





# TABLE OF CONTENTS

KEY RESULTS IN NUMBERS	4
BACKGROUND	8
PURPOSE AND METHODOLOGY OF THE MAPPING EXERCISE	12
RESULTS	14
Response rates	14
Funding	14
FINDINGS	16
Advocacy and Policy Dialogue	16
Capacity development	18
Knowledge management	20
Data, research and evaluation	20
Dissemination of knowledge and evidence	20
Partnership and coordination	23
Service delivery	25
Cross-cutting issues	27
UNFPA organizational capacity and needs	28
CONCLUSIONS AND RECOMMENDATIONS	30
Advocacy and policy dialogue	32
Capacity building	32
Knowledge management	32
Partnerships and coordination	33
Service delivery	34
Cross-cutting	34
UNFPA organizational capacity and needs	35
ANNEX 1. REGIONAL FINDINGS	36
Advocacy and policy dialogue	36
Capacity building	36
Knowledge management	38
Partnerships and coordination	39
Service delivery	40
Cross-cutting issues	40
UNFPA organizational capacity and needs	41

#### 2018-2020 UNFPA GBV HIGHLIGHTS

# KEY RESULTS IN NUMBERS

UNFPA supports programmes to prevent, respond, and mitigate GBV in over

countries and territories [111 country offices]



funded GBV prevention and response interventions under Output 11 of the Strategic Plan;

### \$62 MILLION

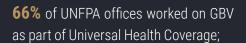
funded interventions under Output 12 of the Strategic Plan on eliminating harmful practices;

The **TOP SEVEN DONORS** were Canada, the United Kingdom, the European Commission, Norway, Sweden, Australia and Denmark;

UNFPA offices were engaged in

#### 400 GBV PROJECTS

and programmes globally.



**96%** of UNFPA offices supported the development of national laws and policies that comply with international laws and agreements;

**92%** of UNFPA offices invested in health system strengthening;

**88%** of UNFPA offices worked to strengthen social services;

**69%** of UNFPA offices engaged in strengthening judicial services;

**94%** of UNFPA offices worked with civil society organizations;



- **93%** of UNFPA offices were engaged in improving GBV data availability and quality;
- **97%** of UNFPA Country, regional and subregional offices were involved in multisectoral engagement and coordination;
- **88%** of UNFPA offices actively worked on GBV prevention and most offices have used a gender-transformative approach to programming;
- **96%** of UNFPA offices worked with men and boys on GBV prevention and response;
- **38%** of UNFPA offices addressed GBV in a context of environmental degradation and climate change;

88%

of UNFPA country offices made

prevention and response services available to groups who may otherwise be left behind;

95%

of UNFPA offices worked on integrating

GBV and SRH services;

99%

of UNFPA offices supported

GBV interventions adapted to COVID-19;



## BACKGROUND

Gender-based violence (GBV) is one of the world's most pervasive human rights violations. Defined as any harmful act perpetrated against a person's will and based on socially ascribed gender differences between females and males, GBV includes acts that inflict physical, sexual or mental harm, threats of such acts, coercion and deprivation of liberty. The number of women and girls subjected to GBV is staggering: An estimated 736 million women – almost 1 in 3 – have experienced intimate partner violence, non-partner sexual violence or both at least once.

GBV prevalence is symptomatic of pervasive gender inequality resulting in women's lack of empowerment and decision-making, including over their bodies and sexual and reproductive health. Only 55 per cent of women can make their own decisions on sexual and reproductive health and rights (SRHR).<sup>3</sup> The United Nations Population Fund (UNFPA) recognizes GBV within a context of structural inequalities, discrimination and intersectionality, which places women's experiences at the intersection of a number of simultaneous oppressions including (but not limited to) race, ethnicity, class, caste, gender, sexuality, disability, nationality, immigration status, geographical location and religion.

The UNFPA Strategic Plans (2018-2021, 2022-2025) are committed to ending GBV as part of three transformative results: zero preventable maternal deaths, zero unmet need for family planning, and zero GBV and harmful practices, including female genital mutilation and child marriage by 2030. These results align with global frameworks including the Convention on the Elimination of All Forms of Discrimination against Women and the Sustainable Development Goals (SDGs), in particular Goal 3 (ensure healthy lives and promote well-being for all at all ages) and Goal 5 (achieve gender equality and empower all women and girls). In 2019, commitment to the three transformative results was reinforced at the 25-year follow-up to the 1994 International Conference on Population and Development (ICPD), the Nairobi Summit. It mobilized political will and financial commitments to accelerate full implementation of the ICPD Programme of Action 4

预览已结束,完整报告链接和二维码如下:

https://www.yunbaogao.cn/report/index/report?reportId=5 20150



