

From conflict and crisis to renewal:
generations of change



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The State of World Population 2010

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Cover photo:

Women clearing rubble from the streets of Port-au-Prince, Haiti.

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state of world population 2010

From conflict and crisis to renewal: generations of change

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Thoraya Ahmed Obaid, Executive Director

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Foreword

Women rarely wage war, but they too often suffer the worst of its consequences. Gender-based violence, including rape, is a repugnant and increasingly familiar weapon of war. The immediate toll it takes extends far beyond its direct victims, insidiously tearing apart families and shattering societies for generations to come.

Conflict today is less about soldiers engaging in battle with soldiers on the other side of a national border and more about combatants struggling for control within a single country and employing any means to break the will of civilians—women, girls, men and boys—by disempowering them physically, psychologically, economically, and socially.

In many of today's conflicts, women are disempowered by rape or the threat of it, and by the HIV infection, trauma and disabilities that often result from it. Girls are disempowered when they cannot go to school because of the threat of violence, when they are abducted or trafficked, or when their families disintegrate or must flee. In some conflicts, men are also disempowered by sexual violence. Boys, too, are sometimes exploited or forced to become soldiers.

The State of World Population 2010 explores how conflict and protracted humanitarian emergencies affect women and girls—and men and boys—and shows how many women and young people have overcome seemingly insurmountable obstacles and have begun rebuilding their lives and laying the foundation for peace and renewal of their societies.

UNFPA, the United Nations Population Fund, is a development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity and that ensures every pregnancy is wanted,

every birth is safe, every young person is free of HIV and AIDS and every girl and woman is treated with dignity and respect. As this report shows, UNFPA supports governments' efforts to empower women and girls—and men and boys—not only those who have been disempowered by conflict, but also those affected by disasters, such as the earthquake that struck Haiti in January 2010. UNFPA also supports civil society organizations, which are essential to the healing process of any community.

While the earthquake in Haiti has garnered extensive media coverage, the crisis in Kyrgyzstan has not, even though the latter resulted in the loss of hundreds of lives and the disruption of tens of thousands more. Yet, in both places, women and youth are facing internal displacement or refugee situations, and their situations are precarious because they cannot access reproductive health care and are more vulnerable to gender-based violence.

This report coincides with the 10th anniversary of Security Council resolution 1325, which called on parties to armed conflicts to take measures to protect women and girls from gender-based violence and called for greater involvement by women in negotiating and implementing peace agreements. But this report is not only about the resolution. It is also about the special challenges women face in conflict or in humanitarian emergencies and about how women themselves are responding, healing

wounds, moving forward, and not just helping the communities return to the status quo but also building new nations on foundations of equal rights and opportunities.

Resolutions may guide governments' and the international community's response to conflict and establish the framework for actions to protect women and assure their participation in peacebuilding and reconciliation, but they are not a substitute for grassroots efforts to empower women and to build long-term resilience to crises of any sort, whether war, an earthquake or any other catastrophe. Governments need to seize opportunities arising out of post-conflict recovery or emerging from natural disasters to increase the chances that countries are not just rebuilt, but built back better, and renewed, with women and men on equal footing, with rights and opportunities for all and a foundation for development in the long run.

Experience over the past decade underscores the need to tear down the false barriers between crisis, recovery and development. After war or disaster, the humanitarian response must include actions that will sow the seeds for long-term development and peace, so that countries will be better equipped to prevent future outbreaks of violence and to restore normalcy sooner after a catastrophe like the earthquake in Haiti. We must replace a vicious cycle of crisis and underdevelopment with a virtuous one of social and economic progress and empowerment.

The continuum between development and crisis and vice versa makes it clear that whatever is invested in development softens the impact of crisis and natural disaster. The relationship becomes apparent when we compare the impact of recent earthquakes in Haiti and Chile. But



◀ UNFPA Executive Director meets Haitian youth tracking malnutrition among mothers and children through the Gheskio Centre in Port-au-Prince in March 2010.
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it is also true that whatever is invested during the humanitarian response phase can become a solid foundation for rebuilding a society. This continuum moves in both directions.

Experience also shows that gender-based violence does not occur in a vacuum. It is usually a symptom of a larger problem, one of failed institutions, of norms that perpetuate or tolerate abuse, of dangerously skewed gender relations and entrenched inequalities. War and disaster do not cause gender-based violence, but they often exacerbate it or allow it to strike with greater frequency.

Finally, the nature of the international community's response to conflict is changing, with fewer resources devoted to traditional peacekeeping operations and more to development-oriented interventions that lay the foundation for governments to protect civilians from harm and enable them to prosper in the long run. But while governments have the official responsibility to protect their people, communities and individuals must also play a role in promoting peace and security. When all stakeholders are involved, a recovering society is less likely to relapse into chaos and terror after peacekeepers return home.

Thoraya Ahmed Obaid
Executive Director, UNFPA



About this report

Ten years ago, on 31 October 2000, the United Nations Security Council took an important and unprecedented step into new territory. Recognizing the vulnerability of women and girls to violence during and after armed conflict, and the absence or low level of women's representation in efforts to prevent war, build peace and restore devastated societies, the Council passed resolution 1325. The resolution sought formally for the first time in the Security Council to end this

neglect and actively to promote and draw on the untapped potential of women everywhere on issues of peace and security.

The release of the 2010 edition of The State of World Population report coincides with the 10th anniversary of that historic resolution. The report highlights how women in conflict and post-conflict situations—as well as in emergencies or protracted crises—are faring a decade later.

The 2010 report is different from previous editions, which took an academic approach to topics related to the mandate and work of UNFPA, the United Nations Population Fund. The current report takes a more journalistic approach, drawing on the experiences of women and girls, men and boys, living in the wake of conflict and other catastrophic disruptions. They speak for themselves about the challenges they face, the ways their communities are coping and becoming more resilient and about how many of them have become involved in reconstruction and renewal. The individuals featured in the report are neither statisticians nor demographers. They are rural people

living off the land and urbanites trying to survive in broken cities. Many survivors of conflict and natural disasters are now working in their communities to help fellow citizens recover and readjust.

Globally, there is a growing roster of non-governmental organizations and community activists working in partnership with governments, United Nations agencies, donor countries and foundations. In the mix are also traditional elders and religious leaders who strive to comfort the suffering and bring decimated societies back to their cultural roots and principles, so often warped by war, refugee flight, occupation and natural disasters. Local initiatives are healing wounds while rethinking old habits and rules of behaviour for a new age.

While the Security Council was passing resolution 1325 in 2000 and several others on the protection of women in the years that followed, activities were already taking place on the ground in countries where victims of conflict and disaster were frequently not even aware they had moved into the Security Council's spotlight. They just knew from

◀ *Liberian women demonstrate in Monrovia, Liberia, at the height of the civil war in 2003. Image from the film, Pray the Devil Back to Hell.*
©Pewee Flomuko

1 UNITED NATIONS SECURITY COUNCIL RESOLUTIONS ON WOMEN, PEACE AND SECURITY

Resolution 1325 (2000), on women, peace and security, was the first to address the impact of conflict on women during and in the aftermath of armed conflicts. The resolution called on all parties to an armed conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse.

Resolution 1820 (2008) was the first to exclusively address sexual violence in armed conflicts. The resolution recognized sexual violence as a security issue, noting that the perpetration of sexual violence as a tactic of war against civilians was a threat to the maintenance of international peace and security.

Resolution 1888 (2009) was a follow-up resolution to resolution 1820, emphasizing the importance both of addressing issues of sexual violence from the very outset of a peace process and of bringing perpetrators to justice. The resolution called for the inclusion of specific provisions for the protection of women and children in the mandates of United Nations peacekeeping operations and United Nations-sponsored peace negotiations. The Security Council emphasized the importance of addressing sexual violence issues from the outset of peace processes and mediation efforts, to protect populations at risk and promote full stability, particularly in the areas of pre-ceasefire humanitarian access and human rights agreements, ceasefires, disarmament,

demobilization and reintegration and security-sector reform.

Resolution 1889 (2009) reaffirmed the Security Council's commitment to the continuing and full implementation, in a mutually reinforcing manner, of resolutions 1325, 1820 and 1888, as well as related resolutions: 1612 (2005), 1674 (2006), and 1882 (2009). The Council expressed its continued deep concern about the persistent obstacles to women's full involvement in the prevention and resolution of conflicts and their participation in post-conflict public life. It recognized that the marginalization of women can delay or undermine the achievement of durable peace, security and reconciliation.

Assistant Commissioner
Bennetta Holder Warner,
in the women and children
protection centre of the
Liberian National Police.
©VII Photo/Marcus Bleasdale



experience that there was a lot of rebuilding to be done, and they started undertaking it, head on, often with help from United Nations agencies, funds and programmes and humanitarian organizations.

This report is constructed around interviews and reporting in Bosnia and Herzegovina, Haiti, Jordan, Liberia, the Occupied Palestinian Territory (West Bank), Timor-Leste and Uganda. The diverse nations were chosen for various reasons. Some have recently emerged from conflict and are rebuilding with limited resources. Some have experienced profound social changes as a result of war and displacement. All have a United Nations presence, in some cases an integrated peacekeeping mission, but everywhere an active group of United Nations agencies supporting both governmental and non-governmental efforts. Liberia and Uganda are living in the aftermath of recent conflicts. Stories from the West Bank illustrate the particular issues created by occupation. In Jordan, Iraqi refugees talk about their uprooted lives. Bosnia and Herzegovina demonstrates how long it can take to heal the victims of war,

and how communities can help or hinder the process. In Haiti an impoverished population already worn down by decades of unrest now has to rebuild a nation after a cataclysmic earthquake, which came on the heels of two devastating hurricanes.

Working at the grassroots level, community organizations—some barely a few persons strong—and larger non-governmental organizations have already broadened the meaning of Security Council resolutions and United Nations declarations. What began as a call on governments a decade ago to deal with abuses or neglect of women and girls has steadily grown into a broader movement that encompasses all members of society. Today, for example, more attention is being paid to the psychological and physical wounds of men and boys, who, people in very different countries now agree, must be part of rebuilding societies and lives and creating space for fostering peace.

Psychosocial counselling for victims of trauma is expanding exponentially and becoming more professional in many places. The needs of wounded communities are defined

2 UN WOMEN

The United Nations General Assembly voted unanimously on 2 July 2010 to establish a new entity to accelerate progress in meeting the needs of women and girls worldwide. The establishment of the United Nations Entity for Gender Equality and the Empowerment of Women—to be known as UN Women—is part of the United Nations reform agenda, bringing together resources and mandates for greater impact.

“UN Women will significantly boost United Nations efforts to promote gender equality, expand opportunity, and tackle discrimination around the globe,” said Secretary-General Ban Ki-moon.

UN Women will build on the work of four previously distinct parts of the United Nations system:

- Division for the Advancement of Women;

- International Research and Training Institute for the Advancement of Women;
- Office of the Special Adviser on Gender Issues and the Advancement of Women;
- United Nations Development Fund for Women (UNIFEM).

UN Women will begin operations in January 2011.

3 TRANSFORMING RESOLUTIONS INTO REALITY

UNFPA, in partnership with many stakeholders, is helping countries and territories transform resolution 1325—and subsequent ones that also deal with women, peace and security—into reality. Much of UNFPA's work at the country level focuses on developing the capacities of governments, United Nations agencies and institutions to incorporate gender issues in the design and implementation of activities in the realm of peace and security, prevention, protection and participation.

Prevention

In *Colombia*, UNFPA created a task force to mainstream gender issues and sensitize the armed forces and police to issues of gender-based violence.

In *Georgia*, UNFPA provides training to service providers on issues related to reproductive health, sexual and gender-based violence and clinical management of rape survivors.

In *Kosovo*, UNFPA supports psychosocial training for staff of the Ministry of Health and the Kosovo Women's Network of non-governmental organizations that advocate for gender equality and women's empowerment and for the prevention and elimination of gender-based violence.

In *Liberia*, UNFPA supported the Ministry of Health and Social Welfare's establishment of psychosocial and community support services, especially for survivors of sexual and gender-based violence.

In *Nepal*, UNFPA is supporting the development of a National Action Plan for the Implementation of resolution

1325. UNFPA and partner organizations have also conducted training for women members of the Constituent Assembly in 2008 on basic human rights, with an emphasis on Security Council resolutions 1325 and 1820.

In *Tajikistan*, UNFPA collaborates with a committee of non-governmental organizations that combat violence against women under the Convention on the Elimination of All Forms of Discrimination Against Women.

Protection

In *Botswana*, UNFPA supported and provided sexual and reproductive health services, including HIV prevention, to a clinic serving refugees.

In *Colombia*, UNFPA is supporting projects that develop the capacity of institutions and communities to expand integrated protection systems related to violence against women.

In *Côte d'Ivoire*, UNFPA has created centres to provide services to survivors of gender-based violence.

In *Indonesia*, UNFPA supported the Aceh provincial planning and development agency in drafting a provincial action plan to address issues of women, peace and security.

In *Kosovo*, UNFPA and the Ministry of Labour and Social Welfare are collaborating on a funding strategy for shelters for women victims of domestic violence.

In *Lebanon*, UNFPA is helping develop the capacity of service providers for ensuring quality mental, psychosocial and reproductive health services to women in post-conflict communities.

In *Liberia*, UNFPA supported the Ministry of Justice's establishment of a sexual and gender-based violence prosecution unit, with a 24-hour-a-day hotline and a court that deals exclusively with cases of gender-based violence.

Women's participation

In *Colombia*, UNFPA's humanitarian strategy includes a component related to the participation of women in decision-making processes related to humanitarian situations. UNFPA is also supporting women's organizations to participate in the peace process.

In *Botswana*, UNFPA, in partnership with the local state university and UNICEF, initiated a programme to develop capacities of the House of Chiefs in Parliament to holistically address issues related to women, peace and security.

In *Rwanda*, UNFPA is supporting the National Police to more effectively address gender-based violence and promote recruitment and promotion of women within their ranks.

not only in terms of peace agreements and the cessation of violence after conflict but also in informal and formal programmes that dig deep into history, politics, economics and culture to try to explain why violence happened—or continues after conflicts end—and what to do to root out the causes. The importance of bringing young people into these discussions is widely accepted and many novel programmes have begun in recent years. Artists of all kinds and of all ages are eager to join in the discussion through their work, as are sports personalities who volunteer to work with youth.

Echoing the spirit of the 2005 United Nations General Assembly's World Summit, even if unintentionally, many citizens are taking heed of governments' "responsibility to protect" their people. Nations of the world agreed in 2005 to assign to governments first and foremost the burden of shielding their citizens from harm on a mass scale, with the international community standing by to help or take action to stop abuse if all else fails. The responsibility to protect has been interpreted widely. Apart from ensuring against physical harm, in some places it is seen as covering, at least in spirit, such steps as creating or strengthening legal and judicial institutions necessary in post-conflict areas, where property rights are frequently in dispute or there is unsettling violence in homes or crime in the streets. Functioning institutions of all kinds, including health and educational services, hasten a return to normality and can help prevent future conflict.

Gender-based violence and abuse continues in many forms, often exacerbated by armed conflict or the destabilization of family life in camps for the displaced or for



those who have lost their homes as a result of natural disaster. It is now recognized that gender roles can be upset and transformed by war, military occupation and refugee life, all of which can lead to changed economic relationships within households. Such changes can have profound social effects, and the opportunity to fathom them and put the knowledge to constructive use is a bellwether of the post-conflict world. In countless small and large ways, in many countries where life has been disrupted, people, often with support from humanitarian and development organizations, are working in many ways to make the future better.

▲ *Dubravka Salčić-Dizdarević, a physician at the National University Hospital in Sarajevo and one of Bosnia and Herzegovina's leading psychotherapists. "Torture also has the aim of victimizing the whole family."*

©VII Photo/Antonin Kratochvíl



Bosnia and Herzegovina as catalyst for change

The woman in Mostar, in late middle age, moved apprehensively into the windowless room where she had agreed to talk, early in 2010, about a life ruined by war and never repaired. In the complex web of ethnic conflict, her Bosnian Serb husband was shot in 1992 for refusing to wear the uniform of Serb forces. It was only five years ago that she was finally able to confirm her husband's murder, based on DNA evidence. A Croat, she had been caught between warring

Serbs and Bosniaks. For terrifying days and weeks after her husband was taken away—and she was also threatened with death—she went from office to office, soldier to soldier, in the ever-dimming hope of finding him. She could not eat, although there was food. She could not rest. She had to hide—one night in a neighbor's coal bin—just in case they came for her.

When she could, she went home. Her face suddenly contorts in anguish: “After a time, we had no running water and I had to go to the cistern,” she said. “On the way back, I was intercepted by three soldiers,” she said. “They told me to put down the water and follow them.” Her story turns to a tale of unremitting horror as she recalls the hours of sexual violence that followed. “They tortured me; they did unimaginable things,” she said. “I begged them to kill me.”

It was atrocities like this in Bosnia and Herzegovina, and then in Rwanda and West

Africa in the 1990s that prompted the international community to label such brutal experiences “war crimes,” first in regional tribunals and then in the 1998 Rome Statute that created the International Criminal Court. It was crimes such as these that also led in the first decade of this century—when the world's focus had turned to the eastern Democratic Republic of Congo and Darfur—to repeated debates in the United Nations Security Council. The brutalities of the 1990s were the starting point on the road that led to resolution 1325 and several other resolutions that followed.

The woman in Mostar was 50 years old at the time she was abused. It was not until 2006, still suffering kidney damage and high blood pressure, that she was able to talk about that day with another rape survivor, who, she said, would understand. “I could not share my story until then,” she said. “I was afraid I would be

◀ *Bosnian woman in front of a burned down industrial complex that was used as a concentration camp during the war.*

©VII Photo/Antonin Kratochvil

blamed. The stigma was too great.” Her two sons, living abroad, have never been told. The tragic life of this woman, now in her late sixties and still in psychotherapy, demonstrates how long the scars of war go on in the minds and souls of victims. Her story and many others also show how much remains to be done by the international community, governments and civil society to spare future generations around the world from this brutality.

Nearly two decades have passed since Bosnia and Herzegovina was consumed by the most costly war in Europe, in terms of human life, in more than half a century. The country’s capital, Sarajevo, was under siege for four long years. It has been 15 years since a peace agreement ended the fighting. But in cities as different and scattered as Mostar, Tuzla and Sarajevo, women who survived “rape

camps” and sexual assault in their homes and neighborhoods still live in shame and fear, psychologically broken and long denied the dignity and reparations they seek. They come to meet a stranger, confident that they will be able to tell their stories, but mostly they cannot. Control breaks down, cigarettes are lit, trembling begins, voices crack and the sobbing starts.

Though there are occasional stories of neighbors helping neighbors, women in Bosnia and Herzegovina often say that they have been pained by the lack of community support to help them through their most terrible hours. When many returned home, they were abandoned and cursed by relatives and erstwhile friends. They are still shaken to remember that men who had also survived detention, humiliation and torture, or who had narrowly escaped death, somehow could not find in themselves understanding and sympathy for women, who were instead accused of dishonouring their families. Many women began to feel guilty, they say. They sank into secret shame, suppressing their stories, often for years.

The war in Bosnia and Herzegovina killed, it is estimated, at least 100,000 people, and about 12,500 are still missing. There were atrocities on all sides in this war and others that followed the breakup of the former Yugoslavia.

In some Bosniak communities, for example, women were separated from men and detained for periods of time in any place that could be turned into a makeshift detention centre. They were taken out one, or a few, at a time to be sexually abused. Those who escaped imprisonment risked assault by going out on simple errands—to buy cigarettes or to find food or water.

Enisa Salčinović (right), president of the Association of Concentration Camp Torture Survivors in Bosnia and Herzegovina. Of the 2,000-plus members of her association, a quarter of them were raped.

©VII Photo/Antonin Kratochvil



4 INTERNATIONAL CRIMINAL TRIBUNAL FOR THE FORMER YUGOSLAVIA

The International Criminal Tribunal for the former Yugoslavia (ICTY) is a United Nations court of law dealing with war crimes that took place during the conflicts in the Balkans in the 1990s. Since its establishment in 1993, it has irreversibly changed the landscape of international humanitarian law and provided victims an opportunity to voice the horrors they witnessed and experienced.

The key objective of the ICTY is to try those individuals most responsible

for appalling acts such as murder, torture, rape, enslavement, destruction of property and other crimes. Its indictments address crimes committed from 1991 to 2001 against members of various ethnic groups in Croatia, Bosnia and Herzegovina, Serbia, Kosovo and the former Yugoslav Republic of Macedonia.

While the most significant number of cases heard at the ICTY has dealt with alleged crimes committed by Serbs and Bosnian Serbs, the

Tribunal has investigated and brought charges against persons from every ethnic background. Convictions have been secured against Croats as well as both Bosnian Muslims and Kosovo Albanians for crimes committed against Serbs and others. Judges have ruled that rape was used by members of the Bosnian Serb armed forces as an instrument of terror.

Source: International Criminal Tribunal for the former Yugoslavia, www.icty.org

No one may ever be able to determine with certainty how many women in Bosnia were sexually abused—most estimates are in the tens of thousands—or how many children were born of rape. Reporting sexual abuse to authorities was fraught with problems. The social risk of going public was a deterrent. The delicate politics of Bosnia and Herzegovina have not made accounting for war crimes easy. Non-governmental organizations mounted campaigns for compensation and public acknowledgement of the suffering of victims, now in middle age or older. Yet though many of the women were alone and poor, it took until 2008 for those willing to register as victims—a big step in itself—to receive regular government compensation payments.

The Bosniak and Croat women who told their stories for this report cannot be named, except for a few. Enisa Salčinović is president of the Association of Concentration Camp Torture Survivors, which provides psychosocial support to victims and monitors their health.

Years of depression or cycles of breakdown and recovery take a toll on the general health of women, who may also not seek regular check-ups or cancer screening. Of the 2,000-plus members of her association, a quarter of them were raped, Salčinović said. Most were tortured in some physical or psychological way.

In a period of less than a year after the outbreak of war in 1992, Salčinović had lost her husband to a concentration camp. She was raped repeatedly by Serb troops in Foca, where she lived until she was driven from her home. Deported by her captors, she wandered with her two young children throughout the former Yugoslavia until she found her sister in a displaced persons camp in Skopje. When asked what kind of terror this must have been for her children, Salčinović just shakes her head, unable to talk. Sitting next to her, Esmija Kundo, also from Foca, said that her four children were traumatized after the war; one left school after third grade and never could go back. She gets angry, she said, because she

thinks prisoners on trial in The Hague are treated well, while she had to press hard for a small apartment to settle her family and try to live off the social security benefits of her dead husband. She cannot work, is hospitalized every two months to be stabilized by medication and is examined every 15 days by doctors at a torture centre.

Bakira Hasečić has been the best known and most outspoken advocate for female victims of war. A tireless spokesperson who takes the campaign for recognition and reparations anywhere in the world where she thinks it might do some good, she is the founder and president of Women Victims of War and a

“Here you always can find in the background of a victim of domestic violence the issue of the war.”

victim herself of rape. Her aggressive campaigns have not been welcomed by all other survivors or by other non-governmental organizations with different approaches. Hasečić, operating out of a small headquarters in a Sarajevo suburb, moved into a social services vacuum and was able to persuade government officials to allow her organization to be the sole conduit of applications for government compensation when money became available, a move that caused dissension among women's groups.

That informal monopoly has now been ended, said Saliha Đuderija, Bosnia and Herzegovina's Assistant Minister for Human Rights and Refugees, who said that the issue of compensating abused women had not received the official attention it deserved in the past. She said that victims can now submit applications through social services offices as

well as through Women Victims of War or other groups. Đuderija also said that there is still no agreed definition of victims at the state (federal) level.

When the war in Bosnia and Herzegovina was over, there was no shortage of short-term help for women. The rape camps became an international scandal. Non-governmental organizations, local and international, appeared “like mushrooms after the rain,” said Dubravka Salčić-Dizdarević, a psychiatrist who is also a founder and Medical Director of the Center for Rehabilitation of Torture Victims in Sarajevo. A lot of those who wanted to help were unqualified to work in the Bosnian environment and eventually closed their operations, making barely a dent in the number of cases. When the International Criminal Tribunal for the former Yugoslavia was established, many more women began to tell their stories, she said, and when a government payment of up to about 250 euros a month became available two years ago, more were willing to speak openly. “But not all of them,” she said. “So we have a very huge problem with them. That's why it's very important that many non-governmental organizations still working on this programme have to be supported by our government.” And as for the international community, she said, “It gave up too early on Bosnia-Herzegovina.” Too much was left to politicians unwilling or unable to take on controversial tasks. The monthly payment for victims of rape is now about 280 euros, still less than that provided to most war veterans.

Jasna Zečević runs a model counselling centre for trauma victims in Tuzla—Vive Žene, which means “long live women.” A fluid, multidimensional system has been

developed, Zečević, said. “Every year we change the concept as the situation changes.” The centre started as a residential facility before the end of the war. It is now an outpatient psychosocial clinic with a few bedrooms to be used as needed in emergencies. Patients come to the centre from a wide area around Tuzla, including from camps for displaced people, of which eight remain open, Zečević said, “We are psychologists, social workers, teachers, doctors, nurses, administrators, lawyers.”

Vive Žene is distinguished by the thoroughness of its approach and its independent, experience-driven projects. “We are working on a few levels,” she said. “The first is psychotherapy. We call that inner healing. Women need individual treatment. At the second level, we do social reconnecting in the community wherever they go. We continue an after-care programme. And the third level, developed three years ago, is advocacy and lobbying for their rights. So we are involved in all that is going on about torture victims and domestic violence also, because we don’t divide the victims of violence in the war and after the war. We combine them because we find they are linked. Here you always can find in the background of a victim of domestic violence the issue of the war.”

The centre helps women to prepare for testimony in tribunals handling war crimes cases if they are willing and able to take that step. There is a pervasive sense in Bosnia and Herzegovina however, that no distant court will make a difference in the lives of most victims. Many women have been disappointed that all the international attention they received when the war was over never translated into significant changes. Moreover, Amnesty International said in a 2009 report,



Whose Justice? The Women of Bosnia and Herzegovina Are Still Waiting, that victims are not adequately compensated even for their appearances at international courts, including the Balkans tribunal.

Zečević had invited some of her clients to talk with the writer of this report about their lives. In individual conversations, one or two women, well-dressed and apparently at ease, were able to talk with some detachment about their private hells. One frail, thin woman had told Zečević that she would “crawl to the meeting” if that were necessary to tell her story. But, trembling, she did not get very far. At the point when she had to say, “And then he told me to take off my clothes,” she crumbled, shaking and weeping, and had to be led away in the arms of Zečević.

▲ Bakira Hasečić (right), founder and President of Women Victims of War, Bosnia and Herzegovina.
©VII Photo/Antonin Kratochvil



▲ *A survivor of the war in Bosnia and Herzegovina recounts what she and her family endured.*

©VII Photo/Antonin Kratochvil

Another woman chose to focus on the present and future, but complained that reparations payments ordered in 2008 had not reached her in months. She went to Belgrade to give evidence in a regional war crimes trial and said she endured vilification from Serb neighbors when she returned. She thought about forming a new organization of victims but learned how complicated that is. “Women are not interested in organizing, fighting,” she said. “They are isolated and poor. They want to know if there is money in it. They are afraid of having their families harassed.” All this blunt analysis from a woman who had lost her home, her health, her husband—and then turned down for resettlement in the

United States because she could not be found in a Red Cross data bank. “My ship sank,” she said. But she shifted gears somehow and looked for other ways to put meaning into her life. Three years of help from Vive Žene had finally begun to turn her life around.

5 A MOTHER'S PRICELESS GIFT

She cannot be named. The story she has never told her 17-year-old son is about violent rape and an unwanted pregnancy that brought him into a fatherless life. It is a story drawn from a shameful legacy of the 1992-1995 war in Bosnia and Herzegovina that has never been fully explored.

One can ask: How many children of sexual assault are there in this country? The answer is that nobody really knows because the subject is too troubling to document—for the children themselves first of all, and for the mothers still afraid of the social consequences, even now, of talking about what happened to them. Rape committed as an act of war is an international crime. That the victim should be made to feel guilty is a societal disgrace, say counsellors who have worked with women like her and so many unnamed others.

Her story has a satisfactory—almost happy—ending because this strong woman, with rough hands from years of hard work, has made a life for herself and her child by her sheer strength of will and enormous love for the son she nearly abandoned as a baby. After some persuasion by the woman who gave her a job and made her life bearable, she agreed to tell her story and talk about herself: how she defied social convention, and the wrath of her family to save and nurture a young life.

At the age of 29, driven from her home in a village in eastern Bosnia by advancing ethnic Serb fighters, she was rounded up with more than 450 other Bosniaks. The women were separated from the men (some of whom were never seen again) and imprisoned in what became a “rape house.” The women were freed nine days later by

Bosnian forces, but not before she had been abused by a soldier she is sure was not a Bosnian Serb but a fighter from the present-day Republic of Serbia who shouted a racial epithet and roughed up her body before raping her and leaving her unconscious. Months later, she was captured again and raped by six men who left her, bloodied, on a riverbank. Bosniak villagers found her and gave her clothes and shelter. She gave birth to a boy the next spring.

“I told the social worker I did not want the child,” she said, through an interpreter. “But I was happy to hear it was a boy,” she said. “Had it been a girl she might have had to go through the same thing.” She had no contact with the child for seven months, when she was overcome by the desire to see him, and went to look for him in orphanages, not knowing what name he had been given. When she finally found him he was in a hospital, ill and undernourished.

“There was not much food that year,” she said. “He would put his whole little hand, up to his wrist, into his mouth to suck on it. When I saw him sucking his fist I decided to take him, regardless of the situation.” The baby was moved to an orphanage and registered under her name so that he could not be adopted. From then on, he became the centre and purpose of her life. She could not take him home to the house where she lived with her father and brother, who wanted no contact with the child. Once, her father beat her when he found a pair of little boots under her bed, waiting to be taken to the orphanage where she regularly visited the boy to bring him food and clothing. He knew she was his mother and clung to her desperately as she tried

to leave after every visit. “Ever since, I have been fighting for him,” she said.

In 1994 she got a job as an office cleaner, and by 1998 she had bought a small plot of land and started to build a house—by herself—with some donated materials. In 1999, the house was finished. “I moved there in July and took him home. He has been there ever since,” she said.

Her past still traumatizes her when she is alone. “I have flashbacks. It is like a huge screen showing what happened and I am living through it again. In a month, I sleep maybe five nights.” Her son has never asked her about the past, although together they have watched the film *Grbavica*—a fictional account of a life not unlike hers. She doesn’t know what he may already suspect. In the village where they now live there are fatherless boys from Srebrenica, where thousands of male members of the community were massacred in 1995. School administrators have been sympathetic to all of them.

Her son is a good boy, she said, “humble and undemanding.” And though he was not strong academically and is now in a technical school, she said, “What is most important is that he is healthy and eager to work. Work has saved me. It has provided me with the ability to build a house and survive.”

“Sometimes I ask myself what gave me that energy,” she said, looking back on her life. “I came from a village family of six children—a farming family. I was brought up to enjoy the fruits of my work.” Religion was important to her, she added. “If you don’t have faith, you don’t have character. Don’t just get blown away by the wind. Have direction.”



A resolution and reality: a decade on the ground

By early 2000, when the United Nations Security Council began to focus on how to protect women during conflict and demand that they be factored into the prevention of war and the building of lasting peace, the world had experienced a decade of ethnic, sometimes genocidal wars that killed many more civilians than combatants. Paradoxically, however, the 1990s had also been a period of unprecedented international progress and commitment to women.

The highlights were the international conferences on human rights in 1993 in Vienna, population and development in 1994 in Cairo and women's status and rights in 1995 in Beijing. All three of the conferences addressed issues of women in conflicts and included actions to protect their rights. The time was right for bridging the gap between promises and reality.

In its preamble to resolution 1325, the Council noted that “an understanding of the impact of armed conflict on women and girls, effective institutional arrangements to guarantee their protection and full participation in the peace process can significantly contribute to the maintenance of international peace and security.” With this resolution, the Council had made an historic decision to broaden the definition of its mandate. The treatment of women and their roles in war and peace would henceforth be factored into considerations of international security.

Anwarul Chowdhury of Bangladesh was a member of the Security Council at the time and

has never forgotten the power of that moment. “Adoption of 1325 opened a much-awaited door of opportunity for women who have shown time and again that they bring a qualitative improvement in structuring peace and in post-conflict architecture,” he wrote in an opinion article for Inter Press Service in March 2010. Taken together, he said, “The Beijing Platform for Action and 1325 are unparalleled in terms of what they can do to empower women, not only to give 50 per cent of the world's population their due but also to make the world a better place to live. But where do we stand in terms of their implementation?”

Chowdhury was President of the Security Council in March 2000, when the issue of protecting and involving women was brought to the table. “I was accused of bringing a soft issue onto the agenda, and this was fiercely resisted,” he said in an interview. “Intellectually they did not connect women and security.” It took until October 2000 for the resolution to pass.

◀ *Estella Bamba, a United Nations Police officer from Zambia advises Liberian police at the Salem Police Station in Monrovia.*

©VII Photo/Marcus Bleasdale



Monrovia, Liberia's
Salem Police Station,
where women make up
25 per cent of the force.

©VII Photo/Marcus
Bleasdale

6 HUMAN RIGHTS AND VIOLENCE AGAINST WOMEN

The Beijing Declaration and Platform for Action, adopted by 189 countries at the Fourth World Conference on Women in Beijing in 1995, underlined that violence against women is both a violation of women's human rights and an impediment to the full enjoyment by women of all human rights. The focus shifted to demanding State accountability for action to prevent and eliminate violence against women. The Beijing Platform for Action identified critical areas of concern that require urgent action to achieve the goals of equality, development and peace; one of these areas was violence against women.

Recognizing violence against women as a violation of human rights

clarifies the binding obligations on States to prevent, eradicate and punish such violence and their accountability if they fail to comply with these obligations. These obligations arise from the duty of States to take steps to respect, protect, promote and fulfil human rights.

Claims on the State to take all appropriate measures to respond to violence against women thus move from the realm of discretion and become legal entitlements. The human rights framework provides access to a number of tools and mechanisms that have been developed to hold States accountable at the international and regional level. These include the human rights

treaty bodies and international criminal tribunals, as well as the African, European and inter-American human rights systems.

Source: In-depth study on all forms of violence against women: Report of the Secretary-General, 6 July 2006

Resolution 1325 made some specific requests to the Secretary-General and the United Nations Department of Peacekeeping Operations. These included expanding the role of women among military observers, civilian police, human rights officers and humanitarian personnel. The resolution does not carry the weight of enforcement under the United Nations Charter's Chapter 7, which allows the Security Council to impose sanctions or authorize military intervention. It "expresses its willingness to incorporate a gender perspective into peacekeeping operations, and *urges* the Secretary-General [who as head of the United Nations Secretariat oversees the peacekeeping department] to ensure that, where appropriate, field operations include a gender component."

Response was deemed slow, and so the Security Council did not stop with 1325.

Resolution 1820, adopted on 19 June 2008, directed stronger language to combatants of all kinds and to governments, which have the responsibility to protect citizens. The resolution "*demand*s the immediate and complete cessation by all parties to armed conflict of all acts of sexual violence against civilians with immediate effect." It calls for the exclusion of sex crimes from amnesty provisions in peace agreements and reminds all parties to any conflict that "rape and sexual violence can constitute a war crime, a crime against humanity or a constitutive act with respect to genocide." These crimes have been codified in the Rome Statute of the International Criminal Court and applied to regional war crimes tribunals. For years incidents of gender-based violence had by then been widely reported, especially in the Democratic Republic of Congo.

7 TOWARDS RELIABLE DATA

UNFPA and other United Nations entities are developing new systems for gathering and analysing sex-disaggregated data to inform humanitarian interventions in conflict, post-conflict and emergency situations. Data, especially on gender-based violence, have so far been scarce or non-existent.

In October 2009, in response to a request by the Security Council, the United Nations Inter-Agency Task Force on Women and Peace and Security established a Technical Working Group on Global Indicators for monitoring implementation of resolution 1325 by the United Nations and Member States. UNFPA is a

member of this Technical Working Group and is helping draft a final set of indicators that the United Nations Secretary-General will present to the Security Council in October 2010.

UNFPA, in partnership with the United Nations High Commissioner for Refugees and the International Rescue Committee, developed a Gender-Based Violence Information Management System, which may serve as a model to enhance data-backed programming and improve coordination in the field. The pilot system is an effort to systematize management of relevant data across the humanitarian community. The new system would provide a standard tool

and methodology for data collection and analysis, improve the reliability of gender-based violence-related information within humanitarian settings and improve decision-making at local, country and global levels.

Starting 2009, UNFPA, UNIFEM and the Office of the Special Adviser on Gender Issues and Advancement of Women have sought to build national capacities for developing National Action Plans on resolution 1325 and for developing or refining of indicators in these plans to aid the monitoring of the implementation of resolution 1325 (and resolution 1820). In 2009, Uganda and Sierra Leone developed such plans, with corresponding indicators.

8 HOW FILIPINOS WROTE THEIR OWN 1325 ACTION PLAN

A country's response to a United Nations request for a national road map for implementing resolution 1325 does not necessarily have to wait for a government to act. In the Philippines, where there has been conflict, citizens took the initiative. Jasmin Galace, Associate Director of the Center for Peace Education, tells how it happened.

The story began with three women who met in the cafeteria of a women's college in the Philippines in late 2007 and wondered if there had been any developments on the implementation of United Nations Security Council resolution 1325 in the country. The three women got in touch with the Philippine Commission on Women and together they organized a national workshop for peace organizations and women's groups to raise awareness of the resolution and ask if there were initiatives to implement it. They wanted to know how the resolution could gain ground. The workshop was organized by the International Women's Tribune Centre; Sulong CARHRIHL, a peace and human rights organization, and the Philippine Commission on Women.

The result was a decision to develop a national action plan to implement both resolutions 1325 and 1820 and to invite the government's peace agency, the Office of the Presidential Adviser on the Peace Process, to lead in the development of a national action plan. A Preparatory Committee was organized to lead six regional consultations throughout the country. That committee developed an initial draft action plan on women, peace and security as a working document. The draft plan was enriched by several multi-stakeholders' consultations conducted in six regions

of the Philippines, from August to October 2009.

Participants in the consultations were government officers from both national and local agencies, members of the military and police, indigenous peoples, religious groups, grassroots sectors and civil society organizations working on peace, women and human rights issues. The consultations had on their agenda a situational analysis on women, peace and conflict, visions of peace, women's initiatives related to peacebuilding and recommendations on what should be included in a national action plan.

In October 2009, a draft plan was presented at a national workshop of civil society organizations, sponsored by the International Women's Tribune Center. A similar workshop was held for national level representatives of the

same government agencies consulted in the regions. Then the draft national action plan was sent back to regional consultations' participants for further comments and suggestions. The final editing of the national action plan was done by the preparatory committee in March 2010 and was launched on 25 March 2010.

Implementation of the plan began in April 2010 with the release of roughly \$200,000 by the Office of the Presidential Adviser on the Peace Process to women and peace organizations. The story continues with men and women working together to make sure that the Philippine National Action Plan serves as catalyst to transform the situation of women in the Philippines from victims to that of builders of peace in their respective communities and in the country as a whole.

The Philippine National Action Plan has four goals:

- To ensure the protection of women's human rights in armed conflict and post-conflict situations and the prevention of the violations of these rights;
- To empower women and ensure their active and meaningful participation in areas of peacebuilding, peacekeeping, conflict prevention, conflict resolution and post-conflict reconstruction;
- To promote and mainstream a gender perspective in all aspects of conflict prevention, conflict resolution and peacebuilding;
- To institutionalize a monitoring and reporting system to monitor, evaluate and report in order to enhance accountability for the successful implementation of the National Action Plan and achievement of its goals.

A year and three months later, on 30 September 2009, the Security Council, in resolution 1888, reiterated its “*deep concern* that, despite its repeated condemnation of violence against women and children including all forms of sexual violence in situations of armed conflict, and despite its calls addressed to all parties to armed conflict for the cessation of such acts with immediate effect, such acts continue to occur, and in some situations have become systematic or widespread.” Five days after that resolution was passed, the Security Council weighed in again, asking for more reporting on how resolution 1325 was being implemented by governments and by the United Nations itself.

By mid-2010, 18 of the United Nations 192 Member States had produced national action plans that would commit them to joining a global effort to protect and include women in decisions and actions on war and peace. Those compliant nations, with plans adapted to their differing situations, were Austria, Belgium, Chile, Côte d’Ivoire, Denmark, Finland, Iceland, Liberia, the Netherlands, Norway, the Philippines, Portugal, Sierra Leone, Spain, Sweden, Switzerland, Uganda and the United Kingdom. Of those, five were actively involved in post-conflict recovery and peacebuilding. More nations were reported in midyear to be working on national plans, which are important not only as signs of commitment but also as a way of institutionalizing the resolutions within governments and identifying those officials or offices responsible for implementation. As the 10th anniversary of the adoption of resolution 1325 neared, more of these plans were expected to be completed and published, with an expectation that they would also be progressively implemented.



In early 2010, Secretary-General Ban Ki-moon, responding to a request from the Security Council, appointed a special representative on sexual violence in conflict to prod all players into action. The Security Council’s mandate was broad. Resolution 1888 “*Requests* that the United Nations Secretary-General appoint a Special Representative to provide coherent and strategic leadership, to work effectively to strengthen existing United Nations coordination mechanisms, and to engage in advocacy efforts, inter alia with governments, including military and judicial representatives, as well as with all parties to armed conflict and civil society, in order to address, at both headquarters and country level, sexual violence in armed conflict, while promoting cooperation and coordination of efforts among all relevant stakeholders, primarily through the inter-agency initiative United

▲ Margot Wallström, Special Representative of the Secretary-General on Sexual Violence in Conflict speaking at event, “*Unite to End Violence Against Women*,” said that in contemporary conflict, rape is the frontline.

©UN Photo/Devra Berkowitz

9 THE BRUSSELS CALL TO ACTION

The international community must prevent sexual and gender-based violence by promoting gender equity and equality and the economic, social and political empowerment of women, declared representatives of governments, the United Nations, civil society, and the European Commission, at a symposium in Brussels in June 2006.

The group said that sexual violence prevention and protection should be incorporated into all aspects of humanitarian assistance, including food, fuel, water and sanitation and shelter, and investments were needed in building the capacities of all stakeholders involved in the prevention and response to sexual and gender-based violence in conflict and beyond.

Read the full Brussels Call to Action online at <http://www.unfpa.org/emergencies/symposium06/>.

Nations Action Against Sexual Violence in Conflict.”

The Secretary General’s choice for this new assignment as special representative was Margot Wallström, a former minister in the Government of Sweden and Vice-President of the European Commission, where she was known for promoting issues related to women in security. She was also a strong European advocate for raising awareness about the urgency to implement United Nations Security Council resolutions on this theme. A month after Wallström’s appointment, in March 2010, the United Nations established an expert group, co-chaired by Mary Robinson, a former president of Ireland and former United Nations High Commissioner for Human Rights, to coordinate United Nations support for the implementation of Security Council resolution 1325.

For its part, the United Nations Department of Peacekeeping Operations is recruiting more women as civilian police

officers for missions around the world. Some women are also serving as peacekeeping soldiers sent by their national armed services. In 2010, the department had nearly 124,000 people engaged in missions around the world, more than 100,000 of them in uniform. Included in the uniformed personnel by midyear were 13,680 police officers on active duty.

The proportion of women on the military and police side has grown steadily since resolution 1325 was passed. At the end of 2006, there were 1,034 women in the uniformed ranks. In December 2007 the number had grown to 1,360; a year later there were 1,794, still only a fraction of people in uniform. In 2009, when women represented only 7 per cent of United Nations police officers, the Department of Peacekeeping Operations began a global effort to recruit more women. The goal is 20 per cent women in police units by 2015.

Two countries, Bangladesh and India, among the top contributors of soldiers, also have exemplary records in contributing women to police work. India was the first, sending all-female police contingents to Liberia. An all-female Bangladeshi unit was recently assigned to Haiti, and a new Indian unit was on the way there also. Pakistan, another major United Nations troop contributor, is planning to create a women’s unit, and other countries are considering the idea. Nigeria plans to send an all-women unit to Liberia. These all-female units are separate, pre-formed, single-gender contingents.

Numerous nations have been routinely sending women along with men in gender-mixed contingents of troops and police. South Africa leads, with a record 17 per cent female officers among the roughly 2,100 peacekeepers

it has assigned to the United Nations. Nigeria deploys about 350 women among nearly 5,000 peacekeepers.

Women in police or military uniforms send a message to local people that the United Nations not only sees women as equal to men in carrying out missions but also understands that female police and troops can be powerful models. Women who have survived assaults may also be more likely to report incidents to women officers. In Liberia, Gna Gudjonsdottir, a police officer from Iceland who is a United Nations adviser to the Liberian National Police, said that when she goes out jogging in Monrovia in the morning, she receives big welcoming smiles from women on the street.

In the years during which resolutions 1325, 1820, 1888 and 1889 have entered the United Nations arena, positive steps have also been taken by women acting on their own, in solidarity movements. Perhaps this is best exemplified by the determined women of Liberia who defied extreme dangers and massed in protests to force President Charles Taylor and warlords into a peace agreement in 2003. Or the women of Bosnia and Herzegovina who mustered the courage in recent years to identify themselves, in order to challenge the social stigma thousands still carry from the Balkan wars of the 1990s and to force government recognition of their continuing suffering.

In United Nations missions, the institutionalizing of gender-based programmes is proceeding. In Timor-Leste, the country's Police Development Programme, UNFPA, the United Nations Police—the largest part of the United Nations Integrated Mission in Timor-Leste (UNMIT)—and representatives from other United Nations agencies, have

written a manual for the Timorese National Police on investigating cases of gender-based violence and conducted training sessions for local police officers drawn from a society that traditionally considered domestic abuse a family matter to be settled in the home. This

Women who have survived assaults may be more likely to report incidents to women officers.

perception was underlined when, in 2009, UNIFEM, the United Nations Development Fund for Women, published studies it had commissioned that found that many women in Timor-Leste considered violence a normal part of family life.

In May 2010 the Timorese national Parliament passed the Law Against Domestic Violence that had been through various drafting stages since 2003. The government had support from UNFPA, UNIFEM and UNMIT in framing the law and informing legislators about its aims and importance.

10

"GENDER-BASED VIOLENCE"

Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females.

The term "gender-based violence" is often used interchangeably with the term "violence against women." The term highlights the gender dimension of these types of acts; in other words, the relationship between females' subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence.

Source: Guidelines for Gender-based Violence Interventions in Humanitarian Settings, *United Nations Inter-Agency Standing Committee*

11 NEW GUIDELINES FOR PEACEKEEPERS

The prioritization of sexual violence by the international community, especially since 2000, “reflects an understanding that the credibility of peacekeeping operations is at stake if they are unable to protect civilians under imminent threat of physical violence, including sexual violence,” states a new set of guidelines for military peacekeepers published by the United Nations Department of Peacekeeping Operations, UNIFEM, and UN Action in June 2010.

According to *Addressing Conflict-Related Sexual Violence: An Analytical Inventory of Peacekeeping Practice*, uniformed peacekeepers have the potential to help fight sexual violence and exert a positive impact on the lives of women and girls and, by extension, civilian communities.

The military component of peacekeeping operations may play an important role not only in protecting women from the violence itself, “but also supporting individual social

and economic recovery afterwards,” wrote Department of Peacekeeping Operations Military Adviser Lieutenant General Chikadibia Obiakor in the preface to the guidelines. “...Protecting civilians from conflict-related sexual violence is not only a military task, but one that also requires the participation of other stakeholders to build a safe and secure environment.”

The guidelines are online at www.unifem.org/materials/

The law had earlier been shelved because, while it defined domestic violence, it had no power to criminalize it. That obstacle was removed by the passage in 2009 of a penal code that clarified which offenses would be considered crimes of domestic violence and made these crimes “public,” so their prosecution no longer depended on whether a complaint had been filed.

During public consultations that preceded a vote on the domestic violence law, there were those who argued that such legislation was contrary to Timorese culture and the sanctity of the family. Rita Reddy, the Senior Gender Adviser to the United Nations Police in Timor-Leste, said that many Timorese confronted traditional practices, such as the age-old system of dowry—*barlake*—that is often at the root of domestic disputes. “A woman can face violent reprimand if she is perceived not to deliver on her [dowry] price,” said Reddy, a Malaysian with worldwide experience in human rights and gender issues.

With help from the United Nations Police, “vulnerable persons units” have been set up by the Timorese police. “There is one in every district police headquarters,” Reddy said. “They deal with all cases of women and children.” As part of the project, UNICEF, the United Nations Children’s Fund, has developed child-friendly interview rooms. “Because the concept of the vulnerable persons units is a foreign one, once we leave we don’t want it to collapse,” said Reddy. “We want it to have a sustainable future and be recognized as part of policing.” The worry that, when United Nations peacekeepers and police trainers leave, human rights and gender-sensitive training will not be a priority is voiced by some Timorese non-governmental organizations. A similar concern is heard in Liberia, where a large peacekeeping mission and United Nations humanitarian and development agencies, such as UNFPA, are working.

In Dili, Reddy said that not only local police need training in gender-related issues. She said that in UNPOL itself, there were police officers from 45 countries and only some of them come with some background on sexual and gender-based violence. “And so the training programme on the domestic violence law is also for UNPOL officers,” Reddy said. Seven per cent of the United Nations Police in Timor-Leste are women. “There have been several directives from Department of Peacekeeping Operations headquarters, recommendations that there should be gender balance within the police,” Reddy said, adding that it is still difficult, however, to get women to join.

Despite the great need in Timor-Leste for women in police uniforms to be seen as a “normal” part of policing and to serve as role models for Timorese women, Reddy said that there are, perhaps surprisingly, hurdles to overcome in dealing with female United Nations police officers from developed countries who do not want to be seen doing “women’s work.” “There have been some from Western-oriented countries where they...feel that being assigned to the victim-protection units is like babysitting women and children, and they do not want to do that. They like to do the jobs that the men do.”

On the Timorese side, the National Police force now has nearly 20 per cent female officers, higher than the global average. “But they are not in top positions in Timor,” Reddy said. “All are low in rank; only one at inspector level.”

In Liberia, Bennetta Holder Warner, head of the women and children protection section of the Liberian National Police, has a cramped, dark, airless office made unbearably hot by power cuts that shut down the air conditioner and lighting. Her office adjoins



another where men are brought in for questioning, and loud scuffles outside her door interrupt conversation. “This is not a child-friendly building,” she said. “Victims have to pass by people in handcuffs, and they are afraid.” There is no juvenile cell where young people, most still in their teens, are detained.

Nevertheless, Warner said, her five-year-old unit that deals extensively with victimized

▲ A United Nations Police officer (left, with children) and an officer from the Vulnerable Persons Unit of the Polícia Nacional de Timor-Leste (PNTL) make a house call.

©UN Photo/Martine Perrett

12

THE SECURITY COUNCIL, CONFLICT AND HIV/AIDS

Security Council resolution 1308, passed in 2000, reaffirmed the importance of a coordinated international response to the HIV/AIDS pandemic, given its possible growing impact on social instability and emergency situations and recognized that the HIV/AIDS pandemic is also exacerbated by conditions of violence and instability, which increase the risk of exposure. Among other things, this resolution called for further steps towards providing training for peacekeeping personnel on preventing the spread of HIV/AIDS.

children, set up with help from UNICEF after the end of an extremely brutal civil war, has made good progress. In-service training for police around the country has helped create a better sense of awareness and understanding of crimes against women and children, she said. Special police units to deal with such crimes and their victims in every region of Liberia are now able to handle a range of responses: arrests, counselling of survivors, the provision of safe houses—including one for boys—and assurance of medical care. A national task force has taken on a campaign against child trafficking, and efforts are made to improve investigation procedures nationwide. In the past there had often been no follow-up by a survivor or family member after an initial arrest. “More

people are coming in now to file a case,” Warner said.

Across Africa, reports are emerging of how increasing the number of women in United Nations police ranks, as well as national police forces, goes on paying dividends long after a crisis is over. Assistant Inspector-General Kadi Facondo, Sierra Leone’s highest-ranking female police officer, learned about gender-sensitive policing from United Nations Police assigned to her country in the wake of its civil war. With United Nations assistance, Sierra Leone then established its own family support units to encourage survivors of rape, domestic violence and other crimes to come forward for help.

Now serving in a joint United Nations–African Union peacekeeping mission in Darfur, Facondo told a United Nations news service that she would like to see more gender-sensitive policing there also. Though the territory is large, she said, gender officers should be on call wherever there is access to displaced people. She said that as in Sierra Leone and Liberia, where she has also served, women in Darfur affected by sexual and gender-based violence “feel comfortable talking with UNPOL female officers.”

13 SEXUAL VIOLENCE IN EMERGENCIES

During the early stages of an emergency—when communities are first disrupted, populations are moving, and systems for protection are not fully in place—most reported incidents of gender-based violence are sexual violence involving female survivors/victims and male perpetrators. Sexual violence is the most immediate and dangerous type of gender-based violence occurring in acute emergencies. Later—in a more stabilised phase and during rehabilitation and recovery—other forms of gender-based violence occur or are reported with increasing frequency. These include, among others, harmful traditional practices (female genital mutilation, forced early marriage and honour killings) and domestic violence.

Although intervention in the early stages of an emergency should focus on sexual violence, other forms of gender-based violence should not necessarily be ignored. For example, the severity and incidence of domestic violence often increases in the aftermath of natural disasters and therefore may require immediate intervention from humanitarian actors.

Source: Guidelines for Gender-based Violence Interventions in Humanitarian Settings, United Nations Inter-Agency Standing Committee



◀ Women police officers at the Salem Police Station in Monrovia, Liberia, check crime statistics.

©VII Photo/Marcus Bleasdale

14 HIV/AIDS IN EMERGENCIES AND CRISES

The very conditions that define a complex emergency—conflict, social instability, poverty and powerlessness—are also the conditions that favour the rapid spread of HIV/AIDS and other sexually transmitted infections.

During a crisis, the effects of poverty, powerlessness and social instability are intensified, increasing people's vulnerability to HIV/AIDS. As the emergency and the epidemic simultaneously progress, fragmentation of families and communities occurs, threatening stable relationships. The social norms regulating behaviour are often weakened. In such circumstances, women and children are at increased risk of violence, and can be forced into having sex to gain access to basic needs such as food, water or even security. Displacement

may bring populations, each with different HIV/AIDS prevalence levels, into contact. This is especially true in the case of populations migrating to urban areas to escape conflict or disaster in the rural areas.

During the acute phase of an emergency, the absence or inadequacy of services facilitates HIV/AIDS transmission through lack of universal precautions and unavailability of condoms. In war situations, there is evidence of increased risk of transmission of HIV/AIDS through transfusion of contaminated blood.

The presence of military forces, peacekeepers, or other armed groups is another factor contributing to increased transmission of HIV/AIDS. These groups need to be integrated in all HIV prevention activities.

Recent humanitarian crises reveal a complex interaction between the HIV/AIDS epidemic, food insecurity and weakened governance. The interplay of these forces must be borne in mind when responding to emergencies.

There is an urgent need to incorporate the HIV/AIDS response into an overall response to an emergency. If not addressed, the impacts of HIV/AIDS will persist and expand beyond the crisis event itself, influencing the outcome of the response and shaping future prospects for rehabilitation and recovery.

Source: Guidelines for HIV/AIDS Interventions in Emergency Settings, United Nations Inter-Agency Standing Committee.



Women on the front lines of recovery

The sign at the door of Judge Evelina Quaqua's chambers says only "Court E." She hears cases in camera—without a public or media audience—in a light and airy courtroom where witnesses and survivors can testify in booths with one-way glass so that they can watch proceedings but cannot be seen by an alleged criminal or the jury. Quaqua presides over a unique Liberian court, purpose-built for handling crimes of sexual and gender-based violence.

In a conversation in her chambers, Quaqua said that since the end of the civil war and the return of democratic government, she has noticed a marked increase in the number of people willing to report rape and other gender crimes because they now know their rights. The court is new; six cases have gone to jury trials over the course of a year. Jury selection is rigorous, she said. Fifty "credible men and women" are empanelled in a pool, from which 15 jurors are drawn for each case. Quaqua has the power to sentence offenders convicted in the jury trials from a minimum of 10 years to life, depending on the gravity of the case.

Quaqua says that children are particularly vulnerable to sex crimes—she has tried a case involving a five-year-old—and that the offender is almost invariably a relative or someone else the child knows. "Those who rape are not strangers," she says. She said that she still does not see many cases of sexual abuse among men,

although research shows that many men were abused during the civil war, perhaps as high as nearly a third of the male population. As in other countries, counsellors in Liberia say it can take much longer for a man to seek help.

Liberia should have had a head start in post-conflict recovery because women had amassed considerable political influence in the early years of this decade. Liberian women, many of them from among the market stall-holders who are the backbone of much West African commerce, demonstrated in 2003 that the seemingly impossible could be achieved by a mass peace movement that relied heavily on broad solidarity, persistence, song and prayer, but almost no money. Their story, told in the dramatic documentary *Pray the Devil Back to Hell* shows how women were able to demand an end to civil war.

More widely in West Africa, women have been very active in organizing themselves.

◀ *Women returning from a farm with vegetables to be sold in a market on the outskirts of Monrovia, Liberia. The market, built with support from UNFPA, is a safe haven for the women and their children.*
©VII Photo/Marcus Bleasdale



▲ *Women police officers teach self-defense to young Liberian women in Monrovia.*
©VII Photo/Marcus Bleasdale

Even before the passage of resolution 1325, the Mano River Women's Peace Network had brought together activists from the West African nations of Guinea, Liberia and Sierra Leone to work for the restoration of peace across the region. The Mano River network, which won the United Nations Human Rights Prize in 2003, was at the forefront of opposition to the Government of Guinea when in September 2009, soldiers in service of a military leader opened fire in a stadium in Conakry, the Guinean capital, where the regime's political opponents had gathered for a rally. In the chaos of the deadly assault, many women were seized and sexually abused.

Still, despite the strength of women's movements, domestic violence remains a

major problem in Liberia. Touching Humanity in Need of Kindness—THINK—is a Liberian non-governmental organization founded in 2003 to counsel women and girls who survived sexual abuse in war time, including some young women who had been military combatants and many others who had been caught in raids by brutal, undisciplined gunmen on all sides. "As fighters moved through villages, they collected girls—girls as young as seven or nine," said Rosana Schaack, Executive Director. "They were used as sex slaves, and after the war they were shunned by their families. Communities did not want the girl or the girl's rebel child," she said. "We had to insure that the rebel child would not be hurt."

Post-conflict, THINK goes on helping girls, young women and a few young men and boys through nine-month-long counselling and training courses. Sexual and gender-based violence has shifted from the scenes of conflict and rampaging rebel militias to streets, homes, schools and other familiar places. Schaack and her counselors concur with Evelina Quaqua in saying that in this environment, the victims usually know their attackers.

Three very traumatized girls of 14 told their stories, individually and in the company of a counselor, in the child-friendly environment of the small THINK headquarters in Monrovia. Stuffed animals were scattered on beds where children and adolescents could rest during counselling; the atmosphere was serene. One girl, from Lofa County in northern Liberia, had been raped by her pastor, who found her home alone one day, invited her to his parsonage, locked her in and told her that if she ever reported the rape he would kill her. Her family pursued the case in the courts, despite threats, and the rapist has gone to

15 WOMEN, YOUTH AND GENDER-BASED VIOLENCE

Gender-based violence occurs more frequently where poverty and social instability are prevalent—for instance, in crises and early recovery situations. Gender-based violence reflects and reinforces gender and social inequities and compromises the health, security, autonomy and dignity of its victims.

Conflicts and natural disasters destabilize social infrastructure, leaving many young people, particularly young women, vulnerable to sexual violence, exploitative labour and trafficking. Minimal services and support are available to gender-based violence survivors and limited law enforcement can result in impunity for perpetrators. In addition, young people are also at a formative time in their transition to adulthood when harmful experiences can have long-lasting physical, psychological and social effects. The damage of gender-based violence to

young people is profound and requires attention across sectors to assess and implement preventative mechanisms and provide appropriate services.

At least one out of every three women around the world has been beaten, coerced into sex, or otherwise abused in her lifetime. The abuser is usually someone known to her. Between 50,000 and 64,000 internally displaced women in Sierra Leone reported experiencing sexual violence by armed combatants. Half of internally displaced women who had direct contact with combatants reported experiencing sexual violence. In the province of South Kivu, Democratic Republic of Congo, local health centres report that 40 women are raped daily on average.

Gender-based violence, especially against young people, is characterized by underreporting because of survi-

vors' fear of reprisals and the limited availability of services such as health care and justice. Lack of accurate and reliable information on trends and patterns also makes it more difficult to take action and to prevent gender-based violence from happening.

In most contexts, survivors lack access to emergency contraception to prevent pregnancy, post-exposure prophylaxis to minimize HIV transmission, treatment for sexually transmitted infections, counselling and other psychological support, collection of forensic evidence, and referrals to legal and social support services within the community.

Source: Youth Zones, by Governess Films in association with UNFPA and the Women's Refugee Commission

jail. Such cases, sometimes involving rape by other trusted figures such as teachers, make a powerful statement to those who have become accustomed to assuming that a victimized girl has little chance of winning in court. The courage of those who go to the police or to court does not pass unnoticed, and each victory helps chip away at impunity.

The second girl was raped by an uncle. A third 14-year-old girl had been raped by a friend of the aunt with whom she was living. This last case demonstrated that police responses are changing. The girl's uncle found the young man involved and took him to a police station, where he was arrested. In all cases, THINK can provide a safe place for

young people to live while in rehabilitation—and after, if their lives are endangered. The organization also has a juvenile transit centre for troubled children, some of whom will be found new homes.

Numerous Liberian organizations, and non-governmental groups in other countries, have begun programmes for young people—often also run by young people—to educate teenagers about sex, the need to be vigilant and the development of positive attitudes. The young, now living in peace, are advised by their peers to reject the behaviour of men and boys who had learned to employ sex and the abduction of girls as tactics of war, while living with a gun and a machete. At the Family

16 THE MAKING OF A MINISTER OF GENDER AND DEVELOPMENT

In Liberia, women have won a major role in national politics through persistent, coordinated action in both a peace movement and campaigns to ensure that women can exercise their rights as citizens, starting with voter registration. The political participation of women was no small factor in the election in Liberia of Africa's first female president, Ellen Johnson Sirleaf. In this environment, the creation of the Ministry of Gender and Development would seem a logical step. But it did not happen overnight.

"The ministry actually came about from years of advocacy by gender activists," said Vabah Kazaku Gayflor, Minister of Gender and Development and a woman who has seen life from the depths of rural poverty to the heights of international recognition. "We began with the establishment of a coordination unit in the Ministry of Planning. Following the conflict, we found there were a lot of women and women's organizations all over the place, and they were looking around for some attention."

The early days were almost comic. "We used to sit on Coca-Cola crates," Gayflor said. "We used a manual typewriter. I remember distinctly how we had one of the first International Women's Day celebrations. And do you know what the budget was for that? "Three hundred dollars."

After the Fourth World Conference on Women in 1995, the Liberian women received support from UNIFEM to establish a task force and begin the push for a full-fledged ministry. "Women spearheaded a bill in parliament," she said. "The ministry was then established in 2001. I became minis-

ter later in 2003." At the time, Gayflor was completing a graduate degree in the Netherlands on women, gender and development. "I was elected in my absence," she said.

"I began by sitting on a broken chair that had three legs and a brick," she said. "You could see the sky from in the building because a rocket had fallen on the roof. I shared my office with insects and birds. We didn't have staff. At the time women didn't even know they had a ministry of gender." Gayflor began an information campaign. "And then elections came. I made noise that women had to go and register." The early registration numbers were disappointing. "I had been invited to go to Harvard for a fellowship, but something told me not to go," she said. She closed the ministry and told the staff to go on a mission to register women across the country. "I told my staff to get to work putting women on the voter rolls," she said. "I told them we have to get out and tell women to register, otherwise we're finished." Then she raised the money for the registration campaign and hit the road herself, sleeping on floors and eating as they went, filling the van with dirty dishes. "One or two weeks later, I got a call from the United Nations Mission in Liberia, saying, 'Vabah, you did it.' And I said, 'What?' They said, 'The women are now 51 per cent of the electorate.'"

"Registration and voting were not gender-sensitive," Gayflor said. "Women working in the market could not leave the market because they did not want to leave their goods. And so we got women to go and sit at their stalls, and they would go and register and come back. If there had been reg-

istration in the market where women work, they would not have had to go through all of that." The subsequent election was historic in Africa.

"We did not just stop at 1325 implementation with the development of a plan of action," Gayflor said. "We've gone far. This is why you have a female president here. We had like 20 per cent of women in the security forces even before we developed our 1325 plan of action. So what we're going to do now is to make it measurable."

Gayflor has learned from life every step of the way to her ministerial office. Her mother died when she was eight years old. But her father sent her to school, where she outshone her brother. "I graduated at the top of my class from high school. So my father was getting good news of me. Oh, she's a girl-boy. Now they appreciate their girl children. You find that many families are finding that not just boys support the family."

Gayflor became a market woman during the civil war, when her father lost his job in a hospital. "The money we had was finished, down to \$2," she said. "From the house I saw the market women going up and down, so I said, where they are going I am going to go there too." She learned to buy and sell to feed her family. She awoke at 5 a.m. to fry plantains to sell as treats to people coming to the hospital to take their medication. She sold whatever she could buy to make a profit. In two years, she said, she earned enough money to leave her father \$2,000 for household expenses. She took \$1,000 and went to Monrovia, where a new life began.

Planning Association of Liberia, Comfort Dunbar Kollie, a young woman who heads the youth education and information centre, said that her messages to adolescents are about safe sex, condom use, abstinence and respectful relationships. Psychological counselling is also offered. “We empower the young with information,” she said. “Adolescents want to do everything on their own. If they have the right information, they will do what is right.”

Across the Atlantic in Haiti, feminist leaders were campaigning before the earthquake struck for better protection from their government, said Olga Benoît, head of the Solidarity of Haitian Women, or SOFA from its initials in the Haitian Kreyol language. The city of Port-au-Prince itself was dangerous, she said. “There were no controls on building, no city plan,” she added, contributing to the destruction of so many homes, schools, hospitals and businesses during the earthquake. “In the first 24 hours we had no one to help us but each other,” she said. “There was no disaster plan, no administration in the early days.” The Security Council and its resolutions may seem very far away, but Haitian women know instinctively why such measures are needed.

Carine Exantus, a student of journalism at the University of Haiti—before it was badly damaged and closed by the January 2010 earthquake—watched life around her and kept a journal of what she saw. Women have been particularly powerless in the months following the disaster in and around Port-au-Prince, the capital, where at least 200,000 people were killed and more than a million were left homeless or in need of survival support. Exantus learned this when she and her middle class family, their home destroyed, fled to a squalid, congested encampment at Place Pigeon, a city

plaza near the now-ruined Presidential Palace. By day, and more so by night, the powerlessness of women was on display, she said.

At Place Pigeon, she witnessed abuse and neglect of women and girls that could not be missed or ignored at such close quarters. She saw women work hard through the day to survive, to find food and water and ways to keep themselves and their children clean and healthy. At night, many got no rest in their makeshift homes. “Many women and girls are housed at the camp,” Exantus wrote in her diary. “They are victims of all forms of violence, physical, moral or psychological.

“In the first 24 hours we had no one to help us but each other.”

The biggest problem of young girls at the camp is taking their showers in public and exposing their bodies to the gaze of strangers. Some boys take advantage of this situation to denigrate their bodies, assaulting them verbally with foul language. Almost every night, we heard screams of women or girls. Their husbands or partners beat them, whip them violently. They are often abused; sometimes they are forced to flee to escape torture.”

Predatory strangers roam the camps, Exantus wrote, reporting that after International Women’s Day on 8 March, a young man was arrested for attempted rape. “The problem is the status of women,” she wrote.

Leaders of women’s organizations say that Haitian women, who are the heads of almost half of Haitian families, are extremely vulnerable in a disaster, since fathers are often absent, leaving women to support children. When alone with their children in the



▲ *Haitians clean the rubble and debris from the streets as part of a UNDP “cash for work” programme in the Carrefour Feuille of Port-au-Prince.*

©MINUSTAH/Sophia Paris

cramped camps sprawled over acres of muddy earth, they cannot easily find sources of income, and police protection has been scant. Benoît was confident, however, that the situation would change. “Women in the camps should—and will—get organized,” she said at the end of April. “First came the needs for food, health.... We have to let the dust settle.” In the meantime, SOFA and others have been documenting cases of gender-based violence in the camps and offering some medical services in its clinic to earthquake survivors. Some hopes are pinned on the all-female Bangladeshi and Indian United Nations Police units, which may be able to improve the security environment in some of the camps where displaced people live.

Benoît said that her organization had been working since the 1980s to change the condition of women and help them find their

place in Haitian society. “At that time, no one talked about the place of women,” she said. SOFA advocated successfully for a ministry of women’s affairs, raising women’s issues to a higher level. “Twenty-five years later you can see the difference,” she said. Working with the ministry, advocates for women were able to win a decree classifying rape as a criminal act, though prosecutions are said to lag behind numbers of reported cases. It is evident that there is still work to be done. “We have to transform the attitudes of judges, the police and health officials,” Benoît said “We have to change the idea that the girl or woman is to blame when a crime occurs.”

The earthquake was devastating to SOFA, which works with CONAP, the National Coordination of Advocacy for Women’s Rights. Both organizations lost influential members who died in the disaster. The Ministry of Women’s Affairs was flattened, just as a high-level meeting of gender activists was taking place. The women who died included two well-known feminist leaders, Myriam Merlet and Magalie Marcelin, as well as the Director-General of the Ministry of Women Affairs, Myrna Narcisse Theodore. In late spring, the ministry’s staff were still working under tents on open space cleared of the rubble of ruined buildings. “The whole movement was beheaded,” Benoît said.

Among the causes that the women who died had been fighting for was the establishment of special sections or separate quarters for interviewing survivors of gender-based violence. Thirteen police stations had these facilities before the earthquake. In Port-au-Prince only one survived, and it was taken over by police officers whose offices had been destroyed. In 2009, a combined effort by

17 REPRODUCTIVE HEALTH IN EMERGENCIES

Women do not stop getting pregnant or having babies when a disaster strikes. In a crisis or refugee situation, one in five women of childbearing age is likely to be pregnant. Conflicts and natural disasters put these women and their babies at risk because of the sudden loss of medical support, compounded in many cases by trauma, malnutrition or disease, and exposure to violence.

Women fleeing war may have to give birth on the run, without even the most basic items for clean delivery. Natural disasters can wipe out medical facilities, and push many women into premature labour. Even in relatively stable refugee or displacement settings, lack of family planning and maternal care can put countless women at risk. Women who die in childbirth leave behind devastated families. Their other children are more likely to die before reaching adolescence. Even those who survive are less likely to complete their education. Urgent safe motherhood interventions can mean the difference between life and death for pregnant women and their newborns, and for other children and relatives under their care

In places where skilled birth attendance and emergency obstetric care are not available, an unplanned pregnancy can be fatal. Many couples would prefer not to risk pregnancy or have a baby during a crisis but lack the means to postpone pregnancy when family planning services become unavailable. Neglecting family planning can have other serious consequences, including unsafe abortions resulting from unwanted pregnancies. Restoring access to safe, effective contraception protects the lives and well-being of women and children and enables crisis-affected couples to manage scarce family resources more effectively.

Prenatal care can save lives and keep expectant mothers and their babies healthy. Prenatal care helps to identify general health problems that need to be treated and educates women and their communities to recognize danger signs during pregnancy. Prenatal care should also address the special nutritional needs of pregnant women.

In times of crisis, the risk of maternal and infant mortality rises. Women fleeing conflict or displaced

by natural disaster are often forced to give birth without access to even the barest essentials for safe child delivery. The most critical interventions for safe child delivery are providing women with skilled care during childbirth and ensuring that women who experience life-threatening complications have prompt access to emergency obstetric care.

Conditions in emergencies increase the risk of exposure to HIV and other sexually transmitted infections. Displacement and the disintegration of families and communities—combined with the breakdown of health and education infrastructure and sudden unavailability of condoms—can lead to a rise in unprotected sex. The possibility of sexually transmitted infection is greater in cases of rape and other forms of coercive sex due to the increased likelihood of vaginal tearing and bleeding. Even in post-conflict settings, a residual culture of violence and shattered legal systems may continue to fuel high levels of sexual violence.

Source: Women Are the Fabric: Reproductive Health for Communities in Crisis, UNFPA

the Haitian national police academy, Haiti's National Coalition Against Violence Done to Women and UNFPA—the first United Nations agency to work with the Haitian police on issues of gender-based violence—trained 770 police recruits in dealing with abused women. Some of these initiatives benefited from a collaboration between Haiti and Brazil, a country with good experience

in creating police posts dedicated to women, as well as well-established reproductive health clinics. Brazil commands the United Nations peacekeeping force in Haiti, and its soldiers have been involved in community work there as well as in organizing visits of Haitian police to Brazil.

Haiti is only one example of how extreme poverty and development gaps complicate the

response to crises and hamper the advancement of women in many countries and make their recovery from crisis extremely difficult. Inadequate political focus on women's issues will often mean little interest in spending more to improve and expand programmes for women, especially in education and reproductive health. At the village level, girls and women who can read and work with numbers are often easy to spot, as they readily join in conversations about development and the needs of women.

Achan had been displaced first by violent raids from nomadic cattle rustlers from the neighboring Karamoja region and then by the Lord's Resistance Army.

In the Ugandan village of Acowa, in eastern Amuria district, Florence Achan is one of those women. She had joined other women, and a few men, to talk about their experiences in a programme to improve local farming techniques, run by ASB (the initials in German of the Workers' Samaritan Federation), a large German non-governmental organization, supported here by UNFPA, the United Nations High Commissioner for Refugees and the United Nations Food and Agriculture Organization. Like the others in the group, Achan, who is 35 years old, had been displaced first by violent raids from nomadic cattle rustlers from the neighboring Karamoja region and then by the Lord's Resistance Army. As others told their stories, the sorrow was so overwhelming that the interpreter broke down in tears. Then Achan stood up and began to speak, in English. She was separated from her husband in the raids and

unable to find him until she was able to go home in 2004. It was not a happy homecoming. "He had got another lady," she said. Achan, with a secondary school education, decided to work through this setback. She learned about loans, and seeds and planting techniques. She persuaded her husband to start over in a farming partnership with her, and he agreed. Together they set out to work their patch of land. He stopped fighting and seeing other women, she said. Agriculturally, everything went wrong in the first year and they had no food. But they stayed together and are planning to start again. "If God brings us water, we can make it," she said, with her husband sitting beside her. "We are reconciled and have started afresh."

International agencies have considerable documentation to support observations that educated women not only have fewer children and send them to school, but also have better economic prospects themselves, among other improvements in family life. Illiteracy, which holds back millions of women, disadvantages them in many ways, including denying them the ability to learn about and seek contraception. Worldwide, there are now estimated to be 215 million women who would like to avoid pregnancy but are not using an effective method of contraception, according to the Guttmacher Institute, a research and advocacy organization. Many, if not most of them, are in poor countries.

In Timor-Leste, Kirsty Sword Gusmão, the founder of the Alola Foundation, a development and educational non-governmental organization, said, "The major challenges that women face today relate to economic independence—or dependence—and the impact of that in terms of the options that are avail-

able in resolving issues such as violence in the home. Women are very financially dependent on men and they therefore often do not have the option of pursuing legal channels, and this shuts off access to other things, like education. That is particularly the case of rural women.”

“You have to remember, too, that the women’s movement here is very young,” said Gusmão, the Australian-born wife of Prime Minister Xanana Gusmão, considered a rebel hero in battles against Indonesian occupation, which ended in 1999. “We had only one women’s organization prior to 1999. We operated, obviously, in a very repressive environment, where ‘NGO’ was a dirty word.”

Kirsty Gusmão said that there is a big interest in and growing demand for family planning, which in a country with one of the highest fertility rates in the world is understood as a way to rein in family expenses. A visit to a village on Timor-Leste’s north coast to talk with local women about this issue led to a debate among them that ended with the consensus that four children was an optimal number. The national fertility rate is well above six births. The women in the village said that government family planning services were often hard to reach and unpredictable in having supplies in stock.

“There are problems in getting the government to roll out services across the country, and to educate nurses and doctors about how to present the options to families,” Gusmão said. “They obviously face opposition from the clergy. It’s a challenging environment but in terms of women’s attitudes I think on the whole there is a great openness to it, and a greater understanding of the link between family size and poverty.” Similar conclusions have been drawn by staff of the Marie Stopes

International organization in Timor-Leste and other non-governmental organizations as well as UNFPA.

Mario Martins da Cruz is a team leader and education specialist for Marie Stopes in Timor-Leste. “There is a need to improve reproductive health not only for women but also for men and the whole community, and that can best be done through information and education,” he said at the organization’s Dili headquarters as he and others from the field talked about their work and their impressions. “We are providing information sessions; we start with reproductive health, the organs in the body. We then talk about family planning and sexually transmitted infections. There are very low levels of

A young woman receives an examination at a clinic in Dili, Timor-Leste.

▼ ©VII Photo/Ron Haviv



Gender-based violence is especially problematic in the context of complex emergencies and natural disasters, where civilian women and children are often targeted for abuse, and are the most vulnerable to exploitation, violence, and abuse simply because of their gender, age, and status in society.

During a crisis, such as armed conflict or natural disaster, institutions and systems for physical and social protection may be weakened or destroyed. Police, legal, health, education, and social services are often disrupted; many people flee, and those who remain may not have the capacity or the equipment to work. Families and communities are often separated, which results in a further breakdown of community support systems and protection mechanisms.

To save lives and maximize protection, a minimum set of coordinated activities must be rapidly undertaken to prevent and respond to gender-based violence from the earliest stages of an emergency. Survivors of gender-based violence may need health care, psychological and social support, security, and legal redress. At the same time, prevention activities must be put in place to address causes and contributing factors. Providers of all these services must be knowledgeable, skilled, and compassionate to help the survivor and to establish effective preventive measures.

Sexual violence is often used as a weapon of war, targeting civilian women and children. Survivors

are at high risk of severe and long-lasting health problems, including death from injuries or suicide. Health consequences can include unwanted pregnancy, unsafe self-induced abortion, infanticide, and sexually transmitted infections, including HIV/AIDS. Psychological trauma, as well as social stigma and rejection, is also common. Most societies



Grace returned to her community after having been abducted by the Lord's Resistance Army.

©Panos Pictures/Jenny Matthews

tend to blame the victim in cases of sexual violence, which increases psychological harm. The exact nature and severity of physical and emotional trauma vary greatly among survivors; not all available response services will be wanted or needed by all. The response to gender-based violence must, however, include a set of available services to reduce the harmful consequences and prevent further injury and harm to the survivor.

In times of crisis, health care services are often severely affected or disrupted. Lack of coordination, overcrowding, security constraints, and competing priorities can contribute to an even greater decrease in available and accessible health services, especially for women and children. Well-functioning and accessible health services also make a difference to women's ability to reduce risks to their and their children's health.

Although most survivors of sexual violence do not disclose the abuse to anyone, some will talk with a health provider if health services are physically or geographically accessible, confidential and sensitive; accommodate private consultations; and are of good quality. Health centres may serve as a first "neutral" location to provide information and counselling on women's and girls' reproductive health. Women may be more able to access this type of information if it is within the context of basic health care and not provided by specialty or separate programmes.

Source: Guidelines for Gender-based Violence Interventions in Humanitarian Settings, United Nations Inter-Agency Standing Committee

knowledge in the country. Many people are happy with what we are doing. They know that information can help to improve their lives. But we do still have some women who are scared of their husbands. The reality is that there still is not enough information out there, and the information that many people have is often negative.”

At the Caritas St. Antonio Motael Clinic in Dili, Madre Idalia Taveras, the Carmelite nun who heads Caritas’ Dili office, said that women are coming there to ask for information about contraception even though the Catholic Church is opposed to modern methods of family planning, and people are often unsatisfied with what government clinics offer. More than a decade ago, women were ordered to use contraceptives to limit their families to two children, and the threat of sterilization hung over them if they did not comply, she said. Those days are gone, and the Motael clinic, named for the church on whose grounds it is located, now tells women and their husbands that they are free to make their own choices.

Because this is a Catholic institution, the clinic explains both the church’s moral position on family planning and the modern options available, but it does not dispense modern contraceptives as part of its extensive medical services for men as well as women. The clinic was able to give women the beads that serve as daily reminders of the progression of menstrual cycles, though these are no longer recommended or distributed by most international agencies because they are not considered reliable or effective. However, for Timorese women, who favoured them, they are a family planning method that will not put them at odds with the church. Sometimes the

use of beads is also a first step towards modern family planning. The clinic was looking for new sources of supply.

The Carmelite nuns, with their frank reproductive advice, have not escaped the attention of church leaders. But they have explained to them, Madre Idalia said, that the nuns are only helping people exercise their right to information.



CHAPTER FOUR

In times of crisis, gender relations in flux

Fleeing from the Democratic Republic of Congo, a man in distress told an aid worker talking with refugees in Uganda that he could no longer bear to watch helplessly as others around him were brutally abused. He had learned how powerless men could be in the face of utter lawlessness and unchecked violence. He had also suffered sexual abuse, unable to save even himself from gender-based violence. “We are cowards; we feel bad,” he said, “That’s why we all left.”

As the world and its global institutions have turned a long-overdue spotlight on the abuse of women in conflict and disaster, it has become evident to many people working in disrupted communities that men also have suffered a range of abuses. Healing them and restoring their damaged sense of worth in society is now seen as crucial to the long-term success of reconciliation and rebuilding. Women and men are working together not only in the physical reconstruction of homes and communities. They are also talking about shifting gender roles and the breakdown of age-old definitions of masculinity, which may result from both conflict and displacement.

United Nations Security Council resolutions and other United Nations documents have for years used the word “civilians” to cover all men, women and children affected by war, even when they were largely intended to address violence against women and girls.

Gender-specific killing such as the slaughter of thousands of men and boys in Bosnia and Herzegovina in the mid-1990s, as part of what the world came to call “ethnic cleansing,” was condemned for what it was. But these developments did not translate into a sustained campaign for the end of violence against men and boys.

A focus on men and boys does not come without controversy. Among many women and in some women’s advocacy organizations there is concern that long, hard battles for recognition, justice and compensation for women must not be allowed to wane as more attention turns to men. After all, violence against women remains high and in some places growing. For example, in Africa in 2008 the Goma Declaration on Eradicating Sexual Violence and Ending Impunity in the Great Lakes Region noted that sexual and gender-based violence,

◀ A Thai United Nations Police officer (front, left) and an officer with the Vulnerable Persons Unit of the Polícia Nacional de Timor-Leste (PNTL), at right, respond to a call near the village of Gleno.
©UN Photo/Martine Perret

particularly against women and children had reached “pandemic” proportions and was “not only related to crisis situations and war.” And in Bosnia and Herzegovina, where the use of rape in war in the early 1990s led to the inclusion of sexual abuses of all kinds as internationally recognized war crimes, the government’s Gender Center reported in 2010 that domestic violence has been on the rise, 15 years after a peace agreement ended the conflict.

Yet many if not most actors in the global battle against gender-based violence, women as well as men, welcome a greater focus on men and boys as an important development because men are seen as part of a lasting solution, even when male behaviour is considered the problem.

In some traditional societies, the language of feminism and women’s rights has been greeted with alarm by men, and needs to be translated carefully into local languages and culture in order to draw men into the discussion of societal changes, which are taking place everywhere. That was the opinion expressed by Otellu Eyatty, the superintendent of police in Amuria, a rural district in eastern Uganda. He said that the use of language drawn from the global North created misunderstanding among the men in his area, already under stress from the helplessness they felt after losing their cattle herds to rustlers from the neighboring Karamoja region, home to armed clans. “They did not know what is empowerment,” he said. “It sounds threatening to a man—like the women would take all his power away.” How these ideas are presented, he said, makes a big difference in the success or failure of understanding gender roles.

Men in several regions of Uganda have endured many psychological and physical assaults, and these are emblematic of what has happened in numerous other places where conflict or disaster has disrupted life, including Liberia, where an estimated 30 per cent or more of men may have been abused during years of political turmoil and civil war. There is the obvious category of violent physical assault such as rape, often by armed groups. The Refugee Law Project at the renowned Makerere University has documented these abuses in stories of displaced people within Uganda and refugees from the large Great Lakes region, in particular the Democratic Republic of Congo. The results of the project’s research formed the basis of a 2008 film, *Gender Against Men*.

In the film, a Congolese refugee, his silhouette shown in darkness, described being sexually abused by “many” unidentified soldiers from one of Congo’s warring factions. “I do not know the number,” he said. “It causes me a lot of trauma. One does not really know how to live as one did before.” Most chilling on several levels was his explanation for his attackers’ behaviour: “We were worth nothing,” he said. “They were putting us in the place of women. [They said] we are going to show you that you are all women. You are not men like us.”

The hurt borne by men is not always directly physical. There is also, often hidden, psychological trauma inflicted, often for the purposes of intimidation and humiliation. These are soul-destroying because they strike at a man’s sense of who he is, or at his maleness, Chris Dolan, Director of the Refugee Law Project says in *Gender Against Men*. “Many of the conflicts involve conflicts of

identity: ethnic identities, political identities, and even trying to identify who's in, who's out, who's deemed worthy or not worthy. Humiliation is a key issue. How do you humiliate and prove that those who are out should be out? How do you establish your supremacy, your right to control? A lot of that seems to be achieved through particular forms of violence. The use of sexual violence, I think, is very much about kind of going right to the heart of individual and group sense of self."

Men and children are forced to watch a wife and mother being raped by armed assailants while they are unable to stop the attack. Sometimes, the victims are sisters, elderly parents or other relatives. Sometimes, the man of the house is tied up to restrain him while attacks are going on. Children are present; the psychological harm to them is immeasurable. In *Gender Against Men*, a young woman tells how her brother was killed because he refused at gunpoint to rape her.

When men have lost their homes and livelihoods to conflict and are confined to refugee camps or temporary settlements for displaced people, another factor emerges: men often lose their sense of usefulness and worth. They see women taking charge of the family's fragile economy, buying and selling whatever they can, bartering for food or other necessities, sometimes prostituting themselves for money to put food in empty bowls. The shift in traditional gender roles is now widely considered to be a factor in the rise of domestic violence within camps, which may continue after people return home or are resettled in another country. A recent report for the United Nations by the Internal Displacement Monitoring Centre,



set up by the non-governmental Norwegian Refugee Council, found that the number of people forced out of their homes within their own countries worldwide had jumped from 17 million in 1997 to more than 27 million in 2009, the largest number since records have been kept following outbreaks of civil wars and internal conflicts in the 1990s. The threats to domestic peace and confusion about gender roles can only grow. The research shows that while peace agreements and ceasefires agreed around the world in the first decade of this century may have reduced displacement in some places, new crises have arisen elsewhere. Pakistan had the highest number—about 3 million—of internally displaced people in 2009, partly because of a spreading Taliban insurgency and the government's military response. That number rose—perhaps by several million—in August as floods devastated parts of the country.

▲ A group of young people in front of a school in Amuru, Uganda.

©Panos Pictures/Jenny Matthews

Distress among men, apart from lacking a broad international campaign to make people more aware of it, often goes unnoticed and untreated because men do not seek counselling and help as often or as soon as women do. Alumai Francis, Training Coordinator for the Transcultural Psychosocial Organization of Uganda, says this: “The issue of dealing with men is the issue of acceptance. Then you link the issue of acceptance to the issue of masculinity. No man can get up and be announcing to the whole world that he is defeated. They try to cope. And in most cases from my experience, you find that this lack of opening up...is now turned into other forms of behaviour. You find that behaviour and habits like alcohol abuse is increased, the issue of domestic violence, and forms of rape.”

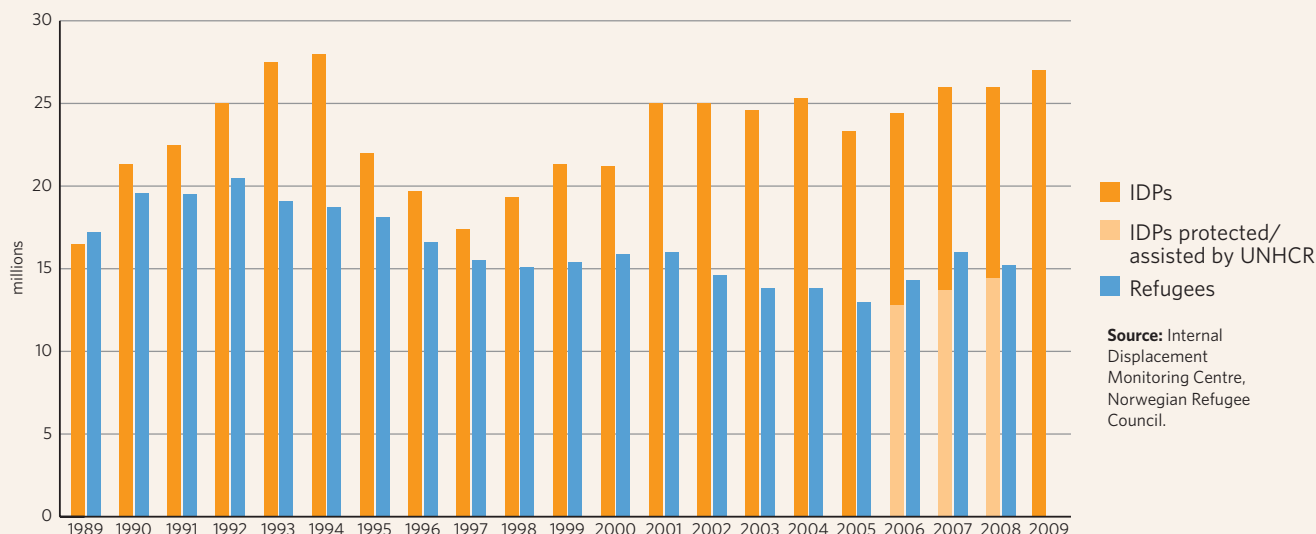
“When you look at men in their families you find that just like women and children, they equally need counselling,” he said about conflict stress as he joined a conversation with other non-governmental organization representatives gathered at UNFPA headquarters in Kampala. “To get them into that setting to get support isn’t easy. The man will only accept support when he is completely down. When you bring them to counselling centres, they think counselling is for people with mental problems. To be brought to a counselling centre, they believe that you aren’t sick, you are actually mad. So being seen at the counselling centre is unacceptable. What will the community think about it? What will the community say about you? So that makes most men run into denial. That denial [again] takes other forms of negative behaviour: alcohol abuse, domestic violence, child

abuse and all that.” Social workers living in communities where families have returned from displaced people camps are helping to make men less reluctant to seek help, he said. But it takes time.

The psychological distance men must travel is often enormous, not only to adjust to new realities in post-conflict situations but also to seek help when that adjustment process overwhelms the ability to cope. In a paper Chris Dolan wrote a decade ago, *Collapsing Masculinities and Weak States—A Case Study of Northern Uganda*, he said that stereotypes and models of perceived masculine and feminine behaviour were deeply entrenched. In that scheme of things, women are always second-class citizens. Against that background, new thinking among women who have emerged from disruption with survival skills honed by necessity and want to carry a measure of economic and social independence into a resumed village life, is a monumental challenge to men who might have assumed that they would quickly take back all their authority and domination.

Among Palestinians in lands occupied by Israel, old views of gender roles are similarly challenged, if in different ways and for different reasons, according to Ziad Yaish, Assistant Representative for UNFPA’s programme in the Occupied Palestinian Territory. Yaish has written a master’s thesis on the subject for Birzeit University in which he focused his research on the Palestinian city of Nablus, where families have endured decades of occupation and sporadic military attacks. Israeli settlements are expanding in the Nablus area, connected by roads Palestinians are not permitted to use.

Trends in Internally displaced persons and refugees, 1989 to 2009



Nablus, an ancient city with a long history of resistance, has been battered by Israeli assaults and intrusive search operations. The city is more or less circumscribed by Israeli barricades that limit access, as road blocks are sometimes rearranged without warning, causing residents lost time as they look for open routes. The local economy is in bad shape, jobs are scarce and unemployment high. Yaish was interested, he said in an interview, to learn how households negotiated authority in this crisis situation.

“I wanted to know how men feel about the whole situation, and the effect of the occupation on gender roles in the family,” he said. “I wanted to study men, and husbands in particular, and also their relations with their wives and their children. The whole idea started when I saw men at Israeli checkpoints getting humiliated—sometimes strip-searched, interrogated in front of their families. My thoughts were about how those men react when they go back to their households.”

“Studies on the effect of war and armed conflict on masculinity in the Arab World are limited,” Yaish wrote in his thesis. “The whole concept of masculinity is new in the Arab World.” He said that searches through bookstores and libraries in Cairo, Amman, Damascus and Jerusalem produced few relevant books or articles.

In the Nablus area, Yaish divided his subjects into men under 40 years old and over 40, to see if generational differences arose. He also talked with women married to unemployed men. “Men are supposed to be the providers and the protectors. But here when they lose their jobs it seems that women take over in terms of trying to provide for the family. Women try to do some income-generating projects [or] get jobs to get an income.” Older men, he found, tend to disengage from the family if they feel marginalized by women, many of whom try to give them psychological support in the hope that one day roles will revert to “normal.”

In Gaza, where life is even more circumscribed for Palestinians than in the West Bank, a group of women speaking by video link to the UNFPA office in Jerusalem, said that they have seen changes in men's and women's roles and attitudes in recent years as the territory became more and more isolated. Sabha Sarhan, who since 2003 has organized rural women into self-help clubs that teach, among other things, food production and preservation as income-earners, said that women recognized that life has been bad for the minds of men, and they found ways to try to keep peace in their homes. "Men get frustrated over small things," she said, "like not being able to buy cigarettes. But women are smart. They can earn money to support men and avoid violence." Sarhan said she was committed from the start of her rural projects to breaking the custom of confining women to their homes, and she thinks that the Palestinian women of Gaza are stronger now, in part because of what they have endured and had to work through to keep themselves and their families alive.

Maryam Zaqoot, a human rights activist and Director of the Culture and Free Thought Association in Gaza, added that her organization and others recognized that conflict with Israel affected men more than women in many ways and, on the positive side, has contributed to more shared efforts to alleviate hardship. "Men are becoming more aware of women," she said. She was echoed by Fiza Shraim, a Palestinian pioneer in improving midwifery and maternal health care under extremely difficult situations, who said that she had observed that fewer young men seem to look for docile, uneducated wives who will stay at home,

but are seeking women with skills who can work and help sustain families. She also said that she sees more men helping around the house, a concurrent development and sign of changing attitudes.

In the West Bank, Yaish found that women often excuse abusive behaviour because they believe that men without jobs need their help and support. Younger unemployed Palestinian men do not disengage or withdraw from family life, as many older men do, but are restless and actively continue to look for jobs. To pass the time, they meet with friends, talking in coffee shops, if they can afford that, or just collecting out on the streets. "They are very angry, they are frustrated," Yaish said. "Younger men resort more to violence to assert their masculinity in the household." Palestinian men do not usually seek or accept psychosocial counselling, which is offered by numerous organizations. But both men and women, in Yaish's findings, spoke of becoming more religious in a search for inner peace and the ability to cope with a hard life.

"You always look at masculinity in relation to femininity—you have to look at them together, Yaish said. "Here...I notice a lot of programmes that talk about gender-based violence but always...about women. It becomes a women's issue. But I think it is not. It is a women's *and* men's issue at the end of the day."

19 WHEN WOMEN ARE THE COMBATANTS

Feminists have often argued that women are natural peace-makers and would choose non-violent solutions rather than conflict whenever possible. Since ancient times, however, women have gone to war, and the conflicts in contemporary times have involved many women, by choice or forced recruitment. Ethnic conflict and nationalistic or class-related causes have drawn committed women into civil wars and sometimes terrorism. High-technology warfare waged by developed nations has attracted women to careers in the military, where they seek commanding roles in competition with men.

Swati Parashar, a lecturer at the University of Limerick in Ireland, writing recently about feminism and armed conflict in Sri Lanka, where up to a fifth of the cadres of the Liberation Tigers of Tamil Eelam were girls or women, raised relevant questions. "Women who support and indulge in both discriminate and indiscriminate violence against institutions of the state and unarmed civilians not only redefine notions of nationalism, gender and religious identity, but also highlight their complex and problematic relationship with feminism. To what extent does participating in militant activities and armed combat provide women with opportunities to transcend conventional gender roles?... How are militant women influenced by these political movements and how do they influence these movements?... How does/should feminist international relations approach these militant women?"

A subsequent question might be: What happens when fighting ends

and these women go home? Nepal and Sri Lanka are now going through processes of reintegrating former female combatants. A cautionary warning about some post-conflict expectations among women who chose to fight alongside men was offered by Sara Emmanuel, writing in the ISIS Newsletter in June 2007. "In



A Maoist soldier in Bhojpur, Nepal, in 2005.
©AFP/Getty Images

El Salvador," she wrote, "women ex-militants looking back on their lives as fighters, speak of experiencing some kind of liberation from social restrictions; new sexual freedom and liberation from conventional perceptions of motherhood; hope of finding a means of overcoming poverty and oppression and bringing about a better future. However, the realities that peace and demobilisation brought were very different. The women were separated from their comrades, they lost their weapons, they had to sud-

denly go back to their families and reintegration was difficult. They felt lonely and isolated. They needed emotional care and support."

In Nepal, women played many active roles during a 10-year armed conflict between government forces and a Maoist insurgency. Women were combatants, state security personnel, sole breadwinners for households, researchers, activists, journalists and politicians. The image of women with guns was a new reality in Nepal that challenged the age-old perception of women as subservient members of society. After the signing of a peace agreement in 2006, space opened up for women's participation in peacebuilding. An interim constitution introduced "women's rights" as fundamental and pledged non-discrimination on the basis of gender. In 2006, a parliamentary resolution was passed to reserve 33 per cent of seats for women in all state bodies.

Women made up about a third of the Maoist forces, and many of them were children when they joined. In February, when the Maoists discharged 3,000 minors from their People's Liberation Army, about 1,000 of them were girls. As part of a joint United Nations support programme, led by UNFPA, reproductive health services were provided to former combatants and technical help was offered to ensure a gender-sensitive approach to the planning and implementation of the military discharge process.



Youth: the future of post-conflict societies

In the late afternoon and evening on the beachfront of Dili, the capital of Timor-Leste, school-age boys and young men with time on their hands gather to pass the time swimming or fishing or just lingering among vendors and others working along the waterfront. Timor-Leste has a lot of young people, as do other countries rebuilding after conflict. The challenge is involving them in the task, and in equal partnership between men and women. More than a

third of Timor-Leste's total population of about 1.1 million is between the ages of 10 and 24, and the median age of Timorese is about 22. The country's population growth rate, estimated to be about 3.3 per cent annually, is almost double the world average.

In Timor-Leste, fully independent only since 2002, jobs for young men and women should be an urgent priority in post-conflict policies, says Ameerah Haq, who as Special Representative of the Secretary-General heads the United Nations mission there. In the absence of jobs, youth crime has been on the rise in the country, and martial arts groups have turned into street gangs, responsible for more public crimes, in markets and along roads, according to a 2010 report from EWER, the Early Warning and Response project created in 2008 as a partnership between Belun, a Timorese non-governmental organization working to strengthen civil society, and the Center for

Conflict Resolution at Columbia University in New York.

The conflict that ended in 1999 laid waste to an estimated 70 per cent of the local economy, which is still heavily based on small-scale agriculture. Timor-Leste is not poor in natural resources; it has significant income from oil and gas development in the Timor Sea shared with neighbouring Australia. But this has not created many jobs or fostered industrial growth in Timor-Leste. Haq is looking for ways to encourage entrepreneurship, however small scale and especially among women, many of whom are young.

In facing a demographic challenge at the same time that its people are still recovering from the scars of occupation, an economic slump and periodic outbreaks of political violence, Timor-Leste is not alone. In the world today, more than 1.8 billion people are between the ages of 10 and 25. By some accounts 3.6 billion people are under the age

◀ *Haitian children sing before dinner at the Garden of Patience orphanage in Port-au-Prince, Haiti.*
©VII Photo/Lynsey Addario

Access to safe, dignified and sustainable livelihoods for young people is vital to their protection and reduces their risk of exploitation and abuse. Promoting economic opportunities for youth through market-driven non-formal education, vocational skills training, income-generation activities, micro-credit schemes and agricultural programmes can play an important role in encouraging young people to contribute to society and helps strengthen their capabilities.

The importance of viable livelihoods for young people is underscored by the fact that a country emerging from civil war faces a 44 per cent chance of returning to conflict within five years if economic growth does not occur. Providing livelihoods to youth is an integral part of peace consoli-

dation and economic development. As the majority of refugees today are displaced for an average of 17 years, an entire generation could lose the opportunity to learn the skills and knowledge necessary to rebuild their communities and countries. Despite this, young people are among the most underserved of crisis-affected populations; the international community needs to make a concerted effort to ensure that the potential of young people is not lost in complex humanitarian situations.

In one study, 60 combatants interviewed who represented 15 armed forces in different countries in West Africa unanimously identified crippling poverty and hopelessness as key motivations for becoming combatants. A 16-year longitudi-

nal study of former child soldiers in Mozambique found that while they seemed to be doing well, all reported that their daily economic situation has been, and continues to be, one of the major obstacles to their transition to civilian life.

While the focus in emergency situations is often on the provision of food and shelter, many youth lack productive and engaging activities that give them skills and hope for the future. Most crisis and early-recovery situations lack integrated livelihood interventions.

Source: Youth Zones, by Governess Films in association with UNFPA and the Women's Refugee Commission

of 30, more than half the global population. In developing countries generally, and in nations emerging from conflict and disaster in particular, young people account for a large proportion of the national populations, giving them a huge stake in the future. In post-conflict areas, their young lives may have been shattered by violence, deaths of close family members, displacement from their homes and in many cases coerced recruitment into armies and rebel movements. Girls have not escaped conflict, as armed fighters have abducted them, some in their school uniforms walking to classes, and turned them into sex slaves, cooks, porters and other auxiliaries tasked with back-breaking and soul-destroying work.

Returning youth to a life even close to normal is the first priority where violence has engulfed children. Relief workers say that children respond to some sort of order in life: a classroom, organized sports or playtime, regular meals. In the longer term, young people, once reintegrated and given the benefits of education and training, have the best chance of insuring that their communities and countries can develop in peace. They have years ahead of them to work at changing the conditions, attitudes, cultures and sometimes the politics that led to conflict. Moreover, many younger children will be following them into adulthood and looking to today's youth for direction. High fertility rates in societies where reproductive health services are not always

21 YOUTH'S ACCESS TO FAMILY PLANNING AT RISK DURING CONFLICTS AND EMERGENCIES

Responding to family planning needs during emergencies is vital. Young people are affected by the loss of normal family and social support mechanisms, and systems for providing family planning information and services may be disrupted or inaccessible. Young women and girls are a high-risk group, particularly in emergencies when they may be compelled to engage in high-risk sexual behaviours, such as trading sex for food or security, or to meet their own needs or those of their families.

In any setting, but particularly during emergencies when family planning needs may not be prioritized, young people have the right to receive accurate and complete information about sexual and reproductive health, including family planning, and to

access services. This will help them make informed and responsible decisions about their sexual behaviour. But in many situations, parents and other adult community members may be reluctant to discuss contraception with young people because of cultural or religious norms that prohibit sexual relations before marriage. Health workers may also be unwilling to provide family planning information or services to young people, particularly to those who are unmarried, because of their own personal beliefs or due to cultural pressures.

In any displaced population, approximately 4 per cent of women of childbearing age (15-44 years) will be pregnant at a given time. A study of 575 adolescents in a refugee camp in northern Kenya found that

70 per cent were sexually active and engaged in unplanned and unprotected sexual intercourse. More than 60 per cent of the world's maternal deaths occur in ten countries, nine out of ten of which are in the midst of or in the aftermath of war.

A recent study found that conflict-affected countries receive 43 per cent less reproductive health funding than non-conflict-affected countries, and family planning funding for conflict-affected countries fell from \$20.1 million in 2004 to \$1.9 million in 2006.

Source: Youth Zones, by Governess Films in association with UNFPA and the Women's Refugee Commission

accessible or tradition favours large families create a youth bulge in national population profiles.

According to the World Bank, when the percentages of children from birth to age 14 are calculated in the post-conflict countries or territories sampled for this report, only Bosnia and Herzegovina has a demographic profile in common with other developed nations, with 15.7 per cent of its people in that 0-14 age group. In Liberia, Timor-Leste and Uganda upwards of 40 per cent or more of the population ranked in the birth-to-14 age group. In Haiti, 36.7 per cent of the people are under 14. In the West Bank and Gaza, an estimated 42 per cent of the population is under the age of 15.

Young people can be a “demographic dividend” for years to come, providing the labour and skills needed to rebuild cities, economies and lives—but only if governments with many priorities do not overlook the training and health of youth. Overcoming the deeply rooted trauma of conflict, restarting interrupted education systems and creating new sources of production and income will fall heavily on the young over coming decades.

It is not easy work when the young still bear psychological scars. In Bosnia and Herzegovina, ethnic tensions continue to fester 15 years after peace was established in 1995. In October 2009, for example, a scuffle between Croats and Bosniaks after a soccer match resulted in the death of a



▲ Saliha Đuderija, Bosnia and Herzegovina's Assistant Minister for Human Rights and Refugees, says that the issue of compensating abused women had not received the official attention it deserved.

©Vil/Antonin Kratochvil

24-year-old fan. The incident distressed Dubravka Salčić-Dizdarević, a physician at the National University Hospital in Sarajevo and one of Bosnia's leading psychotherapists, who said in an interview that, seeing youth motivated by raw ethnic hatreds of an earlier generation, she fears for the future of the country, which has not yet completely emerged from the trauma of the 1990s.

Salčić-Dizdarević, who is also Medical Director of the Center for Rehabilitation of Torture Victims in Sarajevo, founded in 1997, has seen trauma transferred to children in many cases. "Victims are not only the people who have been directly tortured during the war," she said. "Torture also has the aim of victimizing the whole family." A Bosnian survey estimated that 200,000 people had experienced torture in the war and that about 30,000 people died as victims of torture in detention. "Our centre has received for treatment about 10,000 people in 13 years, and the average time spent in the rehabilitation process is about three

years," said Salčić-Dizdarević, who remained in Sarajevo during the 1992-1995 war and was among the first specialists to begin intensive work with war victims. In the process, the children and spouses of victims are also treated for trauma, some belatedly. The time for healing is not over.

Saliha Đuderija, Assistant Minister for human rights and refugees in Bosnia and Herzegovina, was equally alarmed at the outburst of youthful football fan violence, and also at the spectacle of one ethnic group closing ranks to protect the alleged assailant. "Society is becoming tolerant of this," she said in an interview. "What kind of a country are we when a community protects a criminal?"

But there are also very positive developments. There is an annual multi-ethnic Kids' Festival in Sarajevo, a project of UNICEF, supported by several governments. The festival brings together artists, musicians, filmmakers and authors of children's books from across Europe to provide an enriching few days of cultural events. For the second year, children were invited in 2010 to write on a "wall of wishes and demands" to let their leaders know what they think their communities need. Children were promised a chance to meet later with influential adults to discuss their concerns. The Government of Bosnia and Herzegovina has begun a pilot project in 10 municipalities on the social protection of children, and involved them in community affairs, including advocating for their rights.

Young people from Bosnia and Herzegovina, who have travelled around Europe and abroad, have been joining in activities in the Balkans region to break

down ethnic barriers. In May 2010, young Bosnians attended the fourth annual Days of Sarajevo Festival in Belgrade, the capital of the Republic of Serbia. There they took part in panels on not only such timely topics as violence at sports events but also on more general issues of concern. One of the panels, held at the aptly named Center for Cultural Decontamination in Belgrade, was titled “How to avoid repeating our past.” Music, theatre and an exhibition by young photographers illustrating the daily life of Sarajevo’s people were all part of the event, which had the backing of both Bosnia and Herzegovina and the Republic of Serbia. The mission of the annual event, in the organizers’ own words, is “to promote communication and reconciliation between Bosnian and Serbian youth, providing a meeting place for them to face the past and the future together and helping to establish stronger links between citizens of the two cities.”

In northern Uganda, where the Lord’s Resistance Army (LRA) for nearly two decades abducted tens of thousands of children and forced countless numbers of them to commit crimes against their own families and communities, strong local non-governmental organizations backed by international agencies and government aid programmes are at the forefront of recovery efforts. A number of them are focused on young people.

“Youth are the backbone of the post-conflict recovery and peacebuilding process in northern Uganda, and they cannot be ignored in any post-conflict reconstruction programmes,” says a publication from the Youth Leadership Project of the Gulu District NGO Forum. Gulu is northern Uganda’s largest town and the centre of the economy

in a region inhabited by the Acholi ethnic group. The larger Gulu district and some neighbouring areas were the centre of the atrocities carried out by the LRA, under the leadership of Joseph Kony, an Acholi who turned on his own people and caused horrendous suffering with acts of extreme brutality.

The Gulu Forum network is open to any non-governmental or civil society organization that adheres to the principles of human-rights-based development. In youth work, the Gulu Forum and groups have

“Youth are the backbone of the post-conflict recovery and peacebuilding process in northern Uganda, and they cannot be ignored.”

focused on conflict resolution, including studying traditional justice mechanisms, and on the training of young people to build their capacities for development work across economic sectors. At the same time, it has encouraged academic study through the Youth Leadership Project, giving some scholarship aid to students in the northern Uganda region.

One of the leading groups in the Gulu network is the Straight Talk Foundation, a national organization based in Kampala, with branches in Gulu and a few other towns. In Gulu, it runs the Gulu Youth Centre, a multi-purpose haven for young people. With support from UNFPA and USAID through the Civil Society Fund and Save the Children in Uganda, the Gulu Youth Centre has become a major provider of sexual and reproductive health care for young people in northern Uganda. It provides HIV testing

Conflict-affected populations, particularly young people, are at a high risk of HIV exposure and infection due to the insecurity and resulting heightened vulnerabilities that occur during conflict. The disruption of sexual and reproductive health services and lack of access to HIV prevention information and services can increase a young person's vulnerability to HIV.

In emergencies, family and community structures that normally influence behaviour are weakened, and the resulting poverty, social instability and powerlessness can lead youth to exchange sex for food, protection or other services. The use of sex as a survival strategy during emergencies, especially among women and girls, raises vulnerability to HIV.

Recent conflicts have led to the mobilization of young boys and girls in fighting forces, placing them at risk of HIV infection resulting from sexual violence by older officers, explicit orders from commanders to rape or peer pressure that promotes risky sexual behaviour. A growing body of evidence exists on the trajectory of HIV and AIDS among uniformed officials and demobilized personnel; they are more likely to spread the infection because they are highly mobile, mostly young and equipped with the means to purchase sex or use power and weapons to exploit or abuse others. However, with the proper engagement and training, young people associated with fighting forces or armed groups have the potential to become "change

agents" in assisting their communities with HIV prevention activities, thereby becoming part of the solution rather than a potential part of the problem.

At least 15 million young people are impacted by HIV and AIDS in conflicts and related emergencies around the world. In sub-Saharan Africa, the region with the highest concentration of global emergencies, 57 per cent of adults with HIV are women. Young women 15 to 24 are more than three times as likely to be infected as young men.

Source: Youth Zones, by Governess Films in association with UNFPA and the Women's Refugee Commission

and counselling, treats sexually transmitted infections, gives family planning advice and distributes supplies, including emergency contraception. It aligns active programmes to youthful interests to spotlight and promote a reduction of gender-based violence and negative cultural practices. Break dancing with positive life messages provides entertainment.

In its reproductive health work, the Gulu Youth Centre has been faced with disquieting findings about the lives of girls and young women. Among older teens, the rate of HIV infections is much higher in the female population than among boys and young men. The centre sees several reasons for this: early marriage of girls to much older men who had previous sexual partners, forced marriages to men with several wives and young girls using

sex for money to pay for basic needs like food and schooling. Violence against women has also been a concern in northern Uganda, where HIV/AIDS prevalence, at about 8.3 per cent, is considerably higher than the 6.4 per cent national average: In itself this is a very high rate by international standards. Faith Lubanga, Manager of the Gulu Youth Centre, said that no topic is taboo in discussion groups, where young people often ask for information on topics such as sexually transmitted infections or alcoholism, problems among men that worsened with conflict. "We are dispelling myths, like you can wash away HIV with Coke," she said.

The Gulu Youth Centre has about 1,350 visitors a week, Lubanga said. Its youth-friendly environment is evident in its discreet

consultation rooms and clinical facilities. Sarah Lanyero, the clinical officer at the six-year-old centre, said that its counselling on family planning began in 2006, and is available for young people from ages 15 to 24. In years past, the clinic had seen cases of unsafe abortions, many of them self-induced with local herbal concoctions or drugs. Now these cases are rarer, as young people learn about responsible sex, she said. Lanyero also counters myths surrounding sexual and reproductive health and family planning, such as that contraception will cause abnormal future babies, or that without menstrual periods (the side effect of injectables) blood collects inside the body, requiring surgery.

The Gulu Youth Centre reaches out to young men and women. As a strategy to get more men involved in discussions, Lanyero said that the centre does not advertise public programmes as family planning events, but as broader information sessions on family economics and health that lead to thinking about contraception. “Men are beginning to come in to ask about family planning for their wives,” she said. At a table on the veranda of the Gulu Youth Centre are copies of the Straight Talk Foundation’s newspapers designed to appeal to and inform boys and girls. *Straight Talk* is a newspaper for older adolescents and *Youngtalk* is targeted to upper-primary grades. Radio shows, some aimed at parents, are broadcast in more than a dozen languages nationally, on 39 FM stations across Uganda. With a panoply of media attuned to youth, the foundation’s messages get wide circulation.

A pronounced phenomenon in Uganda, also present to varying degrees in other post-conflict areas, is the growing presence

and authority of young local professionals, many of them women, in post-conflict programmes of all kinds. At the Gulu office of War Child Canada, a non-profit organization based in Toronto, three of these young Ugandan women gathered to talk about the legal protection service they run for women and children. “Legal protection and intervention for women and children are one of the last rights addressed after food, water, housing, health and psychosocial counselling,” said Vanina Trojan, a Canadian who is legal protection coordinator in Gulu, as she introduced her three young Ugandan staff. “We want to reestablish the legal rights framework, and this is definitely not a priority in areas of conflict.”

Annette Okwera, the head of paralegals for the Gulu district, spoke about some of the cases affecting children that her office has encountered. Before the war, “our culture was close,” she said. “The war disrupted that. Now people returning to their homes are left alone without the support of their clan.” She said that sexual abuse of children is all too frequent, and there are also many cases of child neglect. But getting people to take cases to the police or a court can be frustrating in families more accustomed to traditional clan justice systems run by elders—systems that are only slowly beginning to reemerge—or under social pressure not to make allegations public.

In Haiti, where armed gangs of young men had challenged United Nations peacekeepers long before the 2010 earthquake, numerous organizations have been working to direct youth into constructive community involvement. These efforts, though often still mostly small, have been accelerated, as much as slim funds can support, since

the earthquake. UNFPA, which had lost its headquarters in the disaster and was working from rudimentary temporary quarters, stepped in soon after the earthquake to train young people and put them to work in camps for the displaced. Young people, between 15 and 24, represent 22.7 per cent of Haiti's population, and could be a powerful force in Haiti's reconstruction. Like the United Nations Development Programme and other agencies, UNFPA supported cash-for-work initiatives, recruiting young people to assemble "dignity kits"—a package of hygiene essentials such as soap, toothbrushes, underwear, supplies for menstruating women or other things especially relevant to any given situation—for distribution among the displaced population.

Youth volunteers supported by UNFPA, UNICEF, the World Food Programme and the World Health Organization, with backup

"When we talk about reconstruction, it has to include social reconstruction."

from United Nations Police, also helped distribute supplementary food to children, pregnant women and new mothers. In another project, young people joined professional researchers to survey the number and needs of people displaced by the earthquake. The researchers found that women named a lack of privacy and separate latrines as important to their ability to avoid rape and other gender-base crimes.

The Haitian Government's Ministry of Youth and Sport was able to set up day camps for about 1,000 displaced children ages 11 to 16 outside the city of Port-au-Prince, where sports and creative activities

could be offered in a countryside setting. Psychologists and therapists were in attendance to hold workshop discussions on a range of topics, including sexual and reproductive health. The grand plan for the future is to have integrated centres for youth in each region of the country, where the workshop concept can continue. The ministry also hopes to create links through television and radio to allow young people to connect and talk with each other.

One of the tragic legacies of decades of dictatorship and tumultuous politics has been the loss of a sense of community, said Witchner Orméus, Director of Youth and Integration at Haiti's Ministry of Youth and Sport. He said that the ministry was thinking about how to bring back more voluntary work and community action, given the needs of society after the devastation of the earthquake and the limited abilities of the government to supply all that is necessary to rebuild lives and neighborhoods, even with generous outside assistance.

"When we talk about reconstruction, it has to include social reconstruction," Orméus said. He added that in the needs assessment fund created in the spring of 2010, spending on youth was factored in for the first time, and a new law on associations was in the planning stages. Haitian governments have not had an easy relationship with voluntary organizations, many of which operate in legal limbo. But there is ample evidence of the potential for greater youth involvement in recovery, which will take years if not decades.

There are numerous youth organizations with very different affiliations—secular and religious—around Port-au-Prince and other affected cities and towns. They were able to

help in limited ways because of very limited budgets after the earthquake, when many organizations lost offices and lives. At least 1.2 million people were made homeless by the earthquake, and many of them had no other option but to find small space in any one of numerous camps.

The work of young volunteers, apparently not coordinated in any formal way by the government, may not have always been noticeable by international media, given the scale of the devastation and the size of camps for displaced people, but both secular and religious organizations were represented. One such group, Adventist Youth, part of whose training in normal times included setting up tents, starting cooking fires and preparing food in holes dug in the ground when there are no utensils, were present in most of the camps, said Jude Bien-Aime, a Seventh Day Adventist leader in Port-au-Prince. His church also provided food—a busy soup kitchen was in operation outside his office, welcoming people from the street. The church also continues to do psychosocial counselling.

Members of the Boy Scouts and Girl Guides, often acting on their own initiatives, tried to help victims in the hours and days after the disaster, said Nicolas Clervil and Gerard-Marie Tardieu, the commissioner and assistant commissioner, respectively, of the scouting movement in Haiti. They are proud of a teenage girl guide who singlehandedly won attention for trying to organize help in Léogane, a city near the epicenter of the earthquake. Their headquarters in Port-au-Prince had been lost in the earthquake, and they were now living and working in tents outside the city.

A youth group that has been especially active in post-earthquake relief is Kiro, led



by a priest, Alexandre Kakolo, with support from Haiti's dominant Roman Catholic Church. Kiro—its name is taken from the name Jesus in Greek letters—was quick to establish programmes in camps for people displaced by the earthquake, sometimes in cooperation with government agencies. Government trucks, for example, hauled away rubbish collected in cleanups by volunteers working to reduce health hazards in the crowded and under-serviced camps. Kiro members also set up activities for camp children. “We want to help people relax, make them feel good, talk to them,” Kakolo said. The organization aided in finding drinkable water for camp residents, who often had no clean water to drink in very hot weather.

Kiro took on another difficult task: talking to boys about respecting women in emergency camps, where they have been reported being molested in communal showers and in toilets, which offer little privacy. Again and again, camp residents tell of the abuses girls and women suffer in the close quarters of

▲ Young people in Port-au-Prince, Haiti, play games and learn new skills at Camp de l'Avenir, a day-camp for displaced youth.

©UNFPA/Trygve Olafsen

camps, where the presence of police officers is low, when any are present at all.

Leaders of some youth groups, reflecting old ideas about blame for gender-based violence, suggested that if girls wore less skimpy clothes they might be spared rape. One group leader said he advised girls to wear trousers or “two pairs of pants” to bed. The perception that rape is a girl’s fault persists in many countries.

In Liberia, a national survey in 2008 found that the largest number of rape victims were girls and young women from 10 to 19 years old. Yet 83 per cent of people surveyed—and 84 per cent of youth—believed that women contribute to rape by wearing revealing clothes. Some students tried to reason that rape could be “accidental”—something that just happened on the spur of the moment because of provocation. The report, “Research

on Prevalence and Attitudes to Rape in Liberia,” was commissioned by the United Nations Mission in Liberia (UNMIL) in partnership with the Liberian Ministry of Gender and Development to find explanations for the persistent problem of rape in a country emerging from a civil war.

Worldwide, United Nations agencies, funds and programmes have developed and/or expanded programmes for young people, with an emphasis on those living in poverty and post-conflict societies. At UNFPA and in other agencies there is a recognition that the young are best approached through their own means of expression. “As young people share ideas, values, music and symbols through mass media and electronic technology, a global youth culture has emerged,” according to UNFPA. “Many young people are organizing themselves and networking through formal and informal channels.”

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THE PSYCHOLOGICAL IMPACT OF CONFLICT ON YOUNG PEOPLE

Emergencies create fissures in community and family networks, and violence experienced during emergencies can increase the risk of psychological trauma within communities and nations. Emergencies and conflicts may amplify existing psychological problems and result in new ones, including anxiety, grief, post-traumatic stress disorder and depression. In humanitarian emergencies, young people, particularly adolescents, may experience highly stressful and traumatic events, such as displacement, separation from families, physical and sexual violence or forced recruitment into armed groups.

Although not every person will develop psychological problems in a

crisis, adolescents are at increased risk of experiencing social or psychological issues. Adolescence is a difficult period of development and transition, and navigating the social, behavioural, cognitive and physical changes under “normal” circumstances, let alone during a crisis, can be extremely challenging. Addressing mental health and psychosocial issues can help adolescents develop resilience, enable them to make better decisions and engage in healthier behaviour. It is therefore important to integrate mental health and psychosocial support into emergency response mechanisms.

Nearly one in three survivors of gender-based violence develops

mental health problems. Studies of young people exposed to extreme violence have shown a high prevalence of emotional distress among Cambodian refugee adolescents and Palestinian children. A longitudinal study of child soldiers in Mozambique reveals that 100 per cent of former child soldiers interviewed exhibited psychological distress symptoms, and 16 years later, 70 per cent of them still had recurrent thoughts or memories of traumatic events.

Source: Youth Zones, by Governess Films in association with UNFPA and the Women’s Refugee Commission

Young people often represent a disproportionate number of those affected by crises, UNFPA says. “Programming for the diversity of young people can yield better results in helping young people grasp opportunities and overcome challenges with positive results.” The hurdles are high. “More than half of young people live in poverty, on less than \$2 per day,” according to UNFPA. “Often they lack access to the technology and information. Many also face social inequality, poor schools, gender discrimination, unemployment and inadequate health systems. They deserve better. And investing in them is an investment in the future leaders of families, communities and nations.”

In Kenya, UNICEF supported a government project to involve young people in thinking about the country’s political future following a violent upheaval after disputed national elections in 2008. At the launch this year of Kenya’s version of a National Youth Situation Analysis Report, more than 1,000 young people gathered in Nairobi and celebrated with singing, drama and dance. Many young Kenyans were affected by the 2008 violence, during which at least 1,000 people are thought to have died in inter-ethnic violence and many more were driven from their homes. Education was interrupted when some schools were burned down.

Education is an essential need and a main pillar for societies rebuilding after conflict. It may be the key investment for long-term security. To build a lasting peace once the dust settles after conflict, women and men and boys and girls need, through appropriate learning and teaching processes, to develop what UNESCO calls life skills—“to learn *to be* and *to be together*.” Education is

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WAR, NATURAL DISASTERS DEVASTATE ALREADY-FRAGILE EDUCATIONAL SYSTEMS

Armed conflict and natural disasters disrupt and devastate educational systems. Schools are damaged or destroyed, teachers are displaced and young people’s education is interrupted, often for years. Many displaced young people spend their entire childhood and adolescence in refugee camps or urban shanty towns. As a result, many are not in school; some may never have been to school. In addition to lacking basic literacy and numeracy skills, these young people miss out on the vital psychosocial protection and support that schools can provide. As they grow older, young people in conflict and displacement settings are much less likely to be in school. Young women are least likely of all to be in school due to cultural, economic and physical barriers to their education.

Formal and non-formal education provides young people with a sense of normalcy and hope for the future, promotes well-being and cognitive development and reduces the risk that they will engage in dangerous activities. Education is a basic human right enshrined in the Universal Declaration of Human Rights and other international agreements. Upholding this right is especially challenging in conflicts, natural disasters or when people are displaced.

Only 20 per cent of secondary school age refugees are enrolled in secondary school, and in 2007, 30 per cent of refugees enrolled in secondary school were girls.

The education of young people in emergencies has not received adequate attention from the international community and millions of young people continue to lack secondary school options. Non-formal education, in particular, is often a low priority of donors, policy makers and practitioners.

Source: Youth Zones, by Governess Films in association with UNFPA and the Women’s Refugee Commission

also critical as it is investment into developing a future generation that is capable of problem-solving, has appropriate social and occupational competencies and has the breadth and depth of knowledge to build a dynamic and innovative society.

UNESCO’s latest figures, published in 2010, show that 72 million children were



▲ *Children carry water for their mothers in a market outside of Monrovia, Liberia. The market, built with UNFPA support, is a place where women and their children are safe from harassment and abuse.*

©VII Photo/Marcus Bleasdale

not getting a primary school education as of 2007. By 2015 that number was expected to be 56 million—better but still missing by a substantial margin the Millennium Development Goal of primary education for all. At the secondary education level, estimates of the number of young people worldwide who are not in school range from 71 million to 266 million, depending on the parameters of the age group classified as “adolescent.”

The tendency of girls to disappear from classrooms is an issue that is raised almost universally in developing countries, especially in post-conflict areas where established communities have been disrupted and are trying to regroup in unstable situations. In Timor-Leste, Filomena Belo, a former fighter for independence from Indonesia who is now head of the office of planning, monitoring and evaluation in the office of the Secretary of State for the Promotion of Equality, says

that much more attention has to be paid to the recruitment of teachers in order to provide gender-sensitive, friendly environments for girls in secondary and tertiary education. She said that dropout rates are high in Timor-Leste because of early marriage, teenage pregnancy and the fear of abuse in the classroom or school grounds, or on the way to and from school.

In Liberia and Uganda, village women moving into positions of local authority also said that school environments for girls are woefully lacking, starting in primary school but more crucially at secondary level, where girls are lost in large numbers. Girls don’t go to school, particularly after reaching puberty, for reasons as simple as the lack of private toilets where they will not be molested. In a community called Soul Clinic, near Monrovia, Liberia, Lucy Page, the founder and Executive Director of the Community Empowerment Program, was able to build

a school with United Nations help for the children of local market women. Next to the classrooms, she proudly pointed out, were two banks of separate female and male toilets with sturdy concrete walls, connected to a modern septic system and running water. Signs on the walls warned against any sexually explicit language or abuse. Looking around the market at Soul Clinic, with its clean water pump, latrines and showers, the new school and a small mill for making flour near the women's food stalls, Page says with satisfaction: "We have lifted them up. Their dignity has been restored."

In post-disaster or post-conflict countries, the value of higher education may easily be overlooked when the immediate

challenges are hunger and homelessness. But academic leaders are speaking out for more recognition of the role of academia in the restoration of a society and in preparing youth to take charge of national development in the future. In Bosnia and Herzegovina, Saša Madacki, Director of the Human Rights Center at the University of Sarajevo, said that there are huge gaps in Bosnians' knowledge about their own society because there has been little research done outside population centres, and that has fostered a sense of denial. He said, "There were a lot of voices saying that before the war, there was no domestic violence, there was no mistreatment of women, there was no mistreatment of children. But actually what was

25 THE UNFPA VISION FOR YOUTH

UNFPA promotes and protects the rights of young people. It envisions a world in which girls and boys have optimal opportunities to develop their full potential, to freely express themselves and have their views respected, and to live free of poverty, discrimination and violence.

To achieve this, UNFPA works across sectors and with many partners to:

- Empower adolescents and youth with skills to achieve their dreams, think critically, and express themselves freely.
- Promote health, including by giving them access to sexual and reproductive health information, education, commodities and services.
- Connect young people to livelihood and employment programmes.

- Uphold the rights of young people, especially girls and marginalized groups, to grow up healthy and safe to receive a fair share of social investments.
- Encourage young people's leadership and participation in decisions that affect them, including the development plans of their societies.

UNFPA's holistic, multi-sectoral, collaborative approach reflects a vision that sees the lives of young people in totality rather than fragments. At the policy level, the Fund frames adolescent and youth issues within the larger development context of poverty reduction. At the programme level, it advocates for an essential package of social protection interventions for youth that includes education, sexual and reproductive health services and support for estab-

lishing livelihoods. At both levels, the Fund encourages intergenerational alliances that pair the energy, perspectives and motivation of young people with the experience and know-how of adult coaches and facilitators.

Adolescence is a period of many critical transitions: physical, psychological, economic and social. As childhood is left behind, pressures to forge a unique identity and to become responsible adults intensify. These transitions are mixed with challenges and choices, which are strongly influenced by gender expectations of societies and families. Successfully navigating through these transitions depends, in part, on the support young people receive from families, communities and society at large.

happening on the scene is that there was no reporting on these things.”

He wants to see the university produce more researchers and scholars of society, now that changing attitudes allow more open discussion of issues such as the situation of women in the country’s patriarchal culture, particularly in the countryside. “The problem is, we still have no facts from the rural areas, the remote villages,” he said. “We are lacking anthropological research.

You cannot ignore this social background in your own house.”

Madacki is bitterly critical of the extent to which much of the research in post-conflict Bosnia and Herzegovina is done not by students and scholars from Bosnian universities but by outsiders with no stake in the country’s future. In Madacki’s view, the field of social studies is wide open and in need of a new generation of local scholars to put Bosnia’s tragic past into a Bosnian or Balkan historical context.

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IN CRISIS AND RECOVERY, CHIEFS AND ELDERS FIND ROLES

One of the most remarkable recent developments in parts of Africa and the Asia-Pacific region, among other places, is the growing reemergence and involvement of traditional leaders and elders in rural communities recovering from catastrophe, and their willingness to include the needs and rights of women. Since most of the traditional leaders in many countries are male, this trend would seem to owe its momentum to rising social awareness among men as well as the enhanced empowerment of women who surmounted the challenges of conflict and displacement and returned to their homes with a new feeling of strength, altering gender roles in many families.

In Timor-Leste, for example, women are being elected to positions as village leaders, known as *chefes de suco*. In Fiji in May 2010, a group of 45 men, including *turaga-ni-koros*—traditional village heads—took part in a training programme on women’s rights and gender-based violence. Religious leaders as well as locally elected officials and security officers also joined the discussions, led by Shamina Ali, Executive Director of the Fiji Women’s Crisis

Centre. The centre, which works to educate communities on gender violence, later conducted training and discussion sessions for young men in Tonga.

When a group of Acholi clan chiefs and elders from northern Uganda met near Gulu to talk about their cultural institutions for this report, a woman was also at the table. The high rates of maternal deaths and HIV infections in Uganda have contributed in great measure to attracting the attention of traditional leaders who may be seeing their families and communities decimated. There is an opening through these issues to the larger question of gender relationships. There is also something new in the air about gender, and bold women’s organizations and individual advocates for women’s health and rights are beginning to be heard more widely. A barely nascent but apparently real willingness for men and women to work together on issues of gender roles and responsibilities has begun to grow. Janet Jackson, UNFPA’s representative in Uganda, has watched this develop and aided the effort. “A lot of the work that we have done in the north has allowed women to mobilize,”

she said. “They are saying, enough is enough.”

In the town of Lira, east of Gulu, home of the Lango people, Alfred Adeke, a practical-minded former accountant in the cotton trade and a Lango clan leader, now has the title of finance minister of the Lango Cultural Foundation. Over lunch with colleagues in Lira on projects to help victims of the Lord’s Resistance Army, or LRA, Adeke described how the strong customary role of clan chiefs who once presided over clusters of families had been broken in 1966, four years after Ugandan independence.

The Lango cultural leaders in the Lira area, and other people of northern Uganda see in their historical, pre-colonial institutions, restored in a new constitution in the 1990s, a system of justice and reconciliation that could complement contemporary government courts, where every case becomes a win-lose situation. In the courts, the poor stand a low chance of winning because they have neither the money nor the experience and knowledge to use the law to their advantage. In the clan-negotiated system the outcome does not have to be so harsh; reconciliation is often the major goal.

In Liberia, Emmet Dennis, who became President of the University of Liberia last year, said that universities should be active training grounds, turning out well educated thinkers to work on filling gaps in a country's reconstruction and development across a wide range of fields from medicine and law to agriculture and business. His university, once the pride of Monrovia, the Liberian capital, had been badly battered by civil war and the flight of its best professors,

leaving a teaching staff with lower academic credentials too easily tempted by corruption in very hard economic times for both professors and students, Dennis said. He described his bold plans for pulling the institution out of stagnation and making it youth-friendly, in partnership with leading institutions around the world. "The university should be the leader of our society," he said.

On the outskirts of Gulu, the commercial capital of northern Uganda, the Acholi leadership has formalized and published a customary law code and, more recently, a paper on "Acholi Principles on Gender Relations." The preamble to the latter document is a good reflection of a new era and the response to changing attitudes and outside influences. It refers to the "evolving and dynamic nature of culture and its need to conform to established constitutional standards and international human rights instruments for it to remain relevant."

Because so many Acholi youth, boys and girls, were abducted and forced into the Lord's Resistance Army and those who have returned are often severely traumatized or addicted to life with a gun, elders say that customary rituals help in bringing peace to post-conflict villages and towns. "Children are tormented, possessed by evil spirits because of all the deeds they did," said Nepthali Ococ, deputy chairman of the Acholi Elders. "Young girls forced into sexual slavery face a lot of stigma now. Families are embarrassed. Some girls have come back with children to very poor families. We should have a way of handling the problem of children who committed crimes against their will."

To Acholi communities, he said, "Anyone who has been in the bush has committed some crime."

At Empowering Hands, a small and struggling storefront non-governmental organization in Gulu, young men who were soldiers and women who have returned from sex slavery in the bush are helping others with similar experiences through Acholi cleansing ceremonies. In trauma cases, such ceremonies are used along with counselling and a lot of reassuring conversation. Many of the young people treated at Empowering Hands would be unlikely to find professional psychosocial services, and in any case could not afford to pay for them. Sharing experiences helps everyone. "There has been stigmatization, victimization for all of us," a young woman working in the centre said. One of her colleagues described being beaten by rebel troops, forced to carry heavy loads and sexually abused. She said she gave birth when she was 14 years old, in captivity. When she came home, her parents were gone. She is caring for her own child and four siblings on very little income. That she can now share problems with others like her has brought her some happiness and peace,

she said. Her biggest regret is that she cannot afford to go back to school.

In Kampala, Primo Madra, a physician and national programme officer for emergencies at UNFPA, is concerned that social services are still not adequate in the north and that more effort needs to be put into peacebuilding and reconciliation by district authorities and the national government.

The chief administrative officer for Gulu acknowledged in an interview that public social services are overwhelmed. Over 90 per cent of several hundred thousand displaced people had returned from camps by 2010. "Going back means building a home, starting to produce food, finding water," he said. Property disputes are holding up development, orphans still need homes and then 10 per cent of displaced people still in the camps are especially vulnerable: the elderly without resources of their own and remnants of broken families with no land to which to return. The traditional cultural institutions want to help, but these are largely challenges beyond their capacity and resources.



Living without an anchor: refugees and the internally displaced

In Amman, Mazin Mohammed Riadh, who fled to Jordan from Iraq in 2007 in the midst of sectarian violence, remembers how he could not break the nervous habit of looking in the rearview mirror of his car to see if someone was following him. In the Jordanian city of Zarqa, 18-year-old Shahad cries every night because her father has been refused resettlement in the United States and she thinks she has no future as a refugee. Across town, Kadeja Jaber tells how she uses her ingenuity

to keep her small home in exile happy since her family was forced to leave the Iraqi city of Najaf after her brother was killed.

More than 40 million people around the world—a number roughly equal to the population of Kenya or Spain or Poland—are uprooted from their homes and internally displaced within their own countries or living as refugees in another country. Each one of them, many of whom will never go home, are often “disoriented, traumatized, confused, fearful, disempowered, dependent, helpless,” said John Holmes, Under-Secretary-General for Humanitarian Affairs, when the United Nations launched a new report in May 2010 showing that internally displaced people outnumber refugees.

Over the last decade or two, the Office of United Nations High Commissioner for Refugees (UNHCR) has out of necessity blurred a once-clear line between the inter-

nally displaced and refugees who flee from country to country. Both populations have similar needs and similar fears when conflict forces them into flight. Iraq is a case in point. According to the UNHCR and government estimates, in mid-2010, there were 4.8 million Iraqis “of concern,” a description that means they felt that they could no longer live safely at home. Of these, more than 2.6 million were displaced within Iraq and 1.9 million had crossed borders into another country. Conversations with Iraqi families who have sought refuge in Jordan reveal that many of them have experienced both: first moving from place to place in Iraq in search of safety and then finally, and in desperation, fleeing the country entirely, sometimes with death threats hanging over them. After national elections in Iraq in 2010, a new fear has complicated the lives of Iraqi refugees who say they are concerned that with the Iraqi political

◀ *An Iraqi refugee student runs with Jordanian students at the Shemeisani Elementary School in Amman, Jordan.*
©Getty Images/Salah Malkawi

climate declared to be “normal” and sectarian violence reduced (though not ended) they will be sent back by host countries in Europe and some parts of the Middle East.

Iraq, with about 29 million people, is a youthful country. The median age of its people is just over 20, with more than a third of the population falling into the 0-14 age group, and about a fifth in the 15-24 age group. So among the frightened people are solemn, wide-eyed children who barely grasp what has become of their lives. Their parents, fathers and mothers suffer anguish.

Mazin Mohammed Riadh, who says it took him six months to overcome the fear of being followed, is a 37-year-old engineer

from Baghdad. He recalls how his wife and children lived in terror when the family arrived in Jordan from Iraq in the summer of 2007. Several relatives of his wife, Hirraa Abass Fadhil, who is 26, had been killed by members of a Shiite militia because of their Sunni names; one uncle targeted for death was an imam. “My son was frightened when he saw a policeman because of his experience back home, because of the sectarian nature of the police,” Riadh said. He takes the little boy into the street to shake hands and talk with Jordanian police officers to learn that they will not harm him. Riadh said that he and his wife had problems of their own to overcome before they were able to focus on

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WOMEN ACCOUNT FOR HALF OF WORLD'S REFUGEE POPULATION

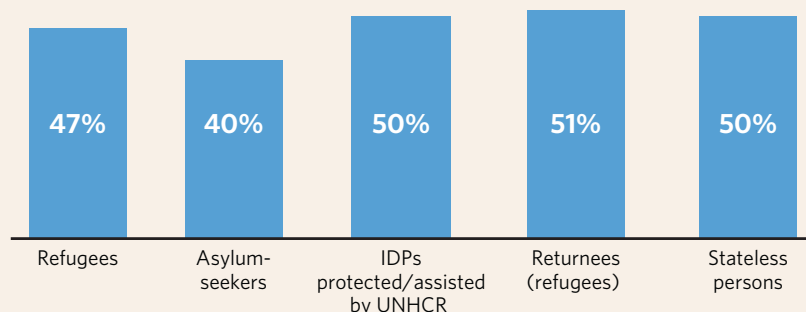
Women and girls represented, on average, 49 per cent of “persons of concern” to the United Nations High Commissioner for Refugees (UNHCR) in 2009. They constituted 47 per cent of refugees and asylum-seekers, and half of all internally displaced persons and returnees (former refugees). Forty-one per cent of refugees and asylum-seekers were children below 18 years of age.

The lowest proportion of refugee women is to be found in Europe (44 per cent), and the highest is in the Central Africa and Great Lakes region (53 per cent). These averages, however, hide significant variations across population groups and locations. For instance, on average women represent 51 per cent of refugee returnees but only 40 per cent of asylum-seekers in locations where

data is available. In Chad, for instance, refugee women represent one-third (33 per cent) of refugees in urban areas but up to 70 per cent of refugees in the Doha 1 camp.

Some 45 per cent of persons of concern to UNHCR were children under the age of 18, 11 per cent of whom were under the age of five. Half of the population was between the ages of 18 and 59 years, whereas 5 per cent were 60 years or older. Among refugees and people in refugee-like situations, children constituted 41 per cent of the population. Their proportion was significantly higher among those refugees who returned home in 2009 (54 per cent). This poses considerable challenges for reintegration programmes, in particular with respect to education in those locations where schools have been damaged or destroyed.

Percentage of women by population category, end-2009



Source: 2009 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons, *United Nations High Commissioner for Refugees*

their children. “We needed to settle down mentally. We needed to feel secure first. When we came to terms with things around here, then I started to teach my children to live normally.”

The couple’s two young sons, Abdullah, born in 2003, and Abdurrahman, born two years later, are now adjusting reasonably well, their parents said. The problem is Adam, the 15-year-old brother of Hirraa, one of her three siblings living with them in Jordan. Their mother died in 2000 giving birth to the youngest of the three, a sister named Nawal. Their father died a year later of heart disease. Another sister, Havaa, is 19, unsettled and unsure about her future because university education in Jordan, much of it private, is beyond the family’s financial means. Riadh said that he had promised his wife that he would always look after her sisters and brother and keep them all together as a family. That pledge has led to an unexpected setback in their lives as refugees, said Riadh, a softspoken man obviously shaken and distressed by dissension in the family over their next move.

Riadh, who has engineering skills, had been offered resettlement in the United States. Adam refused to go, and his family won’t leave without him. The situation they face—their future in the hands of a disturbed 15 year old—illustrates well, but sadly, the complications of refugee life that go on even after a return to some sense of security. Adam has never recovered from the killing of his brother, Omar, gunned down at the age of 18 in Baghdad when he entered a Shia neighborhood where someone recognized him as a resident of a Sunni section of the city known to harbor Al Qaeda terrorists. In

Iraq by 2007, Hirraa said, “Corpses filled the street, both Shia and Sunni.” In Amman, the Jordanian capital, the UNHCR office had prepared for a flood of Iraqi refugees in 2003, after the American-led invasion of Iraq. But they did not come then. It was not until 2006 and after, when sectarian killings began to explode, that many Iraqis were finally forced to flee. That was the setting from which Riadh escaped.

“For Adam, things are terrible,” Riadh said, through an interpreter. “Omar was his idol, his friend, his brother. After he died, Adam used to dream about him every night. He would go out in the streets hoping to find him alive to bring him back. Omar’s death has affected the whole family, but it has affected Adam most. He was in a horrible mental state when we arrived in Jordan. He didn’t want to see anybody. He did not want to go to school. We took him for counselling. He went once or twice and then he said, ‘Am I crazy that you are taking me there?’ He did not want anybody to see him there. We are forcing him to go to school. The first year he came here he got into a fight; it was a fight between two schoolboys because he was an Iraqi.”

When the chance to move to the United States was offered, Adam was adamant that he would not go. He had heard a rumor that he would be drafted into the American army, but that was only one excuse, and the fact that there is no conscription in the United States made no difference. “He is threatening that if we try to force him to go he will leave here and go back to Baghdad, even if that means getting killed,” said Riadh. That is why, in mid-2010, the family’s future was put on hold. Riadh was determined to keep trying.

The Riadh family's experience in Amman has been eased by the generosity of Jordanian and international non-governmental organizations and moves to open government social services, including basic education and some subsidized health care, to them. Reproductive health services, often free, are widely available for Iraqis in Jordan. In the Riadh family, Hirraa, who has been looking after her own two children and her sisters and brother during stressful times, gets regular attention from the Jordan Health Aid Society, a five-year-old non-profit, non-governmental organization that has begun to expand regionally with mobile clinics. In Amman, the medical teams make house calls, so that women do not have to go out alone in a still-strange city. The care Hirraa gets includes regular diagnostic tests and screenings.

Until he refused further treatment Adam was counselled by the Institute for Family Health of the Noor Al Hussein Foundation in Amman, which was originally established as a mother-child health centre in 1986 under the patronage of Queen Noor, the widow of King Hussein, who died in 1999.

*Dr. Manal Tahtamouni,
Director of the Institute
for Family Health of
the Noor Al Hussein
Foundation in Amman,
examines a patient.*

▼ ©Institute for Family Health



In 2002, with European Union financing and advice from UNFPA, the institute expanded into a comprehensive psychosocial counselling centre. Now 30 per cent of the institute's clients are men, including many seeking counselling, said Manal Tahtamouni, an obstetrician-gynecologist who is the institute's director. The institute also offers rehabilitation services and assistance for victims of torture or gender-based violence. The Iraqi clientele grew after refugees began arriving.

"At the moment we have a steering committee of Iraqi men," Tahtamouni said. "They have taken overall management of one of our projects." She said that Iraqis, many of whom are professionals or generally middle class, come with high expectations for themselves but little sense of community. "Individuals or families, they are mainly isolated not only from the host community but from other Iraqi families as well. We try to involve Iraqis and Jordanians in the same activities, so that they can socialize and help with integration."

Zeina Jadaan, Assistant Protection Officer for the UNHCR in Jordan, says that bullying of Iraqi children in school has raised awareness among Jordanians as well as Iraqi refugees about the broad interpretation of gender-based violence and attacks based on nationality. Both physical and psychological abuse are too often silently accepted by society and victims themselves. "They do not always know that what they are doing is abuse," she said. "Women often think that being beaten is normal." Jadaan said that child abuse is frequently related to sexual and gender-based violence among refugees living out of their home environments and under multiple challenges. Her analysis is echoed

widely—in such places as different as Bosnia and Herzegovina and Liberia, where directors of counselling centres say that domestic violence and child abuse are often linked to conflict or other societal disruptions.

Cases of both gender-based violence and child abuse brought to the attention of UNHCR are first analysed and investigated through interviews conducted in a sympathetic manner: How can we help? As in virtually any part of the world, abusers among the refugees are often family members or other people known by the victim. Some cases are eventually referred by UNHCR to the Jordanian Government's Family Protection Department, which Jadaan described as "very efficient and helpful." The Department is "a one-stop shop," she said. Its services include psychosocial counselling, legal counselling, reconciliation counselling for individuals or families and health and forensic work. "And what is even more important," Jadaan said, "is that they have the power, being a government agency, to tell the husband or whoever the perpetrator is that they have to abide by the laws, whether international conventions or national laws. They can refer cases to the courts if necessary."

Despite the help Iraqis can find in Jordan to get them through a traumatic period, the reality remains that for a family like Riadh's, resettlement in a third country is often the best hope of building a better life as long as conditions remain dangerous in Iraq. Jordan has not signed the 1951 refugee convention, and Iraqis are treated as temporary "guests," not able to work legally in the country, though some have found jobs in the informal sector or under sponsorship programmes. "Without legal status or access to livelihoods, and facing



◀ Iraqi sisters at their home in Amman, Jordan.
©UNHCR/P. Sands

a precarious economic situation," UNHCR says, "an increasing number of Iraqis are finding themselves in dire circumstances."

By some estimates, there may be as many as half a million Iraqi refugees in Jordan. But only about 30,000 have registered with UNHCR. About 12,000 of them are given financial support, according to family size and needs, ranging from just under \$100 [70 Jordanian dinars] a month to as much as \$400 [290 dinars] for larger families with special vulnerabilities. Most use the cash assistance for rent, food and medicine.

Arafat Jamal, deputy representative in Jordan of the UNHCR, said that the Iraqi refugee population in Jordan is not in sprawling camps as outsiders might picture; Jordan was opposed to such settlements. There are no fields of tents flying the UNHCR flag. Rather the Iraqis, many of them middle class and from urban areas, moved directly into cities or large towns in Jordan and had to find places to rent. The financial assistance they receive is dispensed through ATM machines (a system now also in use among Iraqi refugees in Damascus). Meanwhile, more and more well-educated and wealthier Iraqis are moving on to third countries, leaving behind

Migrant-hosting communities the world over need to provide accessible, acceptable and affordable maternal and child health services for all migrants, irrespective of their legal status, in order to lessen the vulnerability of women to migration, says the International Organization for Migration (IOM).

"Women and girls, especially when forced to migrate or when in an irregular situation, are disproportionately affected by the risks of migration because of their vulnerability to exploitation and violence," says IOM Deputy Director General Ndioro Ndiaye. "This vulnerability is being exacerbated to unacceptable levels by the lack of access to appropriate maternal and child health services in particular, which can have a long-term public and social cost."

A lack of access to maternal and child health services, often thought of as preventative care, can and does lead to life-threatening situations with tragic results because problems have not been spotted in good time or because the right skills and treatment are unavailable.

Babies and children of women who have not had antenatal care can be more susceptible to problems such as premature births and growth and development issues. A lack of access to maternal and child health services can also perpetuate poor health among

migrant communities, which in the long run puts a greater strain on health systems in host societies.

Not following an immunization programme can not only impact outbreaks of communicable diseases, but can also affect a child's access to school. Those at most risk across the globe are irregular migrant women and those forced to migrate, such as the internally displaced or asylum-seekers.

Recent studies in some European countries have shown that a lack of legal status, while increasing irregular migrant women's risk to violence and sexual assault, also reduces their access to prenatal care. This is particularly worrying given that irregular migrant women are more likely to experience unwanted pregnancies than other women due to a lack of access to family planning services and education as well as the result of sexual violence.

"The fear of deportation is a major barrier for many irregular migrants seeking care since the priority is to stay hidden in society. The best they can hope for in destination countries is emergency care, and maternal and child health doesn't fall into this bracket until it is too late," Ndiaye adds.

In East Africa, IOM health staff cite the lack of such migrant-friendly services promoting reproductive and

maternal and child health, including pre and post-natal care, assisted delivery and child survival programmes, as the most pressing issue facing migrant women. Such problems are evident in destination regions such as Europe too. For displaced women, distance to health facilities is the main stumbling block to reproductive and maternal health services, especially in rural areas.

Among the solutions is establishing and developing existing midwifery and community health skills among migrant communities. This would help spot problems and potential problems in advance and build knowledge about when a patient needs to be referred. In Iraq and Afghanistan, for example, some of IOM's responses have included the training of displaced women as traditional birth attendants who can provide these vital midwifery skills. These kinds of programmes can also be taken into migrant communities in destination countries. A major advantage of doing so would be that these migrant community health workers would understand the social and cultural factors that hinder accessibility to and acceptability of existing health services.

Source: Gender and Migration News, May 2009, International Organization for Migration

a residual population that has fewer resources and is more dependent on support from international donors and aid agencies.

Christians are among the poorest Iraqi refugees. One of the international groups working with Iraqi Christians in Jordan is Messengers of

Peace, a non-governmental organization based in Spain but with operations in 40 countries. Many Christians were targeted by extremists in some parts of Iraq. Father Khlail Jaar, who represents the organization in Amman, says many of these Christians who came to Amman

say they do not receive the level of support services they had expected, he wrote in a 2008 report. His assistance programme, though it aids people of all faiths, has 75 per cent Iraqi Christian clients.

Some of the poorest Iraqis in Jordan have found homes in cities and towns away from Amman because costs of living in the capital are high. In a crumbling alleyway in the city of Zarqa, about 30 kilometres north of Amman on the road towards Damascus, Hassan Alibayadh lives on the edge of subsistence with his wife, Azhar Ghani, and two teenage children, a daughter, Shahad, 18, and a son, Ahmad, 17. Their front room is barely large enough for a small sofa, a few chairs and an old refrigerator; their clothing is on hangers in a stairwell. Alibayadh is a visibly troubled man who had just learned that his application for asylum in the United States had been rejected, even though he had been told earlier that he met the criteria for resettlement. He wonders: Was it because he is a Shia and thought to be safe in Iraq with its Shia-led government, even under a death threat? Was it because he had once served in the Iraqi army, though long years ago? Was it because he was brain-damaged by an explosion while in military service, or because he suffers from epilepsy? He doesn't know, and he refuses to go back to UNHCR and ask for a review.

"I was so depressed by the refusal I couldn't even watch television," he said. "My world blacked out." Now confined to his shabby home, the third they have lived in and fallen behind in paying rent on, he is accused by his son of ruining their life. His daughter, he says, cries every night. His wife is holding the family together. "My wife is very resourceful," he said. "One month

she pays the rent, the next she pays the shopkeeper. She keeps the ball rolling." His current landlord was not threatening to evict them as others had done for late payment of rent, set at about \$84 a month for a few small rooms.

In a more cheerful house in Zarqa, in a neighborhood where low-income Iraqis have formed a sense of community, 22-year-old Kadeja Jaber is also keeping her family afloat. A mother of a two-month-old baby and a boy of four, she has covered the dull gray walls of their small house with gift-wrapping paper to brighten the atmosphere. She received a grant from the Jordanian Red Crescent to buy mattresses and cloth to cover them to make a comfortable sofa. She took courses in embroidery, doll-making and sewing various items for sale such as tote bags and hanging cloths with pockets for storing household items. She enrolled in a four-day home-production course run by a non-governmental organization under Jordanian royal patronage and was given 100 Jordanian dinars (about \$140) when the course ended as a challenge to "invest" it in something she could sell for profit. She bought ingredients and made sweet biscuits and other food for sale, and came out with money to spare.

The family, Shiites from the city of Najaf, where her brother was killed, has secured regular stipends from various sources that, along with income from occasional work her husband, an automobile refinisher, can find, give them a total income of about \$400 a month. Jaber, who is illiterate, says that she is taking birth-control pills because they cannot afford to have more children.



Imprisoned at home: life under occupation

In Gaza several years ago, when women in the town of Beit Hanoon were prevented from getting to hospitals by Israeli incursions and roadblocks, Fiza Shraim decided to create a temporary delivery room in a primary care clinic that women were able to reach. Shraim—a winner of the 2010 Americans for UNFPA Award for the Health and Dignity of Women—had seen a need around her and found a way to meet it. Gaza once had a 99 per cent rate of institutional births—favoured in poor countries where midwives may be in short supply and home births risky. With intermittent attacks, a blockade, and other disruptions, that percentage began to slip, and Shraim’s safe-delivery was a welcoming oasis.

Shraim had both a nursing diploma and a university degree, earned while she was raising 13 children. She had also qualified as a registered midwife, and had in an emergency delivered one of her own mother’s children, when she was only 12 years old. In 2008-2009, during the Israeli assault on Gaza, Shraim reopened the Beit Hanoon emergency delivery room she had created several years earlier, and offered both health and psychological services. Fifty-two women delivered babies during the 21-day assault on Gaza, as Shraim worked around the clock. On several nights, she was called to homes where pregnant women were trapped by shelling or lack of transportation, and she went out at great risk to deliver their babies.

“I faced a lot of challenges,” she wrote in an informal account of her life. “My family was big and I was the only supporter.” To ensure a continuing family income while her husband is unemployed, Shraim has a job at Balsam Hospital in Beit Hanoon. But her plan is to find a way to open centres and train midwives in more remote areas of Gaza, to make childbirth easier and safer and reduce the deaths of mothers and babies.

The economic situation Shraim faces at home because her husband cannot find work is pervasive in Gaza. Sabha Sarhan, a founder of income-generation education for women and small-scale community development in Gaza, who joined Shraim in a video teleconference to talk about life in the Occupied Palestinian Territory, said that young men especially suffer from being unemployed. “They go to university and then find no job,” she said. “They feel frustrated. The only work they can get is in the tunnels.” Those are the tunnels for smuggling goods into Gaza from

◀ *A Palestinian woman and her baby pass through the Hawarra checkpoint, near the West Bank city of Nablus.*

©Getty Images/Uriel Sinai

Egypt, an illegal trade that nevertheless helps fill gaps caused by an Israeli blockade that has deprived the Gazans of many basic necessities, in particular material for reconstructing war-damaged buildings.

The boundaries of life never stop closing in on the Palestinians in territories occupied by Israel. In Gaza, they are blockaded to the east by the tightly restricted Israeli border. To the west, they face Israeli control of the Mediterranean seacoast and to the south, Egypt. In the West Bank, there are daily humiliations at checkpoints and the visible threat of Israelis moving in to encircle Palestinian cities with settlements that

Curfews often made going out at night effectively impossible, even in medical emergencies.

loom like fortifications on the surrounding hilltops. A gigantic concrete barrier wall to keep Palestinians out of Israel is matched in hostility by roads that local people may not use, connecting Israeli settlements on Palestinian land.

The total population in the Occupied Palestinian Territory, a designation that includes both the West Bank and Gaza, was about 3.94 million in 2009, according to the Palestinian Central Bureau of Statistics, which has been conducting its own censuses since 2007, with support from the United Nations Relief and Works Agency for Palestine Refugees in the Near East, known as UNRWA, and more recently from UNFPA. Of the total, about 2.45 million were in the West Bank and about 1.5 million in Gaza. UNRWA, established in

1949, provides assistance, protection and advocacy for some 4.7 million registered Palestinian refugees in Jordan, Lebanon and Syria as well as in the Occupied Palestinian Territory. Almost completely supported by voluntary contributions, UNRWA offers basic services such as education and health care around the region wherever Palestinian refugees are registered.

In the West Bank and Gaza, two societies that differ in some ways are similarly never completely secure in the environment in which they live, with on-again, off-again conflict always a possibility. Palestinian women living in Israeli-occupied territories, and the men who support them, have been courageous, creative and resourceful in trying to alleviate hardship around them and make life safer for their families. One of the Palestinians' most difficult challenges has been in providing reproductive health services. In both the West Bank and Gaza, nearly all births once took place in clinics or hospitals, the setting preferred by local reproductive health experts.

In the West Bank, that changed in 2002–2003 when Israel Defense Forces, in response to a series of Palestinian attacks, besieged several West Bank cities, including Ramallah, Jenin and Nablus, leaving many dead and considerable destruction in their wake. In succeeding years, access to medical care became very difficult for Palestinians, and there were many accounts of people in need of doctors or hospital care being held up or turned back at checkpoints. Curfews often made going out at night effectively impossible, even in medical emergencies. When active fighting ended, the obstacles remained in place for years.

The story of Samira, a woman in the village of Azoun Atmeh, near Qalqilia, has become symbolic among the Palestinians. In 2007, when conditions were supposedly getting better, the checkpoint controlling movement out of their village was, nonetheless, closed at night. “At that time, women in labour faced a problem,” said her daughter Hannan, as the women in the family gathered to talk about what happened. “Women had to leave the village several days early and stay with relatives to be near a hospital.” Regular reproductive health care during pregnancy had slipped generally, because women didn’t want to risk the x-ray screening at checkpoints, she added, and after-delivery care was lax. Thinking about these conditions, Hannan decided to study reproductive health and midwifery. It may have saved her mother’s life and that of her baby brother.

Before dawn on the morning when her mother went into labour, Hannan’s father was able to drive only as far as the closest checkpoint, where he was told he could not proceed. He pleaded with the Israeli soldiers to let him pass. They told him if he stepped forward they would kill him, Hannan said. Her mother called out to her husband to back away because he had to think of the nine people he was responsible for in the family, and should not risk his life. By the time her parents returned home, Hannan could see that the baby’s head was already visible. She delivered the baby in the car and then helped her mother into the house, where she found a razor blade and string to cut and tie the umbilical cord. Hannan is now a nurse, and a medical volunteer.

Ali Shaar, a physician who is the National Programme officer for reproductive health

at UNFPA’s assistance programme for the Palestinians, said that in 2006, during the worst of the reproductive health crisis, about 1,400 Palestinian births a year were taking place at checkpoints or in cars on the way to the hospital. Even now, antenatal care is not as good as it could be and there are reports of preventable infant deaths. Faced with uncertainty about getting to a hospital, women are opting for more midwife-assisted deliveries or caesarian sections, which have increased to about 26 per cent in isolated areas of the Jordan Valley, Shaar said. “There is ease of movement now,” he said, “but all the checkpoint infrastructure is still there and the relaxation could be reversed in five minutes.”

Numerous self-help projects have sprung up by and for Palestinian women, not only in health but also in economic development. In Jericho, the YWCA offers classes in preparing professional-level food products at home to sell for income and to provide Palestinians alternatives to buying Israeli-produced goods. Palestinian farmers, often under pressure as their land is encroached on by Israeli settlements, produce high-quality dates, oranges, vegetables, honey and goat milk for cheeses. Women can also learn computer use and other skills at the YWCA. With many men out of work, women can put their vocational training to good use. In the city of Nablus, a new women’s centre is teaching the elements of finance and administration.

In Nablus, the movement of people is still restricted by checkpoints and bans on traveling through the closed areas reserved for Israeli settlers. Nablus residents acknowledge that Palestinian militants have operated from here, making the city a target of Israeli attacks. Nablus was badly dam-

aged by Israeli raids in 2002, which largely destroyed its soap-making industry and other economic sectors, leaving the population in a prolonged commercial slump with high unemployment. People who find work outside Nablus, as far away as in Jerusalem, about 60 kilometres to the south, say that it can take hours to travel that distance on roads relatively free of heavy traffic because of unexpected delays at roadblocks. In that setting, rebuilding lives after attacks has been difficult, and physical destruction is still widespread in Nablus, a city that is among the world's oldest urban centres.

Women in Nablus, working through community initiatives, with support from the city's municipal government, have in recent years established a network of assistance. Sixty women trained in psychosocial work help traumatized or injured women, guiding them when necessary to professional services offered by relevant municipal government departments. In 2010, the network opened a new headquarters, the Women's Corner, above a shopping centre in downtown Nablus.

In the Women's Corner, a cheerful place, women can seek counselling in a programme coordinated by Rafif Mahlas, who directs psychosocial work. There is also training in income-generating activities and a small shop that displays women's craftwork. The products on display, for which women are paid, include beadwork, embroidery, olive oil soaps and processed foods. The new Women's Corner programmes in finance and administration are designed to help women move from being merely small-scale producers to becoming entrepreneurs who understand how to market goods and handle money. The Women's Corner also urges municipal depart-

ments and services to mainstream gender and gender budgeting into their work.

Raeda Freitekh, who came to the Women's Corner to talk about her life as a victim of Israeli attacks and her long years of rehabilitation, has in her own way become a model of determination and persistence for many others in Nablus. In 2002, her home was hit by Israeli bombing. "Two of my aunts were killed," she said. "I was buried under the rubble for nine hours. After three days, I woke up in the hospital." Whether from the collapse of her home or the hasty efforts by passers-by to rescue her, she was left completely paralysed; nothing moved, not even her hands. "I can't remember anything that happened, but what people told me was that somebody walking past heard me under the rubble. Maybe they pulled me out in the wrong way, just because they wanted to save my life and were not thinking of anything else. At that time the situation was very, very bad. Many people were killed and many houses were destroyed, and nobody could understand what was happening. All people were feeling that maybe the city would be completely destroyed over our heads."

"I did not care what happened to me," she said. "I was thinking about my family. Where were they? The doctors would tell me nothing. I stayed in the hospital for three months, and then I learned the truth. I would never be able to regain movement. My aunts were dead and my house destroyed. I realized that this was the reality now." Freitekh went through several operations, including one in Jordan. "Three months after coming back, my brother was killed. There was nothing left for me."

“I was 27, in my first year in university at the time of the bombing,” she said. “Before this happened, I had been married and had a son and a daughter. But I was separated from my husband and had gone back to my family’s house. After this injury, my husband found it very easy to say, ‘You are handicapped, you are not suitable as a wife anymore; you are divorced.’ He found a very easy way to say goodbye.” A well known Palestinian feminist, Rawda Baseir, who had known one of her aunts and had heard the story of the family’s tragedy, stepped in to save Freitekh from depression and suicidal thoughts. “She told me, ‘It is up to you to choose whether to die here on your bed or to continue your life.’” Baseir had organized a support group for women who lost loved ones in the attacks and urged Freitekh to join. She remembers the first, disastrous meeting: “I attended only one session, but felt inside that I wasn’t ready to listen or participate. All I did was cry. I was ashamed of being in a wheelchair. Only a few months ago, I was walking and strong. And now I was not moving anymore.”

Under Baseir’s consistent prodding and with her financial support, Freitekh returned to An-Najah National University in Nablus to study psychology, hoping to use the knowledge to help others. By then, physical therapy had helped her regain movement in her upper body, but her legs did not respond. “Studying at the university was very difficult for me using a wheelchair. Getting to classes was horrible. Because it was an old university, there was no handicap access. My friends in the university helped me a lot by carrying me up stairs to lecture rooms. Sometimes lecturers switched their rooms to the ground floor just because of me. I was the only person in



the university with a wheel chair. Now there are six disabled people studying there, and the university has more access. Thank God my friends and my teachers were very supportive.”

With her degree, Freitekh was able to find part-time work on a psychosocial project for the city government. This year, she moved to her first fulltime job as a psychosocial counselor in the Nablus centre for mental health. She was told that she got the job because she had been through everything—psychosocial and physical—and she knew how to provide support for others. “Within that centre, I feel I exist,” she said. “I have found something I can do.” Her story has inspired her own children—her son is now 17 and her daughter 13—and they visit her frequently. They continue to live with their father, while she lives in a brother’s home adapted for her wheelchair. “Now my kids are very proud of me,” she said. “They see and hear people say that, hey, you have a strong mother.” Yes, she says, but it took a community and the support of strong women to make it all possible.

▲ A Palestinian woman walks along the Israeli barrier in al-Ram in the West Bank on the outskirts of Jerusalem.
©Reuters/Baz Ratner



And the next 10 years?

Looking back over the last decade—and ahead to the next—United Nations peacekeeping officials and the humanitarian agencies see not only concrete changes and many positive developments in post-conflict societies but also new challenges demanding long-term commitments to the next step, development for all sectors of society while also keeping a focus on women, if rebuilding and healing are to be long lasting. Many of these same challenges are also relevant in

humanitarian crises and emergencies, such as the earthquake in Haiti.

“Security Council resolution 1325 is foundational, as it sets the broad contours of the way forward to meet the specific needs of women and girls, men and boys affected by conflict as well as in the process of post-conflict reconstruction,” says Dr. Nata Duvvury, Co-director of the Global Women’s Studies Programme at the National University of Ireland, Galway, and a leading scholar on post-conflict societies. “Countries are making progress in terms of formulating and implementing policies in line with 1325 but we have no one example where all the dimensions of the resolution are translated into effective policies and, more importantly, transparent accountability mechanisms.

“As such, we are still not in a position to conclude whether we are, in actuality, moving forward to a world of less conflict, though an important study in 2001 found that nations with greater domestic gender equality were

less likely to use violence in international crisis. This suggests that less conflict is a possibility if post-conflict societies commit to gender equality as the base for renewal and rebuilding,” Duvvury says. The study, “Gender, Violence, and International Crisis,” by Mary Caprioli and Mark Boyer, appeared in the *Journal of Conflict Resolution*.

Governments and United Nations peacekeepers alike understand that a new era has dawned and that, while progress may be slow in some places, much is to be gained by supporting women and including them in peacebuilding and reconstruction. United Nations agencies have made the point resoundingly clear: women are key to national development, and they want to be thought of, post conflict, as not just victims in need of protection but as important players in recovery. At the community level, non-governmental organizations, linked across their countries by mobile phones and internationally through the Internet, are

◀ A woman stares at the remains of buildings in the hard-hit Carrefour Feuilles neighborhood in Port-au-Prince, Haiti.
©Benjamin Lowy/VII Network

MARGOT WALLSTRÖM, SPECIAL REPRESENTATIVE OF THE SECRETARY-GENERAL ON SEXUAL VIOLENCE IN CONFLICT: A FIVE-POINT AGENDA

End impunity: For war-affected women, justice delayed is more than justice denied—it is terror continued. The top priority is to push back against the vicious cycle of impunity. As the *Beijing Declaration* made clear: No State may refer to national customs as an excuse for not guaranteeing all individuals human rights and fundamental freedoms.

Protect and empower war-affected women and girls: Protection and empowerment are *twin pillars* of resolutions 1325 and 1820. We are not just protecting women *from* violence, but protecting them *to* become agents of change.

Strengthen political commitment and leadership: Security Council resolutions 1820 and 1888 are not ends in themselves but tools in the hands of political leaders. Efforts will be made to

broaden the constituency for action—to rally States, the United Nations and regional bodies to own this agenda and feel accountable for its success, as sexual violence must no longer be pigeon-holed as “just a women’s issue.”

Re-think rape as a tactic of war and terror: In contemporary conflict, rape is the frontline. It is a security issue that requires a security response. This must be *recognized* and *realized*. Those who tolerate sexual terror do so in defiance of the Security Council, with its power to impose sanctions, refer cases to international courts, and enact robust enforcement measures. Peace negotiations must address sexual violence early and fully to prevent war-time rape from becoming peacetime reality.

Harmonize and amplify the response of the international community: To war-affected women, there is no

“1325” or “1820,” no “programmes, funds or entities.” There is simply “the United Nations,” and we must deliver as one in common cause with governmental and non-governmental partners.

As we look back on the promise of the *Beijing Platform*, and the adoption of resolution 1325, we also look forward to a time when women’s inclusion in peace and security will be not a *novelty*, but *normality*. We know that peace will not deliver peace for women if rape persists, that law will not deliver justice for women if no reparations are made, and that seats at the table will not guarantee genuine participation after decades of women’s exclusion. Change must ultimately be felt in the lives of women walking to market in Eastern Congo, collecting firewood outside a camp in Darfur, or lining up to vote in a village of Afghanistan. Their security is the true measure of success.

creating innovative programmes linked to specific local needs, conditions and cultures. Donor governments are asked to listen to their ideas.

Multinational bodies and regional organizations have also been drawn into action on issues of women, peace and security. The African Union, the Organization for Security and Cooperation in Europe (OSCE) and the World Bank were among those that held events on these issues in 2010. The OSCE meeting was specifically focused on “understanding the benefits of involving women in security,” and included the role of women in

a wide range of activities from conflict prevention to combating terrorism.

The chief of the United Nations Department of Peacekeeping Operations, Under-Secretary-General Alain Le Roy, and the Department’s gender adviser, Comfort Lamptey, see some positive trends developing in peacekeeping that bode well for the protection and promotion of women.

The Department of Peacekeeping Operations’ first female chief police adviser took over in 2010 when Secretary-General Ban Ki-moon promoted Ann-Marie Orlor to the top job. Orlor, a lawyer and 20-year

veteran of the Swedish National Police, had been the department's deputy police adviser since 2008 and was leading efforts to recruit more women into United Nations policing.

Three United Nations peace missions are now led on the civilian side by Special Representatives of the Secretary-General who are women: Ellen Margrethe Løj of Denmark in Liberia, Ameerah Haq of Bangladesh in Timor-Leste and Lisa M. Bittenheim of the United States in Cyprus. As the United Nations moves towards more integrated missions, with peacekeepers and humanitarian agencies working together as country teams, these top officials will be at the forefront of continuing much of the rehabilitation and reconstruction assistance begun by peacekeeping missions, in cooperation with governments. Good civilian policing and the establishment of the rule of law is crucial to post-conflict development, especially for women who have only recently been the beneficiaries of new laws against domestic violence. Four women have also been appointed as deputy representatives in the field.

Le Roy said that the role and numbers of United Nations police officers are rapidly expanding as more countries move to post-conflict situations, troop numbers are drawn down and the ensuring of a legacy of sound civilian policing becomes a priority. Depending on varying country policies, United Nations police officers may patrol, aid in investigations or train local and national police forces. Within five years, United Nations police numbers have risen dramatically. "In 2006, we had 6,000 police in our missions," Le Roy said. "Today we have more than 13,000. We have doubled in the last



◀ Ameerah Haq, Special Representative of the Secretary-General for Timor-Leste and Head of the United Nations Integrated Mission in Timor-Leste (UNMIT), briefs the Security Council.

©UN Photo/Paulo Filgueiras

three years, and the trend is increasing. And more of them are women."

"In the last 10 years, our role in the Department of Peacekeeping Operations has completely changed," Le Roy said. "The mandate of peacekeeping is much more complex and with a much wider agenda. We are dealing much more with civil society." In Burundi, Afghanistan and Nepal, he said, missions have promoted quotas for women in legislatures. "We have pushed to adopt the rape law in Liberia, and a domestic violence law in Timor-Leste," he said. "In human rights, we see that the legal framework is in place."

The smooth transition from international to national ownership of peacebuilding is essential, Comfort Lamptey says. "In countries where the United Nations draws down, civil society, the ministry of gender and others need to ensure sustainability." And in those countries that have not had international peacekeeping missions, the responsibility lies with governments and citizens, with substantial advice and assistance available from United Nations agencies, funds and programmes, Lamptey adds.

Internationally, Le Roy, said, it will be important to see that post-peacekeeping development is adequately funded, since

United Nations member nations are required to pay agreed peacekeeping assessments, but contribute voluntarily to humanitarian and development programs. To facilitate a seamless transition from peacekeeping to the longer-term development necessary for lasting peace, the United Nations established a Peacebuilding Commission, an intergovernmental body, in 2005. In 2006, it was bolstered with a \$340 million Peacebuilding Fund to help fragile countries at risk of relapsing into conflict. Five such nations are now being assisted by the commission: Burundi, the Central African Republic, Guinea-Bissau, Liberia and Sierra Leone. Since September 2009, Judy Cheng-Hopkins has been the Assistant Secretary-General for Peacebuilding Support, directing international operations from New York.

Cheng-Hopkins, who worked in Africa for the United Nations Development

Programme for 10 years, later led the World Food Programme's New York office and was most recently Assistant High Commissioner for Refugees, said that her office has a close relationship with UNFPA as an implementing partner because its focuses on women and youth are important to post-conflict rebuilding. She said that many people do not see clearly the links between gender, youth and peacebuilding, yet youth unemployment can run as high as 70 per cent in post-conflict societies, meaning that young people, particularly young men who have emerged from fighting without an education or vocational training or hopes of a job—"idle, angry young men," in her words—are vulnerable to the temptations of crime or renewed violence. "Youth unemployment in this setting is not even a development issue any more," she said. "It's an issue of peace and war." On women, she added. "Their role as drivers of peace has become one of our main areas of intervention."

Cheng-Hopkins said the main areas of activity for the Peacebuilding Commission's operations are security sector reform, including the disarming and reintegration of ex-combatants; national dialogue and reconciliation programmes; the rule of law and transitional justice; bringing back basic services and public administration, and economic revitalization. Such activities correlate directly with the non-recurrence of violence, she said.

"The problem is that after a conflict has happened, there is a 50 per cent chance that it will relapse," Cheng-Hopkins said. The international response has to be multifaceted and creative. In Sierra Leone as well as Liberia, money from the Peacebuilding

Women police in the Salem Police Station in Monrovia, Liberia, verify crime records.

▼ ©VII Photo/Marcus Bleasdale



30 UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

UN Action Against Sexual Violence in Conflict, or “UN Action,” unites the work of 13 United Nations entities to address sexual violence during and in the wake of conflict. It is a concerted effort to improve coordination and accountability, amplify programming and advocacy, and support national efforts to prevent conflict-related sexual violence in response to Security Council resolutions 1820 and 1888.

UN Action supports women’s engagement in conflict prevention

and enhances their influence over peace negotiations and post-conflict recovery processes. This helps ensure that sexual violence is on the agenda of the justice and security sectors. UN Action seeks to strengthen services for survivors, including health care, legal support and economic assistance to help rebuild their lives.

How it works

- Country-level action: strategic support at the country level, including efforts to build capacity, and target-

ed support for joint United Nations planning and programming.

- Advocacy: action to raise public awareness and generate political will to address sexual violence as part of a broader campaign, “Stop Rape Now.”
- Learning by doing: creation of a knowledge hub on conflict-related sexual violence in conflict, including data collection methodologies, international jurisprudence and effective responses.

Fund has been spent on the introduction of community-wide reparations, to reach women who won’t come forward individually to report rape.

Elisabeth Lindenmayer, a former political adviser and deputy cabinet chief of Kofi Annan when he was United Nations Secretary-General, now directs the United Nations Studies Program at Columbia University’s School of International and Public Affairs. In January 2010, she led a research team to Haiti (coincidentally when the earthquake struck) that produced the report *Haiti: A Future Beyond Peacekeeping*, which concluded that new thinking is needed to meet the challenges of nations at seemingly perennial risk. Though the report was limited to Haiti, its message is universal.

“A major challenge facing the United Nations Security Council and the international community is that security continues to be perceived as separate from development,” Lindenmayer wrote. “Certainly, a

definition of security as strictly limited to security sector reform and policing is not sustainable. The single largest threat to stability and lasting peace is the lack of livelihood opportunities for Haiti’s poor, either through formal employment or agricultural activities. As long as the Security Council chooses to define peace as the absence of war or conflict, and to deal primarily with only ‘hard security’ issues, the sources of instability and fragility in Haiti will not be adequately addressed.”

Jordan Ryan is the United Nations Development Programme’s Director of Crisis Prevention and Recovery, and because the organization’s representatives are the leading and coordinating United Nations officials in countries where the United Nations works, the thinking and planning of his team will be reflected globally. Ryan, who, as Humanitarian Coordinator and Deputy Special Representative of the Secretary-General for the United Nations Mission in



▲ *Jordan Ryan, Assistant Administrator of the United Nations Development Programme and Director of the Bureau for Crisis Prevention and Recovery: “Gender-based violence is also a major obstacle to the realization of women’s economic rights within the household and outside of it.”*

©UN Photo/Mark Garten

Liberia from 2006 until he assumed his current post in 2009, was on the front line of a large post-conflict recovery effort there. In an interview and written comments for this report, Ryan drew attention to what he sees as the need for new thinking about how to move beyond the international agreements promoting the protection and advancement of women, as valuable as these documents are in setting goals and standards. Long-term commitments to give consistent support to often slow-moving but essential programmes, such as the expansion of education or health care or the development of a credible judiciary, are needed. Donors have to be in for the long haul, he said.

“This is not only about bringing more women to the table, it is also about ensuring that the gender agenda is comprehensive and that the ‘table’—the structures of governance, including male leadership—are those in which a gender perspective can emerge,” he said. “An all-female police force can do little to protect women if it is not in their mandate or there are no functional security or judicial institutions.”

“Despite all of the advocacy around women’s leadership, a comprehensive post-conflict gender agenda remains to be fully articulated,” he said. “While emphasis is given to issues of representation and sexual violence, far less attention is given to the gender dimensions of land reform, government decentralization and privatization. Supporting women’s meaningful participation in post-crisis peacebuilding requires a three-fold investment: in human capacity, in women’s institutions and in an enabling environment that facilitates their active contributions.”

Donors and governments need a much more visionary approach to building human capacity, he said. “Training and employing women health care workers in rural and urban areas and ensuring that local clinics are adequately resourced are the main challenge in post-crisis countries.”

Returning to the focus of Security Council resolutions and many other declarations and programmes to deal with sexual and gender-based violence, Ryan asks: “Are we asking the right questions? Sexual and gender violence and exploitation are foundational constraints on women’s capacity to exercise their citizenship rights, their leadership roles and contributions to reconciliation. Gender-based violence is also a major obstacle to the realization of women’s economic rights within the household and outside of it.”

“Responses to sexual and gender-based violence and exploitation, however, have been very narrowly defined, under-resourced and inconsistently addressed throughout the peacebuilding frameworks and priority plans,” Ryan says. “In part, this is because very little exists in the way of evidence-

based approaches to sexual and gender-based violence prevention, protection, physical and psychosocial recovery. Despite political will, we have no clear answers. We have not anywhere prevented sexual violence, and need caution about current approaches. We are allocating significant resources without understanding context, cause and consequences, intended and unintended.”

Reflecting what women in various countries say about dashed hopes of a reduction in violence when conflict ends, Ryan says this: “Security Council resolutions speak to conflict-related sexual violence as a security issue when used as a weapon of war, while a growing body of research is showing that even after a peace agreement is signed, violence against women increases. We need to understand how and why particular patterns of sexual violence—both on and off the so-

called battlefield—are shaped historically and by current context.”

“Sexual violence cannot be seen only in criminal terms,” Ryan says. “Sexual violence both contributes to and results from the cumulative expression of the horrors and trauma of war. Men need to be the focus of much more attention, he adds. It is an issue coming into focus in Africa, as the work of the Refugee Law Project at Makerere University in Uganda demonstrates. “We need to address the psychosocial challenges facing men after decades of conflict without any kind of ‘normative’ social environment to reintegrate into,” Ryan said.

In transitioning from a military to civilian environment, Ryan concludes that more study is needed on the broad social consequences of war, especially in poor countries. “Decades of studies of returning

31 GENDER KEY TO SUCCESSFUL DISARMAMENT

Disarmament, demobilization and reintegration (DDR) are activities designed to facilitate disbanding of military fighters and easing their transition back into society. Activities can involve the turning in of weapons, the physical relocation of ex-combatants, often first in camps and then to other locations, distribution of benefits packages (including clothing, food and cash settlements) for ex-combatants, and development of credit, training or other programmes to assist the reintegration of combatants into their communities.

But armed conflict affects women and men differently. Although each conflict presents specific dynamics, men may have been more active in

organized fighting, while women may have had to flee to refugee camps, been subjected to violence, had to assume non-traditional responsibilities and seen their domestic responsibilities intensified in their efforts to secure food, shelter and security for their families.

Women and men have unequal access to resources following conflict. Given existing gender biases and inequalities in most societies, men are often better positioned to take advantage of reconstruction initiatives. Special attention is generally required to ensure that women and girls are not excluded from programmes and that women also benefit from reconstruction efforts. Without these

efforts, DDR activities run the risk of widening gender inequalities.

DDR activities that only focus on one segment of society—male ex-combatants—without considering how that group interacts with the rest of society, have had limited effect. Understanding how societies can rebuild, including the gender dimensions of this process, increases the possibilities for lasting peace.

Source: Gender Perspectives on Disarmament, Demobilization and Reintegration, Briefing Note 4, 2001, Office of the Special Adviser on Gender Issues and the Advancement of Women.

veterans in the United States have established links between combat trauma and higher rates of unemployment, homelessness, gun ownership, child abuse, domestic violence, substance abuse, suicide, homicide and criminality,” he says. In developing countries, however, “There is very little literature and limited experience in addressing the psychosocial readjustments of former combatants and soldiers in conflict settings.” He adds that too often research and clinical work has relied on Western analyses and prescriptions.

“Urgent attention—intellectual and programmatic—is needed to address the psychosocial issues of recovery from violence and its perpetration,” Ryan concludes. There is no quick fix. That is also the message brought to

participation. Laws and policies are critical but are not enough. Transformation of gender norms needs to occur within individuals, families, communities, nations and international institutions at large.

“Of equal importance is that accountability for change rests with not only international bodies and nation states but also with communities and families. Partnerships between women and men, between communities and states, and between states themselves and with international organizations to advance gender equality, citizen rights, human development, and human security are unfolding across the globe; they need to be supported and expanded. With Security Council resolution 1325 as the backdrop, a new way of engagement away from conflict and towards equality is evolving and holds the way forward to dissolve gender, social, economic and political hierarchies.”

“Recovery and rebuilding in post-disaster and post-conflict contexts offer the possibility of not only reconstruction, but also transformation,” Duvvury says. “Crisis situations break down established patterns of interaction, with women often taking on roles and responsibilities outside of their traditional purview. Yet often, the experience is that there is a quick reversal to established gender norms in the reconstruction phase. This poses the challenge that despite gender sensitive approaches being implemented more broadly today, there seems to be still inadequate attention to deeper understanding of the construction of gender norms and the ways in which to transform to more equitable gender relations. In other words it is important not only to create opportunities for women to have voice (for example

“Human development and human security should be the twin objectives of recovery, whether from natural disaster or conflict.”

this report by many local people in a range of countries who have themselves experienced catastrophic disruptions in their own lives, and are still struggling to understand how they can get to a better post-conflict world.

Nata Duvvury proposes a formula: “Human development and human security should be the twin objectives of recovery, whether from natural disaster or conflict. To achieve these objectives, a transformative agenda ensuring the economic, social, cultural, civil and political rights of all is required. Women and girls, men and boys, as citizens with full rights, are the key actors in shaping and realizing this transformative agenda. Gender equality, and a transformation of gender norms, is at the heart of ensuring full

political quotas) but also to shift perceptions of women's skills and performance as well as ensure substantive change in their power within institutions.

"The challenge still to be addressed is how to fundamentally shift the power balance in gender relations so that women and

men, girls and boys have equal access to resources, ability to control use of resources, and the right to participate. In other words, the process of reconstruction to be *renewal* and not just recovery requires a focus on transforming social relationships, values, identities, ideologies, and institutions."

32 WOMEN AS PEACE-BUILDERS

While women are often excluded from formal peace negotiations and only marginally represented in political decision-making structures, the experiences of various conflict-affected countries show that women often engage vigorously in informal peacebuilding and policy-related activities.

Burundi and Nepal are two conflict-affected countries in which women in civil society have been heralded for their efforts throughout peace and post-conflict processes. In both countries, the expansion of women's public roles and responsibilities during armed conflict laid the ground for the establishment of an array of women's organizations and networks. In these networks, women engaged in peacebuilding activities during the conflict, mobilized actively for the integration of a gender perspective and women's participation in the peace negotiations, and continued their advocacy for women's political participation, rights and needs throughout the post-conflict period.

By the time that the Burundian peace process started in 1998, Burundian women's organizations had already been mobilizing for peace for several years. In response to the civil war that began in 1994, women came together on a multi-ethnic basis

to create a number of associations and two umbrella organizations—Collectif des associations et ONG féminines du Burundi (CAFOB) and Dushirehamwe—which united diverse women's groups in their advocacy for peace at the grassroots and national levels. Throughout the post-conflict period, women's organizations and networks have been an important arena for women's mobilization and action in Burundi.

Nepal saw a wave of women's political engagement during the peaceful mass protests of 2006 that initiated the country's peace process, with women from civil society taking to the streets and demanding peace and democracy. Since then, a myriad of active women's organizations with a diversity of priorities, activities and target groups have been operating there. Although there are no formal linkages for communication between political institutions and civil society groups, many women's organizations have pushed persistently to get access to political leaders and institutions, using an array of methods (including petitions, media publications, workshops, seminars, signature campaigns and street demonstrations) to be heard. Women's organizations have also gathered to work for joint

causes related to women, peace and security through networks such as Shanti Malika, Women's Alliance for Peace, Power, Democracy and the Constituent Assembly (WAPPDCA), and WomenAct.

Source: Women's Organizations: A Driving Force Behind Women's Participation and Rights, Åshild Falch, 2010, Peace Research Institute Oslo.

Evolving views about gender, conflict, crisis and renewal

A Bibliography

The discourse on women in conflict and post-conflict is wide-ranging, complex and has evolved considerably from simplistic notions of dichotomies such as war and peace, and perpetrator and victim, to recent explorations of the different realities faced by women and men and their multiple experiences of war and conflict as both victims and perpetrators.

The latest discourse also explores more concretely the impacts of conflict and post-conflict situations on women, girls, men and boys and suggests strategies for building more peaceful societies.

Images of civilians affected by recent conflicts are increasingly disseminated globally and challenge scholars, planners and policymakers to deal with their immediacy and complexity. Stories behind these images, as documented in this report, underline the central role gender plays in determining the personal experience of conflict and building strategies for peacebuilding and post-conflict transformation.

This bibliography identifies several critical studies that have shaped the debate about the links between gender, conflict, post-conflict situations, security and human development. Included are studies on themes such as gender-based violence, particularly sexual violence and conflict, the reproductive health impact of conflict, women and decision-making in post-conflict contexts, and links between gender and natural disasters are presented.

The bibliography concludes with a listing of resources for those interested in-depth information about specific themes.

Gender, patriarchy and conflict

Feminist researchers contributed to the understanding of the dynamics of war and conflict by describing the critical role that patriarchy plays in shaping the discourse and strategies of war. Enloe (1990), Cockburn (1998, 1999) and others documented extensively the use of “essentialist constructions” of femininity and masculinity in war discourse. An assertion that emerged from this research is that there is a clear link between masculinity, militarization and aggression on the one hand and the collapsing of femininity with peace on the other. A vast body of literature focused on women as passive victims or agents of peace. Various authors sought to establish that women were natural peacemakers, given their roles as mothers, their essential empathy with others and their strong community ties (Alonso, 1993; Carpenter, 2005; Cohn, Kinsella and others, 2004; Franceshet,

2004; Galtung, 1996; Gilligan, 1982; Goldstein, 2003; Ruddick, 1989 and 2004). In this literature, gender is often conflated with women, who are assumed to be “different” from men. The literature also argues that because women are the “oppressed,” peace is their exclusive responsibility and moral duty (Aroussi, 2009). Women in other words are peacebuilding resources, and their involvement in the peace, security and development agenda is an issue of equality (Anderlini, 2007; Porter, 2007). More importantly the argument is made that women involved in peace negotiations would assert different priorities focusing on social and economic rights, social justice and human security (Anderlini, 2007; Bell and O'Rourke, 2007; Chinkin, 2004; Gierczy, 2001; Porter, 2007).

Several feminist scholars have suggested a problem on several levels with the framing of women as victims and peace agents: First is the fact that women may be involved in conflict in roles such as combatants, informants and spies; second, it posits femininity as taking precedence over a political identity and imposes a common agenda for all women (Shepherd, 2008). And third, the discourse again assigns value to the gender dichotomy of masculine/feminine and war/peace. This dichotomy has the potential to legitimize the exclusion of women from formal peace processes and is therefore antithetical to equality (Aroussi, 2009; Charlesworth, 2008). The construction fails to challenge the patriarchal world of politics and, as in the case of Bosnia and Herzegovina, excludes women in the long run from the political process (Helms, 2003).

Others argue that the lack of recognition of multiple experiences of women and girls in conflict neglects issues of rights of women combatants or of women working in post-conflict rebuilding. New research documents that women were involved in conflict actively, whether coerced or voluntarily, in Algeria, Eritrea, Guatemala, Liberia, Nepal, Nicaragua, the Occupied Palestinian Territory, Sri Lanka and Uganda (Moser and Clark, 2001; Potter, 2004; Parashar, 2009). While women and girls were engaged in conflicts as combatants or support workers, abductees or wives and dependants, (McKay and Mazurana, 2004; Rehn and Johnson-Sirleaf, 2002), when peace accords are signed and disarmament, demobilization and reintegration (DDR) policies are implemented, women and girls often lose out, partly because most DDR policies follow a “one-person, one-weapon” rule to identify those eligible for

assistance (Bouta and Frerks, 2002). In situations of group disarmament, female combatants have to rely on superior officers to list them. It is often the case that women become invisible with the resurgence of traditional norms and the stigma associated with killings, sexual violence, illegitimate children and so on; they in fact “spontaneously reintegrate” (McKay and Mazurana, 2004).

Equally, there is growing recognition of the multiple experiences of men as non-combatants in conflict and of having been abducted, sexually violated, massacred or displaced (Carpenter, 2006; Dolan, 2002; GTZ, 2009; Sivakumaran, 2007). Men as well as women have been victims of conflict, and the experience of victimization has serious repercussions for post-conflict reconstruction.

Impacts of conflict

Sexual violence, including rape and/or sexual slavery, is the most well-documented impact of conflict on women and men (Bastick and others, 2007; Farr, 2009; Human Rights Watch, various; Johnson and others, 2008; Seifert, 1994; Seifert, 1996; Sharlach, 2000; Stiglmeier, 1994). The documentation of rape, particularly in Bosnia and Herzegovina and Rwanda, led to the recognition of rape as a weapon of war and as a crime against humanity. There is an increasing international recognition of sexual violence in conflict as a crime, and some have noted an increasing trend over time and across conflicts (Green, 2006; Ward and Marsh, 2007). There is a growing interest in why sexual violence is such a pervasive feature of conflict. The widely held view is that women's bodies are the site of hostility between different men, and rape of women is essentially about the emasculation of the perceived weaker group of men (Seifert, 1994; Zarkov, 2001). Rape has also been viewed as a top-down strategy of ethnic cleansing. In recent analysis, there is a counter argument that rape is essentially not a top-down strategy but, rather, is more spontaneous. Cohen (2008 and 2009) asserts that rape in fact functions as a form of bonding/blackmail in civilian conflicts dependent on very young, and often abducted, combatants. This was found to be a similar dynamic in cases of group rape in Cambodia (Duvvury and Knoess, 2005). Equally there is growing awareness that rape does not abate after the cessation of hostilities—in fact the threat shifts from military personnel to individuals who may be neighbours, relatives or even burglars (El-Bushra, 2008; Congo Advocacy Coalition, 2008). El-Bushra makes a strong argument that understanding why rape occurs in conflict and post-conflict settings needs to develop a conceptual frame that explores the underlying power relations through gender analysis.

Another important impact of conflict is HIV infection. Some argue that conflict results in a higher risk for HIV, particularly in the context of widespread rape and abduction or coercion of girls to become “bush wives” (El-Bushra, 2008; Farr, 2009; Mills and others, 2006). Two studies in Rwanda found that 17 per cent of women who were survivors of genocide and 67 per cent of rape survivors were HIV positive (McGinn, 2000). There is also some evidence to indicate that communities affected by long-standing conflict (such as Sierra Leone) have a lower prevalence of HIV than surrounding communities because of relative isolation and limited mobility (Anema and others, 2008; Spiegel, 2004; Spiegel and others, 2007). What is beyond dispute is that sexual violence is a risk factor for HIV, and the needs of survivors of such violence must be addressed. A difficulty in conflict and post-conflict contexts, and equally in post-natural disaster contexts, is that there is a significant delay in treatment after the violence has occurred—up to two years in the Democratic Republic of the Congo (Steiner and others, 2009), with limited access to health facilities, disrupted/destroyed health infrastructure, and limited access to resources (Carballo and others, 2005; Liebling-Kalifani and others, 2008; World Health Organization, 2004).

Conflict, post-conflict and natural disasters all have severe negative impacts on reproductive health. Women suffer gynaecological problems, unwanted pregnancies, maternal mortality, obstetric fistula and pre-term babies (McGinn, 2009; Reproductive Health Matters, 2008). Many of these reproductive health consequences are exacerbated by conditions in camps for displaced persons, whether as a result of conflict or natural disaster (Carballo and others, 2005; O’Heir, 2004). Plumper and Neumayer (2003) suggest that there is an impact of gender gap on life expectancy, which is often reversed in conflict and post-conflict settings, indicating that the direct and indirect effects are more severe for women than men. An important dimension is child mortality and its implications for population policies (Carballo and others, 2005). Equally critical is the impact of the experiences of conflict on mental health. Johnson and others (2008) document the strong association among combatant status, experience of sexual violence and health and mental health outcomes including symptoms of post-traumatic stress disorder, depression and suicide ideation (similar results reported for Afghanistan and Kosovo—see Cardozo and others, 2004).

Another important theme in the literature on gender-based violence and conflict is the mutual interaction between the two. A number of researchers have suggested that states with

higher gender equality, lower family violence, less acceptance of gender-based violence and more services for survivors are on the whole less likely to resort to violent resolution of inter-State and intra-State differences (Caprioli and Boyer, 2001; Erchak, 1994; Cockburn, 2001; Hudson and others, 2009). Others point to growing evidence of a vicious cycle that conflict breeds gender-based violence, particularly intimate-partner violence, early marriages, gang rapes and honour killings, with men attempting to reassert control in post-conflict contexts (Pillay, 2002; Greenberg and Zuckerman, 2009; Hudson and others, 2009; Hyder and others, 2007; Strickland and Duvvury, 2003).

Women and post-conflict settings

A large body of literature is developing on ways to rebuild societies after conflict. Some themes emerging from the literature are the links between gender, national security, human security, and development; whether policies and programmes are moving beyond peacebuilding to state building; the extent to which the spaces opened up for women during conflict are sustained; whether gender norms, roles and responsibilities have been upturned; and the essential components to moving towards transformation.

In terms of gender, national security, and human security, several authors argue that while national security and human security are not oppositional, there is a dynamic tension between the two (Porter, 2008; Mack, 2005; Kerr, 2007). Human security is important in that it focuses on the individual and communities rather than on the security of nations (Kaldor, 2007). Human security is also concerned with development, as it involves addressing structures of power to enable women and men and communities to actively participate in the rebuilding of states.

Another debated dimension within the literature is the extent to which new roles and opportunities have opened for women. Studies have documented that during conflict, space opens for women to take on roles previously dominated by, or considered the sole domain of, men (Beecham and Popovic, 2009; Lindsey, 2001; Meintjes, 2001; Pankhurst, 2008a and 2008b). In post-conflict settings, there can often be backlash as men try to reassert “traditional” roles as they reclaim their position within the private and public spheres (Jennings, undated; Porter, 2007).

Critical to women’s participation in the post-conflict reconstruction has been the attention given to ensuring women’s representation in peace negotiations and participation in political decision-making (Beecham and Popovic, 2009). Women’s

role in peace negotiations has evolved over time, particularly in civil society diplomacy and grassroots activism, though they still are largely left out of formal peace negotiations (Porter, 2008). Women’s involvement has had impact in terms of inclusion of gender-focused components in peace negotiations as well as increasing the pressure for national plans of action with clear indicators on participation of women in peace processes, prevention, protection and prosecution of gender and sexual violence and promotion of women’s rights (Beecham and Popovic, 2009). Several studies point to the passing of new laws in Rwanda, Afghanistan, Guatemala, Nepal and Burundi as a consequence of women’s involvement in peace negotiations (Chinkin, 2003; Nakaya, 2003). However, there is little research actually establishing the impact of expanded participation in peace processes in the medium or long term. A study by Nakaya (2003) points to a worrying trend that women’s participation in political processes declined in early 2000, after peace accords were signed in Guatemala and Somalia in the late 1990s. In contrast, in Burundi and Nepal, there has been a significant increase in women’s representation in political bodies immediately after the accords. But this has not translated into a significant independent role, as women continue to be subordinated to a patriarchal political system, requiring a fundamental institutional and cultural change to develop women’s capability and agency (Falch, 2010). Women’s civil society organizations can be an effective arena for women’s political engagement, but there are also issues of tension between women elected leaders and women’s groups, overdependence of groups on external funding, and the lack of long-term commitment on the part of international donors (Falch, 2010).

The resource issue is critical. An analysis of World Bank funding in 2004 found that 4.67 per cent of a total \$67 million dollars in funding went to 10 projects focused on women in post-conflict reconstruction. Another critical finding is that funding for women’s organizations dropped sharply, in Kosovo, for example, once the urgency of reconstruction had passed (Greenberg and Zuckerman, 2009; Quiñones, 2004).

Another issue that has been highlighted is that much of the attention and funding goes to women-focused programmes while not enough goes to programmes that are gender aware or transformative. Raising the profile of women is critical (an important message of Security Council resolution 1325), but there has to be equal importance given to strategies and interventions to address structural impediments, the most critical being gender relations and the constructions of masculinities and femininities (Strickland

and Duvvury, 2003). A transformative agenda can build on healing the trauma of conflict experienced by women and men, girls and boys; rebuilding social capital to strengthen bonds of trust and enhance local conflict resolution; and integrating gender

equality and conflict resolution into development programmes in education, health, income generation and community development (Greenberg and Zuckerman, 2009). Additional resources are available at www.unfpa.org.

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The State of the World Population 2010: selected indicators

Focus on reproductive health

Each year, *The State of World Population* report provides data, or “indicators,” that show progress and challenges in implementing various aspects of the International Conference on Population and Development (ICPD) and that show changes in national, regional and global demographics.

The 2010 edition of the report includes for the first time an analysis of selected indicators, with a focus this year on reproductive health.

The goal of universal access to reproductive health, a central element of the Programme of Action of the ICPD, was reaffirmed as a development priority when it was adopted in 2007 as a target for inclusion in Millennium Development Goal 5. Progress towards universal access to reproductive health is measured using data on adolescent birth rates, contraceptive prevalence, unmet need for family planning and access to antenatal care.

Universal access to reproductive health is a critical element of a “continuum of care,” which, in turn, yields benefits in other areas. When women and girls have the power to decide for themselves when and if they will become pregnant, they are more likely to have healthy pregnancies and to seek antenatal care. Their children are more likely to survive infancy and early childhood. Girls whose mothers survive are more likely to continue their education and, in turn, are less likely to marry early and more likely to delay having children until they are in their 20s, thus lowering their risk of dying from causes related to pregnancy and childbirth. But despite increasing evidence of these positive links, progress towards universal access to reproductive health remains a major challenge.

The tables on the following pages show the selected demographic, social and economic indicators, which together contribute to a comprehensive accounting of progress towards development priorities defined in the ICPD Programme of Action and towards the Millennium Development Goals.

The ICPD-related indicators in this report track progress towards the Millennium Development Goals that deal with education and health. These indicators also illustrate aspects of the continuum of care for reproductive, maternal, newborn and child health. The health indicators include maternal and infant mortality, contracep-

tive prevalence, HIV/AIDS and adolescent birth rates. Additional indicators along the continuum of care, including the availability of skilled care at births, are included in the second set of tables, which feature a range of demographic indicators.

The tables that follow place indicators of reproductive health access within a more comprehensive accounting of demographic trends, living conditions, access to resources and other factors that are connected to women’s empowerment, access to education and access to health services. Displaying data this way yields a broad view of factors that shape women’s and men’s quality of life. These tables also provide information about national wealth, educational attainment, and level of urbanization: three issues which have significant bearing on access to reproductive health.

Data are not disaggregated by socio-economic characteristics within countries, but factors such as level of education, wealth and place of residence (urban/rural) do point to significant disparities.

When considered within the context of other socio-demographic characteristics, ICPD-related data show that although adolescent birth rates have declined over the past 10 years and contraceptive use has increased, progress overall towards universal access to reproductive health has slowed.

Women’s access to reproductive health is often correlated with their relative level of social and economic status. Even in many countries where progress towards universal access to reproductive health has been slow, significant gains have been seen among those women who have a relatively higher economic and social status. In some of these countries, such as Madagascar, there has been significant progress in the last 10 years, but the rates of progress have varied, with the largest gains reported among the more privileged groups. In the same period, many other countries, such as those with a low contraceptive prevalence rate and a high unmet need for family planning, women from the wealthiest households, women with a secondary or higher education and women in urban areas are far less likely to become mothers, more likely to use contraceptives and less likely to have an unmet need for contraception than their peers who have no education and limited household wealth or who live in rural areas.

The significant disparities between the wealthiest and the poorest women, the best-educated and least-educated, and women who live in urban areas and rural areas can be observed at both the regional and national levels and within countries and regions. The significance of economic development is most apparent where country-level data are grouped according to economic development. For example, adolescent birth rates are very high in the least-developed countries, with an average of 103 births per 1,000 women between the ages 15 and 19—which is about five times as high as the average for the more-developed regions, where the adolescent birth rate is 21 births per 1,000 women of the same age cohort. Within developing regions, these disparities often extend to the levels of sub-regions and individual countries. For instance, African sub-regions have adolescent birth rates ranging from 32 in North Africa to 167 in Middle Africa. Among the sub-regions that make up sub-Saharan Africa, there are major differences: Southern Africa's adolescent birth rate is 61, while Eastern, Middle and Western Africa have rates higher than 110. Overall contraceptive prevalence, and, in particular, use of modern methods of contraception, varies widely and remains low in much of the world. By income, use of modern methods ranges from 22 per cent in the world's least-developed regions, to 55 per cent in less-developed countries and 58 per cent in more-developed countries. Regionally, rates of contraceptive prevalence for modern methods range from 23 per cent in Africa to 64 per cent in Latin America and the Caribbean.

Current data on adolescent birth rates and contraceptive prevalence reflect persistent disparities among regions, whether defined by relative wealth, level of development or geography. Globally, more women are using contraception, and fewer girls are becoming mothers every year. But the rate of progress has generally slowed since 2000. Meanwhile, declines in adolescent birth rates have also slowed, and in many countries, especially the least-developed ones, rates may have even increased slightly. For contraceptive prevalence, the rates for least-developed countries remain relatively low: 28 per cent using any method and 22 per cent using modern methods of contraception. These rates are far lower than in the more-developed regions, where 68 per cent of women use any method of contraception and 58 per cent use modern methods, and the less-developed countries, where 61 per cent of women use any method, and 55 per cent use modern methods.

When countries are grouped by regions, rates also vary. For example, in Europe, which has the lowest adolescent birth rate—17 births per 1,000 girls between the ages of 15 and 19—while in Africa, the rate is 103. Regional averages show global disparities in contraceptive use and adolescent birth rates but can also mask significant disparities in access to reproductive health within regions. For example, within Africa, data for subregions vary immensely: among sub-Saharan African regions, Southern Africa has by far the lowest adolescent birth rate—61 per 1,000 girls—and the highest contraceptive prevalence, at 59 per cent for all methods and 58 per cent for modern methods. In contrast, the rest of the subregions in sub-Saharan Africa have adolescent birth rates well over 100 per 1,000 girls, and contraceptive prevalence rates at 26 per cent or less. The highest adolescent birth rate is in Middle Africa, at 167 per 1,000 girls, while its contraceptive prevalence rate is 19 per cent for all methods and only 7 per cent for modern methods.

The collection of indicators in this report illustrates an important range of factors that relate both directly and indirectly to progress towards universal access to reproductive health, while they combine to provide a significant set of data on progress towards women's and men's overall well-being, including their access to resources, health and education. While it is important to caution against jumping to the conclusion that individual indicators should not be read to determine cause and effect, these data build on significant evidence of strong links between socio-demographic characteristics and women's access to reproductive health. These links, combined with the overall slowing of progress, underscore the persistent inequities that must be overcome to attain universal access to reproductive health.

Monitoring ICPD goals: selected indicators

Country, territory or other area

	Mortality			Education				Reproductive health			
	Infant mortality Total per 1,000 live births	Life expectancy M/F	Maternal mortality ratio	Primary enrolment (gross) M/F	Proportion reaching grade 5 M/F	Secondary enrolment (gross) M/F	% Illiterate (>15 years) M/F	Births per 1,000 women ages 15-19	Contraceptive Prevalence Any method	Modern methods	HIV prevalence rate (%) ages 15-49
Afghanistan	152	44.7 / 44.6	1,800	127 / 84		41 / 15		121	19	16	
Albania	15	73.8 / 80.1	92	102 / 102		79 / 76	0.7 / 1.3	14	69	10	
Algeria	28	71.4 / 74.4	180	111 / 104	95 / 97	80 / 86	18.7 / 36.1	7	61	52	0.1
Angola	111	46.1 / 50.1	1,400	141 / 114		19 / 16	17.2 / 43.0	124	6	5	2.1
Argentina	13	72.0 / 79.6	77	116 / 115	95 / 98	80 / 90	2.4 / 2.3	57	65	64	0.5
Armenia	24	70.8 / 77.2	76	104 / 106		86 / 90	0.3 / 0.6	36	53	19	0.1
Australia ^a	4	79.6 / 84.1	4	106 / 105		153 / 146		15	71	71	0.2
Austria	4	77.7 / 82.9	4	100 / 99		102 / 98		13	51	47	0.2
Azerbaijan	41	68.5 / 73.0	82	117 / 115		107 / 104	0.2 / 0.8	34	51	13	0.2
Bahamas	8	71.5 / 77.1	16	103 / 103	92 / 93	92 / 94		53			
Bahrain	9	74.6 / 77.9	32	106 / 104	100 / 98	95 / 99	8.3 / 10.6	17	62	31	
Bangladesh	41	65.8 / 68.1	570	89 / 94	52 / 58	43 / 45	40.0 / 50.2	72	56	48	
Barbados	10	74.9 / 80.2	16		94 / 95			43			
Belarus	9	63.8 / 75.6	18	98 / 100		94 / 96	0.2 / 0.3	21	73	56	0.2
Belgium	4	77.3 / 83.3	8	103 / 103	90 / 92	110 / 107		8	75	73	0.2
Belize	16	74.9 / 78.8	52	122 / 119	94 / 93	72 / 78		79	34	31	
Benin	81	61.1 / 63.5	840	125 / 108	70 / 69	46 / 26	46.5 / 71.9	112	17	6	1.2
Bhutan	41	65.0 / 68.8	440	105 / 106	93 / 99	58 / 54	35.0 / 61.3	38	31	31	
Bolivia (Plurinational State of)	42	64.2 / 68.5	290	108 / 108	83 / 83	83 / 81	4.0 / 14.0	78	61	34	0.2
Bosnia and Herzegovina	12	72.9 / 78.0	3	109 / 110		89 / 91	0.6 / 4.1	16	36	11	<0.1
Botswana	32	55.7 / 55.0	380	111 / 109	89 / 89	78 / 82	16.9 / 16.5	52	44	42	23.9
Brazil	22	69.3 / 76.6	110	132 / 123		96 / 106	10.2 / 9.8	76	77	70	0.6
Brunei Darussalam	5	75.3 / 80.1	13	107 / 107	100 / 99	96 / 98	3.4 / 6.7	25			
Bulgaria	11	70.3 / 77.3	11	101 / 101		90 / 87	1.4 / 2.1	42	63	40	
Burkina Faso	78	52.3 / 55.0	700	79 / 68	82 / 83	21 / 16	63.3 / 78.4	131	17	13	1.6
Burundi	95	49.8 / 52.9	1,100	139 / 132	59 / 65	21 / 15	27.7 / 40.1	19	9	8	2.0
Cambodia	57	60.2 / 63.9	540	120 / 112	60 / 65	44 / 36	14.9 / 29.1	39	40	27	0.8
Cameroon	84	51.1 / 52.3	1,000	119 / 102	63 / 63	41 / 33	16.0 / 32.2	128	29	12	5.1
Canada	5	78.8 / 83.2	7	99 / 99		102 / 100		13	74	72	0.4
Cape Verde	23	69.0 / 74.3	210	105 / 98	90 / 92	65 / 71	10.4 / 20.7	95	61		
Central African Republic	101	46.2 / 49.2	980	102 / 72	57 / 48	16 / 9	31.2 / 58.9	107	19	9	6.3
Chad	127	47.9 / 50.5	1,500	97 / 68	41 / 34	26 / 12	56.2 / 78.1	164	3	2	3.5
Chile	7	75.9 / 82.0	16	108 / 103	96 / 97	89 / 92	1.4 / 1.3	60	64		0.3
China	22	71.8 / 75.3	45	111 / 116	100 / 99	74 / 78	3.3 / 9.5	10	87	86	0.1
Colombia	18	69.9 / 77.2	130	120 / 120	85 / 93	86 / 95	6.7 / 6.6	74	78	68	0.6
Comoros	44	64.0 / 68.5	400	125 / 114	79 / 81	52 / 39	20.7 / 32.2	46	26	19	

Monitoring ICPD goals: selected indicators

Country, territory or other area	Mortality			Education				Reproductive health			
	Infant mortality Total per 1,000 live births	Life expectancy M/F	Maternal mortality ratio	Primary enrolment (gross) M/F	Proportion reaching grade 5 M/F	Secondary enrolment (gross) M/F	% Illiterate (>15 years) M/F	Births per 1,000 women ages 15-19	Contraceptive Prevalence		HIV prevalence rate (%) ages 15-49
									Any method	Modern methods	
Congo, Democratic Republic of the ²	114	46.4 / 49.6	1,100	99 / 82	80 / 79	45 / 25	22.5 / 43.9	201	21	6	
Congo, Republic of	79	53.0 / 54.9	740	118 / 110	76 / 80	46 / 40		113	44	13	3.5
Costa Rica	10	76.8 / 81.7	30	110 / 109	95 / 98	87 / 92	4.3 / 3.8	67	80	72	0.4
Côte d'Ivoire	83	57.2 / 59.8	810	83 / 66	83 / 73	34 / 19	35.8 / 55.7	130	13	8	3.9
Croatia	6	73.3 / 80.0	7	99 / 98		92 / 95	0.5 / 2.0	14			<0.1
Cuba	5	77.0 / 81.2	45	103 / 101	96 / 96	92 / 91	0.2 / 0.2	45	73	72	0.1
Cyprus	5	77.6 / 82.3	10	104 / 103	97 / 100	98 / 99	1.0 / 3.3	6			
Czech Republic	4	73.8 / 79.9	4	103 / 103	99 / 99	94 / 96		11	72	63	
Denmark	4	76.4 / 81.0	3	99 / 99	100 / 100	117 / 121		6			0.2
Djibouti	80	54.8 / 57.5	650	49 / 43	92 / 87	35 / 24		23	18	17	
Dominican Republic	27	70.1 / 75.8	150	108 / 101	70 / 77	69 / 81	11.8 / 11.7	109	73	70	1.1
Ecuador	19	72.5 / 78.5	210	119 / 118	83 / 84	75 / 76	12.7 / 18.3	83	73	58	0.3
Egypt	32	68.8 / 72.4	130	102 / 97	96 / 97	82 / 77	25.4 / 42.2	39	60	58	
El Salvador	19	67.0 / 76.5	170	117 / 113	78 / 82	63 / 64	12.9 / 18.6	83	73	66	0.8
Equatorial Guinea	95	49.9 / 52.2	680	101 / 96	34 / 31	33 / 19	3.1 / 10.9	123	10	6	
Eritrea	51	58.0 / 62.6	450	57 / 47	77 / 69	36 / 25	23.0 / 45.5	67	8	5	1.3
Estonia	7	68.3 / 78.9	25	101 / 99	99 / 98	98 / 101	0.2 / 0.2	21	70	56	1.3
Ethiopia	75	54.7 / 57.6	720	103 / 92	46 / 49	39 / 28	50.0 / 77.2	104	15	14	2.1
Fiji	19	67.0 / 71.6	210	95 / 94	100 / 97	78 / 84		32			
Finland	3	76.7 / 83.4	7	98 / 97	99 / 100	108 / 113		11			0.1
France	4	78.2 / 85.0	8	111 / 109		113 / 113		7	71		0.4
French Polynesia	8	72.5 / 77.4						52			
Gabon	47	60.2 / 62.5	520	135 / 134	68 / 71	52 / 45	9.1 / 16.8	90	33	12	5.9
Gambia	74	54.9 / 58.3	690	84 / 89	71 / 72	52 / 49	43.3 / 65.7	88	18	13	0.9
Georgia	33	68.5 / 75.4	66	109 / 106	94 / 97	92 / 88	0.2 / 0.3	45	47	27	0.1
Germany	4	77.5 / 82.8	4	105 / 105		103 / 100		8	70	66	0.1
Ghana	71	56.2 / 58.0	560	106 / 105	62 / 65	58 / 52	27.7 / 40.7	64	24	17	1.9
Greece	4	77.4 / 82.0	3	101 / 101	99 / 98	104 / 99	1.8 / 4.1	9	76	46	0.2
Guadeloupe	7	76.4 / 82.5					5.2 / 4.5	19			
Guam	9	73.7 / 78.4						52	67	58	
Guatemala	26	67.3 / 74.4	290	117 / 110	71 / 70	58 / 55	20.5 / 31.3	107	43	34	0.8
Guinea	93	56.9 / 60.9	910	97 / 83	74 / 65	45 / 26		152	9	4	1.6
Guinea-Bissau	109	47.1 / 50.1	1,100	96 / 65		26 / 14	33.9 / 63.5	129	10	6	1.8
Guyana	39	65.2 / 71.0	470	109 / 108	64 / 65	102 / 102		63	34	33	
Haiti	62	59.9 / 63.4	670					46	32	24	2.2
Honduras	26	70.3 / 75.1	280	116 / 116	75 / 80	57 / 72	16.3 / 16.5	93	65	56	0.7
Hong Kong SAR, China ³	4	79.7 / 85.4		102 / 100	100 / 100	82 / 84		6	80	75	
Hungary	7	69.8 / 77.8	6	100 / 98		98 / 97	0.9 / 1.1	20	81	71	0.1
Iceland	3	80.5 / 83.6	4	98 / 98	99 / 100	108 / 112		15			
India	52	62.9 / 66.0	450	115 / 111	66 / 65	61 / 52	24.8 / 49.2	68	56	49	0.3

Monitoring ICPD goals: selected indicators

Country, territory or other area	Mortality			Education				Reproductive health			
	Infant mortality Total per 1,000 live births	Life expectancy M/F	Maternal mortality ratio	Primary enrolment (gross) M/F	Proportion reaching grade 5 M/F	Secondary enrolment (gross) M/F	% Illiterate (>15 years) M/F	Births per 1,000 women ages 15-19	Contraceptive Prevalence		HIV prevalence rate (%) ages 15-49
									Any method	Modern methods	
Indonesia	24	69.5 / 73.5	420	121 / 118	83 / 89	75 / 74	4.8 / 11.2	40	61	57	0.2
Iran (Islamic Republic of)	27	70.5 / 73.4	140	107 / 151	88 / 87	80 / 79	12.7 / 22.8	18	73	59	0.2
Iraq	31	65.2 / 72.0	300	106 / 89	87 / 73	56 / 37	14.0 / 30.8	86	50	33	
Ireland	4	77.9 / 82.7	1	105 / 105	97 / 100	111 / 119		16	89	89	0.2
Israel	5	79.0 / 83.1	4	110 / 111	100 / 99	89 / 91		14			0.1
Italy	4	78.4 / 84.4	3	104 / 103	99 / 100	100 / 99	0.9 / 1.5	5	63	41	0.4
Jamaica	22	69.1 / 75.6	170	95 / 92	88 / 93	89 / 93	19.4 / 9.2	77	69	66	1.6
Japan	3	79.6 / 86.6	6	102 / 102		101 / 101		5	54	44	
Jordan	18	71.3 / 75.1	62	97 / 97	97 / 96	87 / 90	4.5 / 11.1	25	57	41	
Kazakhstan	24	59.4 / 71.6	140	108 / 109		93 / 91	0.2 / 0.5	31	51	49	0.1
Kenya	60	55.0 / 56.0	560	113 / 110	81 / 85	61 / 56	9.7 / 17.2	104	46	39	
Korea, Democratic People's Republic of	47	65.5 / 69.7	370				0.0 / 0.0	0	69	58	
Korea, Republic of	4	76.4 / 82.9	14	106 / 104	98 / 99	99 / 95		6	80	76	<0.1
Kuwait	9	76.4 / 80.2	4	96 / 95	100 / 99	88 / 91	4.8 / 6.9	13	52	39	
Kyrgyzstan	36	64.8 / 72.1	150	95 / 94		85 / 86	0.5 / 0.9	32	48	46	0.1
Lao People's Democratic Republic	45	64.4 / 67.4	660	117 / 106	66 / 68	48 / 39	17.5 / 36.8	37	32	29	0.2
Latvia	9	68.1 / 77.6	10	100 / 96	98 / 95	97 / 99	0.2 / 0.2	15	68	56	0.8
Lebanon	21	70.3 / 74.6	150	102 / 100	96 / 97	77 / 86	6.6 / 14.0	16	58	34	0.1
Lesotho	65	45.6 / 45.9	960	108 / 107	55 / 69	34 / 45	17.4 / 4.9	74	37	35	23.2
Liberia	91	57.7 / 60.5	1,200	96 / 86		36 / 27	36.7 / 47.0	142	11	10	1.7
Libyan Arab Jamahiriya	17	72.2 / 77.4	97	113 / 108		86 / 101	5.1 / 18.7	3	45	26	
Lithuania	8	66.3 / 78.0	11	97 / 95		99 / 99	0.3 / 0.3	22	51	33	0.1
Luxembourg	4	77.3 / 82.5	12	100 / 101	97 / 100	95 / 98		12			
Madagascar	61	59.6 / 62.9	510	154 / 149	42 / 43	31 / 29	23.5 / 34.7	133	40	28	0.1
Malawi	78	53.7 / 55.4	1,100	119 / 122	44 / 43	32 / 27	19.8 / 34.2	135	41	38	11.9
Malaysia	8	72.5 / 77.2	62	97 / 96	94 / 94	66 / 71	5.7 / 10.2	13	55	30	0.5
Maldives	20	70.8 / 74.1	120	115 / 109	95 / 93	81 / 86	1.6 / 1.6	13	39	34	
Mali	103	48.5 / 49.9	970	100 / 83	88 / 85	42 / 27	65.1 / 81.8	163	8	6	1.5
Malta	6	78.2 / 81.7	8	99 / 99	99 / 100	97 / 99	8.8 / 6.5	12	86	43	
Martinique	6	76.9 / 82.6					2.9 / 4.4	30			
Mauritania	71	55.3 / 59.3	820	95 / 102	81 / 83	26 / 23	35.9 / 50.5	90	9	8	0.8
Mauritius*	14	68.5 / 75.9	15	100 / 99	97 / 100	87 / 88	9.6 / 15.2	39	76	39	1.7
Melanesia*	44	61.2 / 65.7						51			
Mexico	15	74.3 / 79.2	60	115 / 113	93 / 95	87 / 93	5.4 / 8.5	65	71	67	0.3
Micronesia*	23	70.5 / 74.8						37			
Moldova, Republic of	18	65.1 / 72.7	22	95 / 93		86 / 89	1.0 / 2.2	34	68	43	0.4
Mongolia	40	64.1 / 70.5	46	102 / 101	94 / 95	92 / 99	3.3 / 2.2	17	66	61	0.1
Montenegro	8	72.2 / 76.9						15	39	17	
Morocco	28	69.6 / 74.1	240	112 / 102	83 / 82	60 / 51	30.6 / 55.9	19	63	52	0.1
Mozambique	83	47.8 / 48.9	520	121 / 107	63 / 58	24 / 18	30.5 / 59.9	149	17	12	12.5

Monitoring ICPD goals: selected indicators

Country, territory or other area	Mortality			Education				Reproductive health			
	Infant mortality Total per 1,000 live births	Life expectancy M/F	Maternal mortality ratio	Primary enrolment (gross) M/F	Proportion reaching grade 5 M/F	Secondary enrolment (gross) M/F	% Illiterate (>15 years) M/F	Births per 1,000 women ages 15-19	Contraceptive Prevalence		HIV prevalence rate (%) ages 15-49
									Any method	Modern methods	
Myanmar	70	60.5 / 65.0	380	117 / 117	69 / 69	49 / 49	5.3 / 10.8	18	37	33	0.7
Namibia	30	61.2 / 62.7	210	113 / 112	84 / 90	61 / 71	11.3 / 12.3	74	55	54	15.3
Nepal	38	66.6 / 68.2	830	123 / 106	60 / 64	46 / 41	28.9 / 54.6	101	48	44	0.5
Netherlands	4	78.2 / 82.4	6	108 / 106	99 / 100	122 / 120		4	69	67	0.2
Netherlands Antilles	12	73.1 / 79.7		125 / 123		87 / 95	3.7 / 3.7	32			
New Caledonia	6	73.3 / 80.1					3.2 / 4.2	26			
New Zealand	4	78.7 / 82.5	9	101 / 101		115 / 122		23	75	72	0.1
Nicaragua	20	70.8 / 77.0	170	118 / 116	48 / 55	64 / 72	21.9 / 22.1	113	72	69	0.2
Niger	84	51.6 / 53.4	1,800	65 / 51	72 / 66	14 / 8	57.1 / 84.9	157	11	5	0.8
Nigeria	107	47.9 / 48.9	1,100	99 / 87	82 / 84	34 / 27	28.5 / 51.2	127	15	8	3.1
Norway	3	78.8 / 83.1	7	99 / 99	99 / 100	113 / 110		9	88	82	0.1
Occupied Palestinian Territory	16	72.3 / 75.5		80 / 79		87 / 93	2.9 / 9.1	79	50	39	
Oman	11	74.8 / 78.0	64	74 / 75	99 / 100	90 / 87	10.0 / 19.1	10	32	25	
Pakistan	61	66.9 / 67.5	320	93 / 77	68 / 72	37 / 28	33.2 / 60.0	46	27	19	0.1
Panama	17	73.4 / 78.7	130	113 / 109	87 / 88	68 / 74	5.9 / 7.2	83			1.0
Papua New Guinea	48	59.5 / 64.0	470	59 / 50			36.4 / 44.4	55	26	20	1.5
Paraguay	30	70.2 / 74.4	150	107 / 104	83 / 84	65 / 67	4.3 / 6.5	72	79	70	0.6
Peru	19	71.1 / 76.4	240	113 / 112	87 / 88	89 / 89	5.1 / 15.4	55	71	47	0.5
Philippines	21	70.1 / 74.6	230	111 / 109	73 / 81	79 / 86	6.7 / 6.1	45	51	34	
Poland	6	71.8 / 80.1	8	97 / 97		100 / 99	0.3 / 0.7	14	73	28	0.1
Polynesia ^a	16	70.8 / 76.2						38			
Portugal	4	75.8 / 82.3	11	118 / 112		98 / 105	3.5 / 7.1	17	67	63	0.5
Puerto Rico	7	75.1 / 83.0	18				10.3 / 9.6	54	84	72	
Qatar	8	75.3 / 77.3	12	109 / 108	93 / 100	79 / 115	6.2 / 9.6	16	43	32	
Réunion	6	72.7 / 80.8					8.8 / 7.5	34	67	64	
Romania	14	69.7 / 76.7	24	100 / 99		92 / 91	1.7 / 3.1	31	70	38	0.1
Russian Federation	11	61.1 / 73.6	28	97 / 97		86 / 84	0.3 / 0.6	25	80	70	1.1
Rwanda	96	49.2 / 52.9	1,300	150 / 152	43 / 49	23 / 21	25.2 / 33.9	37	36	26	2.8
Samoa	21	69.2 / 75.5		100 / 99	96 / 91	74 / 83	1.0 / 1.5	28	25	23	
Saudi Arabia	17	71.4 / 75.8	18	100 / 96	100 / 94	102 / 87	10.5 / 19.8	26	24		
Senegal	57	54.7 / 57.8	980	81 / 83	70 / 72	34 / 27	47.7 / 67.0	104	12	10	1.0
Serbia	11	72.1 / 76.7		98 / 98		87 / 90		22	41	19	0.1
Sierra Leone	102	46.9 / 49.6	2,100	168 / 148		42 / 28	48.3 / 71.1	126	8	6	1.7
Singapore	3	78.3 / 83.2	14				2.6 / 8.4	5	62	53	0.2
Slovakia	7	71.3 / 78.9	6	103 / 102		92 / 93		21	80	66	<0.1
Slovenia	4	75.1 / 82.3	6	98 / 97		97 / 97	0.3 / 0.3	5	79	63	<0.1
Solomon Islands	40	66.1 / 68.1	220	109 / 106		38 / 32		42	35	27	
Somalia	106	49.0 / 51.8	1,400	42 / 23		11 / 5		70	15	1	0.5
South Africa	43	50.6 / 53.2	400	106 / 103	82 / 83	93 / 97	10.1 / 11.9	59	60	60	18.1
Spain	4	78.1 / 84.4	4	107 / 106	100 / 100	117 / 123	1.6 / 3.1	12	66	62	0.5

Monitoring ICPD goals: selected indicators

Country, territory or other area	Mortality			Education				Reproductive health			
	Infant mortality Total per 1,000 live births	Life expectancy M/F	Maternal mortality ratio	Primary enrolment (gross) M/F	Proportion reaching grade 5 M/F	Secondary enrolment (gross) M/F	% Illiterate (>15 years) M/F	Births per 1,000 women ages 15-19	Contraceptive Prevalence		HIV prevalence rate (%) ages 15-49
									Any method	Modern methods	
Sri Lanka	15	70.8 / 78.2	58	101 / 102	98 / 98	86 / 88	7.8 / 10.9	30	68	53	
Sudan	66	57.3 / 60.4	450	73 / 64	89 / 100	35 / 32	21.0 / 40.4	57	8	6	1.4
Suriname	21	65.9 / 73.1	72	116 / 111	78 / 81	66 / 85	7.0 / 11.6	40	46	45	
Swaziland	59	47.8 / 46.0	390	112 / 104	76 / 88	56 / 50	12.6 / 14.4	84	51	47	26.1
Sweden	3	79.1 / 83.3	3	95 / 95	100 / 100	104 / 103		8	75	65	0.1
Switzerland	4	79.8 / 84.4	5	103 / 103		98 / 94		6	82	78	0.6
Syrian Arab Republic	15	72.7 / 76.6	130	127 / 122	93 / 92	75 / 73	10.0 / 22.8	61	58	43	
Tajikistan	58	64.7 / 69.9	170	104 / 100		90 / 78	0.2 / 0.5	28	38	33	0.3
Tanzania, United Republic of	60	56.1 / 57.7	950	111 / 109	85 / 89		21.0 / 33.7	130	26	20	6.2
Thailand	6	66.4 / 72.3	110	94 / 92		71 / 77	4.4 / 8.5	37	81	80	1.4
The former Yugoslav Republic of Macedonia	14	72.2 / 76.9	10	93 / 93		85 / 82	1.4 / 4.6	22	14	10	<0.1
Timor-Leste, Democratic Republic of	61	61.1 / 63.0	380	110 / 103		55 / 55		54	10	7	
Togo	68	61.6 / 64.9	510	113 / 97	58 / 50	54 / 28	23.4 / 46.3	65	17	11	3.3
Trinidad and Tobago	25	66.4 / 73.4	45	105 / 102	98 / 99	86 / 92	0.9 / 1.8	35	43	38	1.5
Tunisia	18	72.3 / 76.5	100	108 / 106	96 / 96	88 / 96	13.6 / 30.4	7	60	52	0.1
Turkey	26	69.8 / 74.7	44	101 / 98	94 / 94	87 / 77	3.8 / 18.7	39	71	43	
Turkmenistan	49	61.4 / 69.4	130				0.3 / 0.7	20	62	45	<0.1
Uganda	70	53.4 / 54.8	550	120 / 121	59 / 59	27 / 23	17.6 / 33.2	150	24	18	5.4
Ukraine	12	63.2 / 74.0	18	98 / 99		95 / 94	0.2 / 0.4	28	67	48	1.6
United Arab Emirates	9	77.0 / 79.1	37	108 / 108	100 / 100	93 / 95	10.5 / 8.5	16	28	24	
United Kingdom	5	77.5 / 82.0	8	106 / 106		98 / 100		24	84	84	0.2
United States of America	6	77.3 / 81.7	11	98 / 99	96 / 98	94 / 94		36	73	68	0.6
Uruguay	12	73.3 / 80.3	20	116 / 113	93 / 96	93 / 91	2.2 / 1.5	61	77	75	0.6
Uzbekistan	46	65.1 / 71.4	24	94 / 92		102 / 101	0.5 / 1.1	13	65	59	0.1
Vanuatu	26	68.9 / 72.9		111 / 106	81 / 83	43 / 37	17.0 / 20.5	47	39	32	
Venezuela (Bolivarian Republic of)	16	71.3 / 77.3	57	104 / 102	82 / 87	77 / 85	4.6 / 5.1	90	70	62	
Viet Nam	18	72.9 / 76.8	150	107 / 101	87 / 86	70 / 64	4.9 / 9.8	17	80	69	0.5
Yemen	54	62.2 / 65.6	430	94 / 76	67 / 65	61 / 30	21.1 / 57.2	68	28	19	
Zambia	87	46.7 / 47.8	830	120 / 118	92 / 88	50 / 41	19.4 / 39.0	142	41	27	15.2
Zimbabwe	51	46.8 / 46.7	880	104 / 103	68 / 71	43 / 39	5.6 / 11.2	65	60	58	15.3

World and regional data

	Mortality			Education				Reproductive health		
	Infant mortality Total per 1,000 live births	Life expectancy M/F	Maternal mortality ratio	Primary enrolment (gross) M/F	Proportion reaching grade 5 M/F	Secondary enrolment (gross) M/F	% Illiterate (>15 years) M/F	Births per 1,000 women ages 15-19	Contraceptive Prevalence Any method Modern methods	HIV prevalence rate (%) ages 15-49
World Total	45	66.1 / 70.5	400	108 / 105		68 / 66	11.8 / 21.1	52	62	55
More developed regions [*]	6	74.2 / 80.9	9					21	68	58
Less developed regions ⁺	50	64.6 / 68.1						57	61	55
Least developed countries [‡]	79	55.6 / 58.2		105 / 97		38 / 30	32.8 / 50.1	103	28	22
Africa ⁸	79	53.8 / 56.2	820					103	28	23
Eastern Africa	72	53.6 / 55.5						111	26	21
Middle Africa ⁹	109	47.5 / 50.3						167	19	7
Northern Africa ¹⁰	39	66.8 / 70.5	160					32	49	44
Southern Africa	43	50.8 / 53.1	900					61	59	58
Western Africa ¹¹	94	51.0 / 52.6						123	15	9
Arab States ¹²	38	67.4 / 71.1	240					42	46	40
Asia	39	67.8 / 71.5	330					40	67	61
Eastern Asia ¹³	21	72.6 / 76.8	50					9	86	85
South Central Asia	54	63.4 / 66.4						63	53	45
South-Eastern Asia	26	68.6 / 73.1	300					33	60	53
Western Asia	28	69.5 / 74.2	160					48	54	35
Europe	7	71.7 / 79.6						17	68	55
Eastern Europe	10	64.5 / 75.2						24	64	44
Northern Europe ¹⁴	5	76.9 / 81.9						19	81	75
Southern Europe ¹⁵	5	77.1 / 83.0						11	62	46
Western Europe ¹⁶	4	77.9 / 83.5						7	74	69
Latin America & Caribbean	20	70.8 / 77.2	130					72	71	64
Caribbean ¹⁷	34	69.5 / 74.7						65	62	55
Central America	18	73.1 / 78.4						74	68	63
South America ¹⁸	20	70.1 / 77.1						73	73	65
Northern America ¹⁹	6	77.5 / 81.9						34	73	69
Oceania	22	74.6 / 79.3	430					28		59
Australia-New Zealand	4	79.4 / 83.8						16		

Demographic, social and economic indicators

Country, territory or other area	Total population (millions) (2010)	Projected population (millions) (2050)	Ave. pop. growth rate (%) (2005-2010)	% urban (2010)	Urban growth rate (2005-2010)	Total fertility rate (2010)	% births with skilled attendants	GNI per capita PPP\$ (2008)	Expenditures/primary student (% of GDP per capita)	External population assistance (US\$,000)	Under-5 mortality M/F estimates (2005-2010)	Per capita energy consumption	Access to improved drinking water sources
Afghanistan	29.1	73.9	3.4	23	4.6	6.42	14			70,427	233 / 238		22
Albania	3.2	3.3	0.4	52	2.5	1.85	100	7,950	7.8	8,067	18 / 17	694	97
Algeria	35.4	49.6	1.5	66	2.5	2.32	95	7,940	11.3	5,120	35 / 31	1,089	85
Angola	19.0	42.3	2.7	59	4.3	5.53	47	5,020		36,836	220 / 189	606	51
Argentina	40.7	50.9	1.0	92	1.2	2.21	99	14,020	13.2	9,328	17 / 14	1,850	96
Armenia	3.1	3.0	0.2	64	0.2	1.76	98	6,310		7,439	29 / 25	926	98
Australia ¹	21.5	28.7	1.1	89	1.3	1.85	99	34,040	18.2	(125,942)	6 / 5	5,888	100
Austria	8.4	8.5	0.4	68	0.7	1.39	100	37,680	23.4	(8,381)	6 / 5	3,997	100
Azerbaijan	8.9	10.6	1.1	52	1.3	2.15	89	7,770	5.2	4,673	54 / 52	1,388	78
Bahamas	0.3	0.5	1.2	84	1.5	1.98	99			15	14 / 12		97
Bahrain	0.8	1.3	2.1	89	2.1	2.20	99		15.4	52	13 / 13	11,551	
Bangladesh	164.4	222.5	1.4	28	3.2	2.25	18	1,440	10.5	87,635	58 / 56	163	80
Barbados	0.3	0.2	0.3	44	1.7	1.55	100		27.7	530	12 / 10		100
Belarus	9.6	7.3	-0.5	75	0.2	1.28	100	12,150		6,473	14 / 9	2,891	100
Belgium	10.7	11.5	0.5	97	0.6	1.79	99	34,760	20.5	(39,644)	6 / 5	5,366	
Belize	0.3	0.5	2.1	52	2.9	2.78	96	6,040	14.3	460	23 / 19		91
Benin	9.2	22.0	3.2	42	4.1	5.30	78	1,460	12.4	15,969	123 / 118	343	65
Bhutan	0.7	1.0	1.7	35	4.0	2.50	51	4,880		2,005	69 / 59		81
Bolivia (Plurinational State of)	10.0	14.9	1.8	67	2.5	3.29	66	4,140	13.7	31,896	65 / 56	571	86
Bosnia and Herzegovina	3.8	3.0	-0.1	49	1.1	1.22	100	8,620		4,507	17 / 12	1,483	99
Botswana	2.0	2.8	1.5	61	2.7	2.78	94	13,100	12.6	234,969	60 / 47	1,068	96
Brazil	195.4	218.5	1.0	87	1.5	1.78	97	10,070	15.4	29,071	33 / 25	1,239	91
Brunei Darussalam	0.4	0.7	1.9	76	2.5	2.02	100				7 / 6	7,190	
Bulgaria	7.5	5.4	-0.6	71	-0.3	1.46	99	11,950	23.6	1,984	17 / 13	2,641	99
Burkina Faso	16.3	40.8	3.4	26	6.9	5.77	54	1,160	29.1	30,454	160 / 154		72
Burundi	8.5	14.8	2.9	11	5.8	4.32	34	380	18.8	20,378	177 / 155		71
Cambodia	15.1	23.8	1.6	20	3.0	2.81	44	1,820	5.4	63,618	92 / 85	358	65
Cameroon	20.0	36.7	2.3	58	3.7	4.45	63	2,180	7.6	21,757	151 / 136	391	70
Canada	33.9	44.4	1.0	81	1.1	1.59	100	36,220		(187,514)	6 / 6	8,169	100
Cape Verde	0.5	0.7	1.4	61	2.7	2.61	78	3,450	13.6	1,789	38 / 23		80
Central African Republic	4.5	7.6	1.9	39	2.3	4.59	54	730	5.5	17,016	196 / 163		66
Chad	11.5	27.8	2.8	28	4.6	6.00	14	1,160	7.1	6,236	220 / 201		48
Chile	17.1	20.7	1.0	89	1.3	1.92	100	13,270	11.9	2,063	10 / 8	1,851	95
China	1,354.1	1,417.0	0.6	47	2.6	1.77	98	6,020		81,188	25 / 35	1,484	88
Colombia	46.3	62.9	1.5	75	1.9	2.38	96	8,510	12.4	6,631	30 / 22	655	93
Comoros	0.7	1.2	2.3	28	2.5	3.81	62	1,170	9.3	321	71 / 54		85

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Congo, Democratic Republic of the ²	67.8	147.5	2.8	35	4.6	5.79	74	290		88,513	209 / 187	289	46
Congo, Republic of	3.8	6.9	1.9	62	2.5	4.17	86	3,090	2.9	6,253	135 / 122	357	71
Costa Rica	4.6	6.4	1.4	64	2.2	1.93	94	10,950	17.0	2,965	13 / 10	1,070	98
Côte d'Ivoire	21.6	43.4	2.3	51	3.8	4.42	57	1,580		102,645	129 / 117	496	81
Croatia	4.4	3.8	-0.2	58	0.3	1.46	100	18,420	17.2	535	8 / 7	2,101	99
Cuba	11.2	9.7	0.0	75	-0.1	1.51	100		51.1	5,515	9 / 6	884	91
Cyprus	0.9	1.2	1.0	70	1.3	1.52	100		27.7	0	7 / 6	2,854	100
Czech Republic	10.4	10.3	0.4	74	0.4	1.48	100	22,790	13.6	20	5 / 4	4,428	100
Denmark	5.5	5.6	0.2	87	0.5	1.85		37,280	24.5	(161,001)	6 / 6	3,598	100
Djibouti	0.9	1.5	1.8	76	1.8	3.70	93	2,330	24.4	4,390	134 / 116		92
Dominican Republic	10.2	13.4	1.4	69	2.4	2.57	98	7,890	7.4	25,647	37 / 29	804	95
Ecuador	13.8	18.0	1.1	67	2.1	2.47	99	7,760		14,067	29 / 22	885	95
Egypt	84.5	129.5	1.8	43	2.0	2.77	79	5,460		51,869	42 / 39	840	98
El Salvador	6.2	7.9	0.4	64	1.3	2.27	84	6,670	8.5	10,577	29 / 23	800	84
Equatorial Guinea	0.7	1.4	2.6	40	3.0	5.23	63	21,700		4,885	177 / 160		43
Eritrea	5.2	10.8	3.1	22	5.2	4.43	28	630	8.2	14,920	78 / 71	151	60
Estonia	1.3	1.2	-0.1	69	-0.1	1.73	100	19,280	19.6	(8)	11 / 8	4,198	100
Ethiopia	85.0	173.8	2.6	17	3.5	5.10	6	870	12.4	361,647	138 / 124	290	42
Fiji	0.9	0.9	0.6	52	1.4	2.66	99	4,270	17.4	1,002	25 / 24		47
Finland	5.3	5.4	0.4	85	0.7	1.84	100	35,660	17.9	(61,120)	5 / 4	6,895	100
France	62.6	67.7	0.5	85	1.4	1.87	99	34,400	17.1	(121,609)	5 / 4	4,258	100
French Polynesia	0.3	0.4	1.3	51	1.2	2.17	100			0	10 / 10		
Gabon	1.5	2.5	1.8	86	2.4	3.17	86	12,270		2,275	85 / 75	1,300	87
Gambia	1.8	3.8	2.7	58	4.3	4.88	57	1,280	6.3	2,918	123 / 109		86
Georgia	4.2	3.3	-1.1	53	-1.0	1.59	98	4,850	14.7	12,228	39 / 33	767	99
Germany	82.1	70.5	-0.1	74	0.0	1.33	100	35,940	16.1	(194,579)	5 / 5	4,027	100
Ghana	24.3	45.2	2.1	51	3.6	4.16	50	1,430	17.9	39,987	119 / 115	415	80
Greece	11.2	10.9	0.2	61	0.6	1.39		28,470	16.2	(6,358)	5 / 4	2,875	100
Guadeloupe	0.5	0.5	0.5	98	0.5	2.08	99				10 / 8		
Guam	0.2	0.2	1.3	93	1.3	2.46	87				11 / 10		
Guatemala	14.4	27.5	2.5	49	3.4	3.93	41	4,690	10.3	39,596	45 / 34	620	96
Guinea	10.3	24.0	2.3	35	3.6	5.24	38	1,190	5.0	10,160	157 / 138		70
Guinea-Bissau	1.6	3.6	2.2	30	2.5	5.61	39	530		2,954	207 / 186		57
Guyana	0.8	0.6	-0.1	29	0.1	2.28	83	2,510	14.4	27,692	66 / 47		93
Haiti	10.2	15.5	1.6	52	4.9	3.35	26	1,180		125,729	90 / 80	286	58
Honduras	7.6	12.4	2.0	52	3.2	3.12	67	3,870	1.1	34,277	44 / 35	661	84
Hong Kong SAR, China ²	7.1	8.6	0.5	100	0.5	1.01	100	43,960	12.7		5 / 4	1,985	
Hungary	10.0	8.9	-0.2	68	0.3	1.39	100	17,790	25.6	0	9 / 8	2,658	100
Iceland	0.3	0.4	2.1	93	2.3	2.09		25,220	26.1		4 / 4	15,708	100
India	1,214.5	1,613.8	1.4	30	2.3	2.63	47	2,960	8.9	165,179	77 / 86	529	89

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Indonesia	232.5	288.1	1.2	44	1.7	2.10	73	3,830		68,013	37 / 27	849	80
Iran (Islamic Republic of)	75.1	97.0	1.2	71	2.1	1.76	97		13.5	4,727	33 / 35	2,604	94
Iraq	31.5	64.0	2.2	66	1.9	3.87	89			13,593	43 / 38	1,105	77
Ireland	4.6	6.3	1.8	62	2.3	1.95	100	37,350	15.0	(113,290)	6 / 6	3,457	
Israel	7.3	10.6	1.7	92	1.7	2.72		27,450	20.2	37	6 / 5	3,059	100
Italy	60.1	57.1	0.5	68	0.7	1.40	99	30,250	25.1	(29,393)	5 / 4	3,001	
Jamaica	2.7	2.7	0.5	52	0.5	2.34	97	7,360	17.3	11,253	28 / 28	1,852	93
Japan	127.0	101.7	-0.1	67	0.2	1.26	100	35,220	21.9	(125,139)	5 / 4	4,019	100
Jordan	6.5	10.2	3.0	79	3.1	2.96	99	5,530	13.0	20,436	24 / 19	1,259	98
Kazakhstan	15.8	17.8	0.7	59	1.2	2.29	100	9,690		13,595	34/ 26	4,292	96
Kenya	40.9	85.4	2.6	22	4.0	4.78	42	1,580	22.3	345,313	112 / 95	485	57
Korea, Democratic People's Republic of	24.0	24.6	0.4	60	0.5	1.85	97			310	63 / 63	774	100
Korea, Republic of	48.5	44.1	0.4	83	0.8	1.24	100	28,120	17.2	0	6 / 6	4,586	92
Kuwait	3.1	5.2	2.4	98	2.5	2.14	100		11.1	0	11 / 9	9,463	
Kyrgyzstan	5.6	6.9	1.2	35	0.9	2.50	98	2,140		13,924	49 / 42	556	89
Lao People's Democratic Republic	6.4	10.7	1.8	33	5.6	3.35	20	2,040	9.9	8,294	68 / 61		60
Latvia	2.2	1.9	-0.5	68	-0.5	1.45	100	16,740	37.3	0	12 / 10	2,052	99
Lebanon	4.3	5.0	0.8	87	1.0	1.84	98	10,880		5,065	31 / 21	959	100
Lesotho	2.1	2.5	0.9	27	3.8	3.20	55	2,000	22.3	40,044	112 / 96		78
Liberia	4.1	8.8	4.1	48	4.9	4.92	46	300	5.7	18,010	144 / 136		64
Libyan Arab Jamahiriya	6.5	9.8	2.0	78	2.2	2.59	100	15,630		11,206	20 / 19	2,889	71
Lithuania	3.3	2.6	-1.0	67	-0.9	1.39	100	18,210	16.4	0	14 / 9	2,740	
Luxembourg	0.5	0.7	1.2	85	1.5	1.67	100	64,320	20.3	(35,748)	6 / 6	8,790	100
Madagascar	20.1	42.7	2.7	30	3.8	4.52	51	1,040	7.4	15,964	105 / 95		47
Malawi	15.7	36.6	2.8	20	5.4	5.36	54	830	10.0	109,059	125 / 117		76
Malaysia	27.9	39.7	1.7	72	3.0	2.46	100	13,740	10.8	152	12 / 10	2,733	99
Maldives	0.3	0.5	1.4	40	4.9	1.98	84	5,280	26.8	488	31 / 26		83
Mali	13.3	28.3	2.4	36	4.7	5.35	49	1,090	10.4	49,473	193 / 188		60
Malta	0.4	0.4	0.4	95	0.6	1.25	100		13.2		7 / 7	2,120	100
Martinique	0.4	0.4	0.4	89	0.3	1.88	100				8 / 8		
Mauritania	3.4	6.1	2.4	41	2.9	4.30	61		12.8	9,061	128 / 112		60
Mauritius ^a	1.3	1.4	0.7	42	0.5	1.80	99	12,480	10.3	379	20 / 15		100
Melanesia ^a	8.8	15.6	2.2	18	2.1	3.74	46				64 / 62		
Mexico	110.6	129.0	1.0	78	1.4	2.12	94	14,270	13.4	8,610	22 / 18	1,750	95
Micronesia ^a	0.6	0.8	1.3	68	1.6	2.43	87				33 / 26		
Moldova, Republic of	3.6	2.7	-1.0	47	0.7	1.51	100	3,210	34.3	6,246	26 / 21	910	90
Mongolia	2.7	3.4	1.2	62	2.0	1.97	99	3,480	14.7	5,848	49 / 40	1,182	72
Montenegro	0.6	0.6	0.0	61	-0.1	1.64	99	13,920		1,491	11 / 9		98
Morocco	32.4	42.6	1.2	58	2.3	2.31	63	4,330	16.3	20,335	43 / 29	460	83
Mozambique	23.4	44.1	2.3	38	4.5	4.87	48	770	2.8	236,034	162 / 144	418	42

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Myanmar	50.5	63.4	0.9	34	2.9	2.26	57		2.5	14,345	120 / 102	319	80
Namibia	2.2	3.6	1.9	38	3.5	3.22	81	6,270	15.7	81,342	58 / 45	745	93
Nepal	29.9	49.0	1.8	19	5.0	2.76	19	1,120	15.1	30,907	52 / 55	338	89
Netherlands	16.7	17.4	0.4	83	1.1	1.75	100	41,670	17.8	(496,014)	6 / 5	4,909	100
Netherlands Antilles	0.2	0.2	1.5	93	1.7	1.94				0	16 / 12	11,321	
New Caledonia	0.3	0.4	1.5	57	1.3	2.04	92				9 / 8		
New Zealand	4.3	5.3	0.9	86	1.0	2.03	94	25,090	17.6	(17,160)	6 / 5	3,966	97
Nicaragua	5.8	8.1	1.3	57	1.8	2.64	74	2,620	9.8	32,871	29 / 22	621	79
Niger	15.9	58.2	3.9	17	4.4	7.01	18	680	27.1	23,079	171 / 173		42
Nigeria	158.3	289.1	2.3	50	3.8	5.07	35	1,940		383,352	190 / 184	722	47
Norway	4.9	5.9	0.9	79	1.4	1.88		58,500	18.2	(304,979)	5 / 4	5,704	100
Occupied Palestinian Territory	4.4	10.3	3.2	74	3.5	4.80	97			8,753	23 / 18		
Oman	2.9	4.9	2.1	73	2.4	2.92	98		15.7	30	14 / 13	5,678	82
Pakistan	184.8	335.2	2.2	36	3.0	3.79	39	2,700		27,007	85 / 94	512	90
Panama	3.5	5.1	1.6	75	2.7	2.49	91	11,650	7.5	316	27 / 20	845	92
Papua New Guinea	6.9	12.9	2.4	13	2.3	3.95	39	2,000		51,237	70 / 68		40
Paraguay	6.5	9.9	1.8	61	2.8	2.91	77	4,820	11.5	7,533	44 / 32	686	77
Peru	29.5	39.8	1.2	77	1.7	2.49	73	7,980	7.3	28,602	38 / 27	494	84
Philippines	93.6	146.2	1.8	49	2.1	2.98	60	3,900	8.6	48,866	32 / 21	451	93
Poland	38.0	32.0	-0.1	61	-0.2	1.28	100	17,310	27.0	201	9 / 7	2,547	
Polynesia ⁷	0.7	0.8	0.8	42	1.1	2.87	100				22 / 19		
Portugal	10.7	10.0	0.3	61	1.4	1.38	100	22,080	22.4	(7,347)	6 / 5	2,363	99
Puerto Rico	4.0	4.1	0.4	99	0.7	1.84	100			0	9 / 8		
Qatar	1.5	2.3	10.7	96	10.7	2.32	100			0	10 / 10	19,504	100
Réunion	0.8	1.1	1.3	94	1.7	2.39					10 / 8		
Romania	21.2	17.3	-0.4	57	0.6	1.33	99	13,500	10.7	6,064	20 / 15	1,806	88
Russian Federation	140.4	116.1	-0.4	73	-0.3	1.41	100	15,630		60,004	18 / 14	4,730	97
Rwanda	10.3	22.1	2.7	19	4.1	5.25	52	1,010	8.2	138,355	167 / 143		65
Samoa	0.2	0.2	0.0	20	-1.0	3.76	100	4,340	11.8	493	28 / 25		88
Saudi Arabia	26.2	43.7	2.1	82	2.4	2.97	96		18.4	0	26 / 17	6,223	89
Senegal	12.9	26.1	2.6	42	3.2	4.79	52	1,760	17.0	33,060	125 / 114	225	77
Serbia	9.9	9.2	0.0	56	0.6	1.61	99	11,150		6,591	15 / 13	2,141	99
Sierra Leone	5.8	12.4	2.7	38	3.5	5.12	42	750		15,061	160 / 136		53
Singapore	4.8	5.2	2.5	100	2.5	1.27	100	47,940	8.9	0	4 / 4	5,831	
Slovakia	5.4	4.9	0.1	55	-0.1	1.31	100	21,300	15.3	2	9 / 8	3,307	100
Slovenia	2.0	2.0	0.2	50	-0.0	1.42	100	26,910	24.7	0	5 / 4	3,632	
Solomon Islands	0.5	1.0	2.5	19	4.2	3.70	43	2,580		1,723	56 / 57		70
Somalia	9.4	23.5	2.3	37	3.5	6.31	33			5,934	186 / 174		29
South Africa	50.5	56.8	1.0	62	1.8	2.48	91	9,780	13.7	408,377	79 / 64	2,807	93
Spain	45.3	51.3	1.0	77	1.2	1.50		31,130	19.4	(230,763)	5 / 5	3,208	100

Demographic, social and economic indicators

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Sri Lanka	20.4	21.7	0.9	14	0.3	2.29	99	4,460		4,121	21 / 18	464	82
Sudan	43.2	75.9	2.2	40	4.1	3.95	49	1,930		67,284	117 / 104	363	70
Suriname	0.5	0.6	1.0	69	1.6	2.35	90	7,130		934	35 / 26		92
Swaziland	1.2	1.7	1.3	21	0.8	3.37	74	5,010	16.3	21,503	111 / 92		60
Sweden	9.3	10.6	0.5	85	0.6	1.87		38,180	24.7	(328,000)	4 / 4	5,512	100
Switzerland	7.6	8.5	0.4	74	0.5	1.47	100	46,460	23.3	(44,848)	6 / 5	3,406	100
Syrian Arab Republic	22.5	36.9	3.3	56	4.0	3.10	93	4,350	18.4	1,464	21 / 16	978	89
Tajikistan	7.1	11.1	1.6	26	1.6	3.29	83	1,860		7,212	83 / 74	580	67
Tanzania, United Republic of	45.0	109.5	2.9	26	4.6	5.47	46	1,230		306,163	112 / 100	443	55
Thailand	68.1	73.4	0.7	34	1.7	1.83	97	5,990	14.4	45,393	13 / 8	1,553	98
The former Yugoslav Republic of Macedonia	2.0	1.9	0.1	59	0.2	1.44	98	9,950		3,043	17 / 16	1,482	100
Timor-Leste, Democratic Republic of	1.2	3.2	3.3	28	4.8	6.27	19	4,690	27.6	7,621	92 / 91		62
Togo	6.8	13.2	2.5	43	4.1	4.08	62	820	9.4	9,730	105 / 91	390	59
Trinidad and Tobago	1.3	1.3	0.4	14	2.9	1.66	98	23,950	16.0	3,108	37 / 28	11,506	94
Tunisia	10.4	12.7	1.0	67	1.6	1.83	90	7,070	20.9	6,239	24 / 21	864	94
Turkey	75.7	97.4	1.2	70	1.9	2.09	83	13,770	10.7	3,706	36 / 27	1,370	97
Turkmenistan	5.2	6.8	1.3	50	2.2	2.39	100	6,210		821	72 / 56	3,631	
Uganda	33.8	91.3	3.3	13	4.4	6.16	42	1,140	8.5	236,072	129 / 116		64
Ukraine	45.4	35.0	-0.7	69	-0.4	1.40	99	7,210		51,727	18 / 13	2,953	97
United Arab Emirates	4.7	8.3	2.8	84	3.2	1.87	100		4.9	0	10 / 12	11,832	100
United Kingdom	61.9	72.4	0.5	80	0.7	1.86	99	36,130	22.1	(1,138,817)	6 / 6	3,464	100
United States of America	317.6	403.9	1.0	82	1.3	2.07	99	46,970	22.2	(4,672,158)	7 / 8	7,766	99
Uruguay	3.4	3.6	0.3	92	0.4	2.07	99	12,540	8.5	312	18 / 15	953	100
Uzbekistan	27.8	36.4	1.1	36	0.9	2.23	100	2,660		5,637	63 / 53	1,812	88
Vanuatu	0.2	0.5	2.5	26	4.3	3.81	93	3,940		1,425	39 / 29		59
Venezuela (Bolivarian Republic of)	29.0	42.0	1.7	93	2.0	2.47	95	12,830	9.1	596	24 / 19	2,319	89
Viet Nam	89.0	111.7	1.1	30	3.3	2.01	88	2,700	19.7	86,759	27 / 20	655	92
Yemen	24.3	53.7	2.9	32	4.8	4.97	36	2,210		28,563	84 / 73	324	66
Zambia	13.3	29.0	2.4	36	2.8	5.64	47	1,230	5.5	264,458	169 / 152	604	58
Zimbabwe	12.6	22.2	0.3	38	1.6	3.29	69			50,524	100 / 88	759	81

World and regional data

	Total population (millions) (2010)	Projected population (millions) (2050)	Ave. pop. growth rate (%) (2005-2010)	% urban (2010)	Urban growth rate (2005-2010)	Total fertility rate (2010)	% births with skilled attendants	GNI per capita PPP\$ (2008)	Expenditures/primary student (% of GDP per capita)	External population assistance (US\$,000)	Under-5 mortality M/F estimates (2005-2010)	Per capita energy consumption	Access to improved drinking water sources
World Total	6,908.7	9,150.0	1.2	50	1.9	2.52	66	10,357		9,799,625	71 / 71	1,820	
More developed regions [*]	1,237.2	1,275.2	0.3	75	0.7	1.65	99				8 / 7		
Less developed regions ⁺	5,671.5	7,946.0	1.4	45	2.4	2.67	62				78 / 78		
Least developed countries [‡]	854.7	1,672.4	2.3	29	4.0	4.23	38	1,338			138 / 126	309	
Africa [§]	1,033.0	1,998.5	2.3	40	3.4	4.45	49			4,157,120	142 / 130		
Eastern Africa	327.2	711.4	2.6	24	3.8	5.09	35			2,117,228	131 / 117		
Middle Africa [§]	128.9	273.0	2.6	43	4.1	5.42	63			184,726	200 / 178		
Northern Africa ¹⁰	212.9	321.1	1.7	51	2.5	2.80	73			162,098	60 / 52		
Southern Africa	58.0	67.4	1.0	59	1.9	2.55	89			786,248	80 / 65		
Western Africa ¹¹	306.1	625.6	2.5	45	3.9	5.06	42			749,903	169 / 162		
Arab States ¹²	359.4	598.2	2.1	56	2.5	3.20	73			254,595	58 / 51		
Asia	4,166.7	5,231.5	1.1	42	2.3	2.30	65			1,105,784	56 / 61		
Eastern Asia ¹³	1,564.0	1,600.0	0.6	50	2.2	1.73	98			87,368	24 / 33		
South Central Asia	1,780.5	2,536.0	1.5	32	2.4	2.70	45			441,254	78 / 85		
South-Eastern Asia	589.6	766.0	1.2	42	2.2	2.25	73			343,521	41 / 32		
Western Asia	232.7	371.8	1.9	67	2.3	2.85	81			109,217	40 / 33		
Europe	732.8	691.0	0.1	73	0.4	1.52	99				10 / 8		
Eastern Europe	291.5	240.0	-0.4	69	-0.2	1.39	99			133,217	16 / 12		
Northern Europe ¹⁴	98.9	112.5	0.5	79	0.7	1.84	99			1	6 / 6		
Southern Europe ¹⁵	153.8	153.7	0.5	68	0.9	1.47	99			24,991	7 / 6		
Western Europe ¹⁶	188.6	184.9	0.2	80	0.7	1.59	100				5 / 5		
Latin America & Caribbean	588.6	729.2	1.1	80	1.6	2.17	90			510,881	31 / 24		
Caribbean ¹⁷	42.3	49.5	0.8	67	1.6	2.33	73			172,362	48 / 41		
Central America	153.1	196.8	1.2	72	1.6	2.36	83			131,738	27 / 21		
South America ¹⁸	393.2	482.9	1.1	84	1.6	2.08	94			159,062	31 / 24		
Northern America ¹⁹	351.7	448.5	1.0	82	1.3	2.02	99				7 / 7		
Oceania	35.8	51.3	1.3	70	1.3	2.42	77			60,697	31 / 30		
Australia-New Zealand	25.8	34.1	1.0	89	1.2	1.88	98				6 / 5		

Notes for indicators

The designations employed in this publication do not imply the expression of any opinion on the part of UNFPA (United Nations Population Fund) concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

- * More-developed regions comprise North America, Japan, Europe and Australia-New Zealand.
- + Less-developed regions comprise all regions of Africa, Latin America and Caribbean, Asia (excluding Japan), and Melanesia, Micronesia and Polynesia.
- ‡ Least-developed countries according to standard United Nations designation.
- ¹ Including Christmas Island, Cocos (Keeling) Islands and Norfolk Island.
- ² Formerly Zaire.
- ³ On 1 July 1997, Hong Kong became a Special Administrative Region (SAR) of China.
- ⁴ Including Agalesa, Rodrigues and St. Brandon.
- ⁵ Including New Caledonia and Vanuatu.

- ⁶ Comprising Federated States of Micronesia, Guam, Kiribati, Marshall Islands, Nauru, Northern Mariana Islands, and Pacific Islands (Palau).
- ⁷ Comprising American Samoa, Cook Islands, Johnston Island, Pitcairn, Samoa, Tokelau, Tonga, Midway Islands, Tuvalu, and Wallis and Futuna Islands.
- ⁸ Including British Indian Ocean Territory and Seychelles.
- ⁹ Including Sao Tome and Principe.
- ¹⁰ Including Western Sahara.
- ¹¹ Including St. Helena, Ascension and Tristan da Cunha.
- ¹² Comprising Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Mauritania, Morocco, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates and Yemen. Regional aggregation for demographic indicators provided by the UN Population Division. Aggregations for other indicators are weighted averages based on countries with available data.

- ¹³ Including Macau.
- ¹⁴ Including Channel Islands, Faeroe Islands and Isle of Man.
- ¹⁵ Including Andorra, Gibraltar, Holy See and San Marino.
- ¹⁶ Including Liechtenstein and Monaco.
- ¹⁷ Including Anguilla, Antigua and Barbuda, Aruba, British Virgin Islands, Cayman Islands, Dominica, Grenada, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Turks and Caicos Islands, and United States Virgin Islands.
- ¹⁸ Including Falkland Islands (Malvinas) and French Guiana.
- ¹⁹ Including Bermuda, Greenland, and St. Pierre and Miquelon.

Technical notes

The statistical tables in this year's *The State of World Population* report once again give special attention to indicators that can help track progress in meeting the quantitative and qualitative goals of the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDGs) in the areas of mortality reduction, access to education, access to reproductive health services including family planning, and HIV and AIDS prevalence among young people. The sources for the indicators and their rationale for selection follow, by category.

Monitoring ICPD goals

Indicators of mortality

Infant mortality, male and female life expectancy at birth.

Source: Spreadsheets provided by the United Nations Population Division. These indicators are measures of mortality levels, respectively, in the first year of life (which is most sensitive to development levels) per 1,000 live births and over the entire lifespan. Data estimates are for 2010.

Maternal mortality ratio. Source: World Health Organization (WHO), UNICEF, UNFPA and World Bank. 2007. *Maternal*

Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA and The World Bank. Geneva: WHO. This indicator presents the number of deaths to women per 100,000 live births which result from conditions related to pregnancy, delivery, the postpartum period, and related complications. Estimates between 100-999 are rounded to the nearest 10, and above 1,000 to the nearest 100. Several of the estimates differ from official government figures. The estimates are based on reported figures wherever possible, using approaches that improve the comparability of information from different sources. See the source for details on the origin of particular national estimates. Estimates and methodologies are reviewed regularly by WHO, UNICEF, UNFPA, academic institutions and other agencies and are revised where necessary, as part of the ongoing process of improving maternal mortality data. Because of changes in methods, prior estimates for 1995 and 2000 may not be strictly comparable with these estimates. Maternal mortality estimates reported here are based on the global database on maternal mortality, which is updated every 5 years. The last update, for 2005, reported here, was published in 2007. Data from 2008 were not available before this report went to press.

Indicators of education

Male and female gross primary enrolment ratios, male and female gross secondary enrolment ratios. Source: UNESCO Institute for Statistics, April 2010. Population data are based on: United Nations Population Division. 2009. *World Population Prospects: The 2008 Revision*. New York: United Nations. Gross enrolment ratios indicate the number of students enrolled in a level in the education system per 100 individuals in the appropriate age group. They do not correct for individuals who are older than the level-appropriate age due to late starts, interrupted schooling or grade repetition. Data are for the most recent year estimates available for the 2000-2008 period.

Male and female adult illiteracy. Source: See gross enrolment ratios above for source; data adjusted to illiteracy from literacy. Illiteracy definitions are subject to variation in different countries; three widely accepted definitions are in use. Insofar as possible, data refer to the proportion who cannot, with understanding, both read and write a short simple statement on everyday life. Adult illiteracy (rates for persons above 15 years of age) reflects both recent levels of educational enrolment and past educational attainment. The above education indicators have been updated using estimates from: United Nations Population Division. 2009. *World Population Prospects: The 2008 Revision*. New York: United Nations. Data are for the most recent year estimates available for the 2005-2008 period.

Proportion reaching grade 5 of primary education. Source: See gross enrolment ratios above for source. Data are most recent within the school years 2000-2008.

Indicators of reproductive health

Births per 1,000 women aged 15-19. Source: United Nations Population Division. This is an indicator of the burden of fertility on young women. Since it is an annual level summed over all women in the age cohort, it does not reflect fully the level of fertility for women during their youth. Since it indicates the annual average number of births per woman per year, one could multiply it by five to approximate the number of births to 1,000 young women during their late teen years. The measure does not indicate the full dimensions of teen pregnancy as only live births are included in the numerator. Stillbirths and spontaneous or induced abortions are not reflected. Estimates are for the 2005-2010 period.

Contraceptive prevalence. Source: United Nations Population Division. These data are derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using, respectively, any method or modern methods of contraception. Modern or clinic and supply methods include male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods. These numbers are

roughly but not completely comparable across countries due to variation in the timing of the surveys and in the details of the questions. All country and regional data refer to women aged 15-49. The most recent survey data available are cited, ranging from 1991-2009. Indicators in World and Regional Listing section provided by Population Reference Bureau. 2009 *World Population Data Sheet*.

HIV prevalence rate, ages 15-49. Source: The World Bank. *World Development Indicators 2009*. These data derive from surveillance system reports and model estimates. Data provided for population aged 15-49 are point estimates for each country. The reference year is 2007. Indicators in World and Regional Listing section provided by Population Reference Bureau. 2008 *World Population Data Sheet*.

Demographic, social and economic indicators

Total population 2010, projected population 2050, average annual population growth rate for 2005-2010. Source: United Nations Population Division. These indicators present the estimated size, projected future size (based on the United Nations Population Division's medium-variant growth scenario) and current period annual growth of national populations.

Per cent urban, urban growth rates. Source: United Nations Population Division. These indicators reflect the proportion of the national population living in urban areas and the growth rate in urban areas projected.

Total fertility rate. Source: United Nations Population Division. The measure indicates the number of children a woman would have during her reproductive years if she bore children at the rate estimated for different age groups in the specified time period. Countries may reach the projected level at different points within the period. Estimates are for 2010.

Births with skilled attendants. Source: WHO Database on proportion of births by a skilled worker. Department of Reproductive Health and Research. Geneva: WHO. 2009. This indicator is based on national reports of the proportion of births attended by "skilled health personnel or skilled attendant: doctors (specialist or non-specialist) and/or persons with midwifery skills who can diagnose and manage obstetrical complications as well as normal deliveries." Data for more developed countries reflect their higher levels of skilled delivery attendance. Because of assumptions of full coverage, data (and coverage) deficits of marginalized populations and the impacts of chance and transport delays may not be fully reflected in official statistics. Data estimates are the most recent available for 2007.

Gross national income per capita. Source: Most recent (2008) figures from: The World Bank. *World Development Indicators Online*. Web site: <http://data.worldbank.org/data-catalog> (by subscription). This indicator (formerly referred to as gross national product [GNP] per capita) measures

the total output of goods and services for final use produced by residents and non-residents, regardless of allocation to domestic and foreign claims, in relation to the size of the population. As such, it is an indicator of the economic productivity of a nation. It differs from gross domestic product (GDP) by further adjusting for income received from abroad for labour and capital by residents, for similar payments to non-residents, and by incorporating various technical adjustments including those related to exchange rate changes over time. This measure also takes into account the differing purchasing power of currencies by including purchasing power parity (PPP) adjustments of “real GNP.” Some PPP figures are based on regression models; others are extrapolated from the latest International Comparison Programme benchmark estimates.

Central government expenditures on education.

Source: The World Bank. *World Development Indicators Online*. Web site: <http://data.worldbank.org/data-catalog> (by subscription). These indicators reflect the priority afforded to education and health sectors by a country through the government expenditures dedicated to them. They are not sensitive to differences in allocations within sectors, e.g., primary education or health services in relation to other levels, which vary considerably. Direct comparability is complicated by the different administrative and budgetary responsibilities allocated to central governments in relation to local governments, and to the varying roles of the private and public sectors. Reported estimates are presented as shares of GDP per capita for education. Great caution is also advised about cross-country comparisons because of varying costs of inputs in different settings and sectors. Data are for the most recent year estimates available (2002-2008).

External assistance for population. Source: UNFPA. 2010. *Financial Resource Flows for Population Activities in 2008*. New York: UNFPA. These data provide the amount of external assistance expended for population activities in each country. External funds are disbursed through multilateral and bilateral assistance agencies and by non-governmental organizations. Donor countries are indicated by their contributions being placed in parentheses. Regional totals include both country-

level projects and regional activities (not otherwise reported in the table). Note that these figures are provisional for 2008.

Under-5 mortality, male/female. Source: United Nations Population Division. This indicator relates to the incidence of mortality to infants and young children. It reflects, therefore, the impact of diseases and other causes of death on infants, toddlers and young children. More standard demographic measures are infant mortality and mortality rates for 1 to 4 years of age, which reflect differing causes of and frequency of mortality in these ages. The measure is more sensitive than infant mortality to the burden of childhood diseases, including those preventable by improved nutrition and by immunization programmes. Under-5 mortality is here expressed as deaths to children under the age of 5 per 1,000 live births in a given year. Estimates are for the 2005-2010 period.

Per capita energy consumption. Source: The World Bank. *World Development Indicators Online*. Web site: <http://data.worldbank.org/data-catalog> (by subscription). This indicator reflects annual consumption of commercial primary energy (coal, lignite, petroleum, natural gas and hydro, nuclear and geothermal electricity) in kilograms of oil equivalent per capita. It reflects the level of industrial development, the structure of the economy and patterns of consumption. Changes over time can reflect changes in the level and balance of various economic activities and changes in the efficiency of energy use (including decreases or increases in wasteful consumption). Data estimates are for 2007.

Access to improved drinking water sources. Source: WHO. 2009. Web site: <http://www.who.int/whosis/indicators/compendium/2008/2wst/> (by subscription). *Meeting the MDG Drinking Water and Sanitation Target: The Urban and Rural Challenge of the Decade*. Geneva: World Health Organization. This indicator reports the percentage of the population with access to an *improved source* of drinking water providing an *adequate amount of safe water* located within a *convenient distance* from the user's dwelling. The italicized words use country-level definitions. This indicator is related to exposure to health risks, including those resulting from improper sanitation. Data are estimates for the year 2006.

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

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