UNFPA

A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials

Program on International Health and Human Rights, Harvard School of Public Health and the Gender, Human Rights and Culture Branch of the UNFPA Technical Division (GHRCB)

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Abbreviations and Acronyms

3AQ – Availability, Accessibility, Acceptability and Quality

CCA - Common Country Assessment

CEDAW – Convention on the Elimination of All Forms of Discrimination Against Women

CIDA – Canadian International Development Agency

CRC – Convention on the Rights of the Child

CRPD – Convention on the Rights of Persons with Disabilities

DFID- UK Department for International Development

DHS – Demographic and Health Survey

EU – European Union

GBV – Gender-Based Violence

HRBA – Human Rights-Based Approach

IASC – Inter-Agency Standing Committee

IAWG – Inter-Agency Working Group

ICCPR – International Covenant on Civil and Political Rights

ICESCR – International Covenant on Economic, Social and Cultural Rights

ICPD – International Conference on Population and Development

(ICPD) PoA – ICPD Programme of Action (also known as Cairo consensus)

ICRC – International Committee of the Red Cross

IDP – Internally Displaced Person

IPV – Intimate Partner Violence

IFRC – International Federation of Red Cross and Red Crescent Societies

ILO – International Labour Organization

M&E – Monitoring and Evaluation

MDGs – Millennium Development Goals

MICS – Multiple Indicator Cluster Survey

MOH – Ministry of Health

NGO – Non-governmental Organization

NHRPS - National Human Rights Protection Systems

NPC – National Population Commission

OCHA – UN Office for the Coordination of Humanitarian Affairs

OECD/DAC – Organisation for Economic Co-Operation and Development/Development Assistance Committee

OHCHR – Office of the High Commissioner for Human Rights

PRS – Poverty Reduction Strategies

RBM - Results-Based Management

RR – Reproductive Rights

SRH – Sexual and Reproductive Health

STI - Sexually Transmitted Infection

SWAps - Sector-wide approaches

UDHR – Universal Declaration of Human Rights

UNAIDS – United Nations Joint Programme on HIV/AIDS

UNDAF – UN Development Assistance Framework

UNDG – UN Development Group

UNDP – UN Development Programme

UNFPA – UN Population Fund

UNHCR – Office of the UN High Commissioner for Refugees

UNICEF – UN Children's Fund

UNIFEM – UN Development Fund for Women

UNJP – UN Joint Programme

USAID – United States Agency for International Development

VAW – Violence Against Women

VCT – Voluntary Counselling and Testing

WFP – World Food Programme

WHO – World Health Organization

Part I: Core Concepts of a Human Rights-Based Approach

Introduction

This Manual provides step-by-step guidance on how to apply a **culturally sensitive, gender-responsive, human rights-based approach to programming** in UNFPA's three core areas of work:

1. population and development;
2. reproductive health; and
3. gender.

We also include a section on the application of a culturally sensitive, gender-responsive, human rights-based approach to UNFPA's work in emergency response.

Who should use this Manual?

This Manual is designed primarily for use by **UNFPA Country Staff**. It will also be useful for:

- UNFPA implementing partners; and
- others working in the fields of population and development, sexual and reproductive health and reproductive rights, and gender equality and women's empowerment who are interested in adapting and applying a culturally sensitive, gender-responsive, human rights-based approach to their work.

Those working towards the advancement of the International Conference on Population and Development (ICPD) Programme of Action will also benefit from this Manual as much of UNFPA's work is geared towards the promotion of ICPD goals. The implementation of a culturally sensitive, gender-responsive, human rights-based approach is integral to UNFPA's advancement of ICPD principles.[1]

How this Manual was written

This Manual was produced through a collaboration between the Program on International Health and Human Rights, Harvard School of Public Health and the Gender, Human Rights and Culture Branch of the UNFPA Technical Division, with the involvement of UNFPA staff and outside consultants. It is based on a wide-ranging review of UNFPA and Action 2 materials,[2] as well as on extensive interviews with UNFPA staff. The final product reflects feedback solicited from selected UNFPA staff and from staff members of four regional human rights centres: the Inter-American Institute of Human Rights, the Center for Arab Women Training and Research (CAWTAR), Women in Law and

[1] For more information on ICPD, see the section on 'UNFPA's Vision' below.
[2] See especially the Action 2 Common Learning Package (CLP). Available at: http://www.undg.org/index.cfm?P=531.

Development in Africa (WILDAF) and International Women's Rights Action Watch - Asia Pacific (IWRAW - Asia Pacific).

The Manual incorporates many examples drawn from the experiences of UNFPA staff and partners, as well as composite examples that combine a range of experiences into one case study or illustration. Examples are drawn from UNFPA country programmes, as well as from partnerships between UNFPA and other UN agencies and NGOs. The principles we describe are applicable to a wide range of settings, and we hope this manual provides you with the tools to begin implementing a culturally sensitive, gender-responsive, human rights-based approach in your daily work!

How to use this Manual

This Manual is designed to be both a 'how to' Manual for conducting trainings as well as a reference for individuals on using a human rights-based approach (HRBA). In cases where training is possible, the Manual should be used in conjunction with the accompanying Training Materials (Part III). Those who receive this training are nonetheless encouraged to read the full Manual and to refer to it as necessary in their daily work.

If reading this Manual on your own, we suggest you work through it systematically from the beginning. Key things to note when working:

- Part I of the Manual contains Worksheets, which have been added to help you 'capture your learning' as you progress from one Module to the next. Use these Worksheets to help summarize and evaluate your learning.
- Part II of the Manual features case studies that illustrate the application of a human rights-based approach. Explanatory notes and Boxes of Questions follow the case studies. Try to answer the questions in the boxes as you proceed through the Manual, even though 'ready-made' answers to these questions are not provided **because a human rights-based approach is an approach that prompts you to *think differently* and to *ask different questions*. A HRBA does not automatically give you right answers, as often, in fact, there is more than one 'right' answer.** It is this method of thinking and of asking certain questions that we hope you will come away with upon completing this Manual.
- Although each of the three areas of UNFPA's work may not be equally relevant to your day-to-day activities, we nonetheless suggest you read the Manual in its entirety so that you can fully grasp and be comfortable with a culturally sensitive, gender-responsive, human rights-based approach and understand how it supports the interconnections between UNFPA's three areas of work.

This Manual is based upon the human rights-based approach described in the 2003 UN Statement of Common Understanding on a Human Rights-based Approach to

Development Cooperation.[3] The steps for implementing this human rights-based approach have been detailed in the UN Action 2 Common Learning Package.[4]

For the purposes of harmonization, this Manual draws from the Action 2 Common Learning Package, but considers how a human rights-based approach applies **specifically to UNFPA programmes** in order to help you operationalize the human rights-based approach in your work.

What is Action 2?[5]

Action 2 stems from the second report on UN reform in 2002 called Strengthening of the United Nations: an agenda for further change. It is a global programme designed to strengthen the capacity of UN country teams to support the efforts of Member States in reinforcing their national human rights promotion and protection systems. The Action 2 programme ensures that the UN will be ready to respond to these challenges by enhancing the capacity of its country teams with practical tools, training, advice, knowledge sharing and seed funding for capacity-building and pilot programming.

An interagency Plan of Action to strengthen human rights-related UN actions at the country level was elaborated upon and adopted by 21 heads of UN agencies. To support the implementation of the interagency Plan, the Action 2 Global Programme was officially launched in October 2004, and includes a number of activities in the areas of staff recruitment, fund raising, UN Country Teams project formulation and the development of human rights tools.

An interagency task force on Action 2 has been established in New York among the core agencies (UNICEF, UNDP, UNFPA, OHCHR, OCHA and DGO) to oversee the implementation of the Plan of Action. UNFPA is represented by the Gender, Human Rights and Culture Branch of the Technical Division.

The ultimate aim of the Action 2 programme is to ensure that the rights of individuals are respected and protected through strengthened national human rights protection systems. One of the ways to strengthen national human rights protection systems is to ensure that UN actions at the country level are **grounded in human rights principles and are guided by international norms and standards.**

The Action 2 programme thus supports UN country teams in adopting a **human rights-based approach**. The human rights-based approach is defined in the UN Common Understanding and consists of furthering the realization of human rights, being guided by human rights standards and principles, and developing the capacities of rights-holders and duty-bearers in all development programming.

[3] Full text of The Human Rights-based Approach to Development Cooperation: Towards a Common Understanding Among UN Agencies is available at: www.undg.org/archive_docs/3069-Common_understanding_of_a_rights-based_approach.doc.
[4] UN Action 2 Common Learning Practice is available at: http://www.undg.org/index.cfm?P=531.
[5] The information in this table is taken from the Action 2 website at: http://www.un.org/events/action2/index.html and from the UNFPA Circular on Action 2, UNFPA involvement in Action 2, 27 April 2006. Action 2 is no longer operational, but its training material is still relevant.

INTRODUCTION

The Action 2 Common Learning Package was developed by the Working Group on Training of the Action 2 Interagency Task Force to respond to the need to develop the basic capacities of UN Country Teams (UNCTs) on the human rights-based approach. It is a detailed Manual that explains the basic concepts of human rights and the steps that UNCTs should take in order to implement a human rights-based approach to programming.

If you are reading this Manual for the first time and are not familiar with Action 2, it will help you to read the full Action 2 Common Learning Package. Also check out the Action 2 website at: http://www.un.org/events/action2/index.html.

How this Manual is organized

PART 1: CORE CONCEPTS	
***Module 1:* Basic human rights concepts and principles**	This module provides a basic introduction to human rights and lays out UNFPA's overarching framework for a culturally sensitive, gender-responsive, human rights-based approach. Worksheets are included to assist your learning.
***Module 2:* Key elements of a HRBA**	This module sets out the key definitions, principles and elements of a human rights-based approach. Worksheets are included to assist your learning.
PART II: APPLICATION OF A HRBA	
***Module 3:* Guide to implementing a HRBA in population and development work**	This module features a case study that illustrates a culturally sensitive, gender-responsive, human rights-based approach in UNFPA population and development activities. Questions are provided throughout to stimulate your thinking.
***Module 4:* Guide to implementing a HRBA in reproductive health work**	Features a case study that illustrates a HRBA in UNFPA sexual and reproductive health activities. Questions are provided throughout.
***Module 5:* Guide to implementing a HRBA in gender work**	Features a case study that illustrates a HRBA in UNFPA gender equality initiatives. Questions are provided.
***Module 6*: Guide to implementing a HRBA in emergency response**	Features a case study that illustrates a HRBA in UNFPA emergency response. Questions are provided throughout.
PART III: TRAINING	
Training materials	This section contains the training materials that accompany this Manual and includes

	PowerPoint slides, suggested agenda for a three-day training session, training exercises and a template for presenting the training for each module of the Manual.
Glossary, Appendices	This section contains the glossary as well as some key additional reading materials.
Information Cards	At the back of this Manual, five pull-out Information Cards and one poster provide summarized tips and advice that can help you when implementing a HRBA.

Objectives of this Manual

This Manual has three main objectives:

1. To improve your capacity to adopt a culturally sensitive, gender-responsive, human rights-based approach to programming at headquarters, regional and field levels;
2. To provide practical tools for use by you or your Office in designing and implementing a human rights-based approach; and
3. To illustrate the benefits of using a human rights-based approach, while offering advice on how to sensitize partners and stakeholders to its value, especially with respect to issues related to UNFPA's mandate.

This third point is especially important. While UNFPA does not directly engage in implementation, it plays a critical role in supporting countries and civil society organizations in implementing ICPD strategies, and often faces opposition to sensitive ICPD issues such as women's sexual and reproductive health and reproductive rights and adolescents' and young people's sexual and reproductive health.[6] This Manual aims to give you the knowledge and the tools you need to support the **building of national capacity to implement a human rights-based approach** in programming and policies at all levels from an ICPD perspective. In doing so, you will promote greater ownership of ICPD goals by countries and communities, and thus further UNFPA's commitment to the principles of national ownership, national leadership and national capacity development.

The importance of applying a human rights-based approach to programming cannot be emphasized enough. Given that a HRBA is **a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights, the**

[6] UNFPA, Strategic Plan, 2008-2011: Accelerating Progress and National Ownership of the ICPD Programme of Action. DP/FPA/2007/17, p. 5.

application of a HRBA alters the way that programmes are designed, implemented, monitored and evaluated.[7]

[7] Action 2 Learning Draft Resource Guide, p. 54.

But why a HRBA?

Within UNFPA, there has been a growing appreciation for and understanding of the necessity of building a human rights perspective into the programming process. This Manual responds to this emerging organizational need. Furthermore, given UNFPA's commitment to supporting governments in advancing the ICPD Programme of Action, a HRBA can help to achieve this.

Over the last decade, human rights have gained prominence as a universal set of norms and standards that are increasingly shaping the programmes and activities of the United Nations. It is widely recognized that promoting and protecting human rights is crucial for achieving **peace, sustainable human development, democracy and security,** and that these human aspirations and common goals, which are the pillars of the UN, are inextricably linked and interdependent.[8] A human rights-based approach should be regarded as an **essential tool** for achieving sustainable development outcomes and advancing ICPD goals such as universal access to sexual and reproductive health care.

Key benefits to implementing a human rights-based approach

- Promotes realization of human rights and helps government partners achieve their human rights commitments;
- Increases and strengthens the participation of the local community;
- Improves transparency;
- Promotes results (and aligns with Results Based Management);
- Increases accountability;
- Reduces vulnerabilities by focusing on the most marginalized and excluded in society;[9] and
- More likely to lead to sustained change as human rights-based programmes have greater impact on norms and values, structures, policy and practice.[10]

So, why should you support the implementation of a HRBA? Three main rationales are suggested: (a) intrinsic, (b) instrumental and (c) institutional.[11] These added benefits, or 'value-added', of a HRBA are discussed in detail in Module 2, but we summarize them here for ease of reference.

<u>*Intrinsic rationale*</u>
The UN has acknowledged that a HRBA is the right thing to do, morally and legally:

[8] Action 2 Learning Draft Resource Guide, pp. 1-6.
[9] P. van Weerelt, *A Human Rights-based Approach to Development Programming in UNDP – Adding the Missing Link,* UNDP.
[10] CARE International reached this conclusion in a study that compared rights-based programmes to non rights-based programmes in 2006. Care International UK and DFID Programme Partnership Agreement: Annual Report, 2005-2006.
[11] Action 2 Learning Draft Resource Guide, pp. 54-55.

- A HRBA is based on the universal values (freedom, equality, solidarity, etc.) reflected in the **human rights principles and standards** that provide a common standard of achievement for all women, men and children and all nations.
- A HRBA moves development action from the optional realm of benevolence (or charity) into the **mandatory realm of law.**
- A HRBA establishes **duties and obligations and corresponding claims**, while underscoring the importance of creating accountability mechanisms at all levels for **duty-bearers** to meet their obligations.
- A HRBA ensures people are not passive beneficiaries of State policies but **active participants in their own development** and further recognizes them as **rights-holders**, thereby placing them at the centre of the development process.

Instrumental rationale
A HRBA leads to better and more sustainable human development outcomes because it:

- Focuses on analysing the inequalities, discriminatory practices and unjust power relations that exacerbate conflict in human rights and development processes.
- Has a special focus on **groups subjected to discrimination** and suffering from **disadvantage and exclusion**. For UNFPA, the groups to target include: the poorest of those already living in poverty, especially disadvantaged adolescents and youth; women survivors of violence and abuse; out-of-school youth; women living with HIV; women engaged in sex work; minorities and indigenous peoples; women living with disabilities; refugees and internally displaced persons; women living under occupation; and aging populations.[12] In addition, the twin principles of non-discrimination and equality call for a focus on gender equality and engaging with women's human rights in all development programmes.
- Emphasizes **participation**, particularly of discriminated and excluded groups at every stage of the programming process.
- Depends on the **accountability** of the State and its institutions with regard to respecting, protecting and fulfilling all the human rights of all people within its jurisdiction.
- Gives equal importance to **the processes and outcomes of development,** as the quality of the process affects the achievement and sustainability of outcomes.

Institutional rationale
Recognizing that the UN has a core mandate on Peace, Security, Human Rights and Development, and that neutrality and respect for self-reliance make it a privileged partner to deal with sensitive issues, means that:

- Development challenges are examined from a holistic lens guided by human rights principles while taking into account the **civil, political, economic, social and cultural** aspects of a problem (e.g. an HIV prevention strategy guided by

[12] UNFPA, Strategic Plan, 2008-2011: Accelerating Progress and National Ownership of the ICPD Programme of Action, DP/FPA/2007/17, p. 10.

rights to education and health as well as right to information, right to non-discrimination, etc.).

- A HRBA facilitates an integrated response to multifaceted development problems, including addressing the social, political, legal and policy frameworks that determine the relationship and capacity gaps of rights-holders and duty-bearers.
- A HRBA suggests using the recommendations of **international human rights mechanisms** in the analysis and strategic response to development problems.
- A HRBA can also shape relations with partners since partnerships should be participatory, inclusive and based on mutual respect in accordance with human rights principles.

The Committee on Economic, Social and Cultural Rights has summarized some of the key elements that give a HRBA enormous potential for strengthening development efforts and achieving results:

> "The real potential of human rights lies in its ability to change the way people perceive themselves vis-à-vis the government and other actors. A [human] rights framework provides a mechanism for reanalyzing and renaming 'problems' like contaminated water or malnutrition as 'violations' and, as such, something that need not and should not be tolerated….Rights make it clear that violations are neither inevitable nor natural, but arise from deliberate decisions and policies. **By demanding explanations and accountability, human rights expose the hidden priorities and structures behind violations and challenge the conditions that create and tolerate poverty**."
>
> — Committee on Economic, Social and Cultural Rights[13]

At this point, some of you might think that you are already applying a HRBA to your programming. If that is truly the case—congratulations! However, are you ***sure*** you are really doing so?

Sometimes, people believe they're applying a HRBA when that is not fully the case. Or, you may be implementing a HRBA inconsistently—at some stages of the programme, but not at all stages. If you are asking yourself what the difference is between a HRBA and a 'normal' programming approach, these questions should help you:

> Are you consistently implementing the following elements that are **necessary, specific and unique to a human rights-based approach?**[14]
>
> - In your situation assessment and analysis, do you identify the human rights claims of rights-holders and the corresponding human rights obligations of duty-bearers as well as the immediate, underlying and structural causes of the non-realization of rights?
> - Do you consistently assess the capacity of rights-holders to claim their rights and of duty-bearers to fulfil their obligations in your programmes? Do you then design your

[13] Committee on Economic, Social and Cultural Rights, quoted in the Action 2 Learning Draft Resource Guide, p. 55.
[14] See UN Statement of Common Understanding.

programmes around developing strategies to build these capacities?
- Do you monitor and evaluate both outcomes and processes guided by human rights principles and standards in your programmes?
- Is your programming informed by the recommendations of international human rights bodies and mechanisms?

If you answered ‘no’ to at least one question in the above box, then you will benefit from reading this Manual! Reading this Manual and applying it to your work will result in greater success in promoting and advancing the human rights and health of the individuals and groups with whom you work.

"…We will not enjoy development without security, we will not enjoy security without development, and we will not enjoy either without respect for *human rights*."

— UN Former Secretary-General Kofi Annan's Report, In Larger Freedom

"We must recognize the role of human rights in eradicating hunger and poverty, and the connection between development, human rights and security."

— UN Secretary-General Ban Ki-moon in a message on World Food Day, 16 October 2007.

Why has UNFPA created this Manual?

The purpose of this Manual is to help UNFPA staff and implementing partners, as well as other actors and NGOs engaged in ICPD-related work, effectively operationalize a human rights-based approach in their work. More specifically, it is a response to requests by UNFPA staff for specific and concrete guidance a ‘how to’ Manual on applying a HRBA.

In addition, UNFPA participates at the country level in Common Country Assessments (CCA) and the UN Development Assistance Framework (UNDAF), both of which are mandated to apply a human rights-based framework. This Manual, in harmony with the Action 2 Common Learning Package, will enable you and your colleagues working within UNFPA to contribute more effectively to these UN frameworks that demand a HRBA. This is especially important in the context of the ‘one-UN’ concept (common offices and programmes across all UN agencies in-country), which is now being rolled out across country programmes.

Finally, the Manual operates within the broad framework of results-based programming. Given this framework, the Manual will help you to implement a culturally sensitive, gender-responsive HRBA that can greatly facilitate **results**. Paying attention to human rights demands attention to the **processes** through which developmental goals are achieved, not only to the goals and results themselves. Rather than being a distraction

from results-based management, a HRBA can make a significant contribution to improving both delivery and long-term outcomes.[15]

> *UNFPA's vision:*
>
> 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/AIDS, and every girl and woman is treated with dignity and respect.
>
> — UNFPA Mission Statement

In its Mission Statement, UNFPA stresses the universality and indivisibility of human rights, focusing on ICPD principles such as reproductive rights, autonomy and empowerment of women, and the participation and representation of young people. **The promotion and protection of human rights are therefore fundamental to the work of UNFPA.** UNFPA has been committed to the advancement of human rights in the world since its origins. The idea that all individuals are entitled to the enjoyment of equal rights and protection is central to UNFPA's way of working.[16]

Human rights are fundamental to UNFPA's work not only because all of the governments with whom UNFPA works have ratified at least one human rights treaty relevant to sexual and reproductive health, but because incorporating human rights principles into programming is critical to ensuring that UNFPA can reach its goal of promoting the rights of every woman, man and child to enjoy a life of health and equal opportunity.[17]

According to the UNFPA's Strategic Plan, 2008-2011, in order to promote greater ownership by countries and communities, UNFPA supports the building of capacity to implement a rights-based approach in programming and policies at all levels from an ICPD perspective. Such an approach focuses on inclusion, interdependence, participation and non-discrimination. At all levels, special attention will be focused on the most excluded and marginalized population groups of society.[18]

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[15] See pp. 10-23 of the Action 2 Learning Draft Resource Guide to read more about UN agency commitments to a HRBA and the role of the UN in promoting and protecting human rights.
[16] See Human Rights: The Foundation for UNFPA's Work. Available at: http://www.unfpa.org/rights/overview.htm.
[17] UNFPA, Mission Statement. Available at: http://www.unfpa.org/about/index.htm.
[18] Op. cit., UNFPA, Strategic Plan, 2008-2011.

UNFPA Strategic Plan, 2008-2011: Accelerating Progress and National Ownership of the ICPD Programme Of Action[19]

The UNFPA strategic direction for 2008-2011 focuses on supporting national ownership, national leadership and capacity development, as well as advocacy and multisectoral partnership development for positioning the agenda of the International Conference on Population and Development.

The goals of the strategic plan in UNFPA's three interrelated focus areas of population and development, reproductive health and gender are as follows:

1. Population and development: Systematic use of population dynamics analyses to guide increased investments in gender equality, youth development, sexual and reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction.
2. Reproductive health and rights: Universal access to sexual and reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life.
3. Gender: Gender equality advanced and women and adolescent girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.

UNFPA is fully committed to the principles of national ownership, national leadership and national capacity development. These principles form the fundamental basis of the Fund's strategic plan. UNFPA plans to operationalize its strategic plan by:

- implementing a **human rights-based approach** in programming and policies at all levels;
- ensuring systematic gender equality and women's empowerment in all programmes;
- adopting a culturally-sensitive approach that engages local communities;
- promoting South-South cooperation; and
- according the highest priority to addressing the needs of the least developed countries.

In its mandate, UNFPA is guided by the ICPD Programme of Action, which places a strong emphasis on the human rights of individual women and men.[20] UNFPA consistently supports governments in promoting the ICPD Programme of Action and the human rights and gender principles upon which it is grounded. Understanding that human rights can only truly have an impact if implemented in a culturally sensitive, and gender-responsive way, UNFPA believes that a **culturally sensitive, gender-responsive human rights-based approach** is simply a practical application of its commitment to promoting the human rights of individuals.

[19] Op. cit., UNFPA, Strategic Plan, 2008-2011.
[20] ICPD, Programme of Action. Available at: http://www.unfpa.org/public/publications/pid/1973.

Summary of the ICPD Programme of Action

At the 1994 International Conference on Population and Development (ICPD) in Cairo, 179 countries agreed that population and development are inextricably linked, and that empowering women and meeting people's needs for education and health, including sexual and reproductive health, are necessary for both individual advancement and balanced development. The conference adopted a 20-year Programme of Action (PoA), which placed individual human rights at the center, rather than achieving abstract demographic targets.

The ICPD PoA lays out a set of fifteen principles that are a careful balance between the recognition of individual human rights and the right to development of nations. According to the principles, advancing gender equality, eliminating violence against women and ensuring women's ability to control their own fertility were acknowledged as cornerstones of population and development policies. Concrete goals of the ICPD are centred on providing universal education; reducing infant, child and maternal mortality; and ensuring universal access by 2015 to reproductive health care, including family planning, assisted childbirth and prevention of sexually transmitted infections including HIV/AIDS.[21]

In addition, States should take all appropriate measures to ensure, on a basis of equality of women and men, universal access to health care services, including those related to sexual and reproductive health, which includes family planning and sexual health. The PoA reaffirm the basic right of all couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.[22]

ICPD was followed by ICPD +5 and ICPD at 10.

- Five years after ICPD, the five-year review (ICPD +5), presented the UN General Assembly with a chance to re-examine the challenges governments faced in improving sexual and reproductive health and rights, including in the context of HIV/AIDS (as HIV had largely been absent from the discussion in Cairo). ICPD +5 identified Key Actions for the Further Implementation of the ICPD Programme of Action, including new benchmark indicators of progress in four key areas: 1) education and literacy; 2) reproductive health care and unmet need for contraception; 3) maternal mortality reduction; and 4) HIV/AIDS.[23]

- 2004 marked the ten-year anniversary and the mid-point of the 20-year ICPD Programme of Action. Although a global review of ICPD did not take place, a number of UN Economic Commissions held regional review meetings, with the Asia and the Pacific, and Latin American regions strongly reaffirming their commitment to the ICPD Programme of Action. UNFPA conducted an in-depth, country-by-country analysis of achievements, constraints, lessons learned and viable approaches towards full implementation of the ICPD PoA.

[21] UNFPA, Summary of the ICPD Programme of Action. Available at: http://www.unfpa.org/icpd/summary.cfm.
[22] Ibid.
[23] UNFPA, ICPD +5. Available at: http://www.unfpa.org/icpd/icpd5-keyactions.cfm .

UNFPA is committed to supporting governments in achieving their ICPD goals, as these goals are essential to the advancement of women's human rights and development.

As 'ICPD at 15' draws closer, UNFPA is continuing to focus on supporting national ownership, national leadership and capacity development, as well as advocacy and multisectoral partnership development for positioning the ICPD agenda.[24] Furthermore, in line with UN reform efforts, UNFPA will welcome all opportunities to position the ICPD agenda in all planning frameworks and will dedicate increased effort to the challenge of linking ICPD goals with the **Millennium Development Goals** (MDGs) in national planning and development processes.[25] In doing so, UNFPA will consistently build capacity to implement a human rights-based approach in all programmes and policies, and will continue to be guided by gender equality programming as well as culturally sensitive approaches.

The ICPD agenda also offers a basis to support countries to achieve the MDGs and other internationally agreed goals. The Millennium Declaration that sets the United Nations agenda for peace, security and development concerns in the 21st century reflects a human rights perspective, and underscores goals and indicators to measure progress in advancing human rights. UNFPA is supporting governments in reaching the MDGs by employing a human rights-based approach to its programmes and policies. UNFPA firmly believes that human rights are essential to achievement of the MDGs, as human rights are so critical to the ultimate eradication of poverty.

[24] Op. cit., UNFPA, Strategic Plan, 2008-2011.
[25] Ibid.

The Millennium Declaration Reaffirms Human Rights

The Millennium Declaration underscores human rights as one of the pillars and main purposes of the United Nations and reaffirms commitments to human rights, democracy and good governance. The 189 Member States that signed it resolved to strengthen their capacity at the country level to implement the principles and practices of human rights, including minority rights, the rights of women, the rights of children and the rights of migrants.

The **Millennium Development Goals** (MDGs) are a set of quantified and time-bound goals for dramatically improving the human condition by the year 2015. Limited in number, they allow developing countries to focus and mobilize action to seven key priority areas. T]he Goals are unique in their explicit recognition that poverty eradication can be achieved only through stronger partnerships among development actors and through increased action by rich countries – expanding trade, relieving debt, transferring technology and providing aid.[26] The MDGs should not be viewed as ends in themselves but as benchmarks of progress towards the Millennium Declaration's overarching goal of eradicating human poverty – guided by basic values of freedom, equality, solidarity, tolerance, respect for nature and shared responsibilities.

Human rights and the MDGs are not mutually exclusive: They are two sets of interdependent and mutually reinforcing commitments. "The [MDGs] reflect a human rights agenda – rights to food, education, health care and decent living standards. The need to ensure all these rights confers obligations on the governments of countries both rich and poor."[27]

Finally, the UN 2005 World Summit Outcome was a milestone towards a global adoption of a human rights-based approach as it was the first time that the Member States in the General Assembly resolved to mainstream human rights into their national policies while endorsing former Secretary-General Kofi Annan's reform agenda to integrate human rights throughout the UN system. The Summit resolution affirmed a strengthened role for all UN bodies and agencies within their respective sectors and mandate areas in order to assist Member States to mainstream human rights in their national policies.[28]

"We resolve to integrate the promotion and protection of human rights into national policies and to support the further mainstreaming of human rights throughout the United Nations system, as well as closer cooperation between the OHCHR and all relevant UN bodies."

— 2005 World Summit Outcome, section IV Human Rights and Rule of Law[29]

The UN 2005 World Summit Outcome reaffirmed that gender equality and the promotion of the full universal enjoyment of all human rights and fundamental freedoms are essential to advancing development, peace and security.[30] The Outcome also endorsed

[26] UNDP, Human Development Report 2003, pp. 27 and 30.
[27] Human Development Report, quoted in Action 2 Learning Draft Resource Guide, p. 7.
[28] Action 2, Learning Draft Resource Guide, p. 4.
[29] 2005 World Summit Outcome, Final document. Available at: http://www.un.org/summit2005/documents.html.
[30] Action 2, Learning Draft Resource Guide, p. 4.

the inclusion of "achieving universal access to reproductive health by 2015" into national strategies for attaining the MDGs. The General Assembly adopted the Political Declaration on HIV/AIDS of the High-Level meeting in 2005, reaffirming the commitment to achieving universal access to reproductive health by 2015.[31]

These commitments reassert the relevance of ICPD goals to the attainment of the MDGs, in particular:

- MDG 1 - eradicate extreme poverty and hunger;
- MDG 3 - promote gender equality and empower women;
- MDG 4 - reduce child mortality;
- MDG 5 – improve maternal health; and
- MDG 6 – combat HIV/AIDS, malaria and other diseases.

UNFPA is devoted to supporting governments to achieve ICPD goals and the MDGs through the implementation of a **culturally sensitive, gender-responsive HRBA**.

[31] Op. cit., UNFPA, Strategic Plan, 2008-2011.

MODULE 6 - EMERGENCY RESPONSE

This module summarizes UNFPA's work in emergency preparedness, humanitarian response and post-crisis recovery and transition settings, and presents a case study on emergency response. The case study contains questions designed to make you to think about the unique challenges and issues raised when implementing a HRBA to programming in emergency situations.

By the end of this Module, you will be able to:

- describe the four phases of emergency settings and work;
- give an example of how to implement a HRBA in a UNFPA emergency response activity in each of the three thematic areas;
- explain the similarities in applying a HRBA during conflicts and natural disasters;
- describe several unique challenges to consider when implementing a HRBA in conflicts and natural disasters; and
- provide at least one example of how the human rights principles of non-discrimination, participation, inclusion, accountability, and the 3AQ can be integrated into emergency preparedness, response, transition and recovery programming

How the Module is structured

This Module is separated into two parts:

1) An **overview** presents an introduction to UNFPA's work in the area of emergency situations.
2) A **case study** walks the user through a case study focusing on programming in emergency situations. There is much discussion both within the case study, and in the general text of this Module that focuses on how to implement a HRBA to programming in different types of emergencies, and in different areas of UNFPA's work. Questions are also provided to guide your thinking about the ways in which key human rights principles are being integrated.

PART I - Overview

A. Introduction to UNFPA's humanitarian mandate

Emergency preparedness, response and recovery are cross-cutting concerns for UNFPA, and are addressed in all of its three core areas of work. UNFPA's work in this area is guided by the ICPD Programme of Action, CEDAW, and Security Council Resolutions 1308,[1] 1325[2] and 1820,[3] which collectively reaffirm an international commitment to ensure that population, reproductive health and rights, and gender issues are adequately addressed in emergency and post-emergency situations.

These international instruments also highlight that gender is not only a core thematic area, but also a cross-cutting issue that must be addressed in a holistic way during humanitarian response. In addition, UNFPA believes firmly that incorporating human rights and the principles from the ICPD Programme of Action, such as ensuring women's ability to control their own fertility and promoting access to sexual and reproductive health services, into humanitarian and transition planning helps to ensure a smoother transition from crisis to development for populations in conflict-affected or disaster-affected countries. Incorporating these principles also contributes to social equity and poverty reduction, which are important aspects of peace-building.[4] UNFPA carries out this work by doing the following:

1. At the country level, **UNFPA works with national authorities and local and international NGOs to improve their capacity to integrate gender, data and reproductive health issues** into emergency preparedness and emergency response planning. UNFPA advocates for the inclusion of ICPD principles in emergency preparedness plans at different levels from national plans to UN inter-agency preparedness and contingency plans. Preparedness is the best and most efficient strategy to ensure swift and effective emergency response once a crisis occurs.
2. UNFPA collaborates with its partners to ensure that the **intersections of culture, gender and human rights are adequately dealt with** in each aspect of emergency response.
3. At the global level, UNFPA **strives to incorporate gender and reproductive health considerations into UN processes**, including joint needs assessments and consolidated humanitarian action plans, post-conflict needs assessments and transition frameworks. It also seeks to integrate population and development concerns into emergency preparedness and conflict analyses within CCAs, UNDAFs, and, subsequently, country programmes.

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[1] Security Council resolution 1308 (2000) on the responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations.
[2] Security Council resolution 1325 (2000) on women and peace and security.
[3] Security Council resolution 1820 (2008) on women and peace and security.
[4] UNFPA, Integrating the Programme of Action of the International Conference on Population and Development into emergency preparedness, humanitarian response, and transition and recovery programmes: a strategy to build commitment and capacity, DP/FPA/2006/14.

4. UNFPA provides technical expertise in **gender mainstreaming** to support UN Resident/Humanitarian Coordinators (RC/HC) during crisis through supporting the IASC Gender Standby Capacity Project (GenCap). In partnership with the Norwegian Refugee Council (NRC), UNFPA administers an expert pool of gender advisors who are deployed at short notice as an interagency resource to address gender concerns in the initial stages of a sudden onset of emergencies as well as in protracted or recurring humanitarian situations.
5. In collaboration with other UN partners, UNFPA attempts **to map, collate, develop and share tools and resources on the reproductive health and gender** aspects of conflict and natural disasters.
6. UNFPA works to establish technical expert networks and mechanisms for **rapid deployment of trained personnel** during crisis and transition periods.[5]
7. UNFPA, as an active member of the Inter-Agency Standing Committee (IASC) for Humanitarian Affairs engages in UN humanitarian reform and its main components, including the cluster approach under which UNFPA has specific responsibilities to ensure that **reproductive health, gender-based violence (GBV)** and **gender** be addressed in humanitarian response and early recovery.

The case study in this Module provides practical examples of how to apply a HRBA in both emergency and post-emergency settings, and demonstrates the added value of systematically considering the human rights principles central to a HRBA during humanitarian response. The case study focuses on a cross-section of the activities listed above in order to highlight UNFPA-supported work in all three thematic areas.

Overall, the added value of applying a HRBA to emergency response lies in strengthening accountability of all humanitarian actors, be they UN, local or international NGOs and governments, to those affected populations receiving humanitarian assistance, promoting participation and inclusion and thereby reinforcing a culturally sensitive approach, and responding in a non-discriminatory manner to reduce the disproportionate impact of emergencies on the most vulnerable subpopulations.

[5] Ibid.

B. UNFPA's general principles for emergency response

UNFPA is committed to supporting the integration of the ICPD Programme of Action into emergency preparedness, humanitarian crisis response and transition and recovery processes at the national level, which includes the promotion and protection of human rights.[6] This commitment holds true regardless of the type of emergency. Whether a political crisis, a natural disaster, or a post-conflict situation**, UNFPA is guided by those human rights and principles emphasized in the ICPD Programme of Action, CEDAW and Resolution 1325 of the Security Council** (see box on this page).

Remember, while the circumstances may vary, all the human rights and responsibilities that we discussed in Module 1 remain the same regardless of whether individuals are living in situations of stability or humanitarian emergency. This idea has been reaffirmed by many actors in the humanitarian community as noted in the **Sphere Humanitarian Charter and Minimum Standards** (see box on this page). While there may be legitimate differences of opinion on how best to apply human rights principles during emergencies, the Sphere standards reflect a general consensus within the humanitarian community on the importance of promoting and protecting human rights during humanitarian response.[7]

UN Security Council Resolution 1325

Security Council Resolution 1325 was passed unanimously on 31 October 2000. It invited Secretary-General Kofi Annan to "carry out a study on the impact of armed conflict on women and girls, the role of women in peace-building and the gender dimensions of peace processes and conflict resolution."

Resolution (S/RES/1325) is the first resolution ever passed by the Security Council that specifically addresses the impact of war on women, and women's contributions to conflict resolution and sustainable peace.

What is Sphere?[8]

The Sphere Handbook is the result of a long process of broad collaboration between various humanitarian organizations to ensure quality and accountability during emergency response. The handbook consists of a Humanitarian Charter, as well as Minimum Standards and indicators for key disaster response sectors such as water supply and health services.

The Sphere Humanitarian Charter and Minimum Standards in Disaster Response were first developed in 1997 by humanitarian NGOs and the Red Cross and Red Crescent movements, leading to the publication of the first Sphere handbook in 2000.

The Humanitarian Charter, referred to as the cornerstone of the handbook, is based on the principles and provisions of international humanitarian law, international human rights law, refugee law and the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief. The Charter describes the core principles that govern humanitarian action and reaffirms the right of populations affected by disaster, whether natural or human-made, to protection and assistance. It also

[6] Ibid..
[7] The Sphere Project, Humanitarian Charter and Minimum Standards in Disaster Response*,* 2004.
[8] Ibid.

reasserts the right of disaster-affected populations to life with dignity.

The Charter also points out the legal responsibilities of States to guarantee the right to protection and assistance. When the relevant authorities are unable and/or unwilling to fulfil their responsibilities, they are obliged to allow humanitarian organizations to provide this humanitarian assistance and protection.

The Minimum Standards and the key indicators have been developed using broad networks of practitioners with expertise in different core areas of disaster response. The sectors covered are: water supply, sanitation and hygiene promotion; food security, nutrition and food aid; shelter, settlement and non-food items; and health services. The handbook also contains a group of general standards that applies to all sectors. Taken as a whole, the Minimum Standards represent a remarkable consensus across a broad spectrum, and reflect a continuing determination to ensure that human rights and humanitarian principles are realized in practice. Currently, the Minimum Standards are undergoing revision, so check for changes and updates at www.sphereproject.org.

Both the Humanitarian Charter and Minimum Standards directly refer to the promotion and protection of human rights, as well as the integration of specific human rights principles into disaster response. The Charter, for instance, refers directly to the right to life with dignity. The Minimum Standards emphasize the importance of participation of affected individuals. They also highlight the importance of giving special consideration to marginalized groups of persons. In fact, children, the elderly, gender, and persons with disabilities are four of the seven cross-cutting issues with relevance to all sectors that have been taken into account throughout the Minimum Standards.

To date, over 400 organizations in 80 countries, all around the world, have contributed to the development of the Minimum Standards and key indicators.

Minimum Initial Service Package for Reproductive Health in Crisis Situations[9]
The 2004 revision of the Sphere Humanitarian Charter and Minimum Standards in Disaster Response includes the Minimum Initial Service Package for Reproductive Health in Crisis Situations (MISP) as a standard for humanitarian assistance providers. It is a coordinated set of priority activities designed to prevent and manage the consequences of sexual violence; reduce HIV transmission; prevent excess maternal and neonatal mortality and morbidity; and plan for comprehensive RH services in the early days and weeks of an emergency.

When responding to emergencies, UNFPA does not work alone, but in partnership with governments, UN agencies and non-governmental actors. UNFPA is a member of the Inter-Agency Standing Committee (IASC) for Humanitarian Affairs, which is the primary mechanism for inter-agency coordination of humanitarian assistance. The IASC develops humanitarian policies, agrees on a clear division of responsibility for the various aspects of humanitarian assistance, identifies and addresses gaps in response, and advocates for effective application of humanitarian principles. UNFPA is actively involved in the ongoing humanitarian reform throughout the UN. **Humanitarian reform** seeks to improve emergency response capacity, accountability, and partnership in three major ways.

[9] The MISP module is available at: www.rhrc.org.

- A major aspect of humanitarian reform is the cluster approach, which seeks to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by ensuring there is predictable leadership and accountability in the main sectors or areas of humanitarian response. This is achieved through assigning specific lead responsibilities to humanitarian stakeholders, including UN agencies and NGOs, under the eleven topical clusters noted below.
- Second, through strengthened strategic humanitarian leadership. Humanitarian Coordinators (HC) are responsible for ensuring overall coordination between UN and other humanitarian aid agencies, including promoting resolution of matters of joint concern to the humanitarian aid agencies.
- Humanitarian reform aims to strengthen predictability of financing for humanitarian response through the establishment of a Central Emergency Response Fund (CERF) that complements existing humanitarian funding mechanisms.

The cluster approach

The development of the cluster approach forms part of the UN humanitarian reform agenda to improve the predictability, timeliness and effectiveness of a comprehensive response to humanitarian crises, while laying the foundations for recovery. **The cluster approach is intended to be the framework for response in major new emergencies and will eventually be applied in all countries with humanitarian coordinators**.

A **cluster** is a group comprising organizations and other stakeholders, with a designated lead, working in an area of humanitarian response in which gaps have been identified. In essence, the cluster approach involves strengthening humanitarian response in three main ways:

1. Ensuring that roles and responsibilities among humanitarian partners are worked out through transparent, inclusive, consultative processes, in line with the Principles of Partnership developed by the Global Humanitarian Platform;
2. Ensuring leadership and responsibilities are established at the sectoral level, thereby clarifying lines of accountability and providing counterparts (or a first port of call) for national authorities, local actors, humanitarian partners and other stakeholders; and
3. Ensuring that all relevant sectors and cross-cutting issues for the humanitarian operation in question are covered.

The 11 clusters include some traditional relief and assistance sectors (water and sanitation, nutrition, health, emergency shelter, agriculture, education); support services (emergency telecommunications, logistics) and cross-cutting sectors (camp coordination, early recovery, protection). Clusters are organized at both the global and field level.[10]

Each cluster can have sets of corresponding sub-working groups and areas of responsibility (AoR). **UNFPA has specific responsibilities for reproductive health (under the health cluster); gender mainstreaming (under the early recovery cluster); and, along with UNICEF, prevention and response to GBV (under the protection cluster)**. UNFPA is also a lead agency for **mainstreaming gender as a cross-cutting issue across all clusters**.

[10] Inter-Agency Standing Committee. Available at: http://www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=80.

It should be emphasized that flexibility in determining response structures at the country level is essential. Local government structures and existing capacities need to be taken into account. There is no need to replicate all global level sectors/clusters if fewer are needed for the particular humanitarian operation in question. Leadership of these clusters at the country level does not need to mirror arrangements at the global level if it is found that, at country level, a specific agency would have a comparative advantage to lead the cluster coordination.

Humanitarian crises can be triggered by a wide range of natural disasters and human-made conflicts, ranging from tsunamis, earthquakes and climate-change related floods and drought to armed conflict. The unique and urgent nature of many crises makes it difficult to implement programmes following the typical programming stages. For example, a rapid assessment may replace a more thorough situation analysis when attending to the sexual and reproductive health of a community affected by sudden displacement. Effective humanitarian response also hinges on the level of emergency preparedness in the country, province or district. On the other hand, in the early recovery phase and transition from relief to recovery, a more comprehensive programme approach carrying out each step of the traditional programming cycle will be feasible.

Many elements of a HRBA to programming that you have already learned about are an explicit part of **UNFPA's guidelines for emergency response**.[11] For example, the guidelines emphasize rapid assessment and continuous data collection focused on the **needs of marginalized groups**, as well as the **promotion and protection of reproductive health rights in crisis settings**. The focus on the human rights principles of **non-discrimination** and **inclusion** of marginalized groups is particularly important because emergencies often exacerbate existing vulnerabilities within populations. For instance, women from marginalized communities may be more likely to experience sexual violence and to be vulnerable to sexually transmitted infections and may have less access to life-saving reproductive health services during disasters and human-made conflicts.

UNFPA's guidelines also highlight the importance of **community participation** and **empowerment** when supporting the planning and implementation of programmes during emergencies. Moreover, UNFPA promotes a culturally sensitive approach in its emergency response work, working with existing local power structures to identify cultural barriers and opportunities. **Understanding how cultural factors influence people in emergencies is fundamental to successfully applying a HRBA in these situations**. For more detail on culturally sensitive programming and its relationship to implementing human rights in practice, see Module 1.

[11] UNFPA, Policies and Procedures Manual.

Rights in action: Examples from emergency responseParticipation
In one post-conflict setting, humanitarian organizations have helped to rebuild trust between local communities by using REFLECT and other participatory tools to promote dialogue and reconciliation. The REFLECT approach creates a democratic space for dialogue and strengthens the voices of excluded groups in decision-making at all levels. Originally used to improve adult literacy, REFLECT is now a tool for strengthening people's capacity to communicate through whatever medium is most relevant to them. Harnessing local resources and capacities, REFLECT aims to:

- enable people to **assert their right** to communicate (individually and collectively);
- give people the **space** for **analysis and reflection** so that they can decide what to communicate, to whom, and how;
- develop people's capacity to **understand** and **critically analyse** the communication they receive; and
- enable people to **actively produce** their own materials and **access** appropriate 'instruments' of communication.[12]

Accountability and rule of law: Local groups and international NGOs worked together to translate laws on human rights, including women's rights and children's rights into the local language in an effort to improve the capacity of rights-holders to access the justice system and claim their rights.

C. The four phases of emergency response work

Depending on the context of each emergency situation, UNFPA's response is categorized into four phases:

1. Emergency preparedness and contingency planning;
2. Acute emergency response;
3. Chronic humanitarian response; and
4. Transition and recovery.

The box below explains these phases in more detail. **Depending on the country context, any combination of these phases may occur, and in any order, at the same time.** For instance, a country grappling with chronic strife may also be hit by a natural disaster and an escalation of violence in some geographic areas. A country going through early recovery and peace-building may have a political relapse leading to renewed destabilization.

[12] D. Archer and K.Newman, An Introduction to Reflect. Available at: http://www.actionaid.org.uk/doc_lib/189_1_reflect_introduction.pdf.

The four phases of emergency response work[13]

Emergency preparedness and contingency planning: The time period before a disaster or conflict occurs, which may or may not be anticipated.

Acute emergency response: Initial phase after the onset of an emergency usually involving immediate humanitarian relief, and which may vary in duration depending on the crisis.

Chronic humanitarian situations: Long-term crises often marked by repeated disruptions such as yearly droughts, repeated displacement or long-term refugee populations. Often requires simultaneous humanitarian support and development work while preparing for more acute crises.

Transition and recovery: Occurs after the period of necessary immediate relief, and focuses on shifting towards planning for long-term development. While this phase may apply to disasters, it usually refers to post-conflict periods.

The revised 2009 Common Country Assessment/United Nations Development Assistance Framework (CCA/UNDAF) guidelines contain a stronger reference to conflict prevention and disaster risk reduction.

They call for a review of emergency preparedness and to reflect the results in the **Common Country Assessment (CCA) document**, which should identify areas that have growing tensions and potential conflict and/or disaster areas.

Based on the findings and priorities of the CCA, **UNDAFs** should reflect the risks of crises and natural disasters, as well as capacity gaps for crisis prevention and disaster preparedness, as identified in the analysis. Based on analysis of these criteria, the UN’s contribution to national development should then be reflected in the UNDAF as UNDAF outcomes. The UNDAF outcomes should be rights-based and gender sensitive, and they should contribute to sustainable changes in national capacity. The development of these UNDAF outcomes must also follow the principles of results based management.

The UNDAF humanitarian goal and outcomes, together with Inter-Agency Standing Committee (IASC) and individual agency strategic documents and guidelines, form the basis for inter-agency and individual agency’s programming on emergency preparedness and response.

A key element of emergency preparedness is the actual contingency planning, a management tool used to analyse the impact of potential crises and to ensure adequate arrangements are made in advance. This is achieved primarily through the participation in the contingency planning process itself, as well as through follow-up actions and regular review of critical planning elements. Inter-agency contingency planning provides a common strategic planning framework and process to ensure alignment of humanitarian action to overarching principles and goals. The

[13] Op. cit., UNFPA, Policies and Procedures Manual.

humanitarian preparedness and contingency planning should be in line with and complementary to existing government plans. Prior to operationalization, contingency plans should be pre-tested, exercised and drilled at national and local levels.

Reference documents for additional reading

1. Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance (Revised version). Available at: http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-products-products&sel=13.
2. Guidelines for UN Country Teams on preparing a CCA and UNDAF (Updated February 2009). Available at http://www.undg.org/docs/9879/CCA-and-UNDAF-Guidelines-FINAL-February-2009.doc.
3. UNDG, Inter-agency framework for conflict analysis in transition situations, November 2004. Available at: http://www.undp.org/cpr/documents/prevention/integrate/Interagency_framework_for_conflict_analysis_in_transition_situations.doc.
4. UNDG Guidance Note on Integrating Disaster Risk Reduction into the CCA and UNDAF, 2009. Available at: http://www.undg.org/index.cfm?P=1093.

UNFPA staff and its partners on the ground have to take both the type and phase of emergency into account when advising on an appropriate response. An appropriate response can include providing support in any area of UNFPA's mandate—including reproductive health-related, gender-related, or population and development-related efforts. (The MISP specifically sets out to address the reproductive health needs of displaced populations and provide life-saving support starting from the initial emergency stage of a crisis.) Activities in each of these areas may also vary during different phases of emergency response work. However, **the fundamental elements of a HRBA apply to the response regardless of the phase or type of crisis or activity**.

UNFPA's promotion of a HRBA can be seen as the guiding lens through which we can better understand how emergencies impact the lives and needs of individuals, and respond with appropriate and effective programming.

> "Complex conflicts and acute or chronic natural disasters exacerbate poverty, diminish the access of affected populations to basic information and social services, undermine human rights and security, and increase vulnerability to gender violence and exploitation."
>
> — UNFPA Policies and Procedures Manual

At this point you should be familiar with the various types of emergencies, UNFPA's classification of the four phases of emergency response, and how various human rights principles can generally be integrated in crisis settings. Now, we will go into more detail to show how a HRBA can be useful to emergency response programming.

D. A HRBA and the emergency response

Remember the six human rights principles:

- **universality** and **inalienability**;
- **indivisibility**;
- **interdependence** and **interrelatedness**;
- **participation and inclusion;**
- **equality and non-discrimination; and**
- **accountability and rule of law**.

While all six principles should always be given due attention, the latter three are key to programmatic efforts. The difficulties posed by emergencies mean that these principles are harder to implement than they would be in the absence of conflict and natural disasters. It is harder to obtain the **participation** of all concerned stakeholders, for example, as an urgent response may be needed, and encouraging participation is a lengthy process. It may also be more difficult to ensure **accountability** during emergencies, due to a breakdown in the rule of law, or even the fact that the government may not be functioning at all. In such situations, **international humanitarian law** may be the only law in operation.

International humanitarian law was briefly discussed in Module 1. The box below adds to this information.

International humanitarian law

International humanitarian law (also known as the law of war, or the law of armed conflict) and **human rights law** are two separate branches of international law, which share a common purpose. The main purpose of both is to safeguard human dignity in all circumstances.

Both States and individuals must respect international humanitarian law. International humanitarian law must be respected by everyone—combatants and the population as a whole. The obligation to comply with international humanitarian law is such that non-compliance can, in some cases, render the individual liable under penal law, as many national and international courts have recognized. [14]

Violations of international humanitarian law can have grave consequences for sexual and reproductive health and reproductive rights. For example, as a result of illegal restrictions on movement and access to health services in one country in the Middle East, dozens of women gave birth at military checkpoints over a span of five years, leading to at least 35 miscarriages and the deaths of five women. In addition, 10 percent of pregnant women spent two to four hours on the road before reaching a medical centre or a hospital, while six percent spent more than four hours, when the normal traveling time before the conflict broke out was 15-30 minutes. This hardship is estimated to have contributed to an 8.2 percent increase of home deliveries, which are associated with a greater risk of labour and newborn complications.

In the words of UNFPA Executive Director Thoraya Ahmed Obaid, "These figures underline the need to put an end, once and for all, to the agony of pregnant…women held at….checkpoints. It is urgent to facilitate access by pregnant women to life-saving services, as stipulated by international humanitarian law."[15]

Promoting accountability and rule of law in humanitarian response

Accountability is a fundamental human rights principle that is instrumental to the process of applying a HRBA. This holds true in emergency settings as well as in times of peace. Working to ensure that governments, as primary duty-bearers, can fulfil their responsibilities to all persons affected by an emergency in their jurisdiction is a main aspect of UNFPA's efforts to promote accountability in humanitarian response. This involves not only advocating for the rights of specific vulnerable groups such as the elderly or persons with disabilities, but also ensuring that information is disseminated to duty-bearers and rights-holders so they know what is happening on the ground and can begin to take appropriate action.

In emergency situations, extensive data collection may simply not be possible and is often replaced by rapid population assessments. For example, in a refugee setting where access to emergency obstetric care may be limited, UNFPA works with its partners to **disseminate the results of rapid population assessments and fact-finding missions to the government and local organizations**. This helps ensure that the government, as the primary duty-bearer, is aware of the sexual and reproductive health situation facing refugees. By sharing findings with local organizations, UNFPA supports their capacity to demand accountability for the lack of emergency obstetric care for refugee populations.

Given the violence associated with human-generated conflicts, a second key aspect of accountability in

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[14] See slide 9, Action 2 Common Learning Package presentation.
[15] UNFPA, Checkpoints Compound the Risks of Childbirth for Palestinian Women, Press Release, 15 May 2007.

UNFPA's humanitarian response is working to **establish redress mechanisms for survivors of sexual and other forms of violence.** For example, in response to high rates of gender-based violence in a post-conflict setting, UNFPA advocates for governments to sign and ratify international human rights treaties like CEDAW to place more impetus on the government to respect, protect and fulfil women's human rights. UNFPA also encourages the implementation of existing national laws prohibiting sexual violence by advocating for budgetary allocation for law enforcement and independent tribunals to investigate sexual violence and war crimes committed during a civil war. In doing so, UNFPA helps the government identify those perpetrators of violence and hold them legally responsible for their actions, thereby promoting rule of law, and the government's accountability to the rights of those survivors of violence.

A final aspect of accountability in humanitarian response lies in the responsibilities and obligations of the UN and other humanitarian actors to those persons receiving humanitarian assistance. **Humanitarian relief workers and peacekeepers have a responsibility not to violate the human rights of those they are protecting or commit other crimes**. In response to allegations of sexual abuse by UN peacekeepers, former UN Secretary-General Kofi Annan issued a 2003 bulletin entitled Special Measures for the Protection from Sexual Exploitation and Sexual Abuse, which defines sexual exploitation and abuse on the part of any UN personnel as acts of misconduct subject to disciplinary action. This bulletin is more commonly known as the **zero-tolerance policy**.

In recent years, the zero-tolerance policy has been implemented through a number of mechanisms, including classifying sexual exploitation and abuse as serious misconducts in UN Staff Regulations and applying the same standards for non-UN personnel such as contractors and volunteers. The Department of Peacekeeping Operations (DPKO) is in charge of implementing the UN's comprehensive strategy against sexual exploitation.[16] UN agencies have developed and continue to work on standards of conduct for their staff, including establishing complaint and investigation mechanisms for sexual exploitation and abuse. Many humanitarian NGOs are also taking similar steps to ensure accountability to those being protected in emergency and post-emergency settings.

Other important documents include:

- Guiding Principles on Internal Displacement,[17] which addresses the specific needs of internally displaced persons worldwide. It identifies rights and guarantees relevant to the protection of persons from forced displacement, and to their protection and assistance during displacement as well as during return or resettlement and reintegration.
- Disabilities among Refugees and Conflict-affected Populations,[18] which provides practical guidance for UNHCR and implementing partners on ways to improve both protection and service delivery for displace populations with disabilities.

[16] United States Department of State, Trafficking in Persons Report, 12 June 2007.
[17] Available at: http://www.unhcr.org/43ce1cff2.html.
[18] Available at: http://www.womensrefugeecommission.org/programs/disabilities

What about natural disasters? Can a HRBA still be implemented?

UNFPA collaborates closely with other UN agencies and national authorities in preparing for and responding to all types of natural disasters. Recent efforts in several countries highlight some of UNFPA's achievements in this area. Six months after an earthquake rocked much of these countries in 2005, UNFPA and its UNCT partners continued to provide health services to the earthquake survivors, especially women and adolescent girls. Because much of the health infrastructure in these areas was destroyed, UNFPA set up mobile health units and prefabricated health clinics throughout the mountainous region. Part of this response also supported local NGOs to create community 'Women-Friendly Spaces' to promote women's access to information, legal aid, counselling and skills development.[19] In another country, UNFPA assists national partners in strengthening their preparedness capacity to address reproductive health concerns in emergency and post-conflict situations. This has led to the development of protocols and trainings on how to provide reproductive health information and services during humanitarian crises.[20]

You may be asking yourself how a HRBA applies when responding to the particular challenges posed by natural disasters. Like all emergencies, natural disasters can be categorized using the four phases of emergency response earlier in this module. You are probably already familiar with, or have at least heard about, the emergency preparedness phase in this context, in the form of **national or regional disaster preparedness programmes**. The chronic humanitarian emergency phase also applies to natural disasters such as such as long-term droughts. As you already know, UNFPA upholds its commitment to human rights regardless of the type or phase of emergency. In other words, a HRBA to natural disasters means applying the same fundamental concepts and principles as you would when supporting a family planning programme or assisting in a post-conflict setting.

Such consistency is especially significant given that natural disasters, like all emergencies, have a disproportionate impact on the poorest and most marginalized groups in a society. Therefore, the **participation** and **inclusion** of such groups when preparing for, responding to, and recovering from natural disasters is critical. This position has been reaffirmed in a joint statement by the executive boards of UNDP/UNFPA, UNICEF and WFP.[21] Further, responding in a **non-discriminatory** manner helps ensure that you are working to reduce the disproportionate impact of a given disaster. For example, mapping out the availability of family planning services in neighbourhoods of different socio-economic status as part of an emergency preparedness strategy can help UNFPA in making sure that the sexual and reproductive health needs of those most affected by a disaster are not overlooked when an earthquake or other disaster occurs.

Clear delineation of the various responsibilities of national authorities and UNCT agencies as part of national or regional disaster preparedness plans can help promote **accountability** to those affected once a disaster occurs. It is important to note the contribution of the cluster approach to supporting UNFPA actions and accountability to both affected individuals and donor governments.

Of course, applying the key principles of a HRBA has to be complemented by understanding the unique complexities of the disaster at hand, as well as the capacity to draw upon available tools and resources designed specifically for natural disaster response.

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[19] Medical News Today, Six Months After Pakistan Earthquake, UNFPA Continues Providing Vital Health Services To Communities, 8 April 2006.
[20] UN, Joint Meeting of the Executive Boards of UNDP/UNFPA, UNICEF and WFP, Background Document, Agenda item 1: Natural Disaster Preparedness and Opportunities, January 2007.
[21] Ibid.

There remain several specific considerations to keep in mind that will help you when carrying out a HRBA to natural disaster response.

- Be aware of the Hyogo Framework for Action,[22] the major international commitment to natural disaster preparedness and response. In January 2005, 168 governments adopted a 10-year plan to make the world safer from natural disasters at the World Conference on Disaster Reduction, held in Hyogo, Japan. The Hyogo Framework is a global commitment to disaster risk reduction efforts during the next decade. Its goal is to substantially reduce disaster losses by 2015—in lives, and in the social, economic and environmental assets of communities and countries. It also aims to reduce the detrimental impact that natural disasters can have on country efforts to achieve the MDGs. The Hyogo Framework offers guiding principles, priorities for action, and practical means for achieving disaster resilience for vulnerable communities. Some 92 countries to date have established or are in the process of establishing national risk reduction platforms. The goal of universal coverage will help the Hyogo Framework for Action initiative make a global contribution to national preparedness. This Module will help you understand how a HRBA can help operationalize these commitments.[23]

- Understanding local knowledge and traditional warning systems and how individuals, families, and communities respond to natural disasters is critical to the effectiveness of emergency preparedness and response. In its emphasis on making programming cycles **participatory, inclusive and non-discriminatory,** a HRBA can contribute to improving understanding of the social factors that influence decision-making during natural disasters. This is also an example of the synergy between a HRBA and culturally sensitive programming.

- Be familiar with available guidelines and trainings, especially the Inter-Agency Standing Committee's (IASC) Protecting Persons Affected by Natural Disasters: IASC Operational Guidelines on Human Rights and Natural Disasters. These guidelines provide an overview of the negative impact of natural disasters on human rights, and outline strategies for the protection of rights during humanitarian response, such as allowing persons to move freely in and out of IDP camps, and ensuring the availability, accessibility, acceptability and adequacy of health, food and water services. The United Nations Disaster Assessment and Coordination (UNDAC) teams also hold trainings in natural disaster response.

[22] Available at: http://www.unisdr.org/eng/hfa/hfa.htm.
[23] Op. cit., UN, Joint Meeting of the Executive Boards of UNDP/UNFPA, UNICEF and WFP.

1) Applying a HRBA to emergency response work: Population and development efforts

Understanding the population-level dynamics of disruption and displacement is critical to an effective and coordinated human rights-based response to emergencies. This information is also critical to protecting crisis-affected populations. Both quantitative and qualitative assessments can contribute to this UNFPA goal:

- **Quantitative analyses** of affected populations can help identify the precise numbers and profiles of those most vulnerable to the crisis at hand, especially when designed with an emphasis on reliable disaggregated data.
- **Qualitative information** is just as useful when it comes to understanding the opinions, desires and perspectives of those affected, and integrating those views into a UNFPA-supported response. Qualitative data also provide useful information on underlying socio-economic and cultural factors that may be difficult to measure accurately with numbers and can therefore be useful to shape programming considerations.

Notice how a HRBA to the collection of data on crisis-affected populations encompasses attention to **both process and outcome**. In the process of collecting data, adopting a HRBA means ensuring that attention is given to marginalized groups and that people's voices are heard as part of the analyses. In terms of outcomes, these population analyses are used to promote and protect the rights of affected populations by ensuring that their needs, desires, and concerns are addressed as part of the emergency response. For more examples of how population and development efforts such as census enumeration can integrate a HRBA in both process and outcome, see Module 3.

Within the population and development area of work, UNFPA's three focus areas in emergencies are:

- collection of data on partners' capacities and available service providers;
- rapid assessments; and
- post-conflict evaluation.[24]

Note how these strategies align with UNFPA's work in its population and development thematic area discussed in Module 3.

"Nearly all disasters are at least somewhat man-made, in that they tend to hit the poorest and most marginalized communities hardest because of where and how they are forced to live."

— UNFPA Policies and Procedures Manual

Overall, the provision of timely, objective and reliable data on populations in crises is fundamental for planning a cost-effective, equitable, humanitarian response and sectoral recovery. Reliable demographic data is required to re-establish basic social services and to establish good governance in post-conflict environments.[25]

[24] Op. cit., UNFPA, Policies and Procedures Manual.
[25] Op. cit., UNFPA, Integrating the Programme of Action of the International Conference on Population and Development.

Below are several examples of how UNFPA applies the principles of a HRBA to population and development work during each emergency phase.

Emergency preparedness and contingency planning: UNFPA supports the monitoring of population migration and the development of early warning systems for those most vulnerable to disasters and crises.

Acute emergency response: Providing technical advice and support to vulnerability analyses and rapid enumerations of affected populations are key components of UNFPA's work in this phase.

Chronic humanitarian situation: Working towards establishing regular surveys and censuses of vulnerable populations such as refugees and internally displaced persons is a major aspect of UNFPA's work during chronic crises.

Transition and recovery: During this phase of emergency work, UNFPA supports the rehabilitation of census and statistical systems in countries, maintaining a focus on collecting data on marginalized or vulnerable groups. UNFPA also supports participatory research studies led by adolescents and young people, which aim to identify their concerns and ideas and integrate them into programming.

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1. Take a look at the box above. Can you identify which principle or principles of a HRBA are being implemented in each example?

2) Applying a HRBA to emergency response work: Reproductive health and rights efforts

UNFPA procedures recognize that it remains especially important to safeguard reproductive rights in emergencies, particularly the rights of women, adolescents and young people. Reproductive health, rights and needs must be addressed during emergencies; additionally, certain vulnerabilities may be exacerbated during a crisis situation. For example, excess stress and trauma can lead to early onset of labour. Further, emergencies often result in a loss of access to sexual and reproductive health services, while in some cases human-made conflicts have been found to lead to increased incidence of sexual exploitation and violence against women, adolescents and young people. Addressing the heightened risk of maternal and infant mortality, HIV infection, sexual violence and exploitation, and other reproductive health-related issues

during crises protects the lives and well-being of individuals and families and reinforces prospects for community recovery.[26] For more information on UNFPA's five strategic outcomes for the reproductive health thematic area, see Module 4.

UNFPA's three strategies for addressing reproductive health and rights in emergency response are:

- protecting and promoting reproductive health and rights in emergency and post-emergency;
- increasing access, availability, and affordability to emergency reproductive health services; and
- reinforcing the capacities of survivors to claim for their rights to be assisted and protected.[27]

Note how these strategies align with UNFPA's work in its reproductive health thematic area discussed in Module 4.

[26] Ibid.
[27] Op. cit., UNFPA., Policies and Procedures Manual.

Examples: Integrating specific principles of a HRBA into UNFPA's reproductive health and rights activities for each emergency response phase

Emergency preparedness and contingency planning: UNFPA supports the mapping of available reproductive health services, including medical services, referral systems, and NGOs. UNFPA then helps to incorporate this information into national and local disaster preparedness plans. UNFPA has trained government counterparts, NGOs and national Red Cross Societies in the implementation of the MISP at the onset of an emergency. Reproductive health and gender concerns are integrated or strengthened throughout a series of disaster management/emergency preparedness plans.

Acute emergency response: UNFPA works with various partners to ensure that regular supplies of condoms and sexual and reproductive health services are available, and to make sure that those who have access include the most vulnerable women and youth. (Remember the 3AQ! Refer back to Module 2, and to Module 4 where we take a closer look at reproductive health and the 3AQ). Recognizing that reproductive health is the responsibility of both women and men, UNFPA encourages men's involvement in reproductive health activities during the height of the emergency.

Chronic humanitarian situation: Whether working in shelters, or camps for internally displaced persons (IDPs) or refugees, UNFPA assists in enhancing community-based reproductive health services for those most marginalized in this setting.

Transition and recovery: UNFPA supports the rehabilitation of reproductive health services, including replenishing delivery systems and building the capacity of service providers and ensuring that there is government commitment for continued reproductive health, education, information, services and supplies by advocating for and promoting the monitoring of necessary budgetary allocations.

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2. Take a look at the box above. Can you identify which principle or principles of a HRBA are being implemented in each example?

3) Applying a HRBA to emergency response work: Gender equality and women's empowerment

Emergencies can have very different impacts on men and women. Differential impacts may be heightened when people are young. For instance, women, girls and boys almost always make up a large majority of displaced persons. Similarly, chronic humanitarian situations can weaken the foundations of healthy social structures and human security, ultimately contributing to protracted gender-based and sexual violence, as well as other human rights violations. At the same time, differentiations between 'women' and 'girls' and 'men' and 'boys' may vary from one setting to the next and must be taken into account during emergency response. The significance of understanding and addressing these gender dimensions of emergencies and the ways in which they relate to culture and human rights is reflected in Security Council Resolutions 1308, 1325 and 1820.

Selected Articles from Security Council Resolution 1325:[28]

The Security Council:

1. Urges Member States to ensure increased representation of women at all decision-making levels in national, regional and international institutions and mechanisms for the prevention, management, and resolution of conflict;

2. Encourages the Secretary-General to implement his strategic plan of action (A/49/587) calling for an increase in the participation of women at decision-making levels in conflict resolution and peace processes;

3. Urges the Secretary-General to appoint more women as special representatives and envoys to pursue good offices on his behalf, and in this regard calls on Member States to provide candidates to the Secretary-General, for inclusion in a regularly updated centralized roster;

4. Further urges the Secretary-General to seek to expand the role and contribution of women in United Nations field-based operations, and especially among military observers, civilian police, human rights and humanitarian personnel;

5. Expresses its willingness to incorporate a gender perspective into peacekeeping operations and urges the Secretary-General to ensure that, where appropriate, field operations include a gender component;

…

8. Calls on all actors involved, when negotiating and implementing peace agreements, to adopt a gender perspective, including, inter alia: a. The special needs of women and girls during repatriation and resettlement and for rehabilitation, reintegration and post-conflict reconstruction; b. Measures that support local women's peace initiatives and indigenous processes for conflict resolution, and that involve women in all of the implementation mechanisms of the peace agreements; c. Measures that ensure the protection of and respect for human rights of women and girls, particularly as they relate to the constitution, the electoral system, the police and the judiciary;

…

12. Calls upon all parties to armed conflict to respect the civilian and humanitarian character of refugee camps and settlements, and to take into account the particular needs of women and girls, including in their design, and recalls its resolution 1208 (1998) of 19 November 1998.

[28] United Nations Security Council Resolution 1325 on Women, Peace and Security. Available at: http://www.peacewomen.org/un/sc/1325.html.

Security Council Resolution 1308 on HIV/AIDS and international peacekeeping operations (2000)

Adopted unanimously by the United Nations Security Council in 2000, Resolution 1308 is the first ever by the Council to focus on a health issue. Focusing specifically on the potentially damaging impact of HIV/AIDS on the health of international peacekeeping personnel, including support personnel, Resolution 1308 requests the Secretary-General to take further steps to provide training for peacekeeping personnel on the prevention of the spread of HIV/AIDS and to continue the further development of pre-deployment orientation and ongoing training on those questions for all peacekeeping personnel and urges Member States to consider voluntary HIV/AIDS testing and counselling for troops to be deployed in peacekeeping operations.

The Council recognized the efforts of those Member States that have acknowledged the problem of HIV/AIDS and have developed national programmes. It encouraged others that had not already done so to develop, in cooperation with the international community and the Joint United Nations Programme on HIV/AIDS (UNAIDS), effective long-term strategies for HIV/AIDS education, prevention, voluntary and confidential testing and counselling, and treatment of personnel as an important part of their preparation for their participation in peacekeeping operations. The Council also encouraged international cooperation in support of those efforts. By other provisions of the text, the Council encouraged UNAIDS to continue to strengthen its cooperation with interested Member States to further develop its country profiles in order to reflect best practices and countries' policies on HIV/AIDS prevention, education testing, counselling and treatment.

Security Council Resolution 1820 on sexual violence against civilians in conflict zones (2008)

Adopted unanimously by the United Nations Security Council in 2008, Resolution 1820 follows up on, and complements, Security Council Resolution 1325. It describes sexual violence as a tactic of war and a matter of international security and demands an immediate and complete halt to all acts of sexual violence against civilians in conflict zones.

The Resolution notes that "rape and other forms of sexual violence can constitute war crimes, crimes against humanity or a constitutive act with respect to genocide." It affirms the Council's intention, when establishing and renewing State-specific sanction regimes, to consider imposing "targeted and graduated" measures against warring factions who commit rape and other forms of violence against women and girls. The Resolution also notes that women and girls are particularly targeted by the use of sexual violence and stresses the importance of women's "equal participation and full involvement in all efforts for the maintenance and promotion of peace and security, and the need to increase their role in decision-making with regard to conflict prevention and resolution." Stressing that sexual violence could significantly exacerbate conflicts and impede peace processes, the text affirms the Council's readiness to, where necessary, adopt steps to address systematic sexual violence deliberately targeting civilians, or as a part of a widespread campaign against civilian populations.

The Resolution made several key requests of the Secretary-General, including that he submit by 30 June 2009 a report on implementation of the Resolution; and that he develop effective guidelines and strategies to enhance the ability of relevant United Nations peacekeeping operations to protect civilians, including women and girls, from all forms of sexual violence.

A HRBA to addressing gender during emergency work calls for **active recognition and analysis of changing roles and vulnerabilities of women and men to mitigate the negative effects of a crisis situation**.

Let's take the example of reproductive health after a major earthquake, where access to basic medical supplies is significantly disrupted. In this situation, women's unique vulnerabilities to vitamin deficiencies and anaemia, which can be fatal for pregnant women and for infants, are exacerbated. Women also face particular reproductive health problems ranging from lack of sanitary supplies for menstruation to life-threatening complications during childbirth. Responding to these challenges, integrating the principles of a HRBA throughout an emergency response results in attention to shifts in gender roles and vulnerabilities. This can then be integrated into every phase from rapid assessments to capacity-building efforts with local groups. It is especially important to note that humanitarian assistance and support during the transition and recovery phase can provide an opportunity for UNFPA to promote positive changes in gender roles. For more detail on UNFPA's substantive outcomes for gender equality and women's empowerment, see Module 5.

> "Women are particularly affected by these conflicts, as they are more likely to suffer sexual violence, more susceptible to sexually transmitted infection, and suffer the most from breakdowns in reproductive health services, including access to family planning and essential obstetric care."
>
> — UNFPA Policies and Procedures Manual

UNFPA's three priority areas for gender work in emergencies are:

- protection of women and girls survivors of gender-based violence;
- increasing access, availability and affordability of medical, psychosocial support, and legal services; and
- capacity-building of women's and community organizations to promote and protect rights. [29]

Note how these priority areas align with the rest of UNFPA's work on gender discussed in Module 5.

[29] Op. cit., UNFPA, Policies and Procedures Manual.

Now let's take a look at some examples of how a HRBA shapes UNFPA's gender activities throughout the different phases of emergency work.

Emergency preparedness and contingency planning: UNFPA supports gender analyses of vulnerable groups and those who are most susceptible to humanitarian emergencies, including mapping current programmes and support networks working on gender-based violence (GBV).

Acute emergency response: Maintaining a participatory approach, UNFPA helps reinforce community networks, faith-based organizations and other groups providing information, raising awareness, and referring and accompanying survivors to psychosocial, health or protective services. In addition to supporting community networks during acute emergencies, working with the UNCT, UNFPA helps to prepare protection plans for marginalized women and adolescent girls, which emphasize activities that seek to prevent GBV. UNFPA programmes also support equal access and ensure that women receive personal hygiene supplies in a manner that is private and dignified. It is important to note that women are often neglected during the planning and distribution of non-food items (NFIs), either for sociocultural reasons or because they simply have less mobility to access relief. As a result, the most vulnerable among them, including those who are caring for others, may not be able to stand in distribution lines for essential supplies. This is particularly important for female-headed households. When women are deprived of a way to manage menstruation or do not have culturally acceptable clothing—such as head scarves—access to public spaces, distribution sites or information forums is severely restricted. Natural disasters in India, China, Cuba, Yemen and Haiti led to the displacement of thousands of women and their families who lost access to even the most basic hygiene supplies and clothing. UNFPA provided personal or family hygiene kits in these countries with contents based on local needs, which allowed women greater mobility.

Chronic humanitarian situation: UNFPA advocates for the participation of women in peace mediation and decision-making processes in chronic humanitarian situations. In situations of forced displacement, UNFPA works with local and national partners to ensure the safety of women and girls through camp design, as well as their equal access to camp supplies.

Transition and recovery: During this phase, UNFPA provides technical and financial assistance to governments to support their adoption of legislation, policies, and programmes addressing GBV. UNFPA also works with national and local partners to make sure that women's and youth community groups play an active role in transition and recovery programmes.

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3. Take a look at the box above. Can you identify which principle or principles of a HRBA are being implemented in each example?

Now that you've seen some examples of how UNFPA provides support to governments and other partners during emergencies through its different areas of work, let us take a look at a

fictionalized case study. Remember to keep in front of you your poster with the diagram of a HRBA and checklist of questions. In particular, keep in mind the key human rights principles we have discussed as you read through the case study.

Part II – Case Study

This case study is merely illustrative; please note that all country contexts are different. It is our hope that by taking you through the **process**, and by showing you the key questions to ask or think about, you will then be able to apply this process to your future work in implementing a HRBA in emergency situations in the future.

This case will present specific obstacles faced by UNFPA and its partners in the field and thereby demonstrate the relevance of a HRBA to emergency response.

This case study is structured around the three core areas of UNFPA's work. The case also highlights programming elements from the IASC sub-clusters for which UNFPA is responsible: gender mainstreaming, reproductive health, and protection and response to GBV. For each area, both the challenges of working in Arturia and a UNFPA-supported programmatic response are described. These are followed by sets of questions intended to guide your analysis and stimulate discussion about how you would apply a HRBA to improve the situation.

CASE STUDY

Arturia: Introduction and background

This case takes place in Arturia, a hypothetical country, where UNFPA has maintained a presence during the last 20 years of civil war. The North of the country is home to a large population of internally displaced persons (IDPs) and continues to deal with occasional fighting between the military and various rebel factions. The South has not seen any fighting the past five years and is in a stage of transition and recovery.

The North: A chronic humanitarian situation
Arturia has been entrenched in an internal civil war for the past two decades. Fighting between various rebel militias and government forces continues sporadically in the Northern regions of the country, where nearly one million IDPs live in makeshift camps. Several times a year, rebel militias and splinter elements of the military attack IDP camps for supplies, especially medicines and food rations. These attacks are extremely violent, with militias often targeting persons living in the relatively less protected outskirts of the camps. Militias are known to often commit acts of sexual violence during these incursions.

Reproductive health services, like medical services in general, are extremely limited in the camps. There are a handful of health clinics that are open two or three days per week offering very basic primary care. Reproductive health supplies including contraception and condoms are in high demand. Most people living in the camps depend on government hospitals in neighbouring districts for severe health problems or emergencies, but years of sustained conflict and recent periodic attacks have left health infrastructure badly damaged throughout the North. Access to better-equipped hospitals and facilities is further limited for people living in the camps because of lack of transport and curfews restricting freedom of movement.

Local NGOs' annual reports reveal that violence, particularly gender-based violence (GBV), remains a major problem in the camps, and is likely to be underreported because of cultural taboos restricting

discussion of violence with those outside of one's family. However, detailed data are limited and not always reliable. While a number of relief organizations have been forced to shut down because of poor security, UNFPA, along with UNHCR, UNIFEM, and several local NGOs continue their activities in the Northern camps.

The South: Post-conflict transition and recovery

The South of Arturia faced heavy fighting in the early stages of the war, but has been stable for the past five years in part due to a peace accord between the various factions. The capital city is located in the heart of this region. While the conflict in this region has subsided, the road to recovery and rehabilitation is a long one. The conflict has left a number of government institutions dysfunctional, and the legal and judicial systems are just beginning to return to normal capacity. The psychosocial impact of the conflict is immeasurable, and many families have been torn apart by violence and forced displacement. Members of the Norto minority group, who have historically resided in the north, have been displaced and are now living in the South, as many were specifically targeted during the war. A significant number of Norto women are still recovering from the long-term impact of sexual violence perpetrated against them.

In the South, health care is nationalized, and basic services are subsidized by the government. Primary care facilities are located in rural, semi-urban and urban areas. These provide very basic services such as diagnosing common infections or prescribing antibiotics and contraceptives. District hospitals and specialized tertiary facilities are located only in urban and semi-urban settings. Reproductive health services are generally available at primary care facilities, especially in the capital. Emergency obstetric care is available mainly in district hospitals, most of which are not open at all hours because of staff shortages due to emigration during the war.

Availability of sexual and reproductive health services is generally more limited for members of the displaced Norto minority living in the South, and for those living in semi-urban or rural areas. Nortos have a long history of being excluded from national institutions, fuelling a distrust of the health system, which continues to be an obstacle to accessing services. The government is working on outreach programmes for Norto groups and others living in non-urban settings, but its financial resources are very limited. In recent years, nearly the entire national budget has been allocated to the reconstruction of physical infrastructure and strengthening Arturia's armed forces. Psychosocial treatment is currently not integrated into the national health system. Most available mental health and psychosocial services are run by international NGOs with limited local involvement. UNFPA continues its work with the Arturia government in this period of transition and recovery.

Your task:

You have just formed a human rights protection group at the UNFPA Arturia office. For the past decade, UNFPA has been promoting a HRBA to the emergency response work that is taking place in both the North and South, but has encountered enormous challenges in doing so sufficiently. Your job is to assess how well a HRBA has been implemented so far in this crisis situation and come up with innovative ways to strengthen it.

As you read through the sections of the case study below, keep in front of you the poster illustrating the diagram of a HRBA and the checklist of questions. Consider how the human rights principles of:

- universality and inalienability;
- indivisibility;
- interdependence and interrelatedness;
- equality and non-discrimination;
- participation and inclusion; and
- accountability and rule of law; and
-

how the human rights standards embodied in the 3AQ (availability, accessibility, acceptability and quality), were (or were not) applied at each stage of the SRH Programme. Also think about what **you** would do to strengthen the implementation of a HRBA, both in this case and if supporting a similar programme.

Remember that a HRBA is about the process of a programme, not just the outcome. The questions that are raised, therefore, are designed to help you learn this process. Think about the types of questions you should ask, and when they should be asked, in order to help your national partners implement a HRBA in a SRH Programme.

A. Implementing a HRBA to population and development efforts in data collection

CASE STUDY

The North of Arturia:
Ensuring that data gathering efforts are consistent with the human rights principles of participation and inclusion, equality and non-discrimination, and accountability and rule of law, and with other relevant human rights

UNFPA has helped its partners to develop a system for undertaking rapid population assessments after an acute emergency, such as an incursion or attack by rebel groups on Northern camps. Rapid assessments consist of:

1. Fact finding missions; and
2. Short-term monitoring of the immediate impact of the attacks.

These are necessary for several reasons. During the periodic attacks, rebel groups often destroy food and health supplies. Further, the infrastructure for providing clean water to the residents of the camps has been damaged in past attacks, as have health facilities in the camps.

Other aspects of daily life, such as education and recreational activities, are completely disrupted after a rebel attack. Access to education after attacks is disproportionately limited for women and adolescent girls, as social and cultural expectations have led most women and girls to remain in or near their residence to tend to those injured and traumatized.

Women, as well as adolescents and young persons are most vulnerable to the violence, mortality and morbidity caused by these attacks. Sexual violence against women is regularly documented. The vulnerabilities of young persons are also in part a result of young men's involvement in armed resistance committees formed in the camps to fight against the attacking rebels. Given these challenges, UNFPA supports its partners in their attempts to carry out rapid assessments that will accurately reveal the impact of the emergency situation on these marginalized groups—including in particular internally displaced women, adolescents and young people.

UNFPA coordinates its rapid population assessments with other humanitarian agencies and local organizations. Those groups actively participating include:

- UNFPA, UNICEF, UNIFEM, and OCHA;
- representatives from national ministries of health, planning, and women's affairs;
- international and local NGOs and local faith-based groups working on sexual and reproductive health programmes and mobilizing to end GBV; and
- International Committee of the Red Cross (ICRC) and International Federation of Red Cross and Red Crescent Societies (IFRC).

Rapid population assessments are done through **fact-finding missions**, which typically take place in the first week following an attack or incursion by the rebels. A primary component of these missions is a health and mortality analysis, focusing on the emergency's impact on the most excluded groups in the camps—the elderly, women generally, persons with disabilities, and adolescents and young people. This is done to ensure **inclusion**, so that to the extent possible all marginalized groups are included in the response.

Data are gathered on death and injury, and major health concerns indicative of human rights violations in the area of reproductive health, such as a sudden drop in access to contraception. **Availability** and **accessibility** of emergency obstetric care (in keeping with UNFPA's efforts to gather data regarding the **3AQ**), pre- and post-natal care, and the situation of pregnant women are additional priority areas for fact-finding missions. **Gathering this kind of data is an important part of UNFPA's role in advancing women's reproductive rights, and the rights to health and life.**

A second core focus of the fact-finding missions is to work with national human rights institutions, the UN country team, and non-governmental human rights groups to investigate and document sexual violence resulting from the attacks. This is done by collaborating with local women's groups to conduct interviews with survivors, the families of the deceased and witnesses.

Rapid delivery of the information to government and other stakeholders is one of the most important objectives of the fact-finding missions. Providing factual information to duty-bearers such as the Ministry of Health and NGOs working in the camp creates a platform for UNFPA to help its partners advocate for sexual and reproductive health, reproductive rights and women's rights more generally for those living in the camp. Results of the fact-finding missions are also disseminated to local community groups, which are then able to use the official documentation of violence and rights violations to seek redress through the justice system, and thereby promote government **accountability**, transparency and **rule of law**.

Women's groups and local faith-based organizations based in the Northern camps are quite receptive to the recommendations of the fact-finding missions and to monitoring done by the UNCT with the help of

UNFPA and other local partners. They are eager to work with UNFPA to help them bring the perpetrators of the violence to justice. They have also urged UNFPA and its partners to assist them in advocating for improved living conditions in the camps, which are primarily the responsibility of the national government. However, the national government has been less open to the results of the fact-finding and monitoring activities. They have expressed dismay at the attacks and sympathy for those in the camps, but have also stated that because the attacks were carried out by rebels, the government should not be liable for reparations and recovery activities.

The second aspect of the rapid assessments is supporting the monitoring of the situation in camps using a culturally sensitive, gender-responsive, human rights-based approach.

For example, the eldest members of each family have traditionally been responsible for notifying the community or outsiders of any tragic news. Thus, when conducting interviews to ascertain the causes of violence or death, UNFPA and its research partners consulted with the eldest figurehead before speaking with remaining family members. Another example is the translation of interview protocols into multiple local dialects so that they are more acceptable to the different ethnic groups represented in the camps.

UNFPA supported several core areas of the monitoring done by the UNCT and local organizations. These core areas included:

- health facilities and sexual and reproductive health services in particular;
- emergency obstetric care; migration and displacement;
- gender-based violence in homes and shelters;
- the health impact of sexual violence committed during the attacks; and
- the impact of the attacks on living situations in shelters and schools.

In addition to the above, UNFPA has supported gender-responsive assessments. A **gender-responsive rapid assessment** means that UNFPA looked at the different situations of women, girls, men and boys in each of the areas listed above. So, for example, in monitoring the situation in schools, UNFPA not only supported disaggregating data by sex, but also helped to analyse the findings while keeping in mind gender norms, cultural values, and their intersection. For instance, data on low rates of school attendance for adolescent girls compared to boys after an attack may have been due to differential expectations placed on income gathering. UNFPA also supported looking at differences **within** excluded groups by working with its partners to assess the educational situation of disabled young persons, whose access to schools was especially limited.

How has UNFPA been implementing a HRBA?

4. How would you classify the emergency phase described above?

5. Who are the rights-holders? What are their rights? What are their capacities and how were these affected by the violent attacks?

6. Who are the duty-bearers here? How do you respond to the government's claim that it should not be held accountable to those harmed by the recent attack?

7. How are the concepts of availability, accessibility, acceptability and quality integrated into the fact-finding missions? How could they contribute to understanding the vulnerabilities of those living in the camps?

How would you use a HRBA to strengthen the emergency response?

8. How could you work with those living in the camps to help them claim their rights? Who could be held accountable for the violent attacks against female residents of the camps?

9. What lessons can be learned about the links between participation, inclusion, and a culturally sensitive approach?

10. How might you address the negative impact of the attacks on women's education in a culturally sensitive manner?

11. What indicators would you choose if you were applying the 3AQ framework to fact-finding missions and immediate monitoring? For instance, what would you choose to measure if you wanted to know whether reproductive health services were available, accessible, acceptable and of quality to the excluded groups in the IDP camps?

12. Reliable disaggregated data were difficult to collect in this case study, and in IDP settings in general. How would you work with limited information to provide appropriate relief and recovery to those affected by the incursions?

13. UNFPA is supporting the implementation of an emergency preparedness strategy for the camps in the North of Arturia. What aspects of an emergency preparedness plan would most benefit those living in the Northern camps?

14. Aside from the human rights principles of universality and inalienability, indivisibility, interdependence and interrelatedness, equality and non-discrimination, participation and inclusion, and accountability and rule of law what human rights may be relevant to the situation here?

Remember that there is more than one 'right' answer. The skill in implementing a HRBA comes from knowing which questions to ask, and when. A HRBA does not necessarily lead you to a particular pre-ordained result. It is, instead, a process of asking yourself certain questions at each stage of your programming cycle to ensure the integration of human rights concerns.

CASE STUDY

The South of Arturia:
Challenges in integrating human rights principles into data-gathering efforts

Over the years, UNFPA and its partners have identified a few major challenges to the implementation of a HRBA in their data gathering and assessment efforts in Arturia's post-conflict setting. These challenges include:

1. It is well known that high rates of intra-country migration have taken place during the conflict, with significant numbers of internally displaced persons (IDPs). While there have been reports of IDPs having difficulty accessing governmental health services, there are very few data to support this claim. Previous surveys have examined utilization of health services among men and women in different districts and of different social class. There are no national IDP-specific data available, because of damaged national statistical systems and difficulties in conducting large-scale studies given Arturia's volatility. This lack of data, and the general difficulties faced in gathering data on IDPs, makes it difficult to assess the **availability**, **accessibility**, **acceptability** and **quality** of services that they receive. Moreover, the constant migration of IDPs also makes it hard to ensure their **inclusion** and **participation** in data collection efforts.

2. A second major obstacle is that previous population assessments have not analysed in sufficient detail the laws and policies impacting gender dynamics, reproductive health and rights, and other areas directly relevant to UNFPA's mandate. Past population assessments focused on the mere existence of certain laws and policies, for instance, those criminalizing GBV and sexual violence. Although finding out whether certain laws do or do not exist is an essential exercise within a HRBA, it is also important to analyse whether and how these laws and policies have been put into practice, especially during a post-conflict period where judicial systems are transitioning back to normal functioning. Only a proper understanding of the implementation of these laws can reveal the true situation of women in a country and show to what level they are **discriminated** against. Refer to the checklist of questions on your poster and look over the questions that pertain to the legal and policy environment. How are these questions helpful to the emergency situation at hand? In post-conflict settings, rehabilitation of the judicial system is often a joint UN priority, so an understanding of the legal and policy environment is useful, even if the system is still in transition. By contrast, in conflict situations where there is a complete breakdown of law and order, this kind of analysis may be impossible to carry out, forcing you to rely entirely on international humanitarian law.

3. A third major obstacle to implementing a HRBA to population assessments in the South has been the limited ability to disseminate information that could be used by governments, NGOs, and communities of excluded groups or those organizations representing them. Population assessment results have been distributed to government officials and communities in and around the capital, mainly because that is the location of UNFPA headquarters in the South. Despite significant efforts by UNFPA and its partners, those living in semi-urban and rural areas of the South have been much harder to reach. Most do not hear about UNFPA's findings and concerns. In other words, it has been difficult to make the findings available and accessible to the various rights-holders and duty-bearers, as is necessary to promote **accountability** and the **rule of law**. This is due to the fact that Arturia's information management systems were badly damaged during the civil war and are still in need of reconstruction. Radio and television, once the primary sources of public information, were shut down during the war and are now slowly getting back on the air.

Coordination between national ministries in charge of social services such as health and law enforcement and their district counterparts was largely disrupted during the conflict. Efforts to improve information sharing are slowly being implemented by the government.

Strengthening population assessments: Implementing a HRBA to the best extent possible in post-conflict situations

Remember that the overall purpose of population assessments is to understand the changing dynamics of Arturia's recovery and reintegration of IDPs in a gender-responsive, culturally sensitive, human rights-based manner. They are designed to strengthen the situation analysis phase of UNFPA's country programming. The assessments are guided by a HRBA and focus especially on those factors affecting the sexual and reproductive health of the population.

Data collection in post-conflict settings

UNFPA is helping its partners to expand the scope of these assessments to examine the situations of IDPs and other overlooked marginalized groups in this context, including persons with disabilities, ethnic minorities, and the elderly—groups for which little reliable data have previously been available.

Data on migration, sexual and reproductive health services, including emergency obstetric care, and coverage of reproductive health supplies continues to be regularly collected in Arturia. In addition, traditional reproductive health indicators are collected using population assessments or independent surveys conducted by reputable organizations, such as the Demographic and Health Survey (DHS) and UNICEF's Multiple Indicator Cluster Survey (MICS). These include:

- assessing the prevalence and incidence of teenage pregnancy;
- early marriage;
- safe deliveries; and
- unmet need for contraception.

It is hoped that bringing these data together with other information can be used to advocate for governmental fulfilment of the rights of Nortos and IDPs to adequate living conditions and reintegration. Such efforts reflect UNFPA's commitment to advancing the right to life and the right to health.

Increased focus is also now being placed on reviewing the implementation of laws and policies and the unique challenges faced by a post-conflict government. The expanded participation of rights-holders and duty-bearers will be especially important in future population assessments.

The emphasis on collecting good qualitative data using interviews and focus groups with communities, affected individuals, and government officials has also been strengthened. For example, in order to understand how laws criminalizing GBV were or were not enforced, and how this changed or didn't during the emergency and in the transition afterwards, UNFPA supported its partners in involving and interviewing women's groups working to eliminate GBV, police officers from various districts, judges, and officials from the Ministry of Justice responsible for translating these laws into action. It is hoped that this type of data will provide a clearer picture as to why, at different points in time, so many cases of GBV have gone unreported and/or have not been prosecuted. In this manner, future population assessments could better reveal the capacity gaps faced by rights-holders and duty-bearers, which could then be addressed using evidence-informed interventions.

Population assessments continue to analyse changing gender roles and GBV. Information is regularly

collected on women's and men's employment and salaries, through qualitative interviews and focus groups that include information on sociocultural norms and gender roles.

These same qualitative techniques are also used to collect information on discrimination faced by disabled persons, who are often not allowed to work because of discriminatory employment laws. In focus groups, disabled persons pointed out the accessibility barriers they encountered when attempting to use most social services, resulting from the fact that the government did not allocate adequate resources to make all public infrastructure physically accessible. Results of these assessments are disseminated to other UN agencies, to high level officials within national ministries and to large international NGOs with a heavy presence in the country.

Capacity development in post-conflict settings
A second major area of UNFPA support is **information systems capacity building.** Arturia had not conducted a census in 30 years. Working with the government to strengthen its capacity to conduct a national census has been a primary goal of UNFPA's country strategy. (For more information on UNFPA's census-related activities, refer to Module 3.)

Developing the capacity of a government to conduct a national census requires a number of activities, including the rehabilitation of the statistical system. Specific emphasis has been placed by UNFPA on strengthening vital and birth registration systems. **Accurate and reliable information about the population is fundamental to the government's ability to take appropriate steps towards the realization of its human rights obligations**. Improving the information systems' capacity during this post-conflict period has been a major part of transitioning UNFPA's post-conflict population and development activities into regular planning procedures such as the CCA and UNDAF. Throughout the process, a key strategy for rebuilding information systems in the South has been to include hard-to-reach groups and district officials representing the information and health ministries. In this way, UNFPA hopes to improve its understanding of what it could do as an organization to help the government return the information management system to a functioning State. The **participation of these stakeholders** is also intended to help expedite the sharing of results after future population assessments.

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15. Who are the rights-holders and duty-bearers noted here? Are there any other rights-holders or duty-bearers not mentioned in this case? If so, how would you ensure their participation in future population assessments?
16. You are involved in planning the next annual UNFPA-supported population assessment using a HRBA. What other areas of reproductive health would you look into? [Hint: Think about the 3AQ.] What data sources would you use? What indicators would you be interested in, and what would be your strategy for data disaggregation?
17. The emphasis on rebuilding the information systems is to improve the government's capacity (as primary duty-bearer) to collect information on the population. How would you include rights-holders in this process? What does a human rights-based capacity analysis add to UNFPA efforts in this area?
18. What does this case reveal about the relationship between participation and accountability for information gathering? If you were implementing a HRBA in this situation, who else would you ensure received the results of population assessments?

B. Implementing a HRBA to reproductive health programming in emergency situations

CASE STUDY

The North of Arturia:
Reproductive health challenges in a chronic humanitarian situation

UNFPA-supported rapid assessments have highlighted several persistent sexual and reproductive health problems in the Northern IDP camps. The two biggest obstacles are:

1. The limited availability of basic sexual and reproductive health services in the camps themselves.
2. The lack of coordination of these sexual and reproductive health services for IDP populations with the national and district levels.

The reproductive rights of IDPs in the camps are a low priority for Arturia's government. In fact, sexual and reproductive health services in the camps have become the domain of local NGOs, UNFPA and several other international humanitarian organizations since the early stages of the conflict.

Emergency obstetric care in the camps' clinics is limited. The small health clinics in the camps are staffed mainly by volunteers, while health workers with any sort of obstetric training are only available three days a week. Women experiencing delivery complications have to find transportation to a district hospital, which is located at least one hour outside the camps by vehicle.

Stocks of health supplies are depleted after rebel raids because of theft and looting. The smuggling of drugs by some health workers to areas of the country where they can be sold for profits has also contributed to low supplies. The most commonly stolen or smuggled supplies are oral contraceptives, painkillers, antibiotics and syringes.

Promoting and protecting reproductive rights
UNFPA and its UN partners (OCHA and UNIFEM) have undertaken a number of activities in response to the obstacles preventing the fulfilment of reproductive rights and health of persons living in the Northern camps. UNFPA staff often refer to the IAWG Inter-Agency Field Manual on Reproductive Health in Refugee Situations[30] to guide their work in forced displacement situations.

Using its working relationship with the government, UNFPA has begun to provide financial support to the MOH to coordinate ambulance services with the district hospital outside the camps. This has required building relationships and working closely with members of the MOH, the WHO country office, district officials and humanitarian NGOs. After going over the findings of the rapid assessments with these stakeholders, district hospital officials better understood the problems of accessing EmOC and agreed to extend ambulance services to the camps. However, even after this decision, the ambulance service was still deemed unreliable by most in the camps because of badly damaged roads and transportation infrastructure.

Working with the above stakeholders as well as local community organizations, UNFPA also proposed

[30] Available at: http://www.iawg.net/resources/field_manual.html

that humanitarian NGOs budget for and put in place mobile telephones for each clinic or facility in the camp in order to ensure reliable contact with ambulances, taxis, and friends or relatives with vehicles outside the camps. This led to a discussion where local community leaders also mentioned the problems of access within the camps. Getting from one's residence to a health clinic inside the camp was especially difficult for pregnant women, disabled persons, the elderly, and in situations where someone was unable to walk (this was not evident from the quantitative population assessments). The groups of stakeholders concluded that stretchers should be distributed strategically throughout the camp in order to transport individuals from their home to the clinic during medical emergencies.

NGOs running sexual and reproductive health programmes in the camps have been absorbing the financial costs of rebel and health worker drug thefts after the attacks. In the past, they reported such incidents to the district police and the national government, but to no avail. In a meeting of organizations working in the camps including UNFPA, closer monitoring of health workers for theft was a major item on the agenda. Incentives such as increasing the pay rates for locals were considered, as was holding those caught accountable to national theft laws. UNFPA offered to work as a liaison between organizations in the field and judicial authorities. However, the issue of thefts during rebel incursions, despite being a major concern to those living in the camps, remains unresolved.

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How has UNFPA been supporting the implementation of a HRBA in Arturia with respect to sexual and reproductive health activities in the North?

19. How did UNFPA support the integration of the human rights principles of participation and inclusion, equality and non-discrimination, and accountability and rule of law into the efforts to improve the sexual and reproductive health of IDPs in North Arturia?

20. What are the unique difficulties in implementing sexual and reproductive health activities in a chronic emergency setting such as this one?

21. Who are the rights-holders?

22. What are the most relevant reproductive rights of women living in the North?

23. Which rights-holders and duty-bearers were meaningfully involved in the UNFPA response? Who was left out and at what stages?

24. Which duty-bearers can be held accountable for the loss of reproductive health supplies in the camps?

25. Whose responsibility is it to maintain adequate transportation systems? How can their capacity to do so be strengthened?

26. Are the 3AQ elements adequately addressed in the response to improve the sexual and reproductive health of IDPs? Why or why not?

How would you use a HRBA to strengthen the emergency response?

27. How can you ensure that the opinions of excluded women, adolescents and youth, community representatives, and traditional leaders are taken into account in the sexual and reproductive health response?

28. How can UNFPA better support the communication of the decisions made by stakeholders to the affected population at large? And to key national government offices (e.g. judicial authorities) in order to promote accountability and transparency?

29. Can you think of other strategies for improving the ability of camp residents to seek judicial recourse for crimes committed during the rebel attacks?

30. What else can UNFPA do to advocate for improved access to district facilities and better security in the camps? Who should be involved in this process to ensure that it is participatory? How should they be involved?

31. How would you help your partners prioritize which actions to take first?

32. What are the broader human rights that are relevant to this situation?

CASE STUDY

The South of Arturia:
Reproductive health challenges in a post-conflict setting

The availability and utilization of sexual and reproductive health services in the South has been improving in the last few years. However, many of the Norto IDPs in the South have little access to health services, including sexual and reproductive health care, for a number of reasons. Situation analyses have shown that the IDP population has largely been relying on small health initiatives run by international relief organizations. Most are not integrated into the national health system and have little information about how to access State-run services. There has been very limited availability of psychosocial counselling for **anyone** living in the South.

Given the history of conflict in Arturia, tensions between different ethnic groups in the country are far from gone. These hostilities are evident in the health system, where UNFPA-led studies have revealed widespread discrimination against Norto IDPs who use governmental health facilities. Most health workers in the South are not of Norto origin, but identify themselves as ethnic Jetso, the majority group in this region of Arturia. Relations between Jetso and Norto communities are still heated. Because accessing governmental services requires identification of birthplace, health workers can quickly identify an individual's ethnic origin. Nortos have reported waiting unreasonable hours before being seen, and being asked to pay additional under-the-table fees for services that are supposed to be subsidized—a problem

that ostensibly does not happen to Jetsos.

For all ethnic groups, there is significant stigma associated with accessing family planning services in the South. Previous focus groups supported by UNFPA have revealed that there is a lack of privacy and confidentiality in the provision of family planning counselling and services. Women who were seen in the clinic by neighbours or relatives said that they faced rumours about themselves and that their husbands often found out. Many of the family planning services in the South are provided separately in small facilities that are well known to the community. In clinics that provide a wider range of health services, space and resource constraints lead to overcrowding. Patients are seen in open spaces, and discussions between health workers and women are easily heard by others in the clinic.

The UNFPA-supported response: Addressing stigma and discrimination
Responding to these obstacles to reproductive health and rights, UNFPA has worked with its partners and the government to set up an oversight committee to monitor the quality of reproductive health service provision and to identify sources of discrimination. The oversight committee is run by the Ministry of Health, with seats reserved for Norto civil society groups, UN agencies, women's groups, government officials, and organizations of health workers. No representatives or spokespersons from IDP advocacy groups or the Jetso community have been given a seat on the committee. Health worker training on confidentiality and patient rights was one of the first interventions proposed by the committee. However, this has yet to be translated into action.

The committee has also focused on the issue of stigma in relation to access to family planning. Women's organizations called for integration of family planning services into primary health clinics and village health units so that women could access these services more confidentially. They have also instituted regular opinion polling of women to identify changing trends in family planning concerns, as well as emerging issues regarding reproductive health services.

Working with the committee, UNFPA has advocated for the reintegration of IDPs into the national health system, leading to the launching of a national health information campaign by the government. The campaign consisted of radio and print media messages informing IDPs that they are entitled to use government health facilities and services. The campaign is being conducted in the language of the Norto people. This information campaign is a long-term strategy; its impact will be evaluated in the future by the government and its international partners.

To address the more immediate gap in sexual and reproductive health services for Norto people, the working committee members decided to contact the Office for the Coordination of Humanitarian Affairs (OCHA) to learn more about ongoing demobilization programmes. For the past five years, OCHA has been supporting a UNDP programme aimed at helping former soldiers transition back into society. A great majority of the participants are Norto men under the age of 30. This programme includes basic primary health care for all those who commit to working with them. UNFPA and other members of the committee are working to integrate reproductive health care and counselling into the existing health component of the demobilization programme. The committee was excited about this opportunity to reach some of those marginalized Nortos, and to **involve men in reproductive health choices and responsibilities**.

Mental health problems, particularly stress and trauma, are known to have an adverse impact on sexual and reproductive health. So the near non-existence of mental health or psychosocial counselling services in the South has shocked many at the UNFPA country office. Situation analyses have revealed that the very few existing services were run by foreign NGOs. The national government had not allocated any

money for psychosocial care into the annual health or reconstruction budgets. Government officials interviewed during the situation analyses repeatedly expressed the official position that psychosocial care was “not critical at a time where hospitals and homes are still made of rubble, where innocent citizens can be robbed or killed at any moment.” However, the government position contradicted the opinion of 80 percent% of people in the South, who, in surveys and focus groups, expressed the importance they placed on counselling.

Noting this contradiction and that **mental health has been clearly interpreted as part of the right to the highest attainable standard of health**, UNFPA began communicating with local NGOs to help them mobilize an advocacy campaign for specific budgetary allocations for psychosocial care. The NGOs and UNFPA agreed that the indicators they would use to measure the impact of their efforts would be:

1. Number of national government meetings held to discuss psychosocial care per year, and
2. Percentage of the national health and reconstruction budget allocated for psychosocial services.

UNFPA agreed to promote the inclusion of these indicators in future situation analyses.

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<u>How has UNFPA been supporting the implementation of a HRBA in Arturia with respect to sexual and reproductive health activities in the South?</u>

33. How has UNFPA promoted the integration of the human rights principles of participation and inclusion, equality and non-discrimination, and accountability and rule of law in the efforts to address discrimination and reproductive health problems in the South?

34. In terms of the work of the oversight committee, who are the relevant rights-holders? How can their active and meaningful participation be ensured?

35. Who are the duty-bearers in the South when it comes to ensuring reproductive health? How can their capacity to address discrimination against Norto IDPs be improved?

36. How does the oversight committee impact the capacities of the rights-holders and duty-bearers in this case?

37. What are the 3AQ issues raised in the context of these reproductive health challenges? How can the 3AQ guide the response of the oversight committee and duty-bearers?

<u>How would you use a HRBA to strengthen the emergency response?</u>

38. Who else do you think should be surveyed in the opinion polls on family planning?

39. How can laws and policies regarding requiring identification for health care be reformed to address discrimination against Nortos and to improve their access to sexual and

reproductive health services?

40. Do you think the indicators used to monitor the government's commitment to psychosocial care are human rights-based? How would you advise changing them to make them more sensitive to rights issues? What **process** indicators might be important here?

41. How would you use international human rights commitments to advocate for improved psychosocial services at governmental facilities?

42. What other human rights are relevant to this situation?

C. Implementing a HRBA to gender equality and women's empowerment programmes in emergency situations

CASE STUDY

The North of Arturia:
Gender-based violence in a chronic humanitarian emergency

The last two decades of conflict in the North of Arturia have been further marred by gender-based violence against women living in the camps. In the past few years, UNFPA has helped conduct surveys and focus groups on violence in the camps. Two categories of GBV were identified:

- First, **more than half of women living in the camps reported violent acts directed against them by their intimate partners**. These rates were much higher than the rest of the country. Local cultural taboos make it difficult for women to discuss GBV with their communities and even more difficult to report perpetrators to the authorities (in this case, the district police).

- Second, **GBV also occurs during the rebel attacks on the camps**. Reported incidence of rape and violence are significantly greater on the outskirts of the camps than near the central areas. A major underlying cause of this violence may be that water, fuel sources and plots of land where food is grown, are concentrated around the edges of the camp for practical reasons. Gathering food is a sociocultural expectation and a source of income for many women in the camps. Clearly, the lack of safe access to these areas or alternative sources of income significantly contributes to the vulnerability of women and girls. To make matters worse, the perpetrators of these crimes are not being sought by district or national law enforcement for security reasons: the government says it is unsafe for law enforcement to pursue the rebels. Over the years, counselling and health services for survivors of rape and other GBV have been integrated into the camps' health clinics. Utilization of these services, however, remains low because of cultural taboos against openly discussing GBV and fear of being identified at the clinics by neighbours or community members.

The UNFPA-supported response: Gender and rights in an IDP setting
In response to the GBV reported in the camps, UNFPA has worked with its partners and the government to strengthen the capacities of the primary rights-holders (in this case, women living in the camps) to

claim their rights, and duty-bearers (in this case, the government and law enforcement officials) to fulfil their obligations.

UNFPA identified community-based and women's groups within the camps and supported them in holding information sessions on GBV. These sessions were held in private women's centres, which helped reduce some of the cultural taboos against discussing GBV. The sessions provided information about how to file police reports and how to deal with issues of confidentiality and retaliation, while also serving as an opportunity for women to form informal social support groups.

In order to reduce women's vulnerability to violence, UNFPA, along with local NGOs, advocated for the Ministry of Reconstruction to restructure the layout of the camps. Water and fuel supplies were relocated to those central areas of the camp that were less accessible by the rebels. Because fertile plots of land could not be relocated, many local women's groups called for new sources of income to be made available to them by the government and the international presence in the camps. In collaboration with the women's groups, UNFPA and OHCHR have been supporting the central government's funding of micro-financing programmes for female residents of the camps and for elderly women in particular, as they often faced disproportionately greater discrimination when seeking employment.

These plans to reduce vulnerability to GBV were complemented by efforts to sustain the integrated approach to violence prevention and care in the camp clinics. UNFPA continues to support local NGOs who conduct health worker trainings on the clinical management and counselling of rape survivors.

Because of the chronic humanitarian situation in the camps, working to strengthen the government's capacity to bring perpetrators of GBV to justice has been a much more formidable task. The government claimed that the camps were outside of its jurisdiction for security reasons. Bringing justice to the survivors of GBV perpetrated by intimate partners was complicated by sexual violence committed during the rebel attacks. The government failed or did not want to distinguish between these two types of violence, blaming everything on the rebels.

Despite these challenges, UNFPA continues its efforts to advocate for access to the justice system for those living in the camps. Again, UNFPA staff often use the IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings,[31] as well as the resource tools for implementing the guidelines, to help them in their gender-responsive work in emergency settings such as this one.

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How has UNFPA been supporting the implementation of a HRBA with respect to gender efforts in North Arturia?

43. How has UNFPA promoted the integration of the human rights principles of participation and inclusion, equality and non-discrimination, and accountability and rule of law in the response to GBV against women in the North?

[31] Available at: http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf_gender-gbv

44. How does the emergency situation affect the ability of the government to fulfil its human rights obligations? Who are the other duty-bearers in this case?

45. Did the UNFPA-supported response meet the 3AQ criteria? How would you improve this effort?

46. How did UNFPA support the dissemination of data on GBV duty-bearers and rights-holders? How can this be done in a culturally sensitive manner?

47. What was the added value of involving women's groups in the response?

48. Who was involved in the attempts to strengthen the government's ability to bring perpetrators of violence to justice? Who was left out? In what ways could the participation of other stakeholders help convince the government of its responsibilities to the women living in the camps?

How would you use a HRBA to strengthen the emergency response?

49. How can men be involved? How can their participation improve the acceptability of efforts to provide new sources of income generation?

50. How should UNFPA's partners measure the success of their response to GBV in the camps?

51. How can UNFPA's partners monitor and evaluate the changes in capacities of duty-bearers and rights-holders to combat GBV against women? What are some of the indicators that could be used to do this?

52. What are some other human rights relevant to this situation?

CASE STUDY

The South of Arturia:
The long-term impact of gender-based violence against women

Still on the road to recovery, the South of Arturia continues to rebuild its health system and other social services. In the area of violence against women specifically, situation analyses and independent research show that GBV against women is reported in about one third of households, although the exact figures are likely to be higher. Adequate disaggregated data for IDPs and other at-risk women are not available. Analyses also show that there are low rates of prosecution and conviction for GBV cases, and a general underreporting of GBV. This is true despite the existence of harsh laws criminalizing intimate partner and sexual violence.

In addition to GBV, many survivors of sexual violence during the conflict are now living in or around the capital Megalopolis. Although surveys have attempted to quantify the number of survivors, many of them are unaccounted for, even as a surprising number continue to seek support from NGO and governmental clinics despite being regularly confronted with a lack of appropriate recovery services.

A few national health facilities have staff trained in how to treat GBV against women. But most health workers know very little about how to treat or where to refer survivors of GBV. The fact that most health workers have never been exposed to trainings on clinical management of violence is certainly a barrier to their ability to treat and help prevent GBV. GBV counselling and psychosocial services are non-existent in the national health system. Women who can access these services rely on NGO programmes for comprehensive care: treatment, counselling and information on prevention and seeking redress.

Knowledge about the law and redress mechanisms for survivors of GBV is low, especially among Norto women and those living in semi-urban and rural areas. Those who know how to report violence often do not do so out of fear, apathy and distrust for the existing system. The links between the justice system and the health system in the South are very weak. During the civil war, many ministries worked alone in their struggles to secure finances and continue functioning. It was even more difficult to collaborate with other parts of the government during the two decades of fighting. Consequently, there was no system for health workers to report crimes to law enforcement. Like the national health system, NGO programmes also did not have contact with the justice system. They did, however, provide information on how survivors could independently file reports with the police.

UNFPA-supported response: Supporting gender-responsive activities by focusing on GBV against women

In response to the widespread gender-based violence against women, UNFPA decided to support a more comprehensive collection of information on GBV during situation analysis and assessment in South Arturia. Previous situation analyses and studies had made it very clear that quantifying the numbers of survivors of sexual violence provided limited data and an incomplete picture. In order to conduct a successful causal analysis, UNFPA supported its partners in collecting qualitative information by conducting confidential individual interviews and focus groups with women on their experiences of all types of GBV. The goal was to get a gender-responsive understanding of the underlying structural causes of GBV in the South, such as economic and income inequalities, sociocultural expectations particular to women and men, etc. **The shift to a qualitative focus was designed to provide a clearer picture of the different issues faced by vulnerable sub-groups of women,** including Norto women and IDPs.

UNFPA also decided to support the Ministry of Health, health worker organizations, and women’s groups in implementing health worker trainings on the clinical management of GBV. Planning for these trainings was done by collaborating with international NGOs, who had the technical expertise and on-the-ground experience doing GBV prevention and care in Arturia. Clinical management of GBV was integrated into existing health worker certification programmes as part of the reproductive health curriculum. NGOs and the Ministry of Health also agreed that NGOs would offer GBV counselling and psychosocial service training to already-certified health workers during their work shifts. The MOH agreed to make post-emergency prophylaxis (PEP) kits a part of the essential supplies list for all primary care facilities and hospitals.

In addition, UNFPA collaborated with its partners in an advocacy strategy to strengthen the ability of the government to bring perpetrators of sexual violence to justice.

- The first step was to **encourage ratification of CEDAW**, which had only been signed by the

government. Full ratification had not been possible during the war. This would place further impetus and international legal obligations on the government to respect, protect and fulfil women's human rights.

- The second step was to **encourage implementation of existing national laws prohibiting sexual violence** by advocating for budgetary allocation for law enforcement and independent tribunals to investigate sexual violence and war crimes committed during the civil war.

Working with women's groups, local faith-based organizations, and NGOs, the UNFPA country office decided to support a programme where female volunteers would accompany survivors to the police, clinics and counselling services. The goal was to increase trust in social services as well as improve knowledge and access to the justice and health systems on an individual level. Several geographic areas for implementing the programme were identified as high priority, mainly increasing access to the justice system for semi-urban and rural survivors of GBV. These areas were selected for immediate programme implementation based on the low levels of knowledge about GBV services and judicial redress.

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How has UNFPA supported the implementation of a HRBA with respect to GBV activities in South Arturia?

53. How has UNFPA promoted the integration of the human rights principles of participation and inclusion, equality and non-discrimination, and accountability and rule of law in the response to GBV against women in the South?

54. Who are the rights-holders in this setting? Who are the corresponding duty-bearers, and what are their obligations? Who was left out, and how could you ensure their inclusion in the future?

55. How does the post-conflict situation affect the capacity of the government to fulfil its obligations to combat GBV?

56. How were semi-urban and rural areas selected as priority areas for implementing the volunteer programme? What other types of information would you advise your partners to collect in situation assessments if they were to make this decision again?

How would you use a HRBA to strengthen the emergency response?

57. Who would you include in the collection of qualitative data on violence, and how? What is the added value of their inclusion?

58. How would you use a capacity gap analysis to help your partners identify areas of intervention to combat GBV? What would you do differently in this situation to promote the realization of rights?

59. How would you monitor the outcome and impact of government's commitment to include PEP kits as essential supplies? What indicators would you use?

60. How would you ensure that rights-holders can demand accountability from UNFPA for its support of qualitative analyses, GBV training and volunteer programmes?

61. Clearly, GBV is only one of the many issues that must be addressed using gender-responsive programming in post-conflict situations. What are some of the other gender-related challenges that you foresee arising in this case? What are some ways in which you could address these challenges using a human rights-based and gender-responsive approach?

You have reached the end of this Module. Well done! The goal of this Module was to demonstrate how human rights principles can reinforce UNFPA-supported programmes in emergency and post-emergency situations.

D. Key take-home messages for implementing a HRBA in emergencies

By now we hope you realize that applying a HRBA during emergency response does not require you to take on an entirely new approach to your work, but only to build upon what you are already doing by systematically bringing in human rights principles at each step of your work. Doing so will help contribute to stronger policies and programmes that meet UNFPA's strategic objectives. Remember the following take-home lessons from this Module and case study:

- In promoting the implementation of a HRBA to humanitarian response work, UNFPA recognizes and accounts for the different emergency phases and types of emergencies at hand.

- UNFPA supports the government's efforts to promote **accountability** and transparency by working with its partners to quickly disseminate the findings of rapid health and mortality assessments and fact-finding missions to the government and local organizations. This helps ensure that duty-bearers know what is happening on the ground, so they can begin to address the rights and needs of those living in the crisis, such as safe access to emergency obstetric care.

- Ensuring the meaningful **participation** and **inclusion** of local groups in the design of fact-finding missions helps to promote a more culturally sensitive response by providing important insight about the value systems and social hierarchies of those communities living in humanitarian crises.

- In order to ensure **equality** and **non-discrimination**, UNFPA assists its partners in taking steps to recognize and combat social stigmas and other forms of inequality faced by marginalized groups, which are often exacerbated in emergency situations. For example,

UNFPA works with its partners to address the social stigma confronting those who choose to use family planning services by integrating these services into primary health facilities and village health units. In this manner, individuals utilizing family planning services are less likely to be distinguished from those using other services and less easily identified by neighbours or community members.

- UNFPA collaborates with a large number of NGOs/CSOs, UN agencies, government offices, and international humanitarian groups when responding to emergencies. This diverse, multi-sectoral collaboration is necessary to holistically attend to the multiple human rights violations that occur in emergency situations.

- The limited capacity and unwillingness of government to commit resources to reproductive health and other related services are some of the biggest challenges faced by UNFPA and its partners in responding to humanitarian emergencies. Advocating for a political commitment to increasing budgets for excluded groups, and working to translate this commitment into **available**, **accessible**, **acceptable** and high **quality** services are important long-term components of a HRBA to humanitarian response.

- While there are many unique challenges in both emergency and post-emergency settings, careful application of the key human rights principles can facilitate and strengthen UNFPA's humanitarian response work.

CONCLUSION

Congratulations! You have successfully completed the Manual. You should now have a good grasp of UNFPA's culturally sensitive, gender-responsive, human rights-based approach. You may still have many outstanding questions about how to implement a HRBA specifically in relation to your work. That is to be expected. **Remember, while a HRBA offers you a process and guides you towards which questions to ask (see the checklist of questions on your poster), it does not provide easy answers.** As in your other efforts, much of what you discover about how best to implement a HRBA in your work will be done through trial and error.

In **Module 1,** we introduced you to the basics of human rights and explained the linkages between culture, gender and human rights. Do not forget that advancing gender equality and being sensitive to the cultural context of your work are both essential and inherent to a HRBA. Make sure also to familiarize yourself with the key human rights treaties and to know which treaties the governments you are working with have obligated themselves to uphold. And always remember that since a main aspect of a HRBA is ultimately to realize human rights, it will be good for you to determine in each context which rights from these treaties are most relevant to your area of work.

In **Module 2,** we explained how each of the core human rights principles of a HRBA (especially the principles of participation and inclusion, equality and non-discrimination, and accountability and Rule of Law) can be programmatically applied to your work. We also introduced you to the 3AQ (availability, accessibility, acceptability and quality)—all elements of the right to health, and which are of general importance to UNFPA when supporting the implementation of a HRBA. Finally, we provided guidance on what issues to consider with respect to operationalizing a HRBA at each stage of a typical programming cycle. Key to take away from this Module is a general understanding of how to operationalize the human rights principles of a HRBA in your work with your partners and governments—and the utility of the checklist of questions on your poster. Remember that you can modify the questions in the checklist to adapt to various types of programmes or programming stages, and that additional human rights, such as the right to health, will always be relevant to your efforts. A HRBA is not a rigid plan! It is an extremely flexible approach that consists of asking key questions, applying key human rights principles to your processes and outcomes, and framing the project/programme you are supporting around the realization of human rights that governments are legally obliged to protect.

In **Modules 3-6**, we took you through different case studies where a HRBA was implemented. Although we separated UNFPA's work among its three core areas, you of course noticed the overlap between these core areas and what it means to apply a HRBA in relation to each of these areas of work. When supporting the implementation of national programmes, it is quite possible that you will be dealing with issues (e.g. gender-based violence, HIV prevention, etc.) that blend together gender, reproductive health, and population and development concerns. Our focus in these Modules was not to show you the similarities or differences between these core areas of work, but to give you the

opportunity to practice applying a HRBA to different types of programmes. Of course, depending on your specific focus, additional human rights, such as the right to health, will be relevant to your efforts. Remember even as the range of human rights you apply may be different, the *processes* are always the same. When you are doing programming, you might have different or additional challenges in an emergency situation than in peace time, but it is still the **same process**.

In conclusion, at the end of the Manual we provide you with a poster featuring the diagram of a HRBA, a checklist of questions and a number of useful ‘Information Cards’. These tools aim to help you in your efforts to promote and support the implementation of a HRBA. We hope that you will learn to use the checklist of questions on your poster routinely in your programming efforts. In addition, remember to refer to the Information Card on Adolescents and Young People when supporting programmes or policies that have an impact on youth (which will, in UNFPA’s case, be almost all the activities you engage in). Finally, as a UNFPA staff member, you are bound to come across situations where it will be challenging to implement a HRBA, so keep in mind the tips and strategies we provide in the Information Card on Advocating for a HRBA in Challenging Contexts.