, support continued for a programme which trains medical staff and other service providers such as police, judiciary, local and traditional leaders, and social workers in prevention and response to gender-based violence. Similar training of health professionals was undertaken in countries throughout the region including **Senegal** and **Somalia**.

In **Lebanon**, UNFPA initiated a review and updating of existing health quality assurance norms and tools to include gender-based violence response. In **Jordan**, UNFPA worked with the health ministry to develop protocols for the detection and management of violence within the health system. In **Palestine**, UNFPA implemented a joint project with national partners to start a policy dialogue on gender-based violence which included a strong prevention component. UNFPA also helped build the capacity of local institutions to integrate women's protection within the package of services offered by two centers in the Jabalia and Burij refugee



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camps in Gaza. In the city of Nablus, UNFPA partnered with the municipality to provide psychosocial support for women at risk.

UNFPA has been instrumental in the development of the Medical Forensic Protocol and capacity building of doctors and other health care workers. In **Maldives**, UNFPA supported the Department of Public Health to hold orientation workshops and courses for health care providers on response to gender-based violence. In **Mexico**, UNFPA supported national partners, including the Ministry of Health, to strengthen health sector response to gender-based violence, including through a video and inter-active CD aimed at equipping health service providers with the information needed for delivery of quality care.

At the global and regional level, UNFPA continued its partnership with sister agency UNIFEM by co-hosting a global workshop to strengthen and increase the capacity of staff from both organizations to implement and support gender responsive budgeting exercises at the country level. Similar activities took place in **Timor-Leste** where UNFPA has been consistently advocating for in-

creased and sustained investment of government resources in the national reproductive health programme. This has proved successful as the country has seen increased financing for safe motherhood initiatives, family planning programmes and adolescent reproductive health needs.

Similarly in **Yemen**, UNFPA recently conducted a gender audit to assess the extent to which gender issues, in particular reproductive health and gender-based violence response, were integrated into government policies and plans at the central and local level. The exercise provided evidence for the funding of reproductive health and gender concerns through adequate resource allocations and expenditure.

At the regional level, UNFPA played a critical role in the organization of a symposium on sex ratio imbalance at the 4th Asia and the Pacific Conference on Reproductive and Sexual Health and Rights. As well, UNFPA hosted a satellite session on sex selection to share national experiences and to reflect on the causes, mechanisms and policy responses to the ongoing gender imbalances throughout the region. UNFPA sponsored studies highlighting the most promising approaches being taken to reduce son preference and sex selection, a practice which is prohibited in the four countries studied: **China, India, Nepal, and Viet Nam.**

In **India**, UNFPA contributed to highlighting and addressing the issue of sex selection by, first, ensuring that the issue remain in the public arena and, second, by strengthening implementation of legislation in critical states. The Fund also worked to encourage the health ministry to make sex selection a priority, and to monitor and collect data on sex ratios on a regular basis.

Globally, UNFPA, under the Global Coalition on Women and AIDS (GCWA) IPPF, and Young Positives, is supporting the development of country Report Cards to strengthen HIV prevention strategies for girls and young women. Twenty three country Report Cards have already been produced in **Cambodia; Cameroon; China; Domini-**

can Republic; Ethiopia; India; Jamaica; Kenya; Mexico; Malawi; Morocco; Mozambique; Nepal; Nigeria; Papua New Guinea; Philippines; Serbia; Russian Federation; Rwanda; Sudan; Swaziland; Thailand; and Uganda. The challenges facing HIV prevention for girls and young women today are complex and varied.

Gender-Based Violence: Prevention and Response

Gender-based violence directly affects sexual and reproductive health, including HIV, outcomes, and consequently socio-economic development. UNFPA views violence against women and girls as a human rights violation and a public health priority. With its mandate and strong field presence, UNFPA occupies a key position because it supports partners at a national level in the prevention and response to gender-based violence. Virtually three quarters (81 out of 104) of UNFPA country offices reported contributing to the promotion of mechanisms that monitor and reduce gender-based violence while also promoting the enforcement of laws against gender-based violence.

At the global level, UNFPA continued supporting the International Center for Research on Women (ICRW) in the implementation of a costing model. This model was developed in pilot countries at an earlier stage of the partnership and aimed to produce a manual for future violence against women prevention. In addition, as the co-convenor of the UN Interagency Network on Women and Gender Equality's (IANWGE) Task Force on Violence against Women, UNFPA and the Division for the Advancement of Women (DAW) convened joint programming on violence against women in 10 countries. In partnership with the Task Force, this exercise began in all countries with the intention of supporting on-going efforts to address and eliminate violence against women at the national level.

In **Kenya**, UNFPA supported the Nairobi Women's Hospital in developing software to collect and analyse gender-based violence



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data. As a result, the centre is now able to capture statistics and experiences of women, children and male survivors while also highlighting the main drivers of violence in Kenya. In collaboration with other UN agencies, UNFPA in **Namibia** supported a study aimed at identifying harmful practices which violate women's rights, while also trying to uncover positive cultural practices that could help eliminate those practices. In addition, UNFPA provided technical support for the development of fact sheets on gender-based violence and HIV and AIDS. These were translated into 7 different local languages. In **Jordan**, UNFPA supported demographic and health surveys that collect sub-national and national data on gender-based violence.

In **Liberia**, UNFPA worked with the criminal justice system to improve their response to gender-based violence by establishing a special court for prosecution of rape cases and by increasing the capacity of legal professionals. In keeping with the Fund's multi-sector approach to gender-based violence programming, UNFPA in **Rwanda** supported various activities addressing gender-based

violence including by supplying motorcycles to police, medical doctors and health providers in order to enhance their ability to respond rapidly.

In **Nigeria**, UNFPA promoted legal literacy initiatives including a media campaign disseminating messages about gender-based violence legislation through radio and television programmes, while in **Senegal**, UNFPA helped organize a film festival on gender-based violence. Subsequent to the UNFPA's critical role in the passage of **Zimbabwe's** Domestic Violence Law, the Fund supported the implementation of the legislation through police and judiciary training sessions. Communities were also sensitized on the law through a national multi-media campaign.

In the Asia and Pacific region, UNFPA supported the development and implementation of national action plans on gender-based violence. In **Laos** for example, UNFPA advocated policymakers and the National Committee for the Advancement of Women to develop a comprehensive approach to gender-based violence. In **Papua New Guinea**, UNFPA supported training aimed at rural courts while strengthening protection systems through the establishment of women's centres in the aftermath of the 2004 tsunami.

In the Arab States region, UNFPA worked with the Egyptian Center for Women's Rights in conducting an awareness campaign on gender-based violence. In **Morocco**, UNFPA supported the active participation of youth in awareness raising and prevention efforts. In **Syria**, the Fund held orientation workshops on gender-based violence for the Ministry of Labour and Social Affairs, local government officials, religious leaders, media personnel, and local NGOs. UNFPA also supported the Joint Framework on gender-based violence which included research, building national capacity to deliver psychosocial support to those in need, including Iraqi refugees, and a gender-based violence study tour to **Turkey**.

As part of the managing agent of the UN Joint Project on Domestic Violence, UNFPA in **Georgia** helped lay the groundwork for im-

proved national response to domestic violence, namely through the Assessment Report on the Situation on Domestic Violence in Georgia. This report was made available to a broad range of stakeholders in Georgian and English languages, revealing needs and gaps in data collection, efficiency of legislation, monitoring mechanisms, and protection of survivors. In **Romania**, at the district and local level, UNFPA supported local gender-based violence coordination groups, the development of local action plans and the implementation of a model for integrated gender-based violence services, including training for health care personnel, police, local authorities, social workers and other experts. In Uzbekistan, a significant effort was made to educate law enforcement officials on gender-based violence prevention and response.

In the **Central African Republic**, UNFPA contributed to strengthening gender-based violence legislation through the extension of the law on protection of women and girls. In **Bolivia**, in conjunction with supporting the dissemination of Standards, Protocols and Procedures for Addressing Sexual Violence, UNFPA supported the Government by strengthening legal and police response. The Fund also worked to bring youth organizations into the discussion.

Adolescents and Youth

UNFPA promotes zero tolerance of all forms of violence against women and girls and works for the eradication of practices that are harmful to their livelihoods, and reproductive and sexual health.

In **Turkey**, UNFPA supported ‘The Youth Story’, the first sexual and reproductive health and rights advocacy campaign for youth. The campaign and the initiative’s youth friendly website were reportedly very successful in reaching its target audience.

In **Pakistan**, UNFPA gained support from traditional custodians of culture by working with faith-based schools to promote rights



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awareness as well as through the Ministry of Education to integrate population issues into the grades 9 to 12 curriculum. In **Ethiopia**, UNFPA supported community-based interventions to eliminate harmful practices, particularly on the issue of child marriage.

Female genital mutilation/cutting (FGM/C) remains widespread in many developing countries despite global efforts to promote abandonment of the practice. It is estimated that the procedure is performed on 3 million women and girls every year while an approximate 100 to 140 million have already undergone the practice. 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 a national capacity to eliminate FGM/C. UNFPA country offices reported contributing to building capacity of, and partnering with, civil society groups, including faith-based organizations, for the promotion of women's rights and for the elimination of harmful practices, including FGM/C.

In **Guinea Bissau**, UNFPA supported programmes aimed at decreasing FGM/C including some which involve men. The country office is also engaging in a community-based joint project with UNICEF to accelerate the abandonment of FGM/C as well as other harmful practices such as child marriage. An effective coordination of efforts to abandon female genital mutilation/cutting was evident in **Kenya** where UNFPA supported the Ministry of Gender in conducting a situational analysis to assess the impact of past and present activities while co-hosting a National Symposium for Islamic leaders on FGM/C.

In **Mauritania** the struggle against harmful practices involved civil society as well as religious leaders who developed a national strategy and action plan to eliminate FGM/C. In Osun state, ex-circumcisers were re-trained as advocates against FGM/C. Awareness raising around the issue was conducted in **Mali** as well as **Egypt**, where UNFPA supported the National Council for Childhood and Motherhood in their outreach and communication activities. Similarly in **Somalia**, UNFPA advocated through commemoration of International Day of Zero Tolerance on Female Genital Mutilation/cutting and other media campaigns. UNFPA also helped to mobilize ongoing resources that raise awareness and advocate on the topic.

In **Sudan**, where UNFPA efforts continue to support fostering an increasingly conducive policy environment, multiple interventions including capacity building exercises which encourage male participation at policy and community levels have contributed to the abandonment of FGM/C in certain communities. The UNFPA office in Sudan built alliances with faith-based organizations to advocate for the abandonment of the practice and will continue to do so by incorporating local youth volunteers to help disseminate information on the harmful effects of FGM/C. In **Yemen**, UNFPA contributed to community level capacity building activities involving religious leaders around the topics of reproductive health and rights, FGM/C and gender-based violence.

Emergency and Post-Emergency Situations

When emergencies or conflicts strike, women and girls are often times most impacted. For example, the stress, breakdown of norms and protection can lead to increased sexual and domestic violence.

At the global level, UNFPA helped to develop the Gender-based Violence Information Management System - a first attempt to systematize management of reported gender-based violence related data, with a focus on humanitarian and recovery contexts. At the same time, UNFPA supported the implementation of programmes for the promotion of reproductive health and the prevention of HIV and gender-based violence for national police forces, militaries, and demobilized personnel around the globe including in **Eritrea, Democratic Republic of Congo, Sudan, Sierra Leone**, as well as many countries in Latin America.

Across the globe, UNFPA took part in efforts to raise awareness and implement Security Council Resolution 1325, including advocating for the inclusion of a gender perspective in interventions and processes throughout conflict and post-conflict settings. Of the UNFPA Country Offices that reported, close to 71 per cent said that adequate implementation of Security Council Resolution 1325 was being seen at the country level.

In **Cote D'Ivoire**, UNFPA contributed to awareness campaigns advocating for the extension of Security Council Resolution 1325. In **Lebanon**, advocacy with various stakeholders included peacekeeping forces, local NGOs, the National Commission for Lebanese women, and the academic sector. Also in Lebanon, UNFPA conducted sensitization sessions with local politicians and male peacekeepers to promote respect for women and girls of host communities.

In **Palestine**, UNFPA joined with its national partners to implement resolution 1325 through the creation of community-based initiatives that empower women to protect themselves from gender-based violence, particularly within the conflict context. These types of initiatives build the capacity of non-governmental organizations to improve services, particularly psychosocial support. In **Indonesia**, UNFPA supported awareness-raising activities, particularly with the government and civil society organizations through workshops and a study tour.

UNFPA has significantly increased its coordination on gender based violence in several crisis and recovery countries. For example, UNFPA supported field testing of the Inter-Agency Standing Committee (IASC) Guidelines for Implementing Gender-Based Violence in Humanitarian Settings in countries with different humanitarian contexts including **Uganda, Colombia, Thailand, Democratic Republic of the Congo, the Central African Republic, Chad, Mozambique, Nepal, Liberia, Kenya, China** and **Myanmar**.

Men as Partners

Many UNFPA-supported projects emphasize men's role in reproductive health. Different projects target various groups of men – from soldiers to religious leaders – to achieve different goals, from HIV-prevention to greater male involvement in family life. UNFPA country offices reported contributing to the elimination of harmful practices and promoting male participation in gender equality and reproductive health and rights, the development of good practices and models for effective male participation in sexual and reproductive health and rights programming.

At the global level, UNFPA teamed up with WHO and Instituto Promundo to focus attention on engaging men and boys in sexual and reproductive health, maternal and child health, fatherhood, HIV prevention, and reducing gender-based violence. One step towards the realization of this goal was the development of a toolkit aimed at improving the participation of men and boys in these ar-



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as through the development and dissemination of good practices. To help with the development of this toolkit, UNFPA co-hosted a technical consultation of 40 participants in Salzburg, **Austria** to discuss how men and boys could be more involved in achieving gender equality and better health outcomes for all.

Similar to other UNFPA initiatives which encourage male participation in gender equality initiatives, UNFPA in **Jamaica** partnered with civil society organizations and the local community to utilize sport activities and competitions to reach young men to discuss issues of sexual and reproductive health including HIV prevention as well as conflict mediation and peace building skills.

Similarly in **Ukraine**, UNFPA focused specifically on building capacity of local NGOs to develop and implement programmes on male involvement into these thematic programming areas. In **Syria** and **Kazakhstan**, UNFPA supported awareness raising initiatives and workshops which promoted the importance of men's presence in family life, including shared parenting. In **Tajikistan**,



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Kosovo and **Nepal**, UNFPA supported special media campaigns including television talk shows and radio programmes devoted to increasing men's sense of ownership over new initiatives that promote gender equity and women's empowerment.

Many initiatives throughout the Latin America and Caribbean region also promoted the idea that there cannot be gender equality without the cooperation and participation of men. In **Uruguay** for example, UNFPA helped organize the first Men against Domestic Violence march, while in **Mexico** UNFPA supported the drafting of training materials which encouraged male engagement particularly on preventing gender-based violence.

Armed Forces and Uniformed Personnel

For decades, UNFPA has worked with the military to reach men with information, education and services on family life and family planning. This experience is now being applied to a wider spectrum, including working with all uniformed personnel and

by expanding the topics to include other reproductive and sexual health concerns such as maternal health, HIV prevention and reduction of gender-based violence. For example in **Turkey**, a UNFPA-supported project provided reproductive health and rights as well as gender equality education to new army recruits. It is estimated that one day of mandatory interactive training could reach up to 500,000 new soldiers a year. UNFPA also worked with uniformed personnel in **Bhutan** and **Nepal**, among others.

Challenges

As UNFPA looks ahead, it notes that several key social trends affect gender equality programming and will continue to do so for the next several years. They include changes in the larger gender equality context. With more women in decision-making positions throughout governments, the private sector, civil society organizations, and the media, women's rights are expected to become more relevant in the public sphere. From a methodological point of view, this emergence of women's concerns as a priority will require the development of more sex-disaggregated data and other indicators that systematically and effectively measure the progress of gender mainstreaming and the impact of mobilizing resources for gender equality. Also, accountability and resource tracking as they relate to gender equality continue to pose challenges throughout development efforts.

Financing measures that produce greater gender equality remains a difficult issue, as does a growing need to harmonize efforts for human rights. This latter point means bridging the global women's movement with non-traditional groups/actors such as civil society organizations, faith-based organizations, and other human rights networks.

Furthermore, while governments pass legislation aimed at improving the lives of women and girls, implementation and enforcement of those laws is lacking in many countries, an impediment which hinders empowerment. For example, many countries that

have ratified CEDAW still maintain discriminatory laws governing marriage, land, property and inheritance. Men – as community, political or religious leaders – often control access to reproductive health information and services, finances, transportation and other resources. Changing the way boys and men are socialized in relation to girls and women is essential and is a major task at hand.

As the case for investing in young people becomes stronger and the obstacles posed by the social, health and economic consequences of population ageing grows, gender concerns - particularly sexual and reproductive health concerns - call for a lifecycle approach. Consequently, the strategy to ensure that women of all ages - from adolescence to the elderly - receive support throughout their lives must remain on the agenda.

Looking Forward

In the years to come, UNFPA looks forward to, among other actions:

- Continuing a commitment to an integrated three-pronged approach by bringing together the dynamics of human rights, gender and culture in forming policies for the ICPD and MDG environment.
- Focusing on integrating an essential package of sexual and reproductive health services by eliminating gender-specific barriers and dimensions to accessing these services.
- Continuing to address gender-based violence through strengthening the health sector's role in responding to the issue and by supporting initiatives exclusively focused on gender-based violence.
- Continuing to support the trend of steadily increasing its share of resources to adolescent and youth programming, especially as calls for greater attention to youth gain more visibility and concern.



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- Playing an increasingly important role in the area of humanitarian emergencies. UNFPA commits to ensuring that family planning, maternal health care and information and services related to the prevention of HIV and other sexually transmitted infections as well as response to sexual and gender-based violence in humanitarian settings within the wider context of UN fieldwork continues.
- Increasing efforts in a systematic and collaborative way to include men and boys as partners for gender equality.



United Nations Population Fund

Technical Division

Gender, Human Rights and Culture Branch

220 East 42nd Street, 17th floor

New York, NY 10017 U.S.A.

www.unfpa.org

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