



# Issue Brief on *Reproductive Health*

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## **Introduction**

Communities in crisis are suddenly deprived of reproductive health information and services. In an emergency, access to contraceptives can be a major challenge. Transportation routes may be cut off, distribution networks dissolved and health facilities destroyed. Existing supplies may fall far short of demand when large numbers of people move into a safer location. A large number of refugees and internally displaced women will be pregnant, facing delivery under dangerous conditions; others may be victims of violence including rape.

Women's reproductive health problems during conflicts may range from having no sanitary supplies for menstruation to life-threatening pregnancy-related conditions, from lack of birth control to the effects of sexual violence. In the past twenty years, women also have had to cope with the deadly spread of HIV/AIDS.

With the widespread use of rape in war, health systems must be prepared to provide such treatment and ensure that staff are trained to deal sensitively with patients. Although global attention has been focused for more than a decade on sexual violence as a strategy of war and as a human rights issue, the women who have suffered need direct support immediately, which they are still not getting. Rape often involves serious physical damage to a woman's body, requiring treatment for abrasions and tears; some women even need suturing. Antibiotic treatment is necessary. If provided within 72 hours, emergency contraception can prevent an unwanted pregnancy.



## Defining Terms

- **Reproductive Health:** As stated by UNFPA, reproductive health is a means to sustainable development as well as a human right. Investments in reproductive health save and improve lives, slow the spread of HIV/AIDS and encourage gender equality. These in turn help to stabilize population growth and reduce poverty. Investments in reproductive health extend from the individual to the family, and from the family to the world.

Improving reproductive health is a broad strategy that includes programming in these key areas:

- Preventing HIV/AIDS
  - Making Motherhood Safer
  - Supporting Adolescents and Youth
  - Promoting Gender Equality
  - Assisting in Emergencies
  - Securing Reproductive Health Supplies
  - Preventing and Treating Fistula<sup>1</sup>
- **Pregnancy and delivery:** Pregnancy and delivery can be dangerous for women in the best of circumstances. In poor countries, maternal mortality is nearly 40 times the rate in the industrialized nations. In countries suffering conflict, women are at even greater risk since they generally cannot get prenatal support or emergency obstetric care. Lack of access to appropriate medical care may not be the only cause of poor pregnancy outcomes. Conflict can have indirect consequences as well. During flight and acute emergency periods, spontaneous abortions (miscarriages) can increase precipitously from the physical and mental stress; women who suffer miscarriages require immediate assistance to save their lives and protect their fertility.<sup>2</sup>
  - **HIV/AIDS and Sexually transmitted infections (STIs):** All sexually transmitted diseases and infections including HIV/AIDS thrive under crisis conditions, which coincide with limited access to the means of prevention, treatment and care. HIV/AIDS not only thrives in situations of emergency and conflict, it contributes to them.<sup>3</sup>
  - **Safe Motherhood:** In situations of conflict and natural disaster, the following emergency reproductive health equipment and supplies help make childbirth safer: supplies for clean home deliveries include soap, plastic sheeting, razor blades, string, gloves and pictorial instruction sheets; equipment and supplies for assisted deliveries at a health facility also include stethoscopes, thermometers, plastic aprons, latex gloves, syringes, sutures, sterile gauze pads, an IV infusion set, cotton wool, burn boxes for safe needle disposal, amoxicilline and other drugs; equipment and supplies are also provided for suturing tears, resuscitation, disinfection and surgery. Safe motherhood programmes aim to reduce the high numbers of maternal deaths and illnesses by providing: care before pregnancy



(antenatal); skilled birth attendants; access to emergency obstetric care; care after pregnancy (post-partum) for hemorrhage, hypertension and infection.<sup>4</sup>

- **Adolescent Reproductive Health:** In a crisis, the family support so vital to young people often collapses. A network that might have provided protection, help and information disintegrates, leaving young men and women more vulnerable than ever before. At the same time, youth traumatized by violence are particularly vulnerable to engaging in risky behavior as well as to sexual exploitation. Early pregnancy has serious implications for the health and well being of young girls, whose bodies have simply not developed enough to deliver safely and who are not mature enough to be parents.
- **Assisting in Emergencies:** Humanitarian crises, whether caused by armed conflict or natural disaster, always hurt women and girls the most. In times of upheaval, pregnancy-related deaths and sexual violence soar. Reproductive health services, including prenatal care, assisted delivery, and emergency obstetric care, often become unavailable. Young people become more vulnerable to HIV infection and sexual exploitation. And many women lose access to family planning services, exposing them to unwanted pregnancy in perilous conditions.
- **Securing Essential Supplies:** Without the essential commodities, from contraceptives to testing kits to equipment for emergency obstetric care, the right to reproductive health cannot be fully exercised. In many places, condoms are urgently needed to prevent the further spread of the deadly HIV virus. This complex logistical process involves many actors, including the public and private sectors. UNFPA takes a lead role in reproductive health commodity security, coordinating the process, forecasting needs, mobilizing support and building logistical capacity at the country level.
- **Family Planning:** Family planning services are especially important when war has destroyed the health services on which people depend. Neglecting family planning has a long list of serious consequences: unwanted pregnancies, unsafe abortions resulting from unwanted pregnancies, pregnancies spaced too close together, dangerous pregnancies in women who are too old or too young, and the transmission of STIs including HIV/AIDS. Family planning allows women and men to choose whether, when and how often to have children.
- **Sexual Violence:** Sexual and gender-based violence occurs at every stage of a conflict, from before the flight to the return home. The victims are most often women and adolescent girls and boys. Such violence is common in many armed conflicts, especially where combatants mix with civilian populations. The impact of violence, especially rape, can be disastrous. Injuries, unwanted pregnancies, sexual dysfunction and HIV/AIDS are among the physical consequences. Damage to mental health includes anxiety, post-traumatic stress disorder, depression and suicide.
- **Menstruation needs:** Refugee and displaced women between the ages of 10 and 50 need a way to handle their menstruation, yet it is only in the past few years that humanitarian agencies have begun to include sanitary supplies in the package of relief items provided in emergencies. Without such supplies, girls have to stay home from school, mothers cannot take their children to health facilities and women may miss work or training. Providing clean cotton rags or modern sanitary products allows women to move about freely during their menstruation, instead of sitting at home or in their tents, isolated from others.<sup>5</sup>

## Fact Sheet



- Every minute, a woman dies from complications related to pregnancy and childbirth, that means 1,600 deaths every day, more than half a million deaths every year worldwide.<sup>6</sup> In addition, for every woman who dies in childbirth, around 20 more suffer injury, infection or disease, approximately 10 million women each year.<sup>7</sup>
- During a crisis, women and girls may be forced to offer sex in exchange for food, shelter or protection. For those whom become pregnant, early pregnancy carries great risk: girls aged 10 to 14 are five times more likely to die in pregnancy and childbirth than women aged 20 to 24.<sup>8</sup> Unsafe abortion also carries high risks: more than 4.4 million young women aged 15 to 19 have abortions every year, 40 per cent of which are performed under dangerous conditions.<sup>9</sup>
- The highest maternal mortality rates globally are in sub-Saharan Africa, followed by south-central Asia. Recent findings by WHO, UNICEF and UNFPA show that over her lifetime a woman living in sub-Saharan Africa has a one in 16 chance of dying in pregnancy or childbirth. Women are most at risk during childbirth in Sierra Leone and Afghanistan where one of six women will die from complications related to pregnancy and childbirth.<sup>10</sup>
- Women and children account for more than 75 per cent of the refugees and displaced persons at risk from war, famine, persecution and natural disaster; twenty-five per cent of this population are women of reproductive age and one in five is likely to be pregnant.<sup>11</sup>
- Only 53 per cent of deliveries in developing countries take place with a skilled birth attendant, yet the assistance of health professionals at delivery significantly reduces death, illness and disability. Emergency conditions mean even less access to trained assistance. Up to a third of maternal death and injury and infection could be avoided if all women had access to a range of modern, safe and effective family planning services that would enable them to avoid unwanted pregnancy.<sup>12</sup>
- Girls are more likely to be taken out of school to tend for sick relatives than are boys. When conflict disrupts education, the compounding affects for girls result in a wider gender gap in education, thus adversely affecting future generations of women.

## Treaties and Institutions:

- **The Programme of Action of the International Conference on Population and Development (ICPD)**, endorsed by 179 nations in Cairo in 1994, recognized the need to ensure reproductive rights and provide reproductive health care in emergency situations, especially for women and adolescents. Five years later, at a special session of the General Assembly, governments reaffirmed that: "Adequate and sufficient international support should be extended to meet the basic needs of refugee populations, including the provision of access to adequate accommodation, education, protection from violence, health services including reproductive health and family planning, and other basic social services, including clean water, sanitation, and nutrition."



ICPD Programme of Action (1994), paragraph 7.2: "Reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease and infirmity, in all matters related to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."

The main goals of the ICPD Programme of Action are<sup>13</sup>:

- Universal access to reproductive health services by 2015
- Universal primary education and closing the gender gap in education by 2015
- Reducing maternal mortality by 75 per cent by 2015
- Reducing infant mortality
- Increasing life expectancy
- At the **Millennium Summit** in September 2000 the states of the United Nations reaffirmed their commitment to working toward a world in which sustaining development and eliminating poverty would have the highest priority. The Millennium Development Goals grew out of the agreements and resolutions of world conferences organized by the United Nations in the past decade. The goals have been commonly accepted as a framework for measuring development progress. One goal is to reduce the number of women dying in childbirth by three-quarters by 2015.<sup>14</sup>
- The **Geneva Convention Relative to the Protection of Civilian Persons in Times of War** (1949) outlines provisions related to the protection of civilians' health and health services during war and under foreign occupation.<sup>15</sup>
- **The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)**: Article 12 States that:
  1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.
  2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.<sup>16</sup>

## Key Texts

- International Conference on Population and Development. Programme of Action.
- Reproductive Health for Communities in Crisis. UNFPA Emergency Response<sup>17</sup>



- Reproductive Health in Refugee Situations. An Inter-Agency Field Manual.<sup>18</sup>
- Guidelines for HIV/AIDS Interventions in Emergency Settings<sup>19</sup>

## Tools and Checklists

- Minimum Initial Service Package (MISP)<sup>20</sup>
- Reproductive Health for Communities in Crisis. UNFPA Emergency Response<sup>21</sup>
- UNFPA State of the World Population 2004. The Cairo Consensus at Ten: Population, Reproductive Health and the Global Effort to End Poverty<sup>22</sup>
- Impact of Armed Conflict on Women and Girls. A UNFPA Strategy for Gender Mainstreaming in Areas of Conflict and Reconstruction.<sup>23</sup>
- Enlisting the Armed Forces to Protect Reproductive Health and Rights: Lessons from Nine Countries<sup>24</sup>
- Sexual Violence Against Refugees: Guidelines on Prevention and Response<sup>25</sup>
- A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers<sup>26</sup>
- Adding it Up: *The Benefits of Investing In Sexual and Reproductive Health Care*<sup>27</sup>
- Emergency Obstetric Care – A Checklist for Planners<sup>28</sup>
- Essential Drugs and Other Commodities for Reproductive Health<sup>29</sup>
- It Takes Two: Partnering with Men in Reproductive and Sexual Health<sup>30</sup>
- Reproductive Health and Employment: Implications for Young People<sup>31</sup>

## UNIFEM Action

- As part of an inter-agency effort in 2003, UNIFEM, UNFPA, UNAIDS, DPKO and ICMH launched a two-year programme for HIV/AIDS prevention and gender awareness within the UN Peacekeeping Mission in Sierra Leone (UNAMSIL).
- UNIFEM is participating in the first-ever comprehensive programme for the prevention and treatment of sexual and gender-based violence in the Democratic Republic of the Congo (DRC). This is a four-year project which will provide direct support to 25,000 women, young people and children in three provinces and indirect support to thousands more- will include the participation of the Congolese ministries of social affairs, health, justice and women's affairs.
- UNIFEM, UNFPA and relevant NGOs are working to develop training material on gender, women's rights, and reproductive health issues. The main outputs of these strategies and actions are heightened awareness of uniformed personnel on reproductive health; training materials prepared and disseminated. Further, UNFPA is working to address reproductive health issues and gender-based violence during armed conflict; support emergency reproductive health projects and advocate for reproductive health and human rights of women and girls in emergency situations. This action is intended to increase awareness about emergency reproductive health and support to projects in more than 30 countries. Additionally, UNFPA along with OHCHR, UNAIDS, and OSAGI is working to document lessons learned and mainstream reproductive health and gender issues in



peacekeeping operations; develop materials on HIV/AIDS, gender-based violence and other critical issues.<sup>32</sup>

## UN Documents

- WHO brochure on Maternal Mortality in Africa region<sup>33</sup>
- UNICEF operates programmes in emergency situations geared towards improving maternal health and reducing maternal mortality and morbidity. Programming includes increasing access to skilled birth attendants, reducing mother-to-child transmission of HIV, increasing the availability of medicines and procedures and the prevention of early marriage.<sup>34</sup>

### Security Council

- **1325** (31 October 2000): The Security Council requests the Secretary-General, inter alia, to provide training guidelines and materials on the protection, right and the particular needs of women, as well as on the importance of involving women in all peacekeeping and peace-building measures.
- **1308** (17 July 2000): Concerned with the pandemic worldwide and in African in particular, the Security Council recognizes the pandemic is exacerbated by conditions of instability, which increase the risk of exposure to disease through displacement, uncertainty and diminished access to care. Stressing that the HIV/AIDS pandemic may pose a threat to international peace and security and recognizing the need to incorporate HIV/AIDS awareness skills in all aspects of DPKO training, the Security Council expresses concern at the damaging impact of HIV/AIDS on peacekeeping personnel. The Security Council requests the Secretary-General to take further steps towards the training of peacekeeping personnel in HIV/AIDS awareness. The Security Council encourages member states to increase cooperation with each other and with UNAIDS. The Security Council expresses keen interest in discussions among UN bodies, member states and industry on access to treatment and care.

### Secretary-General

**20 April 2006** (S/2006/251): End of mandate report of the Secretary-General on the United Nations Office in Timor-Leste. This report covers the major developments since the Secretary-General's last report of 17 January 2006, and provides an evaluation of the implementation of the mandate of UNOTIL as well as progress made towards the transition to a sustainable development assistance framework. In this report, the Secretary-General notes that in the 2006 national development report for Timor-Leste, social indicators, such as the maternal mortality rate (up to 800 per 100,000 births), reflect the need for the United Nations to continue playing a critical role in supporting Timor-Leste's development needs. As part of the effort to provide such support, the World Food Programme (WFP) expanded its Safety Net programme to include supplementary feeding for pregnant and lactating women. In further efforts to support reproductive health, the Ministry of Health, the United Nations theme group for HIV/AIDS and civil society supported the development of Timor-Leste's second national HIV/AIDS and sexually transmitted infections strategy plan.<sup>35</sup>

**11 April 2006** (S/2006/222): Eighth report of the Secretary-General on the United Nations Operation in Côte d'Ivoire. This report covers recent developments in the implementation of the mandate of the UNOCI and the Linas-Marcoussis and Pretoria Agreements since the last report on 3 January 2006 (S/2006/2). The Secretary-General notes that, in cooperation with UNDP, UNOCI is developing a project for the creation of a



centre for women and girls who are the victims of gender-based violence. In addition to this work, the center will also promote capacity-building in the prevention and control of HIV/AIDS and sexually transmitted diseases.<sup>36</sup>

- **17 January 2006** (S/2006/24): Progress report of the Secretary-General on the United Nations Office in Timor-Leste. In this present report submitted pursuant to Security Council resolution 1599(2005) of 28 April 2005, in which the Council decided to establish, as of 21 May 2005, the United Nations Office in Timor-Leste (UNOTIL) for a period of one year. The present report covers major developments since the progress report of 18 August 2005 (S/2005/533), and outlines the ongoing plans for the transition from UNOTIL to a sustainable development framework.

According to the SG, the Food and Agriculture Organization of the United Nations (FAO) continued to assist the Ministry of Agriculture, Forestry and Fisheries in the development of an agricultural statistics system, as well as in the preparation of a national forest policy aimed at addressing the problem of land degradation and natural disasters caused by increased illegal logging of wood. In order to prepare for emergencies caused by food shortages, the World Food Programme (WFP) and the Government of Timor-Leste are currently undertaking a rapid needs assessment in the affected areas of 12 districts, including the launching of Safety Net, a programme that provides supplementary feeding for pregnant and lactating women and children under five.

## General Assembly

- **10 March 2004:** (A/RES/58/173) The right of everyone to the enjoyment of the highest attainable standard of physical and mental health. In this resolution, the General Assembly reaffirms the Universal Declaration of Human Rights, the International Convention of Economic, Social and Cultural Rights, the International Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on the Rights of the Child. Additionally, the GA reaffirms that the right of everyone to the enjoyment of the highest attainable standard of physical and mental health is a human right, and that such right derives from the inherent dignity of the human person, particularly noting that sexual and reproductive health are integral elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. In all policies and programs affecting women's health, the GA calls upon States to make a gender perspective central. Further, States are called upon to protect and promote sexual and reproductive health as integral elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. With the interest of the approach proposed by the Special Rapporteur to encompass the responsibilities of State at all levels in his future work on how to evaluate the progressive realization of the right of everyone to the highest attainable standard of physical and mental health, and of his efforts to apply this approach to specialized areas of health care, such as essential medicines, sexual and reproductive health, HIV/AIDS, children's health and water and sanitation.
- **8 October 2004:** (A/59/422) The right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Report by the Special Rapporteur of the Commission on Human Rights to the General Assembly. In this report, the SR notes that with the adoption of GA Resolution (58/173), the Assembly took note of the interim report of the Special Rapporteur and of, inter alia, the approach he proposed 'to encompass the responsibilities of States at all levels in his future work on how to evaluate the progressive realization of the right of everyone to the highest attainable standard of physical and mental health, and of his efforts to apply this approach to specialized areas of health care,



such as essential medicines, sexual and reproductive health, HIV/AIDS, children's health and water and sanitation. Regarding the Millennium Development Goals as they address health-related issues, one of the most striking features of the Goals is the prominence they give to health. Of the eight Goals, four are directly related to health including, improving maternal health (Goal 5), and combating HIV/AIDS (Goal 6). Pertaining to this issue, the right to health includes the right to health care, but it goes beyond health care to encompass safe drinking water, adequate sanitation and access to health-related information, including on sexual and reproductive health. The right includes freedoms, such as the right to be free from discrimination and forced sterilization. It also includes entitlements, such as the right to a system of health protection. The right has numerous elements, including child health, maternal health, and access to essential drugs.

When addressing the nature of sexual and reproductive health and the MGDs, as it is well known, the term "sexual and reproductive health" was excluded from the MGDs. However, the SR noted, a development strategy that fails to include sexual and reproductive health issues would not be credible. Thus, in fact, the SR affirms that the MGDs do encompass sexual and reproductive health issues, such as maternal health, child health, and HIV/AIDS. Additionally, this element of the right to health plays a crucial role in affirming the vital importance of sexual and reproductive health in the contemporary struggle against global poverty and highlighting the multiple human rights dimensions of sexual and reproductive health.

Finally, regarding the reproductive health of indigenous women, the SR expressed deep concern about the profound disparities between the health of indigenous people, particularly women, and that of the non-indigenous population in many countries and communities around the world. Suicides rates among indigenous women in certain developed countries are as high as either times the national average. HIV/AIDS and other sexually transmitted diseases are spreading rapidly in indigenous communities, a trend fuelled by factors including social and economic exploitation of indigenous women, as well as a lack of access to health-related information. Infant, child and maternal mortality rates in many indigenous communities are significantly higher than among non-indigenous groups, while indigenous children are more vulnerable than non-indigenous children to sexual and economic exploitation—all of which are risk factors to ill-health.

- **20 August 2004 (A/59/287)** World Survey of the Role of Women in Development. This Report of the Secretary-General focuses on women and international migration, and presents key issues on labour migration, family formation and reunification, rights of migrant women, refugees and displaced persons, as well as trafficking of women and girls. Additionally this report provides a summary of key elements contained in the World Summary on the Role of Women in Development. According to the SG, women migrants who work in hazardous jobs often incur reproductive health problems; as for example, unprotected exposure to pesticides has led to increased complications during pregnancy, including miscarriages among female migrant agricultural workers.

## Recommendations

**On Women's Health the Independent Experts call for:**

**1. Psychosocial support and reproductive health services for women affected by conflict to be an integral part of emergency assistance and post-conflict reconstruction.** Special attention should be provided to those who have experienced physical trauma, torture and sexual violence. All agencies providing health support and social services should include psychosocial



counseling and referrals. UNFPA should take the lead in providing these services, working in close cooperation with WHO, UNHCR and UNICEF.

**2. Recognition of the special health needs of women who have experienced war related injuries, including amputations,** and for equal provision of physical rehabilitation and prosthesis support.

**3. Special attention to providing adequate food supplies for displaced and war affected women, girls and families in order to protect health and to prevent the sexual exploitation of women and girls.** The World Food Programme (WFP) and other relief agencies should strengthen capacities to monitor the gender impact of food distribution practices.

**4. The UN, donors and governments to provide long-term financial support for women survivors of violence** through legal, economic, psychosocial, and reproductive health services. This should be an essential part of emergency assistance and post-conflict reconstruction.

**5. Protection against HIV/AIDS and the provision of reproductive health care through the implementation of the Minimum Initial Services Package (MISP) as defined by the Interagency Manual on Reproductive Health for Refugees (WHO, UNHCR, UNFPA, 1999).** Special attention must be paid to the needs of particularly vulnerable groups affected by conflict, such as displaced women, adolescents, girl headed households and sex workers.

**6. Immediate provision of emergency contraception** and STI treatment for rape survivors to prevent unwanted pregnancies and protect the health of women.<sup>37</sup>

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<sup>1</sup> UNFPA <http://www.unfpa.org/about/>

<sup>2</sup> Progress of the World's Women 2002. Volume 1  
[http://www.unifem.org/filesconfirmed/149/215\\_chapter03.pdf](http://www.unifem.org/filesconfirmed/149/215_chapter03.pdf)

<sup>3</sup> Reproductive Health for Communities in Crisis  
[http://www.unfpa.org/upload/lib\\_pub\\_file/78\\_filename\\_crisis\\_eng.pdf](http://www.unfpa.org/upload/lib_pub_file/78_filename_crisis_eng.pdf)

<sup>4</sup> Reproductive Health for Communities in Crisis  
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<sup>5</sup> Reproductive Health for Communities in Crisis  
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<sup>6</sup> International Women's Day 2005  
[http://www.sdnpsd.org/sdi/international\\_days/women\\_day/2005/t\\_i\\_4.htm](http://www.sdnpsd.org/sdi/international_days/women_day/2005/t_i_4.htm)

<sup>7</sup> World Health Organization <http://www.who.int/features/qa/12/en/>

<sup>8</sup> UNFPA Interactive Population Center <http://www.unfpa.org/intercenter/time/empower.htm>

<sup>9</sup> Reproductive Health for Communities in Crisis  
[http://www.unfpa.org/upload/lib\\_pub\\_file/78\\_filename\\_crisis\\_eng.pdf](http://www.unfpa.org/upload/lib_pub_file/78_filename_crisis_eng.pdf)

<sup>10</sup> Progress of the World's Women 2002. Volume 1  
[http://www.unifem.org/filesconfirmed/149/215\\_chapter03.pdf](http://www.unifem.org/filesconfirmed/149/215_chapter03.pdf)

<sup>11</sup> UNFPA. Issue in Brief: Assisting in Emergencies <http://www.unfpa.org/issues/briefs/emergencies.htm>

<sup>12</sup> UNFPA. Issue in Brief: Improving Reproductive Health <http://www.unfpa.org/issues/briefs/rhealth.htm>

<sup>13</sup> [http://www.unfpa.org/icpd/docs/icpd/icpd\\_eng.pdf](http://www.unfpa.org/icpd/docs/icpd/icpd_eng.pdf)

<sup>14</sup> <http://www.un.org/millennium/>

<sup>15</sup> <http://www.un.org/millennium/>



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- <sup>16</sup> <http://www.un.org/womenwatch/daw/cedaw/econvention.htm#article12>
- <sup>17</sup> [http://www.unfpa.org/upload/lib\\_pub\\_file/78\\_filename\\_crisis\\_eng.pdf](http://www.unfpa.org/upload/lib_pub_file/78_filename_crisis_eng.pdf)
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- <sup>33</sup> [http://www.afro.who.int/drh/newsletter\\_brochure/brochure\\_reducing-maternal-deaths.pdf](http://www.afro.who.int/drh/newsletter_brochure/brochure_reducing-maternal-deaths.pdf)
- <sup>34</sup> <http://www.unicef.org/health/index.html>
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