The United Nations Secretary-General’s Campaign UNiTE to End Violence against Women has proclaimed the 25th of each month as “Orange Day”, a day to raise awareness and take action to end violence against women and girls. As a bright and optimistic colour, orange represents a future free from violence against women and girls, for the UNiTE Campaign. Orange Day calls upon activists, governments and UN partners to mobilize people and highlight issues relevant to preventing and ending violence against women and girls, not only once a year, on 25 November (the International Day for the Elimination of Violence against Women), but every month.

In 2016, a new global development agenda was accepted by all countries and is applicable to all. Through its 17 goals and 169 targets, the 2030 Agenda for Sustainable Development, an agenda for global action for the next 15 years, addresses the three dimensions of sustainable development: the economic, social and environmental. The Agenda recognizes gender equality and the empowerment of women as a key priority and pledges that “no one will be left behind”. Goal 5 of the agenda aims to “Achieve gender equality and empower all women and girls” and includes specific targets to eliminate all forms of violence against women and girls. All goals are integrated
and indivisible, therefore their achievement is also fully dependent on ensuring parallel and interconnected implementation of the efforts to prevent and eliminate violence against women and girls. For this reason, throughout 2016, the UNiTE campaign through its Orange Days will highlight specific Sustainable Development Goals as they relate to violence against women and girls.

This Orange Day, March 25, the UNiTE campaign will highlight **Goal 3: “Ensure healthy lives and promote well-being for all at all ages”**, focusing on the following three thematic areas: access to essential services, HIV and AIDS, and female genital mutilation (FGM).

**Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages**

SDG 3 recognizes the interdependence of health and development, and aspires to ensure health and well-being for all. It includes a bold commitment to end the epidemics of AIDS, among other communicable diseases by 2030. It aims to achieve universal health coverage, including access to quality essential health-care services and access to essential medicines. It also calls for a substantial increase in health financing and the recruitment and training of health workforce in developing countries.

**Health and Violence against Women and Girls: Issues, Solutions and Key Current Initiatives**

Violence against women and girls is truly a global pandemic. It is a cause and consequence of many health problems. On one hand, violence against women can result in serious short-term and long-term health problems for the victims, including disability, unwanted pregnancies, abortions, other obstetric/gynecological complications, depression and HIV infection. Health problems of women and girls, in turn, can also cause more physical or sexual violence against them. Women living with HIV are more likely to experience violence as a result of
their sero status. Moreover, evidence revealed that male controlling behaviour in its own right, or as an indicator of ongoing or severe violence, puts women at higher risk of HIV infection.

Recognizing the link between health and violence against women and girls, UN agencies work with member states and partners to address this issue, in advocacy, building evidence base, strengthening research and providing technical assistance.

1. Access to essential services

All women and girls survivors of violence require access to multi-sectoral services, including health, police and justice, and social services, for their immediate and ongoing safety, health and recovery. Health services are essential as, amongst other things, they provide survivors with immediate treatment and care for injuries; treatment and medication for possible exposure to HIV through the provision of Post Exposure Prophylaxis (PEP), as well as for other sexually transmitted infections (STI); forensic medical examinations or rape kits in case the survivors decide they would like to report and pursue justice; access to emergency contraception and, where it is legal and safe, access to abortion if relevant; as well as counselling or psychological support for immediate emotional / psychological health needs. Although progress is being made globally, many women and girls survivors still lack access to adequate and appropriate multi-sectoral services. The existing services are typically underfunded, understaffed, not of sufficient quality and mostly available in big cities. Vulnerable groups—such as migrant women, women living with disabilities, indigenous women, older women or women living in remote areas who are often more at risk of such violence - have even more limited options and often lack access to basic services. Stigma, lack of confidence in the quality of services or lack of awareness also prevent survivors from accessing services.

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1 UNAIDS, 2014, “Unite with women: unite against violence and HIV”.
To improve the quality of and access to essential multi-sectorial services, UN Women, has partnered with four other agencies, UNFPA, WHO, UNDP and UNODC, to establish the **Essential Services Programme**. The UN joint programme aims to increase the quality and access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender based violence. The Programme provides technical guidance on the provision of high quality services and responses, particularly for low and middle income countries. The guidelines and modules can be found in the “**Essential Services Package**” and will soon be supplemented by an implementation manual. As part of the Essential Services Programme, the guidelines will be tested in up to ten countries around the world.

**World Health Organization** (WHO) works to support countries to strengthen the health sector’s response to violence against women, including the implementation of WHO tools and guidelines. For example, in November 2015, **WHO launched a toolkit** to help countries to strengthen the medico-legal response to sexual violence. The toolkit includes recommendations on conducting forensic medical examinations, documenting events and responses, conducting an initial investigation, and ethical standards that must be upheld during the process. In 2014, WHO, UN Women and UNFPA released a clinical handbook **“Health care for women subjected to intimate partner violence or sexual violence”** (it is also part of the UN Joint Global Programme on Essential Services for Women and Girls) – abovementioned toolkit is a part of it.

2. **HIV and AIDS**

SDG 3 includes a target to end the epidemics of AIDS, among other communicable diseases, by 2030. This target cannot be achieved without ending another pandemic, violence against women and girls. Violence is one of the key drivers behind the increasing number of women and girls living with HIV and AIDS. Sexual violence puts women at greater risk of contracting the virus as a direct result of physical trauma, injuries and bleeding. Studies have shown that intimate partner violence can increase the risk of HIV infection by around 50%. Fear of violence makes many reluctant to be tested or treated, and inhibits their capacity to
negotiate safer sexual practices. Women living with HIV may be marginalized, abandoned by their families or partners, beaten, and even killed. They have faced forced sterilization and abortion, denial of treatment, and disclosure of their status to partners without their consent. Child, early and forced marriage reduces women and girls’ ability to protect themselves from HIV and mitigate its impact. Whereas the practice of child, early and forced marriage is declining globally, there are still 700 million girls worldwide who were married before their eighteenth birthday.³

UN Women collaborates with the UN system, national AIDS councils and civil society partners on breaking the links between violence and HIV and AIDS. For example, UN Women’s advocacy in Mozambique helped propel passing a law with additional penalties for sexual abuse resulting in the transmission of HIV. In 2014-2015, UN Women facilitated integration of GBV issues into the national HIV strategic plans of 12 countries.⁴ For example, in Nigeria, UN Women supported adoption of the National Plan of Action on GBV/HIV 2015-2017 and of the Violence against Persons (Prohibition) Act that prosecutes various forms of violence, including female genital mutilation, and establishes a protection mechanism for survivors. In Cambodia, joint advocacy and technical assistance of UNAIDS, UN Women and UNDP helped to ensure that HIV and GBV linkages were integrated into Cambodia’s second National Action Plan on Ending Violence against Women, signed in January 2015. The Plan includes a sub-chapter on women and girls at increased risk of violence. In Jamaica, UN Women and UNFPA supported the Bureau of Women’s Affairs to draft a National Action Plan on GBV, to strengthen multi-sectoral and coordinated services to survivors of GBV, including women living with HIV. The UN collaborated in Jamaica through a joint ‘Nuh Guh Deh’ campaign with a local NGO, Eve for Life to prevent sexual violence, particularly against young women and adolescents and supported the development of the NAP on GBV and revision of the Sexual Offences Act. Advocacy was also centered around the need for strengthened protection systems for the most vulnerable, particularly adolescent girls and women.

UNAIDS has been actively advocating for ending violence against women. The agency launched its advocacy brief Unite with Women Unite against Violence and HIV in 2014. The brief outlines 5 core reasons to prevent violence against women: violence against women is a human rights violation; women who experience violence are more likely to acquire HIV; women living with HIV are more

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⁴ 2014: Cabo Verde, Cote D’Ivoire, Georgia, Indonesia, Kazakhstan, Kenya, Morocco, Mozambique, Tanzania and Uganda; 2015: Cambodia, Nigeria.
likely to be subjected to violence; women most vulnerable to HIV are also most vulnerable to violence; and that violence undermines the HIV response by creating a barrier to accessing services.

3. Female Genital Mutilation (FGM)

The United Nations observes International Day of Zero Tolerance for Female Genital Mutilation every 6 February, in an effort to make the world aware of the issue and to promote the eradication of FGM. The 2016 theme was “Achieving the new Global Goals through the elimination of Female Genital Mutilation by 2030”.

WHO defines female genital mutilation as procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. At least 200 million women and girls alive today have undergone FGM in 30 countries, according to a recent UNICEF thematic brief. Female genital mutilation has absolutely no health reasoning behind nor any benefits. Instead, the procedures can cause life-threatening complications, whether performed by health professionals or by traditional circumcisers. Girls and women that have undergone FGM are 70 per cent more likely to suffer hemorrhage after giving birth and are twice as likely to die during childbirth. Women with FGM are less able to deliver healthy infants. FGM is linked to increased risks of infant death during and immediately following birth. UNFPA and UNICEF jointly lead the largest global programme to accelerate the abandonment of FGM. The programme currently focuses on 17 African countries and also supports regional and global initiatives.

Orange Day Activities

- Wear orange on March 25th to show your support for ending violence against women and girls.
- Host an online or offline event to discuss the link between health and violence against women. Explore how the new global development agenda can help end violence against women and promote the health and well-being of women. Reach out to health organizations to participate.
Learn the importance of accessing essential services after violence against women, including rape. Visit UN Women webpage for Services for All Women.

Talk to your family and friends about challenging the stigma associated with rape and discuss why it is important to rapidly access health services after sexual assault.

Learn what post-violence services are available in your community and share this information with others.

Call or write to your local leaders to raise their awareness of the need to ensure the availability of comprehensive essential services.

Raise awareness of the link between HIV / AIDS and violence against women.

Raise awareness of the cruel practice of FGM and its harms.

If you work in media, use media to galvanize public opinion against FGM. If you live in a country where FGM is practiced, advocate for passing national legislation to ban FGM.

Sample Social Media Messages

Twitter

It’s #OrangeDay! #UNiTE is highlighting #globalgoals to promote health & end #violenceagainstwomen: http://ow.ly/Xnpxe v @SayNO_UNiTE

On #OrangeDay learn how #planet5050 & ending #VAW are key to meeting #globalgoals on health: http://ow.ly/Xnpxe via @SayNO_UNiTE

Facebook

Happy #OrangeDay! This month we’re highlighting #globalgoals to ensure healthy lives and promote well-being for all at all ages. Find out how it relates to efforts to prevent and end violence against women and girls. http://ow.ly/Xnpxe via [Say NO - UNiTE to End Violence Against Women]

In 2016, #UNiTE is focusing on the implementation of the 2030 Agenda for Sustainable Development as it relates to ending violence against women and girls. This month we take a closer look at Sustainable Development Goal 3: ensuring healthy lives and promoting well-being for all. Start a conversation in your community about the link between health and violence against women. Explore how you can leverage the #globalgoals to promote women’s health and to end violence against women and girls. http://ow.ly/Xnpxe via [Say NO - UNiTE to End Violence Against Women] #OrangeDay