Combating Gender-Based Violence:
A Key to Achieving the MDGS

March 2005
This kit has been produced by the United Nations Population Fund (UNFPA) in collaboration with the United Nations Development Fund for Women (UNIFEM) and Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI)
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Introduction

“We will spare no effort to free fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected.”
- United Nations Millennium Declaration, September 2000

What are the Millennium Development Goals (MDGs)?

The Millennium Development Goals (MDGs) represent the global objectives established and agreed upon by both developing and rich countries to measure development progress. They were developed at a series of World Conferences organized by the UN in the 1990s. For example, at the Millennium Summit of 2000, world leaders renewed their commitment to cut the number of people living in poverty in half by the year 2015. The MDGs thus represent a global consensus on priority development sectors with measurable targets, timelines and agreed upon indicators to monitor progress. This sets them apart from previous commitments.

Emanating from the Millennium Declaration, the Millennium Development Goals were formally adopted at a United Nations General Assembly meeting in September 2002. Although not new, they represent a renewed, refined, consolidated and targeted set of development commitments made by governments. They formally bind all 191 countries to join forces to focus on eight development priorities: poverty and hunger; primary education; gender equality; child mortality; maternal health; HIV/AIDS and other serious diseases; environmental sustainability; and global partnerships for development. Since they are intended to monitor progress, each goal has specific targets and indicators that can be measured and assessed, enabling governments to modify policy in order to achieve the MDGs and honour their commitments.

The centrality of gender equality for sustainable human development has been well articulated in UN conferences of the 1990s. At these global conferences, governments recognized the contributions that women make to economic development and the costs borne by societies as a result of the multiple disadvantages and gender discrimination women face in nearly every country. Among world leaders, a general consensus acknowledges the pivotal role of gender equality in achieving all the other MDGs. Hence, the differentiated needs of men, women, girls and boys are extensively integrated within the MDGs. The third goal among the eight MDGs seeks to achieve gender equality and the empowerment of women through the education of the girl child.

The UN Secretary General established the UN Millennium Project Campaign with several specific task forces to spearhead a global movement to achieve the MDGs. The Millennium Project Task Force on Education and Gender Equality underscored leadership as the prerequisite to achieve gender equality. The Task Force also identified priority areas of concentration in all the MDGs to reduce gender inequality and lessen poverty. Recognizing that gender inequality is deeply rooted in attitudes, societal institutions and market forces, the Task Force encouraged political commitment and leadership at both the international and national levels to overcome such barriers. By allocating adequate resources to implement policies that can trigger social change, promote gender equality and the empowerment of women, governments could achieve many of the MDGs.
The Task Force developed an operational framework on gender equality based on three interrelated areas:

(1) basic human capacity and well being as measured by education, health and nutrition;
(2) access to resources and opportunities; and
(3) security.

The addition of security stems from the recognition of women’s particular vulnerability to violence in private and public spheres. In times of conflict and in peacetime, the lack of security exerts a heavy toll on women, households and society and retards progress towards sustainable development.

In its contribution to the Millennium report, the Task Force on Education and Gender Equality identified seven interdependent, interlinked and strategic priorities critical to women’s empowerment. These priorities include to:

(1) strengthen opportunities for post primary education;
(2) guarantee reproductive and sexual health and rights;
(3) invest in infrastructure to reduce women’s and girls time burden;
(4) guarantee women’s and girls inheritance rights;
(5) guarantee women’s and girls equality in employment;
(6) increase women’s seats in national parliaments and local governmental bodies; and
(7) combat violence against women and girls.(1)

The UN Secretary General endorsed the seven priority areas in his opening remarks to the 49th Session of the Commission on the Status of Women (CSW) in March 2005, in New York.

The Millennium Project Report identifies the mounting of vigorous campaigns to combat violence against women as a possible “quick win” action that should be taken to accelerate achievement of the MDGs. The goal is to mobilize leadership at the national, regional and global levels to make violence unacceptable. The Network of African Women Ministers and Parliamentarians has made a commitment to combating gender-based violence (GBV) by taking the lead in developing innovative interventions including: drafting and lobbying for appropriate legislation; raising awareness through advocacy; building partnership by enhancing national, regional and international networks; and raising community awareness about gender-based violence.

This kit is a contribution to the realization of the Network’s goal. It is a tool whose aim is to outline the problem of gender-based violence, elaborate its linkages to poverty, reproductive health, HIV/AIDS and conflict, and discuss its impact on a nation’s development. The kit refers to international commitments made by governments combined with other regional and international instruments, which they can use to mount national campaigns to halt gender-based violence in all its forms. It is designed to serve as a basis for advocacy work, and as a tool to assist policy and decision makers to contribute to the achievement of the MDGs.

**Violence against women**

In the last decade, the issue of violence against women has moved from the shadows to the foreground of commitments to attain sustainable development. Women’s rights advocates have mobilized within and across countries and regions to secure significant changes in national, regional and international standards and policies addressing gender-based violence. Landmark achievements today include the:
1. Convention on the Elimination of Violence Against Women (1993);
2. Dakar Platform for Action (1994);
3. Beijing Platform for Action (1995);
4. African Plan of Action to Accelerate the Implementation of the Dakar and Beijing Platforms for Action for the Advancement of Women (1999);
5. UN Resolution 1325 on Women Peace and Security (2000); and

Why is combating gender-based violence important?

Gender-based violence involves men and women with women usually, but not always, being the victim. It stems from unequal power relationships within families, communities and states. Violence is generally directed specifically against women for diverse reasons, and affects them disproportionately. It has become even more pronounced in conflict and post-conflict states of Africa including Burundi, Chad, the Democratic Republic of Congo, Somalia and Sudan.

The UN Declaration on the Elimination of Violence Against Women, adopted by the General Assembly on 20 December 1993 defines violence against women as;

“any act of gender-based violence that results in, or is likely to result in sexual or mental harm or suffering to women, including threats such acts as coercion or arbitrary deprivations of liberty, whether occurring in private and public life”.

Article 2 of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) elaborates that violence against women includes sexual, physical, and psychological violence in the:

1. family such as battering, sexual abuse of children, female genital mutilation/cutting and rape;
2. community such as sexual abuse, sexual harassment and intimidation, trafficking and forced prostitution; and
3. state such as poorly drafted or unenforceable laws for violence against women, law enforcement agents who violate women, the lack of facilities and education for prevention and treatment of women exposed to violence, the sanctioning and reinforcement of unequal gender relations. The state’s indifference and neglect in creating opportunities and entitlements for women in regard to employment, education, participation and access to social services also perpetuates gender-based violence.

The Fifth Conference of the Network of African Women Ministers and Parliamentarians held in Cape Verde in 2002 decided to consider the discussion on the issue of gender-based violence as a development priority: its impact on African women and its impact on African society. The goal of the conference was to assist women parliamentarians and leaders to develop essential skills for leadership activities to combat gender-based violence and promote gender equality within their own countries.
Combating Gender-based Violence
Advocacy Kit

This kit will serve as an advocacy and action tool for women ministers, parliamentarians and leaders in their efforts to combat gender-based violence in their respective countries at the national and local levels. It strives to present the current issues in gender-based violence in a concise and user-friendly fashion.

The kit may be used as a practical tool for policymakers to address issues of concern, advocate for the protection of women from all forms of violence, reinforce legal mechanisms that will protect women at the national level and end the impunity with which crimes are committed against women. The plan of action focuses on advocacy through public campaigns against gender-based violence to change policy and practice at the local, national and regional level.

The kit is divided into four parts:

1. Gender-based violence and poverty;
2. Gender-based violence and reproductive health;
3. Gender-based violence and HIV/AIDS; and
4. Gender-based violence and conflict situations.

The four parts are interrelated and every effort has been made to integrate key issues without major duplication.

The Network of African Women Ministers and Parliamentarians discussed a draft copy of the kit with regard to its structure, utilization and dissemination in Libreville, Gabon during their Sixth Regional Conference. This revised kit incorporates both the Network’s comments and highlights Key Urgent Actions identified by the Network in each section.
1 Gender-based Violence and Poverty

Despite commitments made through the national poverty reduction strategies and programmes of the past decade, the number of people living in poverty in Africa rose by over 82 million (1), with women constituting 70 percent of the increase. The major causes of women’s poverty are embodied in unequal power relations between women and men, discriminatory inheritance rights and lack of access to property and productive resources. Widespread poverty also adversely affects women’s health and education.

Poor women are more vulnerable to all forms of violence because they typically live in uncertain and dangerous environments. Violence against women is the main outcome of gender-based inequalities, creating far greater consequences for women’s well-being and empowerment than previously thought. This is acknowledged in paragraph 117 of the Beijing Platform for Action:

“The fear of violence including harassment, is a permanent constraint on the mobility of women and limits their access to resources and basic activities. High social, health and economic costs to the individual and society are associated with violence against women. Violence against women is one of the crucial social mechanisms by which women are forced into subordinate positions…….” (United Nations: The Beijing Declaration and Platform for Action, 1996, p.75)

The International Conference on Population and Development (ICPD) Programme of Action (POA) links population action to development with a significant emphasis on women’s rights, empowerment and gender equality.

The Programme for Action promotes gender equality in all spheres of life including in the family and community, but decisively places men in the center of the process if change is to be achieved. It encourages men to take responsibility for their sexual and reproductive behavior, as well as their social and family roles (ICPD POA, Para 4.27). It highlights men’s special responsibility and promote their active involvement in: “Shared control and contribution to family income, children’s education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. Male responsibilities in the family must be included in the education of children from the earliest stages. Special emphasis should be placed on the prevention of violence against women and children.” (ICPD POA, Para 4.27). At the state level, the ICPD POA calls on countries “to take full measures to eliminate exploitation, abuse, harassment and violence against women, adolescents and children” (Para 4.9). The ICPD plus 5 further spells out particular action in that, “Governments should give priority to developing programmes and policies that foster norms and attitudes of zero tolerance for harmful and discriminatory attitudes, including son preference, sex selection discrimination and violence against the girl child and all forms of violence against women (Key Action, Para 48)”.

Millennium Development Goal 3

Millennium Development Goal 3 calls for the promotion of gender equality and women’s empowerment. The target for measuring this goal’s progress is to eliminate gender disparity in primary and secondary education no later than 2015.

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<tr>
<th>MDG 3 - Promote gender equality and empower women</th>
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<tr>
<td>Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015</td>
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This goal is based on the understanding that women are generally poorer and less educated than men and account for a greater segment of the population living in absolute poverty. Their illiteracy rates remain high in comparison to men’s. In modern urban sectors, significant gender disparities exist in employment opportunities with a larger proportion of women occupying lower level and semi-skilled positions in comparison to men. Wide wage differentials are apparent. Traditional and cultural barriers and practices (e.g., the continuing prevalence of female genital mutilation/cutting, forced early marriage, wife inheritance practices, and prohibitions on land ownership) continue to create serious status, health and economic disadvantages for women and girls.

Due to the narrow range of the progress indicators, the Millennium Task Force on Education and Gender Equality decided to broaden the operational framework to include:

1. human capability as measured by education, health and nutrition scope;
2. access to resources and opportunities in the paid non-agriculture sector;
3. participation in decision-making in the public sphere through an increased number of seats in national government; and
4. security. (*)

MDG 3 provides an opportunity for a multi-dimensional approach to gender equality including women’s access to reproductive health, education, information, as well as to improved economic and political opportunities.

Issues and Challenges Facing Women

• **Limited decision-making power**: Women have limited decision-making power within the household. In most parts of rural Africa, women are responsible for bringing income into the family by farming and petty trading, but possess limited control over how those resources are spent. Within poor households, the girl child is the first to be pulled out of school to support the family when income levels fall, hence limiting her skills development and income earning potential when she participates in the paid labor force.

• **Increased exposure to risk**: Poor women and girls can be exposed to sexual violence on a daily basis due to unsafe working conditions. They must travel long distances to fetch water and firewood, and perform farm work. These tasks all involve walking or working in relatively isolated areas where they are vulnerable to sexual assault.
• **Multiple and excessive demands on time:** The excessive demand on poor women’s time and the multiple chores they perform, creates tensions in households that lead to domestic violence with its subsequent social, psychological and economic impact on families. Violence also has an economic cost in terms of health services and health care and related absenteeism results in decreased workforce and farm productivity and reduced family income.

• **Lack of access to resources:** Resource use and allocation is the domain of the males in the community. Land is considered the most fundamental resource for living conditions, economic empowerment, equity and equality but in some cases women have no inheritance rights. Without the rights to own land, women’s economic and physical security is compromised and leaves them more vulnerable to violence. Women’s work is limited to raising children and bringing food to the family. Resources available for girls’ education and upbringing are also limited, leading many into liaisons and situations detrimental to their health and security.

• **Unacknowledged violence:** the community overlooks the occurrence of violence. Some cultures do not consider wife beating to be a form of violence. Sexual harassment of girls by male members of the community is the norm. Rape is not talked about in the community and generally goes unpunished. In some societies, the practice of “wife heritance” (marrying a relative of the deceased husband) is forced upon a widow to protect family assets through the male inheritance line, preventing women from being able to legally inherit land and property regardless of national laws designed to protect their rights. The use of domestic violence to intimidate women into entering or staying in situations where their rights are undermined is very common. However, it is seldom recognized as women are not encouraged to complain to anyone nor are they economically independent and in a position to leave.

• **Persistence and prevalence of customary law:** Despite the many international legal and human rights instruments for which most African states are signatories, customary laws based on a patriarchal system prevail, and fail to provide women with their rights. Some countries have gone further and created new laws to implement the international instruments but these have not assisted women to exercise their rights. Law enforcement agencies, such as the police and judiciary are largely unaware of women’s rights and their impact on gender-based violence. They may themselves hold culturally influenced gender biases. Legal penalties for gender-based violence are insufficient and erratically applied. Rape often goes unreported due to potential ostracization of the victim in the community. In some communities, raped women and girls are subsequently killed as they are viewed as having dishonoured their families. In some countries, rape laws provide loopholes for the perpetrator such as freedom from incarceration if he marries the woman he has raped.

Spousal abuse is common and many men physically abuse their spouses with impunity. In some societies, social honor and chastity protect men from being punished for their violent acts. Domestic violence is generally considered to be an internal family matter even in cases where there is physical injury.

• **Under-representation in political structures:** Although women make up half of the voting population, they have been consistently under-represented in political institutions and have limited say in the formulation of public policy choices and priorities. Gender-blind policies in many spheres have directly or indirectly discriminated against women. Socio-cultural attitudes held by the voting public stereotype women as being incapable of undertaking challenging leadership roles. Technical and financial restraints usually place women at a greater disadvantage than men during election times. The masculinized nature of the political environment, often characterized by corruption, violence and intimidation, also works to discourage greater participation of women.
Areas for Action

1) Advocacy

• **Enforce** zero tolerance of all forms of violence against women and girls.
• **Advocate** for equal representation of women and men in all activities in the public sphere to create public awareness of women’s contribution to society and ensure women’s input in decision-making.
• **Campaign** for women’s equal political participation at the national and local levels as essential for future development of the nation’s future, its children.
• **Lobby** for the inclusion of gender and empowerment strategies in the national Poverty Reduction Strategy Programmes (PRSPs) and for gender-sensitive national budgets in all sectors.
• **Integrate** the MDGs into plans of action.
• **Create** public awareness campaigns directed towards both men and women to enable greater awareness of their legal and human rights, the legal consequences of abusive behavior, as well as the impact of GBV on future generations.
• **Raise awareness** of the importance of women's economic empowerment and the economic costs of the absence of women's contribution to the labour force as a result of violence.
• **Strengthen and forge** commitment through campaigns for the reform and implementation of laws allowing women to inherit land and property, access to education and health care.
• **Call** for media campaigns highlighting women's important role in production and reproduction: the contribution of women's paid and unpaid labour, and the importance of producing and reproducing the future labour force.

2) Partnership

• **Initiate collaboration** between community leaders, elders, local authorities and schools to create greater understanding of the link between GBV and poverty.
• **Develop procedures to systematically share information** on issues, legislation and policies connecting women’s economic empowerment and men’s burden sharing within the household.
• **Support community participation** and collaboration in forming social transformation forums including those committed to combating GBV.
• **Establish partnerships** with government bodies, NGOs, human rights groups, institutions, and international agencies in the formulation and implementation of the national PRSPs.

3) Capacity Enhancement

• **Fund training in participatory community leadership:** enhance community capacity for social transformation by identifying critical issues, finding innovative solutions and planning to take action. The goal is to empower women to take charge of their own development.
• **Develop resource maps of communities:** identify resources available in community, village, city or neighborhood (institutions, services, resources, community centers, churches, mosques), develop ideas, identify obstacles and examine areas that need change or require strengthening as the first step to eliminate gender-based violence.
• **Discuss** the responsibility of the government in lieu of the commitment made to eliminate all forms of violence against women and make proposals and demands for the modifications of the laws or enactment of new laws.
• **Revise school curriculum to reflect gender equality** so that young boys and men can become aware of the devastating impact of violence; and young girls and women can gain self-esteem and confidence to combat violence before they become victims.
Key Urgent Actions
At the national level:

- **Increase** the number of women in decision-making posts in 2005.
- **Establish** in country networks and parliamentary caucuses where they do not exist.
- **Encourage** the commitment of female ministers and parliamentarians to ensure that regional and international measures are improved.
- **Ensure** the ratification, harmonization and implementation of various conventions and protocols.
- **Lobby** for the inclusion of gender empowerment strategies in the national Poverty Reduction Strategy Programmes (PRSPs) and MDG campaigns.
- **Perform** updates on the ratification and implementation and of all conventions, protocols and ensure the establishment of monitoring and evaluation systems.
- **Promote** the enactment of specific legislation on gender-based violence enforcing stiff punishment for perpetrators.
- **Engage** the support of UNFPA and other UN agencies to participate in the capacity enhancement of women ministers and parliamentarians in engendering the national budget in their respective countries.
- **Create** mechanisms for women to access resources thereby guaranteeing their socio-economic empowerment.
- **Mobilize** support for civic education and awareness creation training programmes.

At the sub-regional level:

- **Accelerate** networking, sharing of experiences and lessons learnt through electronic media and information exchange.
- **Collaborate and cooperate** with other sub-regional institutions and networks.
Gender-based violence has long lasting adverse consequences for women's reproductive health. These include unwanted pregnancies, pregnancy complications, maternal death, miscarriage, injury and sexually transmitted infections, such as HIV/AIDS. Intimidation and male dominance within the family exacerbated by gender-based violence hinders women from seeking out reproductive health services and lessens women's ability to negotiate safe sexual intercourse, as well as the number and spacing of their children. Female infanticide, incest, rape, child abuse and prostitution, early marriage and female genital mutilation/cutting, are among the gender-based violent actions accepted as cultural norms in many countries.

Millennium Development Goals 4 and 5

Millennium Development Goals 4 and 5 commit governments to reducing child mortality and maternal mortality rates and is call for better reproductive health services. They are based on the understanding that sexual violence causes multiple reproductive health problems, teenage pregnancy, unsafe sexual behavior and sexually transmitted diseases. Unwanted pregnancy, pregnancy complications, miscarriage, low birth weight and maternal mortality are also implications of domestic violence. According to WHO, depending upon the country, between 10-50% of women are victims of physical abuse by immediate partners and family members.

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<tr>
<th>MDG 4 - Reduce child mortality</th>
<th>MDG 5 - Improve maternal health</th>
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<tr>
<td>Reduce between 1990 and 2015, the under five mortality rate</td>
<td>Maternal mortality ratio</td>
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<tr>
<td>• Infant mortality rate</td>
<td>• Proportion of births attended by skilled health personnel</td>
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<td>• Proportion of one-year old children immunized against measles</td>
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Issues and Challenges Facing Girl Children and Women

Gender-based violence at both the family and community level affects women and girls' reproductive health throughout their life-cycle.

At the family level:

• Lack of access to basic needs: Many little girls are denied food, education and health care in favour of the boy child and as a result, suffer from poor health for most of their lives.

• Female genital mutilation/cutting is widely practiced in Africa: 90 million women and girls are victims of female genital cutting, leading to adverse psychological impact on adolescents. Women and children are exposed to infection and face difficult childbirth. In cases where infibulations are performed, girls suffer from hemorrhage, reproductive tract infection
and menstrual pain and in some cases, sterility. Female genital mutilation/cutting causes approximately 25% of infertility cases.

- **Child marriage:** Girls as young as 8 or 9 years of age are sometimes married to much older men. The child bride faces physical trauma due to early sexual activity. Early pregnancy and childbirth damage her reproductive organs causing rectovaginal fistulae (ulcers). In Africa, early child marriage is also associated with higher rates of HIV transmission than that of their unmarried counterparts.

- **Adolescent girls:** In addition to being deprived of access to basic health care and information, education and employment, adolescent girls are victims of economically coerced sex and rape, and trafficking and forced prostitution. This exposes them to sexually transmitted diseases, teenage pregnancy, unsafe abortion and maternal mortality and morbidity. Severe complications such as obstructed labour and the fistula occur most commonly among young women. Every year, an estimated 1-4 million young women between the ages of 15-19 undergo unsafe abortions, 11,000 of these take place in Africa. Of the 17 million adolescent girls marrying before the age of 20, Sub-Saharan Africa has the highest - over 30 percent of girls are married before the age of 20.

- **Women of childbearing age:** Young women suffer from poor health due to malnutrition, repeated pregnancies, and a heavy workload outside and inside their home. They are faced with an additional burden of pregnancy and physical abuse often resulting in premature labor. Rape victims face unwanted pregnancy, as well as psychological and physical disabilities.

**At the community level:**

- **Child abuse:** Children are often exposed to child abuse but since it is a taboo subject, neither the family nor the community takes action.

- **Social control:** Girls go through genital mutilation/cutting because of the social consensus that female sexuality should be controlled and their virginity preserved until marriage. Men in some cultures usually will not marry girls who have not undergone the procedure as these women are viewed as unclean and sexually immoral.

- **Abandonment:** Girls who suffer from infection, for the most part, have no access to adequate healthcare and most girls with fistulae are often abandoned by their husbands and become social outcasts.

- **Dishonour:** In societies where girls’ virginity is highly valued, girls who are raped can face serious punishment, including severe beating. The fear of bringing dishonour not only upon themselves but their families, forces many rape victims to commit suicide. Rape victims who become pregnant as a result of the assault often will seek illegal abortions, which sometimes result in their deaths.

- **Psychological problems:** Women who are pregnant due to rape are stigmatized and face severe psychological and physical problems including persistent fear, low self-esteem, sexual dysfunction, chronic pain, substance abuse, depression and suicide. The children of abused women are likely to experience low birth weight, malnutrition, behavioral problems and higher mortality rates.
Areas of Action

Any serious attempt to combat gender-based violence must espouse a cultural and human rights approach. Whilst promoting women's reproductive rights, collaboration with religious and traditional leaders should be ensured, so as to anchor these universal principles in the local context and ensure community ownership of these human rights.

1) Advocacy

- **Reinforce** and accelerate the implementation of policies and programmes responding to ICPD goals for reproductive health services and rights.
- **Advocate** to bring acts of gender-based violence out into the open, from the private sphere into the public realm, where they become the basis for policy, legislation and justice.
- **Mainstream** reproductive health rights, targets and indicators into the national Poverty Reduction Strategies and Programmes (PRSPs) and at the legislative and institutional levels.
- **Systematize monitoring procedures to ensure** that policies, strategic plans of action and all aspects of programming and implementation of reproductive and sexual health services address the needs of women and girls.
- **Initiate** public awareness campaigns on reproductive health issues and gender-based violence.
- **Encourage** male parliamentarians to come forward and women in government to form special focus groups dealing with gender-based violence during adolescence and childhood.
- **Promote** efforts to focus on boys and men with the objective of influencing social norms related to multiple partners, female genital mutilation/cutting, domestic violence, forced sexual intercourse and early marriage.
- **Promote** awareness of reproductive health among men, women, youth, leaders and teachers.
- **Encourage** popular male culture personalities, sports figures and esteemed national figures to join in the campaign against violence and speak out against the impact of violence on sexual health and reproduction.
- **Ensure** that reproductive health and life skills are included in national education curricula.

2) Partnership

- **Collaborate** with religious and traditional leaders, who are generally powerful “custodians of culture” in order to offer the communities ownership of the universal human and reproductive rights in their local contexts, and sensitize the community and its leaders on the linkages between gender-based violence and reproductive health and rights.
- **Establish** strong links with local power structures and pressure groups (religions, cultural, political, legal and institutional).
- **Partnership** between the government machinery, the national media, women's groups, NGOs in developing programmes and policies to foster the creation of an environment in which there is zero tolerance for attitudes and practices that are harmful to women and the girl child such as sexual violence, trafficking, circumcision, incest, and rape.
- **Cooperate** with regional organizations such as the African Union, and multilateral organizations such as the UNDP, UNFPA, UNIFEM, WHO, as well as first ladies, businesses and economic operators.

3) Capacity Enhancement

- **Integrate** the issue of gender-based violence in national and regional PRSPs, MDGs and NEPAD capacity building workshops and training programmes.
- **Develop** government capacity to implement CEDAW recommendations and declarations.
domestically through the provision of training at the national and local levels.

- **Establish** baseline studies on gender-based violence and reproductive health and provide training to track changes in policies and impacts of programmes.
- **Develop** and reinforce capacity for data collection and analysis at the community and national level to track progress of targets and indicators.

### Key Urgent Actions

- **Advocate** with decision makers and women representatives.
- **Conduct** an inventory and audit of legal texts related to reproductive health; analyze and adapt them to respond to the gender balance in reproductive health.
- **Promote** the development and implementation of gender-based violence prevention strategies and mechanisms for addressing victims of gender-based violence.
- **Ensure** that reproductive health and life skills are included in national education curricula.
- **Establish** special service centres for victims of violence providing support, counseling, legal and health services.
3 Gender-based Violence and HIV/AIDS

Governments should ensure that prevention of and services for sexually transmitted diseases and HIV/AIDS are an integral component of reproductive and sexual health programmes at the primary health care level.

- Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development, ICPD POA, Para. 86

In Sub-Saharan Africa, HIV/AIDS is not only the most challenging problem, it tends to affect women and children more negatively than men. Poverty makes women in the 19-24 age group twice as likely to be infected as men, due to prostitution, limited power in decision-making and intergenerational sex. A growing preference among men for much younger HIV/AIDS-free girls has further exacerbated the problem. Women’s gender role as care providers increases their workload and their poverty as they take care of infected relatives and AIDS orphans. Young women and older people have become their primary caregivers. Poor women affected by HIV/AIDS, already economically insecure, are often deprived of their rights to property, adequate health services and displaced from their usual habitat. Violence accelerates women’s exposure to HIV infection.

COMMITMENT TO ACTION

Accelerate the implementation of gender-specific economic, social, and legal measures aimed at combating the HIV/AIDS pandemic and effectively implement both Abuja and Maputo Declarations on Malaria, HIV/AIDS, Tuberculosis and other related infectious diseases. More specifically we will ensure that treatment and social services are available to women at the local level making it more responsive to the needs of families that are providing care; enact legislation to end discrimination against women; increase budgetary allocations in these sectors so as to alleviate women’s burden of care.

-The Heads of State and Government of Member States of the African Union, Meeting in the Third Ordinary Session, Declaration on Gender Equality in Africa, 6-8 July 2004, Addis Ababa

Millennium Development Goal 6

Millennium Development Goal 6 commits governments to halt the spread of HIV/AIDS and other serious diseases such as malaria and tuberculosis, by the year 2015 and begin to reverse the spread. The targets set by the MDG 6 may be achieved through increased awareness and policies that offer women equality in treatment and care and protection from unwanted sex.

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<th>MDG 6 - Combat HIV/AIDS, malaria, and other diseases</th>
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<td>• Proportion of population in malaria risk areas using effective malaria treatment</td>
<td>• Prevention and treatment measures</td>
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</table>
Issues and Challenges Affecting the Spread of HIV/AIDS

The three main factors affecting the spread of HIV/AIDS are gender-based power relations, stigma taboos and belief systems regarding the disease, and harmful practices that have linkages to the spread of HIV/AIDS.

1) Gender-based power relations

- **Within the family**, where men are dominant, women's bargaining power is weak and they are unable to discuss, negotiate or decide on sexual and reproduction issues. Awareness and availability of condoms for women to protect themselves from contracting HIV/AIDS does not work in households where there is a threat of violence. Violence decreases women's ability to negotiate safe sex and increases their risk of exposure to forced and unprotected sex. Adolescent girls in a violent family situation are even at a greater risk of exposure as they may also be victims of sexual abuse by older family members, close kin and neighbors. Due to stigma and taboo, sex is not openly discussed and information on reproductive health is not available.

- **At the community level**, the decision makers are predominantly male. Women's subordinate roles are underpinned by cultural norms and beliefs depriving them of the power to make decisions regarding sexual matters and to negotiate safe sex practices. Women are also exposed to the risk of sexual violence outside their homes while fetching water and firewood and doing farm work. Schoolgirls are pressured to succumb to the sexual advances of older men to pay for their schoolbooks and to meet personal expenses. In some cultures, there is a belief that having sex with virgins keeps men young and prevents or cures HIV infection. This has reinforced the tradition of encouraging child marriage. In some cultures, older men take younger brides as second wives.

- **At level of the nation state**, most decision makers are men. Strategies and policies to combat HIV/AIDS are designed and implemented by men and to date, have had little impact on halting the spread of the epidemic. The proportion of HIV infected women is rising at a faster rate than for men. Currently 58% of the people infected with HIV/AIDS in sub-Saharan Africa are women (6). Governments were very slow in admitting the crisis and to formulate policies and programs to halt the epidemic.

- **The media challenge** the media needs to adopt more ethical reporting standards that utilize a non-sensationalist approach and work to break down the barriers and biases caused by the misinformation that exists about HIV/AIDS as well as help build greater sympathy for those affected among their audience. Unfortunately, the message is no longer just another health story. The pandemic is a complex societal systems problem with multiple phenomena and actors. Its dynamic characteristics include: multiple epidemics; a period of latent infection; a tendency for selective transmission with women being 2.5 - 8 times more susceptible than men; and higher immune system susceptibility to other diseases such as TB and malaria. Previous media reports have not communicated the issue effectively. Martin Forman, former Director of Panos noted that, the media needs to adopt more ethical reporting standards that utilize a non-sensationalist approach and work to break down the barriers and biases caused by the misinformation that exists about HIV/AIDS as well as help build greater sympathy for those affected among their audience. (7)

- **As the epidemic continues** to unfold, the manner in which the virus is spreading has made key gender inequalities even more apparent. Young women are particularly at risk. In 2001, an estimated 6 to 11% of African women aged 15 to 24 were HIV positive compared with 3 to 5% of young men. (8) Women and girls' high rate of HIV infection has to do with the funda-
mental issues of power and control, and how society condones the behavior of men who exercise them over women.

• **The result of the increasing infection rate in women** is a decrease in the nation’s workforce and deepening poverty within the household. Both food production and the national economy are deeply affected as most African women are engaged in agricultural production. It has also become apparent that there is a strong link between HIV/AIDS and poverty. AIDS spreads the fastest where there is poverty, powerlessness and social instability (11) and it has began to affect people from every profession including bureaucrats, teachers, and nurses.

2) **Stigma, taboos and belief systems**

• **People living with HIV/AIDS continue to face serious stigmatization**, as well as legal and social discrimination.(12) People living with HIV/AIDS are discriminated against, causing shame, fear and anger. These feelings are even worse for women who contracted the HIV/AIDS virus through rape. The stigma attached to HIV/AIDS and taboos prevent them from informing their children as to how the disease is transmitted. However, their children generally know something is wrong.(13) Children whose parents are sick are also ostracized by their peers and by their community.

• **It is a taboo to talk about sex and HIV/AIDS** especially between men and women, mother and child and with the community. In some cultural and religious belief systems, people perceive that HIV/AIDS is a disease related to promiscuity, homosexuality, drug usage and being possessed by evil spirits. Therefore, an infected person is not to be touched or discussed. Although HIV-positive men are at odds with their own community and kin, women and girls whose HIV status becomes public are often victims of physical attack, emotional abuse, and sometimes murder by their own family members, partners or community members.

3) **Harmful practices linked to the spread of HIV/AIDS**

• **Denial of education for girls**: Girls who leave school to help in household chores and to take care of younger siblings, lack awareness and information about the spread of HIV infection.

• **Female genital mutilation (FGM) and cutting**: The rituals that follow FGM and cutting contribute to the spread of HIV infection, e.g. some cultures encourage a sexual relationship immediately after the cutting is performed, when the chance of contracting HIV are greater.

• **Early marriage or sexual relationship with younger girls**: Early marriages of girls at a very young age, sometimes as young as eight years old to older men is performed leading to HIV infection. The belief that having sex with a virgin cures HIV infection has led to an increase in the numbers of very young girls being raped. For the same reasons, male clients are also seeking younger and younger women as commercial sex workers and trafficking of young women has increased worldwide.

• **Forced marriage**: Arranged marriage or abduction of women against their wishes, exposes them to violent action when refusing to comply, as well as to HIV infection.

• **Honour killing and maiming**: Maiming or murdering girls and women for acts that are believed to bring shame to the family, including contracting HIV/AIDS, often after rape or by their own husbands, is common.
Areas of Action

1) Advocacy

- **Ensure** women's right to self-protection and to be protected against sexually transmitted infections, including HIV/AIDS is respected and promoted.\(^{(14)}\)
- **Advocate** for stronger national policies and strategies with clear budget support for programmes and interventions dealing with the transformation of culture, tradition and belief systems fueling the spread of HIV/AIDS.
- **Focus** on treatment and care, as well as prevention of HIV/AIDS
- **Lobby** for sufficient funding to make affordable, testing and treatment and counseling centers, as well as anti-retroviral therapy drugs (ARVTs), available to victims of rape.
- **Challenge** policies, legislation and practices undermining women's social, legal, political, economic, and sexual status, particularly focused on young women who are especially vulnerable. \(^{(15)}\)
- **Pressure** for the enactment, strengthening and enforcement of legal measures against sexual contact with young girls and boys less than 18 years of age, and recognize marital rape as a criminal offence.
- **Promote** health insurance, workplace policies on provision of drugs and nutritional requirements of victims and their spouses infected with HIV/AIDS.
- **Increase awareness through public debate** of HIV/AIDS and its relationship to gender-based violence, to a level where it becomes the concern of both the community and individuals.
- **Support** media training in HIV/AIDS and gender-based violence to enable the production of accurate and balanced stories, raise awareness, disseminate information, which evokes a compelling need for changed sexual behavior and reduce cultural barriers, stigmatization and victimization. The media is well placed to create a better understanding of the wider context of the pandemic in the context of economic, political, cultural, gendered development, education and health.

2) Partnership

- **Promote** partnership and open dialogue between men and women, girls and boys.
- **Collaborate** between community leaders (including cultural, religious and traditional), women's associations (formal and informal), advocacy groups, NGOs, local authorities for awareness creation in decision-making, reproductive health and child rearing.
- **Coordinate** with government ministries, businesses, health centers, medical practitioners, doctors, local groups, NGOs, lawyers associations, the police, media, and religious groups.
- **Initiate** linkages with such development partners as GTZ, EU, CIDA and SIDA.

3) Capacity Enhancement

- **Promote** family centered and community based social transformation programmes involving religions leaders, traditional healers, midwives, and families where cultural practices around the prevention, mitigation and resolution of HIV/AIDS are openly discussed.
- **Empower** women economically and enhance their capacity to make choices.
- **Map** community culture and gaps in services through various government ministries in order to reduce the vulnerability of young girls to the virus and offer support of information and services that meet their reproductive health needs, particularly with regard to HIV/AIDS.
- **Support training** and dialogue at the national level for decision makers and promoters around the issue of HIV/AIDS and its impact on promoting gender-based violence.
- **Initiate dialogue** with the media, religious leaders, parliament and government ministries,
HIV/AIDS National Councils and NGOS, aimed at a common approach and public message about participatory community initiatives to curtail the problem of HIV/AIDS.

- **Support training** for teachers and inclusion of HIV/AIDS causes and impact in the school health curriculum, for youth associations, women’s and men’s HIV/AIDS support groups. Include topics such as attitudinal change, emotional intelligence, and cultural, political and economic analysis, all required to stop the spread of the HIV/AIDS epidemic and finally reverse it.

## Key Urgent Actions

- **Build** the capacity of national networks of women leaders and parliamentarians to make them effective advocates and lobbyists for increased resource allocation to HIV/AIDS programming for women.
- **Enact** legislation to protect women from gender-based violence and the spread of HIV/AIDS.
- **Increase** awareness of HIV/AIDS and its relation to gender-based violence.
- **Organize** regional meetings to draw a matrix of issues and proposed actions with a clear timeframe for the purpose of prioritizing interventions, implementation of activities and to facilitate effective monitoring.
- **Support** key partners including UNAIDS, UNESCO and WHO.
4 Gender-based Violence in Conflict Situations

Countries are urged to identify and condemn the systematic practice of rape and other forms of inhuman and degrading treatment of women as a deliberate instrument of war and ethnic cleansing and take steps to assure that full assistance is provided to the victims of such abuse for their physical and mental rehabilitation.

- ICPD, Para 4.10

Violence against women in conflict situations has reached epidemic levels and is a continuation of what happens in the lives of women during peacetime. Women and girls of all ages are raped and abducted to serve as sexual slaves; pregnant women are physically assaulted; and many women have been murdered or infected with HIV/AIDS. Violence against women during conflict situations becomes multiplied and intensified many times over, as women's bodies become "battle grounds"(16) where opposing forces fight to gain control. Since women do not have the same rights as men, they remain victims of gender-based violence and discrimination.

The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) commits countries to condemn violence against women, to create legal and social protection and not to invoke custom, tradition or religion to avoid taking protective and preventative measures. It was ratified by the United Nations in 1979. The subsequent United Nations Declaration on the Elimination of Gender-based Violence condemns gender-based violence. (17)

The Global Platform for Action, adopted at the Beijing Fourth Conference on Women in 1995, reiterated the state's responsibility to protect women and girls. However, violence against women both in private and in public life goes unreported. During conflicts, the levels of domestic and violence and sexual violence have also been found to escalate.(18) Rape and other forms of violence and gender-based violence are systematic and widespread in this context.

The UN Security Council Resolution 1325 (2000) on Women Peace and Security is the first resolution ever passed by the Security Council that specifically addresses the impact of war on women, and women's contributions to conflict resolution and sustainable peace. It calls for:

• respect for international law as applicable to women and girls;
• special measures to protect women and girls from gender-based violence and other forms of violence in situations of armed conflict;
• an end to impunity for those responsible for committing sexual violence against women and girls;
• respect for the civilian and humanitarian charter of refugee camps; and
• integration of the particular needs of women and girls into the design of refugee camps.

For more than three decades, international human rights instruments have enshrined the principles of the right to security, equality, life, and protection under law, freedom from torture and inhumane treatment. However, violence against women continues to grow and has now reached epidemic levels.
Issues and Challenges Affecting Refugees and Internally Displaced Persons

In conflict situations, the two major categories of population groups most affected are refugees and internally displaced persons (IDPs).

Refugees

_A refugee is a person, as a result of well founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion, is outside the country of his or her nationality and is unable, or owing to such fear is unwilling, to avail himself/herself of the protection of that country._

• **Violence within the family** often results from the lack of jobs, shelter and basic services and is exacerbated by the availability of weapons. This is especially prevalent in communities where there are men returning from war. Men returning from war frequently transfer their entitlement to commit violence in a military situation from the battlefield to their homes and communities.

• **Reversal of the traditional roles** of men and women during wartime often causes problems when men return from war. Women lose the newfound independence, confidence and empowerment they gained while their men folk were absent. The persona of stronger women has often worked to their disadvantage, as they become “easy targets” for ridicule, violence and intimidation.

• **Gender differences and inequalities**, if unacknowledged during emergencies, may contribute to the overall ineffectiveness of humanitarian response. Hence, the planning and programming of humanitarian aid agencies has to build on existing capacities while taking into consideration the gender differential and vulnerabilities.

• **Sexual violence and abuse** are increasingly becoming systematic weapons of war.

• **Children and adolescents**, both boys and girls, are abducted, physically abused and forcibly used as slaves and soldiers.

• **Domestic violence** increases as women and girls face sexual violence and discrimination in the distribution of everything from food to plastic sheeting.

• **Trafficked women**; many women are trafficked through borders that are not staffed. Since there is a breakdown of law and order, border patrols and the police are either non-existent or act as collaborators in the trafficking. Many women and girls are trafficked to other countries by abductors or are forced by poverty to seek better opportunities elsewhere.

### Internally Displaced Persons

> Internally displaced persons or groups of persons who have been forced or obliged to flee or leave their homes or places of habitual residence, in particular as a result of; or in order to avoid the effects of; armed conflict, situations of generalized violence, violations of human rights or natural disaster, and who have not crossed an internationally recognized state border.


• **Internally displaced women and children** represent more than 70% of the world’s 20 to 25 million internally displaced people. More than half of them are in Africa. The numbers continue to increase as civil wars and ethnic strife continue to force women to leave their homes in search of security and survival within national borders. Being uprooted from their community support systems and protection makes them and their children more vulnerable to physical and sexual attack.

• **As signatories to the 1951 Geneva Convention**, governments as well as international organizations are obligated to provide shelter and protection to refugees, while internally displaced persons have no comparable legal or institutional protection.

• **Humanitarian aid agencies** tend to focus on the provision of food and medicine and have
not generally related their activities to protection issues. This is exacerbated by the fact that no one agency is mandated to raise the issue of protection.

• **In situations of armed conflict**, internally displaced children and women are subjected to sexual violence and physical attack. This was evident during the war in Liberia, Rwanda, and Somalia, and now in Congo and Sudan, where there are large numbers of women and children victims of rape and violence. Mass rape as campaigns for “ethnic cleansing” requires special attention by sovereign states.

• **Internally displaced persons** experience violence by the military, opposition groups and are vulnerable to ongoing domestic violence, as well as by men in the host community and within the camps. Internally displaced women suffer from sexually transmitted diseases, gynecological problems, pregnancy, gang rape, psychological trauma, as well as the abduction of girls by the armed forces for the purposed of sexual and domestic slavery.

• **Cultures that have engendered high rates** of war-related sexual violence also suffer from high rates of domestic violence or partner abuse. Prostitution due to economic collapse and population dislocation becomes a way of life and in environments where domestic violence is not recognized as a crime, the laws to protect women do not exist or else are not enforced.

• **Sexual violence** committed during periods of armed conflict is considered “the spoils of war” which results from the breakdown of social and moral systems. Sexual violence during conflict is a systematic way of destabilizing communities and destroying cohesion within communities and families. It supports ethnic cleansing and is used as a means of expressing hatred for the enemy or to supply combatants with sexual services.

• **Sexual crimes** also occur when population groups and military forces are in flight from conflict as well as during civilian displacement and are committed by bandits, insurgency groups, the military, border guards, host communities, refugees and others.

• **Sexual intimidation** and crimes by UN aid workers and peacekeepers have also been reported.

“Member states should consider ways to ensure that efforts within the UN system to address the problem of sexual exploitation and abuse in armed conflict are reinforced by concrete actions to promote similar standards of behavior for uniformed personnel serving under the UN auspices”

- UN Secretary General’s Report July 2004

**Areas of Action**

1) **Advocacy**

• **Lobby** for legal measures for appropriate action and independent investigations into alleged sexual misconduct and rape. In some countries, advocacy and legal measures have been used successfully to bring military and civil authorities to accountability.

• **Champion** preventive measures for post war domestic violence as violence increases in wartime and post-conflict situation due to ex-combatants and the new status of women in post-conflict situation.

• **Endorse** measures by donor countries to sanction their implementing partners to abide by the core principles against human rights violation in their codes of conduct prior to the release of funding.
• **Support** the international community’s efforts to bring the issues of rape and violence against women to the forefront and advocate for legal protection.

• **Monitor** government action and insurgent groups by making public statements and supporting the evacuation of civilians from situations of danger.

• **Advocate** for the inclusion into national policy dialogue and legislation, the Guiding Principles for Internally Displaced People as they refer to the 1995 Beijing Declaration. This declaration calls for more effective protection and assistance to refugees and internally displaced women. The Guiding Principles contain the various provisions to protect women and prohibit gender-based violence and call for an equal participation of women in education programmes, equal opportunity in economic activities and employment and access to reproductive health services.

• **Initiate** and develop government legislation that holds perpetrators of war-related sexual violence accountable for crimes committed during civil conflict.

• **Mobilize** media campaigns using radio, televisions and street theatre.

• **Support** NGOs implementing government policies and programmes for refugees and IDPs to achieve national plans and MDGs.

• **Remove** obstacles to reporting violence by allowing no-fee rape examination, creating a standard form report, train forensic nurses and doctors in appropriate response and support doctor participation in court proceedings.

• **Create** special areas within community centers available to refugees and IDPs, as well as local residents on information on preventative action, discussion and reporting of gender-based violence. Anonymous rape crisis centers could offer psychological and legal support to rape survivors.

2) **Partnership**

• **Collaborate** with community elders, members of the displaced populations and promote the adoption of legal measures to address the problems of inheritance and property rights of internally displaced women.

• **Partner** with the military and legal authorities, traditional rulers, foundations and NGOs, as well as international organizations dealing with refugees and IDPs such as the UNHCR, ICRC, WHO and OCHA.

• **Lead efforts** to raise awareness as to the protection and access to services for refugees and internally displaced women.

• **Collaborate** with the media to promote legal measures against violence.

• **Strengthen** and support partnerships between governments, national and international NGOs in awareness raising, promoting national legal measures and programmes to help rape survivors.

• **Collaborate** on programmes and link appropriate government ministries including health, interior, justice and social welfare, supporting systematic integration of gender-based violence prevention and response mandates to the ministries of social services and protection.

3) **Capacity Enhancement**

• **Establish** a system of accountability and a compliant procedure at the national level.

• **Support** the establishment of a reporting system on the measures being adopted at the country level to protect women from sexual exploitation and abuse.

• **Improve** or create tools for the implementation of instruments such as guidelines on investigation procedures.

• **Develop** standards and codes of conduct by member states for national armed forces and the police.
• **Promote** rehabilitation measures for post war veterans suffering from trauma as the influence of the military culture of violence strains domestic relations.

• **Establish** policies and programmes for job creation and rehabilitation of post-conflict veterans as the availability of weapons encourages the violence within the family due to lack of jobs, shelter and basic services.

• **Institutionalize** the training of health professionals in sexual assault forensic and provision of forensic reports.

• **Collect** data and analysis by hospitals and health centers, and monitor progress for results and further interventions required.

• **Train** social workers, lawyers and the judiciary in laws related to gender-based violence, as well as in response protocols and data collection and analysis.

• **Identify** and train appropriate ministerial staff to sensitize them about issues related to the impact of conflict on gender-based violence including police forces and law enforcement officers, humanitarian aid workers and others who work with refugees and IDPs.

• **Collaborate** with citizens advisory groups for the police to make them more accountable for appropriate intervention for the application of statutory law.

• **Hold** the judiciary accountable for upholding existing protection for survivors of gender-based violence.

• **Lead** efforts for comprehensive research initiatives by the government to better clarify the scope of gender-based violence so that programming can be adopted to address such issues as coerced prostitution.

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**Key Urgent Actions**

- **Establish** a regional and sub-regional peace and security group among the network of women ministers and parliamentarians.

- **Initiate** a special committee to look into legal instruments to counter gender-based violence; and harmonize and adapt them and promote the implementation within Africa.

- **Pressure** the legal system to reinforce the law stating rape a crime against humanity.

- **Mobilize** resources to support the provision of legal assistance and provision of health services or victims of violence.

- **Ensure** the inclusion of women in demobilization and reinsertion programmes.

- **Mobilize** special funds for survivors of violence.
Footnotes


3. ibid.


17. UN General Assembly Resolution 48/104, December 1993

### Millennium Development Goals

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Eradicate extreme poverty and hunger</th>
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<td>Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day</td>
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<td>Halve, between 1990 and 2015, the proportion of people who suffer from hunger</td>
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<td>• Proportion of population below $1 a day</td>
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<td>• Poverty gap ratio (\text{incidence} \times \text{depth of poverty})</td>
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<td>• Share of poorest quintile in national consumption</td>
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<td>• Prevalence of underweight in children (under five years of age)</td>
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<td>• Proportion of population below minimum level of dietary energy consumption</td>
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<th>Goal 2</th>
<th>Achieve universal primary education</th>
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<td>Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</td>
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<td>• Net enrollment ratio in primary education</td>
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<td>• Proportion of pupils starting grade 1 who reach grade 5</td>
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<td>• Literacy rate of 15 to 24-year-olds</td>
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<th>Goal 3</th>
<th>Promote gender equality and empower women</th>
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<td>Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015</td>
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<td>• Ratio of girls to boys in primary, secondary, and tertiary education</td>
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<td>• Ratio of literate females to males among 15- to 24-year-olds</td>
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<td>• Share of women in wage employment in the non-agricultural sector</td>
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<td>• Proportion of seats held by women in national parliament</td>
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<th>Reduce child mortality</th>
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<td>Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</td>
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<td>• Infant mortality rate</td>
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<td>• Proportion of one-year-old children immunized against measles</td>
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<th>Goal 5</th>
<th>Improve maternal health</th>
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<td>Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</td>
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<td>• Maternal mortality ratio</td>
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<td>• Proportion of births attended by skilled health personnel</td>
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<td><strong>Goal 6</strong></td>
<td><strong>Combat HIV/AIDS, malaria, and other diseases</strong></td>
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<td>Have halted by 2015 and begun to reverse the spread of HIV/AIDS</td>
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<td>• Prevalence and death rates associated with tuberculosis</td>
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<td>• Proportion of TB cases detected and cured under DOTS</td>
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<th><strong>Goal 7</strong></th>
<th><strong>Ensure environmental sustainability</strong></th>
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<td>Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</td>
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<td>• Change in land area covered by forest</td>
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<td>• Land area protected to maintain biological diversity</td>
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<td>• GDP per unit of energy use</td>
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<td>• Carbon dioxide emissions (per capita)</td>
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<td>Halve, by 2015, the proportion of people without sustainable access to safe drinking water</td>
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<td></td>
<td>Proportion of population with sustainable access to an improved water source</td>
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<td>Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers</td>
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<td>• Proportion of population with access to improved sanitation</td>
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<td>• Proportion of population with access to secure tenure (Urban/rural disaggregating of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers)</td>
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<th><strong>Goal 8</strong></th>
<th><strong>Develop a global partnership for development</strong></th>
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<td>Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system (includes a commitment to good governance, development, and poverty reduction—both nationally and internationally)</td>
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<td>Some of the indicators listed above will be monitored separately for the least developed countries, Africa, landlocked countries, and small island developing states.</td>
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