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Promotion and protection of the rights of children

The girl child

Report of the Secretary-General

Summary

The present report is submitted pursuant to General Assembly resolution 62/140. It contains a brief overview of international obligations and global commitments with respect to the girl child, stemming from human rights treaties and international conferences, as well as legal and policy development. The report addresses progress and challenges with respect to discrimination against the girl child, including in the areas of poverty, the right to education, health and adequate food, HIV/AIDS, violence and exploitation, and highlights activities undertaken to end female genital mutilation.

* A/64/150.



Contents

| | <i>Page</i> |
|--|-------------|
| I. Introduction | 3 |
| II. Legal/normative framework and global commitments | 3 |
| A. Human rights treaties and other international conventions | 3 |
| B. International conferences, intergovernmental bodies and related commitments | 4 |
| III. Persisting discrimination and efforts made to improve the situation of the girl child | 5 |
| A. Poverty and the impact of crises | 5 |
| B. Preventing abuse, exploitation and violence | 8 |
| C. Protecting girls in conflict situations and humanitarian crises | 9 |
| D. Promoting girls' education | 11 |
| E. Promoting human rights education | 12 |
| F. Improved water, sanitation and hygiene | 12 |
| G. Combating HIV/AIDS | 13 |
| H. Girls' participation | 14 |
| I. Improving the health status of the girl child | 15 |
| J. United Nations collaboration in support of the girl child | 16 |
| IV. Efforts to support the abandonment of female genital mutilation/cutting | 16 |

I. Introduction

1. The present report is submitted in accordance with General Assembly resolution 62/140, entitled “The girl child”, in which the Secretary-General was requested to submit a report to the Assembly at its sixty-fourth session on the implementation of the resolution, including an emphasis on ending female genital mutilation, with a view to assessing the impact of the resolution on the well-being of the girl child. For the purpose of its preparation, note verbales requesting relevant information on the implementation of resolution 62/140 were sent to Member States¹ and United Nations agencies, programmes and departments.

2. The present report follows up the report submitted by the Secretary-General to the General Assembly at its sixty-second session (A/62/297), which focused on activities and normative developments stemming from the human rights system, and aims at conveying problems and legislative principles, but also progress and challenges. Section II of the present report provides an overview of the existing international and regional legal framework with respect to the rights of the girl child and key obligations and commitments of States in this regard. Section III addresses progress and obstacles with respect to areas raised in resolution 62/140 and section IV focuses in further detail on female genital mutilation.

II. Legal/normative framework and global commitments

A. Human rights treaties and other international conventions

3. There is today a long-standing comprehensive international legal framework establishing the obligations of States regarding the human rights of the girl child. In addition to the Convention on the Rights of the Child that provides a comprehensive set of rights to be enjoyed “without discrimination of any kind”, including discrimination on the grounds of sex, all fundamental human rights treaties include provisions confirming the principle of non-discrimination and equality between men and women, boys and girls. Of particular importance in this regard is the Convention on the Elimination of All Forms of Discrimination against Women, which, while focusing on women, has a direct bearing on the situation and well-being of the girl child.

4. In addition to the fundamental human rights treaties, legal obligations stem from legally binding labour law instruments, including the following International Labour Organization conventions: 1973 Minimum Age Convention (No. 138); and the 1999 Worst Forms of Child Labour Convention (No. 182). This comprehensive legal framework for children’s rights in general and the girl child’s in particular is further strengthened by regional human rights instruments, such as the 2005 Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa.

5. Since the previous report of the Secretary-General (A/62/297), it should be noted that the most recent human rights treaty, namely, the Convention on the Rights

¹ The following States have submitted information: Bulgaria, Cyprus, Finland, Japan, Latvia, Lebanon, Mexico, Moldova, Spain, Suriname and Switzerland. Their contributions have informed the content of the present report.

of Persons with Disabilities which entered into force in May 2008, includes specific language not only with respect to children in general in article 7, but to the girl child in particular. In its article 6, the Convention provides that “States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms”.

6. Normative developments during the reporting period include the adoption in 2009 by the Committee on the Rights of the Child of its General Comment No. 12 on the right of the child to be heard, elaborating on the interpretation and contents of Article 12 of the Convention on the Rights of the Child. In paragraph 75, the General Comment explicitly recalls the inherent right to non-discrimination as guaranteed by all human rights instruments and that: “States parties shall take adequate measures to assure to every child the right to freely express his or her views and to have those views duly taken into account without discrimination on grounds of race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.” In paragraph 77, the Committee specifically “urges States parties to pay special attention to the right of the girl child to be heard, to receive support, if needed, to voice her view and her view be given due weight, as gender stereotypes and patriarchal values undermine and place severe limitations on girls in the enjoyment of the right set forth in article 12”.

7. In its 2009 General Comment No. 20 on non-discrimination in economic, social and cultural rights (art. 2, para. 2), the Committee on Economic, Social and Cultural Rights specifically refer to the girl child with respect to obligations for States parties to ensure non-discrimination both formally and substantively in the context of enjoyment of rights under the Covenant, stating in paragraph 8 (b) that: “States parties must [...] immediately adopt the necessary measures to prevent, diminish and eliminate the conditions and attitudes which cause or perpetuate substantive or de facto discrimination. For example, ensuring that all individuals have equal access to adequate housing, water and sanitation will help overcome discrimination against women and girl children and persons living in informal settlements and rural areas.”

B. International conferences, intergovernmental bodies and related commitments

8. In addition to international legally binding instruments ratified by States, Member States have also made far-reaching commitments to eliminate discrimination against the girl child in the context of world conferences and other international forums. The United Nations Fourth World Conference on Women held in Beijing in 1995 was the first to include a specific segment on the girl child, with a specific chapter in its subsequent Platform for Action.² This included strategic objectives on issues, such as the elimination of all forms of discrimination against the girl child and negative cultural attitudes and practices against girls, the promotion and protection of the rights of the girl child, including those related to

² See *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chapter I, resolution I, annex II.

education, health and nutrition, child labour, violence and participation in social, economic and political life.

9. In its resolution 62/140, the General Assembly reaffirmed other outcomes of major United Nations summits and conferences relevant to the girl child, including: the outcome of the twenty-third special session of the Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”,³ the Programme of Action of the International Conference on Population and Development,⁴ the Programme of Action of the World Summit for Social Development,⁵ and the Dakar Framework for Action, adopted at the World Education Forum in 2000.⁶ These documents include additional commitments made by States to end discrimination and promote the well-being of the girl child.

10. As mentioned in the previous report of the Secretary-General (A/62/297), as a follow-up to the twenty-seventh special session of the Assembly on children, at which it was recognized that achieving the development goals for children, particularly girls, was contingent upon, inter alia, women’s empowerment, the Commission on the Status of Women decided to consider “the elimination of all forms of discrimination and violence against the girl child” as the priority theme at its fifty-first session, within its agreed programme of work for 2007-2009.⁷ The Secretary-General submitted two reports to the Commission at its fifty-first session, namely, the report of the Secretary-General on the elimination of all forms of discrimination and violence against the girl child (E/CN.6/2007/2) and the report of the Secretary-General on progress in mainstreaming a gender perspective in the development, implementation and evaluations of national policies and programmes, with a particular focus on the elimination of all forms of discrimination and violence against the girl child (E/CN.6/2007/3). In this context, the Commission on the Status of Women at its fifty-first session, adopted its resolutions 51/1 on women, the girl child and HIV/AIDS, 51/2 on ending female genital mutilation, and 51/3 on forced marriage of the girl child, calling upon all States and organizations of the United Nations system to strengthen advocacy and other measures to address all forms of violence and other forms of discrimination against the girl child.

III. Persisting discrimination and efforts made to improve the situation of the girl child

A. Poverty and the impact of crises

1. Global economic crisis

11. Poverty hits children the hardest, threatening their survival and development, their right to health, adequate food and nutrition, and education. It also has a negative impact on their right to participation, and to protection from violence, harm

³ Resolution S-23/2, annex, and resolution S-23/3, annex.

⁴ *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chapter I, resolution I, annex.

⁵ *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chapter I, resolution 1, annex II.

⁶ See United Nations Educational, Scientific and Cultural Organization, *Final Report of the World Education Forum, Dakar, Senegal, 26-28 April 2000* (Paris, 2000).

⁷ See Economic and Social Council resolution 2006/9, para. 23 (a).

and exploitation. Economic crises can exacerbate the impacts of poverty on the lives of children, particularly girls, who are highly vulnerable to their negative effects.

12. In previous financial and economic crises, including in Asia and Latin America during the 1980s and 1990s, child mortality rates rose and school enrolment dropped. Past crises have also witnessed higher levels of crime and violence, child labour and other forms of hazardous work, including sex work, and infants being placed in institutions. Already limited legal benefits and protection, lack of decision-making authority and limited control over financial resources are likely to leave girls and women even more vulnerable to the impact of crises than boys and men.⁸

13. In her recent report to the Human Rights Council (A/HRC/11/6), the Special Rapporteur on violence against women, its causes and consequences elaborates in-depth on how “the current political economic order, too often neglected in the analyses of women’s human rights, profoundly affects both the prevalence of violence against women and efforts to eliminate it”. She highlights, with reference to the economic crisis, that “under such conditions marked by insecurity and unemployment, men may become dispossessed and dislocated; conditions under which masculinities and power relations get altered. This may heighten aggression against women and children in the home and in public spaces, compensating for the loss of control”, affecting the girl child.

14. There are already indications that the current global economic crisis is causing increases in poverty and malnutrition.⁹ However, the full impacts of the global slowdown on children and girls have yet to be fully felt in developing countries since they are only beginning to unfold, severely threatening progress in girls’ enjoyment of their right to health, education and adequate food, potentially leaving them with the long-term mental and physical repercussions of malnutrition. As Government expenditures to ensure the enjoyment of the rights to health and education fall, the burden is often shifted to households, in particular to women and girls. As household incomes fall, women can often be forced to take on low-status and temporary jobs, in addition to their other responsibilities.

15. There have been successful examples of special measures taken to mitigate the impact of economic crises on women and girls, including maintaining necessary social sector expenditures and implementing social protection policies to ensure their rights to health care, education and maternal health services. In Argentina, for example, Government health expenditures were maintained and infant mortality did not increase during the financial crisis of the late 1990s. In response to the Indonesian financial crisis of 1998, the Government put in place scholarships for poor children, which prevented service use from falling as much among recipient households as it did among non-recipient households. Primary school enrolments in Ghana rose after user fees were abolished in 2005 as part of a broader programme to dampen the economic effects of fuel price reform. Even prior to the current crisis, cash transfers to poor households and improvements in formulating, implementing

⁸ See also press statement by the Committee on the Elimination of All Forms of Discrimination against Women, released on 6 February 2009, “United Nations committee concerned by impact of financial crisis on rights of women and girls”, available from www.ohchr.org.

⁹ See World Bank, *Global Monitoring Report 2009: A Development Emergency* (Washington, D.C., 2009; *United Nations World Economic Situation and Prospects* (mid-2009 update)).

and monitoring national budgets for gender equality in Mexico had helped to protect women and children and reduce infant mortality.

16. A gender-sensitive response to the current economic crisis is essential. National commitments that support and protect girls' rights through basic health care and nutrition, clean water, basic education, child protection services and aid flows must be upheld and, where possible, expanded. Responses, including in the form of special measures, focused on the most marginalized and vulnerable, should be introduced, when appropriate, to ensure the enjoyment and protection of the rights of children and other highly affected groups in society. For long-term sustainability, widespread and entrenched discrimination and inequality needs to be fundamentally addressed since these constitute obstacles to the inclusion of women in the formulation of relevant policies, which therefore tend to neglect the rights and needs of women and girls.

17. Investing in and ensuring human rights for girls and women is not only a legal and moral obligation but is also likely to prevent intergenerational cycles of poverty and yield high economic and societal returns. Maintaining national commitments to children and women and enhancing social protection will not only help to ensure a more rapid recovery from the crisis but will also build a foundation for equitable growth and sustained progress towards the Millennium Development Goals.

2. Food crisis

18. The impacts of the global economic crisis have been compounded by food and fuel price instability. With food prices across the world rising sharply over the past two years, young girls and boys living in developing countries have faced growing vulnerability to food and nutrition insecurity, with potential negative long-term consequences for the enjoyment of human rights and related survival, growth and development. Young girls whose growth is stunted before the age of two are at increased risk of giving birth to low-birthweight babies in the future, perpetuating the impact of nutritional deprivation across generations. Adolescent girls are at a higher risk of anaemia and of later experiencing related complications during pregnancy and childbirth.

19. Specific information on the impact of the food crisis is still being collected and analysed. The United Nations Children's Fund (UNICEF) estimates that approximately 150 million girls and boys under the age of five in the developing world are underweight and the growth of approximately 170 million is stunted. The indicators exhibit negligible differences as a whole between boys and girls aged under five. In addition, where sex-disaggregated coverage/practice data for selected nutrition programmes (such as vitamin A supplementation and exclusive breastfeeding) exist, there do not appear to be differences between girls and boys.

20. Further disaggregation of data from some countries, however, shows that there may be differences in the feeding and care of girls compared with boys. Power relations and social norms that perpetuate discriminatory attitudes and practices may lead to different feeding practices towards young girls and young boys, with data in some countries pointing to the possible effects, such as boys being significantly taller relative to their age than girls.

21. In responding to the food crisis, several United Nations and non-governmental organizations, including UNICEF, the World Food Programme (WFP) and Médecins

sans frontières, have contributed to meeting the immediate needs and protection of the most vulnerable — primarily young girls and boys and pregnant and lactating women — in more than 30 of the highest risk countries. These responses have built upon ongoing priority nutrition programmes and are increasingly incorporating context-specific measures to address inequalities between girls and boys in the enjoyment of the right to adequate food.

22. There is a need to translate findings into specific programme responses adapted to local contexts and to ensure that a gender perspective is integrated. Information and awareness efforts towards behaviour and social change on nutrition should be tailored to address gender issues affecting feeding, care and access to health services. This will help to ensure equal potential for girls and boys to benefit from the interventions.

B. Preventing abuse, exploitation and violence

23. Abuse, exploitation and violence continue to affect millions of girls, despite progress to protect them. The United Nations study on violence against children estimates that 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact. Staggering numbers of children worldwide — an estimated 90 per cent of whom are girls — work as household servants. More than one third of young women aged 20 to 24 in developing countries reported that they were married or in union by age 18, mainly in South Asia and sub-Saharan Africa.

24. Girls are trafficked mainly for commercial sexual exploitation and domestic service, the hidden circumstances of which put them at greater risk of violence. Furthermore, when detained, girls are often mixed with adult populations, rendering them particularly vulnerable to abuse. As victims and witnesses to a crime, girls require specific consideration throughout judicial procedures, as is reflected in the United Nations Economic and Social Council resolution 2005/20 on guidelines on justice in matters involving child victims and witnesses of crime.

25. Institutionalization of children poses a particular risk for their developmental outcomes, such as physical, emotional and cognitive development. Children with disabilities are more likely to be institutionalized and are uniquely at risk of human rights violations, including through violence, abuse, exploitation and neglect since they may have difficulty defending themselves and their rights or reporting an abuse. Violence against disabled children occurs at annual rates at least 1.7 times greater than their non-disabled peers. It is important to note that in some societies, there are also gender differences, with disabled girl infants and girl children more likely to die through “mercy killings” than are boy children of the same age with comparable disabling conditions.

26. The study on violence against children also highlighted that the persistent social acceptance of violence against children is a major factor in its perpetuation in almost every State. Female infanticide, prenatal sex selection and female genital mutilation/cutting¹⁰ directly affect girls, while child marriage, rape, domestic

¹⁰ The terminology “female genital mutilation/cutting” is used in the present report to reflect the importance of using non-judgmental language in social contexts where it is deemed to be a necessary part of a girl’s upbringing, while retaining the word “mutilation”, which emphasizes the gravity of the act.

violence, commercial sexual exploitation and child pornography affect girls more than boys. Acceptance of these forms of violence against girls and the corresponding lack of accountability and impunity reflect discriminatory norms that reinforce the lower status of girls in society. The role of social norms in both the persistence of human rights violations and their abandonment has recently been elucidated by analysis of household survey data from the Demographic and Health Surveys and Multiple Indicator Cluster Surveys, analyses of programme interventions and developments in social science.

27. Following the adoption of the resolution concerning statistics of child labour by the 18th International Conference of Labour Statisticians in 2008, household chores are now included in the new statistical definition of child labour. This redresses the absence of girls in child labour statistics and, consequently, in development responses and planning. While household surveys provide valuable data regarding some forms of violence against girls, collecting reliable data on the number of girls affected by armed conflict, sexual exploitation, domestic violence, human trafficking and child labour remains difficult owing to the illegality and social acceptance in many instances of these forms of violence.

28. State actions supporting the growth and development of the girl child must include legislative measures addressing all forms of discrimination against girls and women, including ensuring their human rights related to health, education and social services. The need for a network of support and protection based on an integrated system of laws, policies, regulations and services is reflected in the Rio de Janeiro Declaration and Call for Action to Prevent and Stop Sexual Exploitation of Children and Adolescents (2008). This is a recent example of governmental commitment to specific, time-bound goals to prevent and respond to the abuse and exploitation of children and adolescents. The system, while protecting all children, must also consider those at particular risk and should be sensitive to the situation of the girl child. The systemic approach should also recognize that a girl child may be exposed to more than one source of risk within public and private spheres.

29. To be effective, State action must, in addition to implementing legal measures, acknowledge the persistent social acceptance of practices that violate the rights of girls. It must include measures that promote dialogue and social change, with appropriate budget allocations. An example is the Sudanese campaign launched in March 2008, "Every girl is born saleema". It stresses the value of girls, encouraging individuals, families and communities to support their full development by adding their signature to a long list of supporters. In Egypt, the national plan of action includes a campaign promoting the rights of girls and a holistic community-level programme that promotes discussion of positive conceptions of the status of girls and empowers communities to challenge discriminatory social norms.

C. Protecting girls in conflict situations and humanitarian crises

30. Over 1 billion children live in areas in conflict or emerging from war, of whom an estimated 18 million are refugees or internally displaced.¹¹ Girls and boys are victims of grave human rights violations, such as in the context of recruitment and use by armed forces and armed groups. Children living in war-affected contexts are

¹¹ UNICEF, *Machel Study 10-Year Strategic Review: Children and Conflict in a Changing World* (April 2009), p. 19.

less likely to be in school or have access to clean water and basic sanitation, and are at increased risk of hunger and disease.

31. The negative impacts of wars, natural disasters and related crisis situations are highly gendered. For example, in armed conflict, boys and girls are forcibly recruited into armed groups; boys may be forced to commit atrocities, girls may become “bush” wives. It remains difficult, however, to systematically identify girls associated with armed forces and armed groups. Both boys and girls are at risk of rape and forced prostitution, but the girl child is more likely to be targeted. Forced pregnancy and sexual slavery are often the consequences of conflict.

32. Challenges to protecting the rights of the girl child in pre-conflict, conflict and post-conflict environments stem from a combination of pre-existing inequalities between women and men, girls and boys, along with weaknesses in child protection systems. Impunity for crimes against women and girls is widespread in many conflict situations since gender-based crimes fail to be prosecuted. In times of conflict, girls are more likely to face limited access to basic rights and services, such as health and education. Women and girls also have more difficulties accessing justice and legal remedies for crimes committed against them in times of war, not least due to inequality and discrimination in the economic and social spheres.¹²

33. The international response to protecting women, men, girls and boys affected by armed conflict has improved. In its resolution 1325 (2000), which addresses women and peacebuilding, and 1820 (2008), which addresses sexual violence in armed conflict, the Security Council highlights issues of gender in emergencies. In its resolution 1612 (2005), which addresses children affected by armed conflict, the Council makes reference to a monitoring and reporting mechanism to monitor grave violations against children. In 2006, the Inter-Agency Standing Committee introduced a gender handbook for humanitarian action, which provides practical guidance to programmers. Furthermore, in 2008, UNICEF launched a global initiative to promote gender equality across all sectors of humanitarian action.

34. Efforts at the policy level to put an end to exploitation and abuse by United Nations personnel have included a statement of commitment on eliminating sexual exploitation and abuse by United Nations and non-United Nations personnel and General Assembly resolution 62/214 (2007), in which the Assembly outlines a comprehensive strategy for the provision of assistance to victims of sexual violence and exploitation by United Nations staff and related personnel.

35. While progress has been made in the development of normative frameworks and standards, further efforts are needed to make them increasingly gender sensitive, to ensure compliance, to fight impunity, and to protect the rights of and improve the lives of girls affected by armed conflict. Gender equality programming must be explicitly incorporated in and accounted for in each phase of an emergency — in preparedness, response and post-crisis recovery — and should cut across sectoral areas. There is a need for more gender-sensitive peace agreements and recovery frameworks and the participation of women in their negotiation and elaboration, to address both the violation of rights and the needs of girls and

¹² See expert legal position papers: “The prosecution of sexual violence in conflict: the importance of human rights as means of interpretation”, by Patricia Viseur Sellers; and “The protection of economic, social and cultural rights post-conflict”, by Professor Christine Chinkin, December 2008, available from www2.ohchr.org/English/issues/women/papers_access_to_justice.htm.

women. In order to ensure that the rights of the girl child are realized, it is important that national capacity development initiatives enhance knowledge and the practice of gender equality and human rights in legal and judicial systems.

D. Promoting girls' education

36. The education of girls is critical to the attainment of the Millennium Development Goals, having cascading benefits that have an impact on reducing poverty, improving maternal and child health, halting the spread of deadly diseases, promoting environmental sustainability and empowering women. Educating girls is also an important preventive strategy against violence, exploitation, abuse and harmful traditional practices. Nevertheless, of the 101 million children worldwide of primary school age that UNICEF estimates were not in school in 2007, over half were girls, the majority from sub-Saharan Africa and South Asia.

37. Significant strides have been made at country level through a combination of approaches, including strong national leadership and political will, the development of comprehensive national education policies and plans and the effective mobilization of resources. The United Nations Girls' Education Initiative, launched in 2000 at the World Education Forum, has proved effective in galvanizing support around these approaches. As a partnership that embraces Governments, civil society organizations, the private sector and the United Nations system, the Initiative assists Governments to fulfil their obligations to ensure the right to free and compulsory education and gender equality.

38. In 2008, Initiative partnerships were formally recognized in 41 out of 147 reporting developing countries. Innovative interventions from country-level partnerships of the Initiative focused on research studies (Madagascar and Viet Nam), policy development (Burundi and Rwanda), policy advocacy (Nepal), campaigns to build national consensus around social change in favour of girls' education (Yemen), gender audits (Bosnia, Cambodia, Georgia, Malawi, Serbia, Turkey, Uganda, Uzbekistan and Zimbabwe), mentoring and peer support initiatives (Madagascar), and incentives for high-performing students (Sierra Leone).

39. In addition to the United Nations Girls' Education Initiative, results have also been achieved through a wide range of other mechanisms. For example, in Nigeria and Pakistan, interventions were implemented in multilateral partnerships among the Government, the United Kingdom Department for International Development and UNICEF. Bilateral assistance has been an effective mechanism for support; for instance, Japan identifies assistance for girls' education as a priority area in its Basic Education for Growth Initiative announced in 2002.

40. Girls' education should be made affordable through eliminating fees, providing scholarships and ensuring access to health and nutrition programmes. It is also important that gender analysis be conducted for transformative change and that schools be more girl-friendly, with the provision of separate toilets, the elimination of gender stereotypes in the curriculum and materials and the recruitment of female teachers. Situating schools close to home, with community involvement and flexible schedules, makes schools more accessible for girls.

E. Promoting human rights education

41. Human rights education has the potential to improve the situation of the girl child, but in many countries it has not been given adequate attention. Such education needs to be conducted within the human rights-based approach framework to and within education. This necessitates access to education, quality of education and respect in the learning environment. In this regard, human rights education should also be addressed within the broader efforts of life skills-based learning programmes, which enhance participation, promote the agency of both girls and boys and recognize them as active contributors to their learning.

42. Initiatives are being undertaken to incorporate a human rights-based approach within education policies and programmes. In Egypt, for example, UNICEF partners with the Ministry of Education on a community school project that aims to increase access and improve quality of learning for girls in underserved areas, raise community awareness and improve attitudes towards educating children, especially girls.

F. Improved water, sanitation and hygiene

43. Water, sanitation and hygiene are factors that affect girls in many aspects of their lives. Women and girls are the main carriers of water and are therefore most affected when there is lack of access. Time spent fetching water is time away from school, play, rest, relaxation and a fulfilling childhood. Carrying heavy loads of water over long distances can also cause problems to physical development over time. Furthermore, the personal security of girls is put at risk when walking far from home to fetch water.

44. In her recent report to the Human Rights Council (A/HRC/12/24), the independent expert on the issue of human rights obligations related to access to safe drinking water and sanitation underlined that the disproportionate impact on girls and women of lack of access to sanitation includes: increased school drop-out rates for girls when their menstruation begins, due to frequent lack of appropriate school sanitation facilities; or women and girls, within defined gender roles, often being the ones to stay home and care for relatives with sanitation-related diseases.

45. Over 2.5 billion people still lack access to improved sanitation facilities and of these, 1.2 billion do not have any facility at all. The lack of access to safe and private toilets is particularly problematic for girls, resulting in their having to go to unsafe places at night to avoid being seen. The difficulties faced by girls due to poor access to water supply and sanitation are exacerbated during emergencies, when access can become even more of a challenge, health is at greater risk and personal security for girls is highly compromised.

46. The state of the water supply and sanitation facilities at schools has a significant impact on educational achievements of girls. According to a survey carried out by UNICEF in 60 countries, fewer than half of primary schools have an adequate water supply and almost two thirds lack adequate toilets. Many schools do not have separate toilets for girls and boys, which can lead to girls feeling unsafe and being harassed or sexually abused, and girls who miss one week a month during menstruation may drop out permanently.

47. Because of widespread and entrenched discrimination, girls and women are often left out of the decision-making processes in general, including for water and sanitation, despite the fact that they are the primary users. As a result, elaborated policies and installed facilities often do not meet their rights and requirements.

48. Initiatives to improve water and sanitation facilities in homes, communities and schools, and to improve girls' knowledge and understanding of hygiene issues have positive outcomes in terms of girls' health, educational achievement and empowerment. Ensuring good hygiene education in schools helps girls to be better prepared to look after their own health and the health of their families in the future. It is an effective investment for reducing child mortality on a long-term basis. Experience has shown that girls who have been involved in community water, sanitation and hygiene initiatives have been motivated to tackle other social issues, including early marriage, child abuse, substance abuse and HIV/AIDS. Opportunities for increased participation of girls in water, sanitation and hygiene projects have been made through such initiatives as the creation of school water, sanitation and hygiene clubs and by encouraging girls to act as community advocates for hygiene improvement.

G. Combating HIV/AIDS

49. HIV affects girls and women disproportionately: of 5.5 million young people living with HIV between the ages of 15 and 24 years in 2007, 3.4 million were female and the bulk of those infections were among young women in sub-Saharan Africa. Many girls also devote a significant amount of time caring for family members living with AIDS. A recent study in western Kenya found that women are the primary caregivers for bedridden family members. Those findings are borne out repeatedly in various studies.^{13,14}

50. Eighty per cent of countries now specifically address women as a component of their national HIV strategy, and 83 per cent of countries report having a policy to ensure equal access for women and men to HIV services, though only about 50 per cent of all countries report budget allocations devoted to HIV-related programmes for women and girls.¹⁵ The gender and social welfare ministries that address the needs of the child and young woman also tend to be the most poorly financed.

51. Bringing treatment costs within the reach of households improves access to treatment. Innovative drug purchasing mechanisms like the International Drug Purchase Facility, working alongside the Clinton Foundation HIV/AIDS Initiative, have recently brought down the price of the most affordable generic second-line drug regimen to \$590 annually from \$700 in 2008.¹⁶ Integrating primary prevention services into services targeting prevention of mother-to-child transmission of HIV increases access to testing and care and uptake of services.

¹³ See The Global Coalition on Women and AIDS, "Support Women Caregivers: Fight AIDS", 2007.

¹⁴ See Pamela A. Opiyo et al., "HIV/AIDS and home-based health care", *International Journal for Equity in Health*, 7:8 (March 2008).

¹⁵ United Nations General Assembly special session on HIV/AIDS country progress reports, 2008.

¹⁶ "UNITAID and the Clinton HIV/AIDS initiative announce new price reductions for key drugs", 17 April 2009, available from <http://www.unitaid.eu/en/20090417198/News/UNITAID-and-the-Clinton-HIV/AIDS-Initiative-Announce-New-Price-Reductions-for-key-drugs.html>.

52. To achieve equal access to education, a protective factor against HIV, the elimination of school fees is a must. This policy has been adopted in Ghana, Ethiopia, Kenya, Malawi and Mozambique. Schools that transform into “Learning Plus” centres, including the delivery of age- and sex-appropriate life skills-based education, have a stronger chance of reaching girls with the information they need to make safer choices in life. As at 2007, under one fifth of females aged 15 to 24 in developing countries had comprehensive and correct knowledge about HIV. Prevention programmes need to address the greater HIV risks to girls of multiple concurrent partnerships, intergenerational sex, transactional sex and violence against women and girls.

53. Nutritional support, alongside treatment, enables the young girl living with HIV to achieve her potential. Points of testing and treatment delivery provide ideal links for identifying those in need of intensive nutritional support. Alleviating dire poverty by instituting unconditional cash transfer programmes improves the family’s ability to meet basic daily nutritional requirements and other basic needs. One example is the Mchinji Social Cash Transfer Pilot Scheme in Malawi, associated with a reduction of under-nutrition by 10.5 percentage points between March 2007 and April 2008.¹⁷ Strengthening broader social protection systems can also help to identify and protect girls most at risk, bolstering the resilience of the extended family and reducing the strains of caregiving, improving school enrolment among girls and promoting birth registration and inheritance rights for women and girls.

54. Until such time equitable access to education, health services and treatment, nutrition and protection are available, essential ingredients for the promotion of girls’ health and well-being, HIV will continue to change the course of girls’ lives for the worse.

H. Girls’ participation

55. There have been increased efforts to institutionalize and sustain the meaningful participation of children in policy and practice. Governments have promoted children’s participation through the establishment of children’s parliaments, councils, associations and projects. In addition, girls and boys have taken part in equal numbers in two recent United Nations studies: the United Nations study on violence against children and the Machel study 10-year strategic review, sharing their experiences and recommendations.

56. Despite the increased focus on children’s participation, respect for children’s views within the family, school, communities and institutions continues “to be impeded by many long-standing practices and attitudes, as well as political and economic barriers”, as noted by the Committee on the Rights of the Child in General Comment No. 12 (2009) on the right of the child to be heard. This remains a significant challenge since participation is also a means for securing all other children’s rights to survival, protection and development. More specifically, the equitable participation of girls has not been achieved in many countries due to negative patriarchal attitudes and behaviours and rigid forms of gender socialization (see also para. 6 above).

¹⁷ Save the Children UK, *Lasting Benefits: the Role of Cash Transfers in Tackling Child Mortality* (Save the Children, London, 2009).

57. A growing number of participatory programmes are using a gender approach, recognizing the specific realities facing girls and engaging both boys and girls in questioning rigid and discriminatory gender socialization and norms. This involves creating an environment conducive to meaningful girls' participation through sensitization and education of parents and communities. In Malawi, for example, the Ministry of Education launched the "Sisters-to-sisters" project focusing on girls aged 15 to 17 and involving older sisters as a credible source of reproductive health information and providing a life skills education package. An adolescent girls project in Bangladesh empowers adolescent girls to participate in decisions that affect their lives, in particular in combating the traditions of early marriage and dowry. There has also been a greater focus on engaging vulnerable and marginalized groups of boys and girls including children living with disabilities, children belonging to ethnic minorities and children exposed to or at risk of sexual exploitation.

I. Improving the health status of the girl child

58. Adolescent girls bear a significant proportion of the global burden of maternal mortality and an increasingly disproportionate burden of HIV, tuberculosis and malaria infections, Goals 5 and 6 of the Millennium Development Goals. A key determinant of the health status of the girl child is gender inequality and discrimination, which influences her access to nutrition and health care from a very early age and is at the root of harmful practices, such as female genital mutilation/cutting early marriage and adolescent pregnancy, linked to complications that impact the health and well-being of the girl child throughout the life cycle.

59. Progress has been made in the establishment of global initiatives to support countries in strengthening the capacity of national health systems to achieve the Millennium Development Goals related to health, including mobilization of the required resources to improve maternal and child health, especially that of the girl child and to provide equitable access to care. These include advocacy for gender mainstreaming in health programming, support for the abandonment of female genital mutilation/cutting and initiatives for the prevention and treatment of obstetric fistula, HIV prevention in adolescents and the prevention of mother-to-child transmission of HIV. Global initiatives increasingly supporting these efforts include the health system strengthening investments of the Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, Tuberculosis and Malaria; the High-level Taskforce on Innovative International Financing for Health Systems; and the United Nations Population Fund (UNFPA) thematic funds for maternal health, obstetric fistula, reproductive health, commodity security and human resources for health.

60. Recognizing the need for increased action to achieve the Millennium Development Goals, UNICEF, UNFPA, the World Health Organization (WHO) and the World Bank have jointly pledged harmonized support to countries to accelerate progress in achieving the health-related Millennium Development Goals. This support is targeted at 60 countries, with the 25 countries having the highest burden of maternal and child mortality as immediate priorities. Efforts are ongoing to support these countries to review the essential actions needed to accelerate progress in achieving the Millennium Development Goals and to identify the specific support required.

61. Health systems have a critical role to play in addressing the inequities that affect girls. Strong health systems can facilitate access to necessary care by providing essential services for women and girls, including family planning, antenatal, skilled and emergency obstetric care at birth, postpartum care and community-based health promotion and behaviour change communication interventions that are adolescent-friendly and gender-sensitive. They can also ensure a continuum of care through childhood, adolescence and adulthood and from the household to the community to facility levels.

J. United Nations collaboration in support of the girl child

62. United Nations agencies have undertaken a number of initiatives, including joint programmes targeted at the girl child, as outlined in the thematic sections of the present report. In addition, in 2007, six United Nations agencies established an Inter-Agency Task Force on Adolescent Girls with the aim of supporting the United Nations system and Governments to reach marginalized adolescent girls by reorienting existing youth programmes and enhancing United Nations collaboration. Co-chaired by UNFPA and UNICEF, the Task Force includes the International Labour Organization, the United Nations Educational, Scientific, and Cultural Organization, the United Nations Development Fund for Women and WHO. The Task Force supports collaboration at country level with Government ministries, non-governmental organizations and women's and girls' networks to identify marginalized adolescent girls in selected communities and to implement programmes aimed at enabling adolescent girls to claim their full rights and access to social services, particularly education, health care, employment and human development. To guide these joint initiatives, the Task Force produced a joint United Nations programming framework for marginalized adolescent girls that was launched in 2009 during the fifty-third session of the Commission on the Status of Women.

IV. Efforts to support the abandonment of female genital mutilation/cutting¹⁸

63. Female genital mutilation/cutting is widely recognized as a harmful practice and a violation of the human rights of girls and women. The Special Rapporteur on violence against women, its causes and consequences has continuously addressed the issue (see E/CN.4/2002/83), including in her dialogue with Governments. Due to the powerlessness and suffering involved, the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment has recently stated that female genital mutilation/cutting also falls within his mandate (see A/HRC/7/3, paras. 50-55). The practice is perpetrated without a primary intention of violence but is de facto violent in nature. It refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It reflects deep, rooted discrimination against girls and women, which is profoundly entrenched in social, economic and political structures.

¹⁸ This section is informed in part by the deliberations of the expert meeting on human rights and the abandonment of female genital mutilation/cutting in countries of prevalence and among immigrant communities, held at Geneva on 2 and 3 July 2009.

64. Communities practice female genital mutilation/cutting in the belief that it will ensure a girl's proper marriage, chastity, beauty or family honour. The practice is upheld by a social norm that is so powerful that families have their daughters cut even when they are aware of the harm it can cause. From their perspective, not conforming to the obligation would bring greater harm to the girl and the entire family because of shame and social exclusion.

65. In 2007, WHO published an estimate that 91.5 million girls above 9 years of age live in Africa with the consequences of the practice. In 2005, UNICEF published an estimate that 3 million girls in Africa are at risk of being cut each year. This is significantly higher than the previous often-quoted estimate of 2 million girls per year. Both estimates derive from the analysis of data obtained from nationally representative household surveys. Estimates of prevalence are difficult to obtain for girls and women who have been subjected to the practice in countries of immigration in Europe, North America and Australia or for some countries in East and South Asia where there is documented evidence that the practice exists.

66. Data at the subnational level indicate that the prevalence of female genital mutilation/cutting varies more by ethnicity than by any other variable. Within a country with low national prevalence there may be some ethnic communities with very high prevalence, while in the majority of other communities, it is not practised. Data also indicate that prevalence at the national level has declined somewhat during the past decades although the speed of decline varies significantly among countries. It further indicates that in many places the support for the practice has decreased even though its prevalence remains high. This suggests that changes in individual attitudes are not sufficient for producing behavioural change.

67. Ending female genital mutilation/cutting will contribute to the achievement of several Millennium Development Goals, including Goal 3, on promoting gender equality and empowerment of women, Goal 4, on reducing child mortality, and Goal 5, on improving maternal health. It will also contribute to the implementation of the Convention on the Rights of the Child and of the Convention on the Elimination of All Forms of Discrimination against Women and will respond to the recommendations of the United Nations study on violence against children.

68. Over the past five years, academic research and findings from field experiences have yielded important insights on the social dynamics of female genital mutilation/cutting. It is now widely acknowledged that it functions as a self-enforcing social convention or social norm. In societies where it is practiced it is a socially upheld behavioural rule. Families and individuals uphold the practice because they believe that their group or society expects them to do so. Abandonment of the practice requires a process of social change that results in new expectations on families.

69. In-depth analysis of wide-scale abandonment of the practice has also pointed to the role of human rights discourse in fuelling positive social change. Within practising communities, the fundamental moral norm of doing the best for one's children motivates a parent's decision to perform the procedure since failure to comply risks the daughter's marriageability and brings shame to her and her family. It is this same moral norm that motivates parents to stop cutting, once the possibility of coordinating on a better alternative is introduced by credible figures in a credible manner in the community. When community members discuss and debate alternative perspectives, this moral norm becomes explicit. When integrated with principles of

human rights and social justice, the process is transformative. Communities recognize the rights of girls, and together they are empowered to review, deliberate and change existing discriminatory practices to make them more consistent with the fulfilment of human rights.

70. When human rights education is based on the appreciation of local culture, it expands the capacity of communities to pursue their own basic values and aspirations more coherently. Since these values and ideals tend to be consistent with universal human rights principles, the process does not undermine traditional values but rather adds new dimensions to the discussion. The discussion does not focus on the “eradication” of “bad” traditions, but instead focuses on building a positive vision of girls and women, encouraging their active role in society and enabling them to maintain their traditional values without being subjected to female genital mutilation/cutting. Individuals are not rejecting the bad, but are embracing the good. When the value-based discourse is associated with public commitments that encompass appropriate social networks, it can leverage massive collective change.

71. Because of the specific dynamics which characterize the emergence and disappearance of social norms, female genital mutilation/cutting could disappear rapidly if strategies that are consistent with this understanding are defined and consistently applied.

72. The recognition that female genital mutilation/cutting functions as a self-enforcing social convention or social norm has led to innovative programming efforts. In-depth evaluations and studies of experiences in Burkina Faso, Egypt, Ethiopia and Senegal provide significant evidence that community-led, rapid social change does take place and can be effectively promoted. Specifically, evidence shows that concepts of human rights and social justice may offer an overarching framework to put in motion local dynamics which are contextually sound and culturally respectful. Innovative programmes have also led to declared abandonment of the practice by communities in the Gambia, Guinea, Kenya, Mali, Niger and the Sudan.

73. The social norms perspective is providing insights into the specific challenges of promoting abandonment in communities of immigration. It highlights the challenges faced by families as they try to adjust to a completely different environment and culture, while at the same time trying to preserve essential elements of their own culture. It also highlights the importance of facilitating linkages between communities of immigration and their communities of origin so that positive social change can be built on broad consensus within the larger group.

74. Innovative processes of legal reform are taking into consideration the degree of social acceptance of the practice, aware that if support for the practice is high, legal measures that are solely punitive cannot be enforced. In countries of prevalence as well as in countries of immigration there are now examples of legislation that complement punitive measures with educational activities designed to promote a process of consensus towards abandonment and to provide appropriate services for those affected by the practice. In countries of immigration they include training for health and social workers who may come into contact with women that have been subjected to the practice or girls at risk. Examples can be drawn from Finland, Italy, the Netherlands, Spain and Switzerland. There is also increasing attention to ensuring consistency and complementarity between domestic measures and international cooperation policies.

75. At the global level, in February 2008, the Deputy Secretary-General launched the publication entitled *Eliminating Female Genital Mutilation: An Inter-agency Statement*. It reflects the consensus position of 10 United Nations organizations, based on evidence and sets out the elements of the programming approach to support abandonment of the practice. The UNFPA-UNICEF Joint Programme on the theme “female genital mutilation/cutting: accelerating change” is serving to operationalize the common programmatic approach outlined in the Inter-agency Statement. Launched in 2007, it is currently supporting action in 12 countries in Africa (Burkina Faso, Djibouti, Egypt, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Senegal, Somalia, Sudan and Uganda) and, if resources become available, will expand to cover five additional countries to achieve its objectives by 2012.

76. The World Fit for Children goal of ending female genital mutilation/cutting by 2010 will go unmet. However, the global goal outlined in the Inter-agency Statement — overall abandonment of female genital mutilation/cutting in one generation, with demonstrated success in many countries by 2015 — can be reached if support and collaboration is strengthened in line with the latest evidence.
