ACKNOWLEDGMENTS AND FURTHER INFORMATION

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

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### UNFPA Engagement in Ending Gender-based Violence

#### ADVOCACY & POLICY

- **CAPACITY DEVELOPMENT**
- **KNOWLEDGE MANAGEMENT**
- **SERVICE DELIVERY**

#### Results of a mapping exercise

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**Results of a mapping exercise**

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**United Nations Population Fund**

New York, NY 10018

www.unfpa.org

August 2016
Gender-based violence (GBV) is one of the most pervasive, under-reported and unaddressed human rights violations in the world. Worldwide, some 1 in 3 women experience violence in their lifetime.1 2 3 4 5 6

In 2015, UNFPA spent $939 million to prevent and respond to gender-based violence and harmful practices.

In 2015, UNFPA supported programming in 135 countries and territories worldwide, among them 43 cross-affected countries experiencing conflict or natural disasters.

Nearly 40 per cent of UNFPA Country Offices conduct gender-based violence mapping and, at any given time, 43 of the 135 countries and territories with UNFPA-supported programming to address gender-based violence are affected by conflict or natural disaster.

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

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UNFPA currently operates in 124 Country and Sub-Regional Offices throughout the world, some of which cover several programme countries. UNFPA works in 150 countries and territories.
Ending gender-based violence

Gender-based violence (GBV) is one of the most pervasive, under-reported and unaddressed human rights violations in the world, affecting every social, economic or national boundary. UNFPA, the United Nations Population Fund, is working to prevent and respond to gender-based violence in 135 countries or territories worldwide, among them 43 cross-cutting countries experiencing conflict or natural disasters.

$93 million

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

135 countries

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

97 countries

UNFPA supports 97 countries to strengthen evidence-based violence prevention coordination mechanisms in 97 countries. Violence against the Global Protection Cluster, the area is co-facilitated by UNICEF and UNFPA.

40%

UNFPA has catalyzed 35 of 97 countries to operationalize their GBV programmes and gender-based violence and harmful practices, with more such efforts underway.

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

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

Eliminating gender-based violence is an important area of work in operationalizing the UNFPA mandate4 to carry out the ICDF Programme of Action. UNFPA-supported programmes offer psychosocial assistance, medical treatment and rape kits to victims and survivors, and promote the right of all women and girls to live free of violence and abuse.

Profound and far-reaching consequences

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

The physical and mental health consequences are substantial and contribute, both directly and indirectly, to many negative health outcomes among women and their children. These include physical injuries, depression and anxiety disorders, and even death. Globally, as many as 38 per cent of murdered women beat, coerce into sex or otherwise abuse.7

Marginalized women, such as those living with HIV and female sex workers, and girls who are subject to harmful practices like child marriage and female genital mutilation are particularly vulnerable. A recent study in Kenya found that almost 80 per cent of sex workers in Nairobi had experienced violence in the previous month.6 Similarly, young women who have HIV report high levels of violence, including coerced sterilizations and abortions at the hands of health service providers.3

Humanitarian response

43 crisis-affected countries

- All 135 of the 135 countries and territories with UNFPA-supported programming to address gender-based violence are affected by conflict or natural disaster.
- Of the $500 million spent across all regions, the Arab States region received 43 per cent in 2015, reflecting a commitment to scale-up gender-based violence prevention and response in humanitarian situations.
- Of the 97 countries supported, 35 are staffed with gender-based violence experts.
- UNFPA’s life-saving humanitarian response has benefited more than 8.5 million people in 43 of the 135 countries and territories with UNFPA-supported programming to address gender-based violence.

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

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

Operationalizing the UNFPA mandate

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

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

Resolutions and agreements make explicit reference to violence against women and girls. While men and boys also suffer from gender-based violence, women and girls are overwhelmingly targeted for abuse. Worldwide, one in three women will experience physical or sexual violence in her lifetime. The most common form of violence experienced by women globally is a physical violence inflicted by an intimate partner, with women beaten, coerced into sex or otherwise abused.6

93 Gender-based violence is defined as “any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” in the United Nations Declaration on the Elimination of Violence Against Women (A/RES/48/104).

94 The International Conference on Population and Development (ICPD) Programme of Action includes the global commitment to “advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women’s ability to control their own fertility, are cornerstones of population and development-related programmes. The human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights.”

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

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

2016 The World Humanitarian Summit supported a new Agenda for Humanity to generate commitments to reduce suffering and deliver better for people around the globe and ultimately “transform the humanitarian system and development outcomes.”

4 Ibid.
Ending gender-based violence

Gender-based violence (GBV) is one of the most pervasive, under-reported and unaddressed human rights violations in the world. It has both economic, social and national dimensions. UNFPA, the United Nations Population Fund, is working to prevent and respond to gender-based violence in 135 countries or territories worldwide, among them 43 cross-cutting countries experiencing conflict or natural disasters.

$39 million

In 2015, UNFPA spent $39 million to prevent and respond to gender-based violence and harmful practices.

135 countries

In 2015, UNFPA supported 135 countries to address gender-based violence, including 43 countries affected by conflict or natural disasters.

97 countries

UNFPA supports harmful practices elimination coordination mechanisms in 97 countries. UNIFPA works in 135 countries to address gender-based violence, including 43 countries affected by conflict or natural disasters.

40%

If gender-based violence is left unaddressed, the health status of women and girls will continue to lag behind that of men and boys. The harmful practices that are targeted by UNFPA’s work are particularly vulnerable to violence.

$393 million

In 2015, UNFPA spent $393 million to support the implementation of the ICPD Programme of Action and the Maputo Declaration. Of this, 40% went to 97 countries that are implementing the follow-up to the ICPD Programme of Action. UNFPA-supported programmes offer psychosocial assistance, medical treatment and rape kits to victims and survivors, and promote the right of all women and girls to live free of violence and abuse.

43 crisis-affected countries

All of the 135 countries and territories with UNFPA-supported programming to address gender-based violence are affected by conflict or natural disasters.

35%

Of the $39 million spent across all regions, the Arab States region received 35% of the funding.

30%

Of the $393 million spent across all regions, the Arab States region received 30% of the funding.

$16 million

In 2015, UNFPA spent $16 million to support UNFPA’s work to prevent and respond to gender-based violence and harmful practices in 135 countries.

70%

Nearly all of the countries that have committed funding dedicated to gender-based violence programming and coordination in humanitarian emergencies.

38%

As many as 38% of murdered women are killed in their home.

100%

All of crisis-affected countries are staffed with gender-based violence experts.

Gender-based violence is linked to higher rates of unintended pregnancies and also to increased risks of depression and anxiety disorders, and even death. Globally, as many as 38 per cent of murdered women are killed in their home. The physical and mental health consequences are substantial and contribute, both directly and indirectly, to the development of societies and countries in terms of economic productivity and educational outcomes.

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3

Endometriosis

Endometriosis is a condition in which endometrial tissue grows in locations other than the uterus, such as the ovaries, fallopian tubes, intestinal tract, bladder, or the surface of the pelvic cavity. The tissues that normally shed during menstruation can become trapped and inflamed, leading to pain, infertility, and other problems.

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

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UNFPA works to address gender-based violence in both development and humanitarian contexts, where the risk of violence against women and girls intensifies. UNFPA provides emergency protection and response in crisis-affected countries, while at the same time it supports long-term interventions at the national level. The nature of UNFPA’s work shifts when a country can take on a greater share of responsibility for financing and implementing interventions. As countries develop, their need for UNFPA’s service delivery lessens and the organization adapts to suit with enhanced financial and political linkages.

Partnership is a priority. Much of this work is carried out through joint initiatives with other United Nations agencies. UNFPA supports its work in 135 countries through a UNFPA-led crisis programmes on gender-based violence and harmful practices, and several countries plan to launch such programmes in 2016. UNFPA is working with UN Women and UNICEF on a joint programme to support gender-responsive humanitarian responses. This work will also be integrated into UNFPA’s other humanitarian programmes across the globe.

Gender-based violence is defined as “any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or other deprivations liberty, whether occurring in public or in private life” in the United Nations Declaration on the Elimination of Violence against Women (A/RES/48/104).

The National Framework for Gender-Based Violence (UNFPA, 2015, p. 6) states: “Gender-based violence is defined as any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or other deprivations liberty, whether occurring in public or private life.”

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

993

Gender-based violence is defined as “any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or other deprivations liberty, whether occurring in public or private life.”

1993

Eliminate all harmful practices, including female genital mutilation.

1995

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2016

The World Humanitarian Summit supported a new Agenda for Humanity to generate commitments to reduce suffering and deliver better for people around the globe and ultimately “transform the humanitarian assistance landscape.”

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

- Arab States: 40%
- East & Southern Africa: 50%
- Asia & the Pacific: 17%
- Latin America & the Caribbean: 29%
- Eastern Europe & Central Asia: 57%
- West & Central Africa: 35%

Financial investments by UNFPA in GBV and harmful practices elimination, by region: $93 million in 2015

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

- Arab States: Algeria, Djibouti, Egypt, Iraq, Jordan, Lebanon, Morocco, Oman, Palestine, Somalia, Sudan, Syria, Tunisia, Yemen
- East & Southern Africa: Angola, Botswana, Burundi, Comoros, Democratic Republic of the Congo, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe
- Asia & the Pacific: Afghanistan, Bangladesh, Bhutan, Cambodia, China, Cook Islands, Federated States of Micronesia, Fiji, India, Indonesia, Kiribati, Lao People’s Democratic Republic, Malaysia, Maldives, Marshall Islands, Mongolia, Myanmar, Nauru, Nepal, Pakistan, Palau, Papua New Guinea, Philippines, Samoa, Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Vanuatu, Viet Nam
- Latin America & the Caribbean: Argentina, Bolivia, Brazil, Barbados, Belize, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Commonwealth of Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Uruguay, Venezuela
- Eastern Europe & Central Asia: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kosovo*, Kyrgyz Republic, Macedonia, Moldova, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

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UNFPA engagement in gender-based violence programming reaches 135 countries and territories.
Legal and policy frameworks at all levels must promote and protect the human rights of women and girls when seeking to eliminate gender-based violence (GBV). Perpetrators must be held accountable and liable for their actions. Creating comprehensive legislation that criminalizes all forms of gender-based violence, including harmful traditional practices such as child, early and forced marriage and female genital mutilation, is crucial to effectively preventing and responding to gender-based violence. UNFPA, the United Nations Population Fund, is working with stakeholders to strengthen national legal and policy frameworks.

Focusing on health professionals

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

Nearly 97% of UNFPA Country Offices targeting health professionals in their GBV advocacy and policy work, by region:

- Arab States: 94%
- East & Southern Africa: 100%
- Asia & the Pacific: 87%
- Latin America & the Caribbean: 100%
- Eastern Europe & Central Asia: 97%
- West & Central Africa: 100%

ZAMBIA

UNFPA supported the development, launch and dissemination of the first Anti-Gender-Based Violence Act No. 7 of 2011 and is currently supporting the Government of Zambia in developing a national strategy for addressing gender-based violence in the health sector. UNFPA has also facilitated consultations on the Marriage Bill, which, if adopted, will harmonize customary and statutory law to address child marriage. Zambia was among the 116 countries co-sponsoring the UN Resolution on Child, Early and Forced Marriage, which was adopted in 2014.

Acknowledgements and further information

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Laws, policies and plans

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

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

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

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

- East & Southern Africa: 94%
- Asia & the Pacific: 93%
- West & Central Africa: 90%
- Middle East & North Africa: 92%
- Europe & Central Asia: 92%
- Latin America & the Caribbean: 93%
- South Asia: 90%

Implementation and enforcement

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

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

- East & Southern Africa: 94%
- Asia & the Pacific: 93%
- West & Central Africa: 90%
- Middle East & North Africa: 92%
- Europe & Central Asia: 92%
- Latin America & the Caribbean: 93%
- South Asia: 90%

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

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

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

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

DOMINICAN REPUBLIC

Information is currently pending on the passage of a law against gender-based violence in the Dominican Republic. When the UNFPA-supported advocacy efforts have led to change. An inter-agency and inter-sectoral coordination mechanism was recently established to develop a specific plan of action on violence against gender. High-level advocacy for the proposed legislation has taken place in the Senate of the Republic. At present, the bill is being reviewed by the House of Representatives. The bill will encompass important elements to respect the rights of Dominicans, including legislation on sexual harassment and femicide (homicide based on being female).

MONGOLIA

Partnerships with the national legislature in Gender Equality and the Law on Violence against the Gender Equality Law, which addresses violence against women. In 2015, the law was enacted and a legal framework to the government in developing a national strategy and a five-year plan. The new law has helped to advance the government’s National Action Plan to implement the law. In 2016, the government has stated its intention to ratify the International Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). This initiative has provided support to the government’s implementation of the law, including national implementation activities, advocacy efforts and effective collaboration with national and international partners.

AZERBAIJAN

The advocacy efforts of UNFPA Azerbaijan in collaboration with the authorities and civil society organizations led to the country’s adoption of the Law on Prevention of Domestic Violence in 2008. UNFPA also advocated for raising the minimum legal marriage age for girls and for amending legislation to require the minimum legal age for both men and women was introduced into the country’s national legislative framework in 2011.

EUKROPAproject

UNFPA’s engagement in a joint donor-funded project as part of the EU-supported Programme on GBV in Somalia. Working in partnership with the United Nations agencies, the project provides data for evidence-based advocacy and to support governments to make policy changes. It also provides updated technical guidance to health professionals involved in care and support of survivors of violence, including psychosocial support and clinical management. To improve the quality of care, victims and survivors are provided with the tools required to take necessary and appropriate action. It is also crucial to educate society as a whole about gender-based violence and the laws and policies that exist in the country. More than 88 per cent of UNFPA Country Offices support implementation of laws, policies and plans on gender-based violence.

 Implementation and enforcement

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

Percentage of UNFPA Country Offices involved in implementation of laws, policies and plans on GBV, by region, 2015:

- Arab States: 87%
- East & Southern Africa: 79%
- Asia & the Pacific: 87%
- Latin America & the Caribbean: 90%
- Eastern Europe & Central Asia: 87%
- South-East Asia: 92%
- North-East Asia: 90%
- Europe: 78%
- South Asia: 78%
- Central & Eastern Europe: 79%
- South-East Asia: 81%
- Western Asia: 78%
- Africa: 79%
- Middle East: 78%
- North America: 78%
- Oceania: 78%
- Africa: 78%
- South-East Asia: 79%
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Government officials and policymakers

Health professionals

Media

Civil society organizations, including women’s rights activists

Judges and lawyers

Social workers

Academic institutions

Police officers and military personnel

Young people

Traditional and community leaders

International partners

Laws, policies and plans

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

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

- Arab States: 94%
- East & Southern Africa: 90%
- Asia & the Pacific: 88%
- Latin America & the Caribbean: 80%
- Western & Central Africa: 79%
- Eastern Europe & Central Asia: 80%

DOMINICAN REPUBLIC: Information is pending for the passage of a law against gender-based violence in the Dominican Republic, where UNFPA-supported advocacy efforts have long called for change. An extra-agency and inter-sectoral coordination mechanism was recently established to develop a special law on violence against women. High-level advocacy for the proposed legislation has taken place in the Senate of the Republic. At present, the bill is under review at the House of Representatives. The bill will incorporate important elements to secure the rights of women and girls, including land rights, an end to violence against women and girls, and domestic and family violence.

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

MONGOLIA: Following UNFPA-supported advocacy efforts in collaboration with the National Committee on Gender Equality Law, the Government of Mongolia passed the Gender Equality Law in 2015. The law aims to ensure the effective implementation of the United Nations Framework for Action for Gender Equality at the national level by: (a) working to develop a national gender equality strategy and a logistics plan; (b) ensuring increased budget allocation for gender equality initiatives; (c) establishing an independent and multi-stakeholder body to monitor the implementation of the law; and (d) ensuring UNFPA’s technical and financial support to the government in developing the national gender equality strategy and a logistics plan. The law’s main objective is to ensure the implementation of the Gender Equality Law, in line with the government’s strategic priorities.

EUROPE: UNFPA’s engagement with government-level resolutions as part of the UN’s Global Strategy for GBV in Europe and its engagement with the United Nations agencies provide data for evidence-based advocacy to support government actors responsible for policy-making. They also provide sex-specific technical guidance to health professionals involved in violence risk assessment and management, including psychosocial support and care; and to clinical management teams to improve the quality of care services and access to psychosocial services. UNFPA’s efforts focus on the management of cases of violence in the police and justice sectors.

Implementation and enforcement

Passing legislation to address gender-based violence is only one first step towards eliminating the problem. It is also essential to ensure that countries properly implement laws at all levels and that their judicial systems hold perpetrators accountable.

Working closely with partners, UNFPA develops technical and financial support to ensure that laws, policies and plans are implemented and enforced. Actors in the public and private sectors with a mandate to implement legislation, policies and plans on gender-based violence must know their role and have the tools required to take necessary and appropriate action. It is also crucial to educate society as a whole about gender-based violence and the laws and policies that exist in the country. More than 88 per cent of UNFPA Country Offices support implementation of laws, policies and plans on gender-based violence.

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

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

- Government officials and policymakers
- Religious leaders and faith-based organizations
- Health professionals
- Media
- Civil society organizations, including women’s rights activists
- Judges and lawyers
- Social workers
- Academic institutions
- Police officers and military personnel
- Young people
- Traditional and community leaders
- International partners
Legal and policy frameworks at all levels must promote and protect the human rights of women and girls when seeking to eliminate gender-based violence (GBV). Perpetrators must be held accountable and liable for their actions. Creating comprehensive legislation that criminalizes all forms of gender-based violence, including harmful traditional practices such as child, early and forced marriage and female genital mutilation, is crucial to effectively preventing and responding to gender-based violence. UNFPA, the United Nations Population Fund, is working with stakeholders to strengthen national legal and policy frameworks.

ZAMBIA
UNFPA supported the development, launch and dissemination of the first Anti-Gender-Based Violence Act No. 7 of 2011 and is currently supporting the Government of Zambia in developing a national strategy for addressing gender-based violence in the health sector. UNFPA also facilitated consultations on the draft Marriage Bill, which, if adopted, will harmonize customary and statutory law to address child marriage. Zambia was among the 116 countries co-sponsoring the UN Resolution on Child, Early and Forced Marriage, which was adopted in 2014.

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

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

- 97% in Arab States
- 94% in Asia & the Pacific
- 100% in Eastern Europe & Central Asia
- 100% in Latin America & the Caribbean
- 100% in West & Central Africa

ACKNOWLEDGMENTS AND FURTHER INFORMATION
This set of brochures was produced by UNFPA. Staff who contributed to this publication include Benoît Kalasa, Borghild Berge, Danielle Engel, Enshrah Ahmed, Erin Kenny, Ingrid Fitzgerald, Luis Mora, Matthew Gigan, Nayo Bantaba, Napsa Mumbwe, Neelie Smith, Osnat Shurer, and Thea Bynoe-Dent (coordinator for this initiative). All UNFPA Country Offices that contributed to this initiative are acknowledged.

For more information about this practice, please contact devi@unfpa.org and/or mora@unfpa.org

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ADVOCACY AND POLICY
ADVOCATING FOR CHANGE
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- Eastern Europe & Central Asia: 100%
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- West & Central Africa: 87%

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Advocating for change

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Training for prevention and response

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

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

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

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

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

- 88% in West & Central Africa
- 64% in East & Southern Africa
- 83% in Asia & the Pacific
- 100% in Arab States
- 100% in Latin America & the Caribbean
- 88% in Eastern Europe & Central Asia
- 100% in Europe

EGYPT: UNFPA supports capacity development programmes for health care providers in the medical guidelines for early case management, including physical and sexual violence, and general population. These capacity care providers have an important preventive role to play in fighting gender-based violence in the country. The training of female health care providers can provide quality care for women and survivors and reduce delays to other services where necessary.

GUINEA-BISSAU: UNFPA has in recent years supported several capacity development initiatives on gender-based violence in Guinea-Bissau. In one example of UNFPA-supported initiatives developed for cooperation, experts from Brazil trained 35 public health managers from Guinea-Bissau to provide medical care and psychosocial support to victims of domestic violence. This established an inter-agency advisory group which has agreed to gradually replicate this knowledge within the rest of Guinea-Bissau.

UNFPA-supported South-South development initiatives on gender-based violence in Guinea-Bissau. In an example of UNFPA-supported initiatives developed for cooperation, experts from Brazil trained 35 public health managers from Guinea-Bissau to provide medical care and psychosocial support to victims of domestic violence. This established an inter-agency advisory group which has agreed to gradually replicate this knowledge within the rest of Guinea-Bissau.

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UNFPA SUPPORTS: The focus of prevention is to change gender norms and power structures that increase the probability of it occurring.1

1 UN Women, UNFPA, ILO, UNDP, UNESCO, OHCHR, WHO

UNFPA PREVENTION & RESPONSE

CAPACITY DEVELOPMENT

GENDER-BASED VIOLENCE

Government and civil society partners
Changing norms and taking action

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

UNFPA, the United Nations Population Fund, partners with a number of key stakeholders in efforts to prevent gender-based violence – including women’s organizations and other civil society organizations, local authorities, service providers, armed forces, faith-based organizations, religious and traditional leaders, young people, the media and boys. Civil society organizations play a leading role in prevention programmes, either through advocating for improved mainstreaming in the area of peace and security a critical function of nations sending personnel, professionals and academics as well as NGOs and civil society organizations. The training programme aims to increase the knowledge of UNSCR 1325 in Latin America and the Caribbean to make gender-based violence prevention, response and management that have become important factors of nations sending peacekeeping forces. Several countries in the region carried out the programme in 2014 and 2015; UNFPA is launching it globally in 2016.

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

UNFPA has a large portfolio of activities that challenge gender stereotypes, promote positive masculinities and foster gender equality. UNFPA supports initiatives that engage men and boys in a wide range of activities that challenge gender stereotypes, promote positive masculinities, and practice attitudes and behaviours based on equality and respect for human rights.

Developing partnerships, developing capacity

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

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

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Changing norms and taking action

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

UNFPA, the United Nations Population Fund, partners with a number of key stakeholders in efforts to prevent gender-based violence – including women’s organizations and other civil society organizations, local authorities, service providers, armed forces, faith-based organizations, religious and traditional leaders, young people, the media and boys.

Civil society organizations play a leading role in preventing GBV, either through advocating for improved legislation, policies and plans or through implementing community-based efforts to change social norms.

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

LATIN AMERICA AND THE CARIBBEAN

UNFPA, in collaboration with the Economic Commission for Latin America and the Caribbean (ECLAC), Cuba and Spain, has developed a regional training programme on gender-capacity and the implementation of UN Security Council resolution 1325 on women, peace and security. The programme is for government officials, military and civilian peacekeeping personnel, professionals and academics as well as NGOs and civil society organizations.

The training programme aims to increase knowledge of UNSCR 1325 in Latin America and the Caribbean to make gender-mainstreaming in the area of peace and security a critical factor in ending gender-based violence.

MALAWI

In Malawi, UNFPA helped establish the National Gender Equality Unit (NGEU), a network of men with structures at the district level in the country. The network promotes active masculinity and helps men recognize their role in ending gender equality and the empowerment of women and girls, and not only violence against gender and sexual violence, elder abuse, neglect and management that has been expected to stem violence, discrimination and promoting gender equality.

CHINA

China’s Overall Action Plan (OAP) has helped to reduce the number of GBV cases. In a survey conducted on GBV, about 60 per cent of respondents were women, 30 per cent men and 10 per cent women and men.

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

Men and boys comprise another key stakeholder group in the effort to eliminate gender-based violence. UNFPA supports initiatives that engage men and boys in a wide range of activities that challenge gender stereotypes, promote positive constructions of masculinity, and practice attitudes and behaviours based on equality and respect for human rights. In the Fund’s work with men and boys, UNFPA uses messages on gender equality and zero tolerance for violence.

Developing partnerships, developing capacity

UNFPA partners with faith-based organizations, religious leaders and traditional leaders to challenge cultural and social norms that support violence, discrimination and harmful practices. These groups and leaders are often reference points for their communities and are expected to have high credibility, in addition to providing communities with spiritual and moral support and, in many cases, educational and health services. In many countries, UNFPA engages male opinion leaders, including powerful religious and cultural leaders, in campaigns aiming to raise public awareness.

The media is also an important partner in preventing gender-based violence and challenging gender discriminatory norms and stereotypes in society, by ensuring that the voices of women and girls are heard while also exposing the larger and often more complex conditions that lead to their suffering.

Sensitizing the police and military

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

Since the 1990s, UNFPA has worked with national militaries, peacekeepers and police forces to develop and implement programmes promoting sexual and reproductive health, including the prevention of HIV infection and gender-based violence.
Changing norms and taking action

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arab States</td>
<td>64%</td>
</tr>
<tr>
<td>East &amp; Southern Africa</td>
<td>88%</td>
</tr>
<tr>
<td>Latin America &amp; the Caribbean</td>
<td>100%</td>
</tr>
<tr>
<td>Europe &amp; Central Asia</td>
<td>100%</td>
</tr>
<tr>
<td>West &amp; Central Africa</td>
<td>100%</td>
</tr>
</tbody>
</table>

Egypt: UNFPA supports a capacity development programme for health care providers to update guidelines for early case management, including for domestic and sexual violence, and ensures that public health managers (or “REGA”)- supported care providers have an important preventative role in identifying gender-based violence in the early stages of treatment. This demonstrated public-private partnership is beneficial for violence prevention and awareness raising in other sectors. UNFPA also supports local capacities at community level, including the establishment of Women’s Self-Help Groups in early 2016 (Fighting for Rights, 2016) and the UNFPA-supported civil society organization Mena Women Aid for Reproductive Rights (MENARAH) and the establishment of Women’s Self-Help Groups. These partnerships enable UNFPA to support women’s unique needs and vulnerabilities in situations involving GBV.

Guinea-Bissau: UNFPA has in recent years supported several capacity development initiatives, focusing on gender-based violence in Guinea-Bissau. In one example of a UNFPA-supported initiative, 20 health care providers from Bissau, including 15 nurses and 5 doctors, attended a four-day workshop aimed at providing medical care and psychosocial support to victims of domestic violence. This established a pool of trainers in GBV who are now able to train others throughout the country. Another UNFPA-supported initiative focused on strengthening the capacity of the Gendarmerie to respond to GBV cases.

Ghana: UNFPA has been working with the Ghana Police Service and the Ministry of Gender, Children, and Social Protection to provide training to police officers on how to handle cases of GBV, as well as training social workers on providing psychosocial support for victims and survivors.

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August 2016

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

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ACKNOWLEDGMENTS AND FURTHER INFORMATION

The set of brochures was produced by UNFPA. Staff who contributed to this publication include Renée Kavanagh, Shalisho Itta, Danièle Engels, Besrah Ahmed, Erick Kenny, Ingrid Fitzgerald, Luis Versa, Matthew Cooper, Nea Atzros, Nyaga Amoduwe, Satima Jiran, Sonivath Soal and Ubaa Oba (coordinator for this initiative). All UNFPA Country Offices that contributed to this initiative are acknowledged.

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<tbody>
<tr>
<td>Arab States</td>
<td>80%</td>
</tr>
<tr>
<td>Asia &amp; the Pacific</td>
<td>88%</td>
</tr>
<tr>
<td>East &amp; Southern Africa</td>
<td>100%</td>
</tr>
<tr>
<td>Latin America &amp; the Caribbean</td>
<td>100%</td>
</tr>
<tr>
<td>North America &amp; the Caribbean</td>
<td>100%</td>
</tr>
<tr>
<td>West &amp; Central Africa</td>
<td>100%</td>
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</tbody>
</table>

EGYPT: UNFPA supports capacity development programmes for health care providers in the medical guidelines for rape, sexual assault, including gender-based violence and sexual violence, reproductive rights and population health. Health care providers have an important preventative role in key in fighting gender-based violence and in the early identification of domestic violence; provide quality care for survivors and survivors and refer them to other services where necessary.

GUINEA-BISSAU: UNFPA has in recent years supported several capacity development initiatives to combat gender-based violence in Guinea-Bissau. In one example of UNFPA-supported efforts to develop health and community cooperation, experts from Brazil trained 35 public health managers from Guinea Bissau to provide medical care and psychosocial support for women recovering from gender-based violence. The established network of mental health workers is now using tools that UNFPA helped to promote in Guinean health care. The entity responsible for health care in the capital, Bissau, established a Women’s Health Clinic which aims to address mental health issues and has been particularly helpful for women in rural areas who do not have access to professional health services. The clinic is also able to provide medication for post-natal depression as well as for traditional healers and social workers.

ACKNOWLEDGMENTS AND FURTHER INFORMATION

The set of brochures was produced by UNFPA. Staff who contributed to the publication include: Reenok Karon, Brightly Bebe, Danielle Engle, Eshatul Ahmed, Erin Kenny, Ingrid Fitzgerald, Luis Mora, Matthew Cogan, Naila Bhatwadekar, Nguyen Anh-Duc, Sabrina Jean, Sarayut Tal and Uppali Devi (coordinator for this initiative). All UNFPA Country Offices that contributed to this initiative are acknowledged.

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GENDER-BASED VIOLENCE UNFPA PREVENTION & RESPONSE

CAPACITY DEVELOPMENT

Government and civil society partners

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

1 UN Women, UNFPA, ILO, UNDP, UNESCO, OHCHR, WHO (2015): A Framework to Underpin Action to Prevent Violence against Women. "It is necessary to address these discriminatory gender norms, work to transform gender roles and promote more equitable relationships between men and women. According to the United Nations framework to prevent violence against women, the focus of prevention is to "address the root causes of VAW, to strengthen population-level factors that protect against violence, and to address those that increase the probability of it occurring.”

1
UNFPA interventions in gender-based violence data collection

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

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

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Challenges in gathering data

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

When collecting data, sensitivities and ethical considerations are often an obstacle, reflecting the unequal status of women and girls in most countries where UNFPA works. Data-gathering exercises also come up against the reluctance of those with power to expose the violence to scrutiny. When collecting data, sensitivities and ethical considerations are important for understanding problems, informing policies and designing programmes based on evidence.

UNFPA supports research and evidence gathering on gender-based violence in many countries, such as prevalence surveys and studies on behavior, attitudes and socio-cultural drivers, as well as research on how media report on the health and social rights of CRSV victims and survivors. UNFPA also supports the implementation of the GBVIMS, a global initiative that started in 2000. This system provides data on changes or adaptations that victims and survivors request and provides data on the quality of services. It also supports research on the needs and demands of gender-based violence victims and survivors in their areas of work and in their social relations. The system is used by all stakeholders, including donors and partners. UNFPA supports the National Institute of Statistics and Census (INEC) in the elaboration of a survey diagnostic on the existence of and demand for prevention and early intervention services in the area of gender-based violence. UNFPA, in collaboration with INEC, also supported a study on men and boys’ perception of violence, and provided support to Tunisia to undertake the Multiple Indicator Cluster Survey (MICS) in 2011. UNFPA continues to provide technical support to the National Statistics Institute in the analysis of gender-disaggregated data from the most recent census in 2014.

Role of UNFPA in reliable data

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

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

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When collecting data, sensitivities and ethical considerations are often overlooked, reflecting the unequal status of women and girls in most countries where UNFPA works. Data-gathering exercises also come up against the reluctance of those with power to expose the violence to scrutiny. When documenting gender-based violence, a lack of adherence to core ethical and safety guidelines not only puts women and girls at greater risk of abuse, but also increases the likelihood that victims will not report the violence. UNFPA has supported studies on men and boys’ perceptions of violence and provided support to Tunisia to conduct the Multiple Indicator Cluster Survey (MICS) in 2015. UNFPA continues to provide technical support to the National Statistics Institute in the analysis of gender-disaggregated data from the most recent census in 2014.

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage of UNFPA Country Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin America &amp; the Caribbean</td>
<td>70%</td>
</tr>
<tr>
<td>West &amp; Central Africa</td>
<td>70%</td>
</tr>
<tr>
<td>Eastern Europe &amp; Central Asia</td>
<td>70%</td>
</tr>
<tr>
<td>North Asia &amp; the Pacific</td>
<td>70%</td>
</tr>
<tr>
<td>Europe</td>
<td>70%</td>
</tr>
<tr>
<td>South Asia</td>
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</table>

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TUNISIA

Data on discrimination and violence against women has been collected since 2009 in Tunisia, with UNFPA support. The data has helped to demonstrate the need for legal protections for women and informed the drafting of the new constitution of 2014. A national survey conducted in 2010 revealed that nearly 48 per cent of women had endured at least one form of violence in their lives. Yet they rarely reported the violence. UNFPA also supported a national survey on the prevalence of violence and provided support to Tunisia to conduct the Multiple Indicator Cluster Survey (MICS) in 2015. UNFPA continues to provide technical support to the National Statistics Institute in the analysis of gender-disaggregated data from the most recent census in 2014.

In Tunisia, the National Institute of Statistics and Census, which collected and made available data on gender-based violence. In 2013, UNFPA piloted the fourth population and habitat census, which collected rich and detailed data disaggregated by gender within all key sectors.

MADAGASCAR

The Malagasy Multi-sectoral Development Youth National Marketing Survey, which conducted in 2015-2016 included questions on gender-based violence. This was the first time in a decade that national data on the issue in the country was collected. Although recent data reveals one in three Malagasy women had experienced violence at least once in the 12 months prior to the survey, the National Statistics Institute conducted the survey in collaboration with UNFPA.

COSTA RICA

UNFPA supported the National Institute of Statistics and Census of Costa Rica (INEC) in the advance of a national survey on violence against women. INEC is currently conducting a survey on the prevalence of gender-based violence to 2015. UNFPA assisted the design of the National Survey on Violence against Women with INEC and the National Women’s Institute and the Centre for Investigation and Women’s Studies (CIEDF) at the University of Costa Rica. UNFPA has also supported the preparation and implementation of this pilot national survey, in preparation for the national data survey in 2017.

In Costa Rica, the quota sampling method was used to estimate the prevalence of intimate partner violence. The survey included open-ended questions on experiences of violence, as well as questions on health outcome, family roles and personal relationships. A total of 2,360 households were sampled, with interviews conducted with 2,131 women aged 15 years and older.

NAURU

UNAIDS supports ongoing collaboration with the government to conduct a Multiple Indicator Cluster Survey (MICS). The Panel also supported the National Taskforce to establish the first national survey on the prevalence of gender-based violence. In 2013, UNFPA piloted the fourth population and habitat census, which collected rich and detailed data disaggregated by gender within all key sectors.

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BOSNIA & HERZEGOVINA

UNFPA has supported research on sexual economic exploitation to investigate women’s and girls’ experiences of gender-based violence (GBV), and backed a study on how media report on the health and sexual violence (CRSV), and backed a study on how media report on the health and sexual violence of CRSV victims and survivors. UNFPA also supports studies on the impact of displacement on the mental health of women and girls. Research on gender-based violence that examines Health professionals and victim survivors’ experiences and the quality of services and delivery mechanisms that also learned UNFPA support.

Nepal

UNFPA supports the National Women’s Committee to strengthen evidence-based advocacy and programming through the Gender-Based Violence Information Management System (GBVIMS). Nepal piloted the GBVIMS in Nepal in 1999. The GBVIMS provides a simple, yet robust database that allows for the effective and ethical sharing of reported incident data. The GBVIMS highlights gaps in services that survivors and survivors report and provides data on changes or adaptations that donors and beneficiaries can make to improve service responses and prevention activities.

In Nepal, the GBVIMS supports the National Women’s Committee to strengthen evidence-based advocacy and programming through the Gender-Based Violence Information Management System (GBVIMS). Nepal piloted the GBVIMS in Nepal in 1999. The GBVIMS provides a simple, yet robust database that allows for the effective and ethical sharing of reported incident data. The GBVIMS highlights gaps in services that survivors and survivors report and provides data on changes or adaptations that donors and beneficiaries can make to improve service responses and prevention activities.
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Gathering data is especially complicated in conflict contexts of retaliation against those actors who are trying to help. Data on discrimination and violence against women has been collected since 2010 in Tunisia, with UNFPA support. The data has helped to demonstrate the need for legal protections for women and infants and the findings of the first national study on domestic violence in 2010 indicated that nearly 48 per cent of women had endured at least one form of violence in their life. By 2013, the UNFPA-supported violence against women national Multidisciplinary Survey (MICS) has indicated that nearly 60 per cent of women had experienced some form of violence in their life.

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

<table>
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<tr>
<th>Region</th>
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</thead>
<tbody>
<tr>
<td>Latin America &amp; the Caribbean</td>
<td>79%</td>
</tr>
<tr>
<td>Eastern Europe &amp; Central Asia</td>
<td>87%</td>
</tr>
<tr>
<td>West &amp; Central Africa</td>
<td>82%</td>
</tr>
<tr>
<td>Arab States</td>
<td>79%</td>
</tr>
<tr>
<td>Asia &amp; the Pacific</td>
<td>87%</td>
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</table>

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

UNFPA supports the National Population Council as a knowledge partner for the development of the Gender-Based Violence Information Management System (GBVIMS), a global initiative that started in 2009. The GBVIMS provides a simple system for gender-based violence service providers to collect, store and structure their data, and help improve the delivery of targeted services. The GBVIMS highlights gaps in services that exist and may even report that provides data on changes in perpetrators, that donors, debtors, governments and other stakeholders to gender-based violence response and prevention strategies.

Bohda & Herzenzová (UNFPA) has supported research on social economic impact on social emancipation of women and of gender-based violence (GBV), and fostered a study on how media report on the health and social rights of GBV victims and survivors. UNFPA also supports research on gender-based violence that examines health, professional and social barriers, capacities and attitudes and the quality of services and referral mechanisms that also learned UNFPA support.
UNFPA interventions in gender-based violence data collection

• Support the development of suitable quantitative and qualitative indicators on gender-based violence (GBV) and support countries in data collection and analysis using these indicators.

• Support Demographic and Health Surveys (DHS) to integrate modules on intimate partner violence and other forms of violence at the national and sub-national levels.

• Provide technical assistance to National Statistics Offices and women’s machinery for conducting gender-based violence prevalence surveys at the national level.

• Conduct evidence-based research on how social and cultural factors contribute to gender-based violence.

• Collect incident and case data from frontline delivery sites, including health centres, police stations, shelters, women’s centres and courts.

• Employ data expertise to develop models and projections for decision-makers on the costs of inaction.

• Addressing key research gaps, such as on violence during pregnancy.
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GENDER-BASED VIOLENCE
UNFPA PREVENTION & RESPONSE

KNOWLEDGE MANAGEMENT

Collecting data and evidence

Information management system

To harmonize collection of data in humanitarian contexts, UNFPA and key partners created the Gender-Based Violence Information Management System (GBVIMS). The GBVIMS is an inter-agency partnership between UNFPA, the International Rescue Committee (IRC), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO). It operates under the auspices of the gender-based violence Area of Responsibility of the Global Protection Cluster. Implemented in 25 humanitarian contexts, the GBVIMS is a first attempt to organize management of GBV-related data across the humanitarian community. The GBVIMS aims both to assist service providers to better understand the cases being reported and to enable data-sharing across groups to facilitate broader trends analysis and improved coordination.
Despite extensive work by governments, women’s organizations and their partners, many women and girls who experience violence still lack access to quality services for their health and safety and to adequate justice. Quality gender-based violence (GBV) services are multi-sectorial, including health services, police and justice services and social services, and necessitate a system that can effectively coordinate their delivery. These services provide remedy and support to women and girls affected by violence, which promotes rebuilding of their lives and can reduce the risk of violence reoccurring. These services also hold perpetrators of violence accountable. When implemented effectively, quality services for victims and survivors can break the cycle of violence and mitigate its effects.

Minimum Initial Service Package

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

The five objectives of the MISP are to:
1. Ensure an organization is identified to lead the implementation of the MISP;
2. Prevent and manage the consequences of sexual violence;
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UNFPA is working to ensure that the MISP is systematically implemented in all new emergencies and as a minimum standard in ongoing emergency settings. Post-rape treatment supplies should also include emergency contraception, antibiotics, preventive treatment for sexually transmitted infections and pregnancy tests.

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

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

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

The programme has four key pillars:
• Health services, including sexual and reproductive health services and post-rape care;
• Justice and policing services;
• Social sector services, such as hotline, psychosocial support and safe accommodation;
• Coordination and governance mechanisms.

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

Acknowledgements and Further Information

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Quality services for victims and survivors

Improving access

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

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

Some 7.6 per cent of UNFPA Country Offices support the Ministry of Health and actors in other sectors to deliver health services for victims and survivors of gender-based violence.

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

<table>
<thead>
<tr>
<th>Region</th>
<th>UNFPA Country Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>76%</td>
</tr>
<tr>
<td>Asia &amp; the Pacific</td>
<td>90%</td>
</tr>
<tr>
<td>Eastern Europe &amp; Central Asia</td>
<td>89%</td>
</tr>
<tr>
<td>Latin America &amp; the Caribbean</td>
<td>95%</td>
</tr>
<tr>
<td>Middle East &amp; North Africa</td>
<td>89%</td>
</tr>
<tr>
<td>North America</td>
<td>89%</td>
</tr>
<tr>
<td>South Asia</td>
<td>83%</td>
</tr>
</tbody>
</table>

Integrating services to reach women and girls

Women and girls affected by violence face many barriers that prevent them from getting help. Globally, less than 40 per cent of women who experience violence seek help with any of their needs. However, those who experience violence are at risk of not only losing access to job opportunities, medical care, housing and education but also of loss of mobility and exposure to additional risk.

In Afghanistan, UNFPA supports the Ministry of Health and other relevant sectors to deliver sexual and reproductive health services, including post-rape care and services for victims of gender-based violence. UNFPA’s support includes training 200 health workers and counselors to attend to the needs of women and girls in care settings, including helping those affected by sexual and gender-based violence to access health services. UNFPA has supported the development of a handbook for specialist centres to provide comprehensive care, with special emphasis on the needs of women and girls. It has also provided comprehensive care and specialist care and survivor needs. It is critical to ensure that the access of victims and survivors to sexual and reproductive health programmes is integrated into national sexual and reproductive health programmes.

Some 64 per cent of UNFPA Country Offices report that GBV prevention, protection and response is integrated into national sexual and reproductive health programmes.

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

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<tr>
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</thead>
<tbody>
<tr>
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<td>57%</td>
</tr>
<tr>
<td>Asia &amp; the Pacific</td>
<td>64%</td>
</tr>
<tr>
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</tr>
<tr>
<td>Latin America &amp; the Caribbean</td>
<td>78%</td>
</tr>
<tr>
<td>Middle East &amp; North Africa</td>
<td>70%</td>
</tr>
<tr>
<td>North America</td>
<td>64%</td>
</tr>
<tr>
<td>South Asia</td>
<td>53%</td>
</tr>
</tbody>
</table>

Access to police and justice services

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

Access to social services

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

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Delivering services for victims and survivors

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Some 76 per cent of UNFPA Country Offices support the Ministry of Health and actors in other sectors to deliver health services for victims and survivors of gender-based violence. UNFPA supports action in Botswana, Liberia and the Democratic Republic of Congo, where women and girls are at high risk of violence.

Integrating services to reach women and girls

Women and girls affected by violence face many barriers that prevent them from getting help. Globally, less than 40 per cent of women who experience violence seek help. Of these, however, those who experience violence or are at risk are likely to seek out health services at some point in their lives, making health services a key entry point for victims and survivors. There is a fine line between protecting health and delivering holistic care to women and survivors while minimizing the constraints that victims and survivors face in seeking redress. The one-stop centres provide holistic care to victims and survivors while ensuring confidentiality; the majority also have regular training and mentoring.

In Jordan, UNFPA supported the establishment of one-stop centres at the local level. These centres have been established in cooperation with the police and other justice service providers, such as GBV medical care centres, social services providers and the UN. The centres provided women and girls with a safe entry point for sexual and reproductive health services and a place to seek help, information. Finally, it creates platforms for the police’s Special Force to Combat Violence in investigating crimes against women without the fear of judgment or harm. It is especially important for women who are subject to violence to access safe and non-stigmatizing multi-sectoral services for victims and survivors of gender-based violence. Evidence suggests that establishing sub-offices helps reduce risk and prevent the reoccurrence of further violence; hold perpetrators accountable; and provide effective reparations for victims and survivors. Despite progress in some contexts, the formal justice system often fails to guarantee the rights of women and girls, as well as their access to justice. UNFPA collaborates with its partners to improve the access of victims and survivors to social services, both in development and humanitarian settings.

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Providing quality social services is a core component of a coordinated, multi-sectoral response for women and girls subject to violence. Social services include psychosocial counselling, financial support, crisis information, safe accommodation, legal and advocacy services, and housing and employment to support women and girls with children. Social services can protect women and girls from further harm and violence. They improve the reintegration of survivors into society and provide the community with a network of support.

Access to police and justice services

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

UNFPA, the United Nations Population Fund, provides a full range of preventive and response services to support victims and survivors of gender-based violence. Some 76 per cent of UNFPA Country Offices support the right to receive services for victims and survivors of gender-based violence, with more support to those most in need.

Partial percentage of UNFPA Country Offices providing the Ministry of Health and actors in other sectors to deliver health services for victims and survivors of gender-based violence by region:

- Latin America & the Caribbean: 81%
- Eastern Europe & Central Asia: 78%
- West & Central Africa: 57%
- East & Southern Africa: 49%
- Asia & the Pacific: 49%
- Europe: 38%
- Middle East: 37%
- North America: 37%
- South Asia: 31%
- South East Asia: 31%
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BOULIA, UNFPA supports public services that provide legal, psychosocial and medical services to women and survivors of gender-based violence in 14 Bouli municipalities. The facililies provided equip emergency teams with the development of capacities to improve the quality of their services. UNFPA has helped develop health services policy platforms, such as the 2014 national standards for the public health sector. The Tool is used by the Provincial Health Office in developing and implementing a policy on the Women’s Safe Space and survivor networks to improve the access of victims and survivors to quality and justice services.

Access to police and justice services

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