OUR PRINCIPLES:
Achieving gender equality and the empowerment of women (GEEW) is integral to each of the 17 Sustainable Development Goals (SDGs). Gender equality and women’s empowerment is not only a specific SDG (SDG 5) but also considered a cross-cutting theme that affects the achievement of all other SDGs.

HOLDING US ACCOUNTABLE:
In line with the UNOV/UNODC Strategy for Gender Equality and the Empowerment of Women 2018-2021 and the UN-SWAP 2.0 framework, UNODC is explicitly committed and mandated to actively and visibly mainstream gender across all mandates and the three pillars of the Office work programme (normative work, research and analytical and technical assistance work).
The issue of gender in the UNODC health and livelihoods programme has risen more frequently than in other programmes. Targeted research shows marked differences between women and men in almost all aspects of the drug phenomenon, as well as in a number of high-level political declarations by the General Assembly calling for the incorporation of a gender dimension in the design and implementation of alternative development programmes, treatment and rehabilitation, and demand reduction policies. This brief aims to highlight the more inconspicuous gender dimensions under this mandated area, and helps to underline that there are no gender-neutral interventions when the ultimate goal is to improve the lives of all people, women and men, girls and boys, as well as individuals of diverse bodily characteristics, diverse sexual orientation and/or diverse or plural gender identities.

Although most United Nations gender-related policies and guidelines refer mostly to women and men, this gender brief included, gender equality serves to the advantage of both men and women, boys and girls, as well as all individuals/groups marginalized and/or discriminated against on behalf of their gender and cannot be achieved without the full engagement of all of them. Furthermore, men and women are subjected to different, often contextually specific, forms of discrimination (e.g., due to gender identity, sexual orientation, class, religion, caste, ethnicity, age, disability, location, among others). Thus, gender mainstreaming should be sensitive and responsive to all diverse and intersecting forms of discrimination that individuals face. It should also bear in mind that given the specific physical, mental and psychological developmental needs and vulnerabilities of children, [1] it is important to distinguish them from adults and to adopt both a gender- and child-sensitive approach to gender mainstreaming.

Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies, or programmes, in all areas and at all levels. It is a strategy for making women’s as well as girl’s, boy’s and men’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally, and inequality is not perpetrated. The ultimate goal is to achieve gender equality.

Economic and Social Council, agreed conclusions 1997/2.
Intersectionality

Gender equality will only be achieved when women and men, and boys and girls have the same opportunities, rights and responsibilities in all areas of life. However, the reality is that the experiences, needs, priorities and capacities of men and women, and girls and boys are not homogenous. Intersectional characteristics such as ethnicity, race, religion, age, sexual orientation, gender identity and class can shape the experience of one’s gender. Similar to gender, these identities are embedded in power structures which shape a person’s opportunities and conditions in life. When implementing an intersectional perspective, the convergence between gender and various identities is recognized, thus ensuring that all groups of people are included in an equal and equitable manner. Adopting an intersectional perspective will ensure that gender is effectively mainstreamed and that nobody is left behind.

The UNODC Programme Plan recognizes the importance of implementing an intersectional approach, stating that “UNODC will implement and advocate for measures that address the differentiated needs of women, men, boys and girls, particularly those who also experience disadvantages on the basis of age, race, income level, geographic location, migration status, disabilities, health status and other characteristics”. Not only does this ensure that the implementation of the UNODC mandate is inclusive and accessible, but that it is also in line with the aims of international instruments and resolutions related to gender equality and the empowerment of women. The United Nations approach to leaving no one behind is also set out in the 2030 Agenda in Sustainable Development Goal 5 on achieving gender equality and women’s empowerment, and puts the imperative on Member States to combat inequalities and discrimination.

THE PURPOSE OF THIS BRIEF

This brief is for UNODC staff working on health and livelihood. Its aim is to assist in mainstreaming a gender perspective in the development of programmes and projects concerning drug prevention, treatment and rehabilitation, alternative development, and combating wildlife crime. It identifies some of the main issues related to gender within these areas to help with situational analysis and provides some practical tips on how to mainstream gender while formulating project objectives, outcomes, outputs, indicators and activities.

Please bear in mind: (a) This brief is meant to be a short, simple overview of key issues. Selected resources are provided at the end if there is a want/need to dig deeper into this theme; (b) This brief should be seen as a starting point for discussion on this topic.

The structure of this brief follows that of the UNODC project/programme template as well as the UNODC gender mainstreaming checklist (annexed). The brief, additionally, complements the Guidance Note for UNODC Staff: Gender Mainstreaming in the Work of UNODC and the UNODC Results-based Management and the 2030 Agenda for Sustainable Development Handbook. Please see the other four gender briefs for interlinkages between specific projects and other thematic areas at www.unodc.org/gender
1. SITUATION ANALYSIS

Engendering the situational analysis

Incorporating a gender perspective into the situational analysis is the most important stage in project/programme development to ensure that gender aspects will be reflected in the design of the programme/project (i.e., results framework, activities and indicators). An engendered situation analysis requires sex-disaggregated data and ensures that development projects and programmes incorporate roles, needs and the participation of women, men, girls and boys.

THE PROBLEM

General questions to keep in mind when formulating the project/programme:

- Is there someone with gender knowledge/expertise in the assessment/formulation team who can assist in ensuring that gender issues relevant to health and livelihood have been systematically identified?
- Do the various assessments (needs assessment, situational analysis, stakeholder assessment or problem analysis) and methodologies include gender issues in the information gathering and analysis phase?
- Is a specific gender analysis needed to understand the implications of the project/programme for men and women, and individuals with variations in sex characteristics, diverse sexual orientation, and/or diverse or plural gender identities?
- What is the expected impact of the project activities could have on men and women, and individuals with variations in sex characteristics, diverse sexual orientation, and/or diverse or plural gender identities?
- Is a specific gender analysis needed to understand the implications for men and women?
- Is the project based on data and evidence gathered in a gender-specific manner, for example, sex-disaggregated data, focus groups with both men and women, separate women focus groups, etc.?
- What do gender-based power structures in the country/region being covered look like (e.g., access to resources, services and rights by women and men, girls and boys as well as individuals with variations in sex characteristics, of diverse sexual orientation and/or diverse gender identities)?
- What is the policy and legal framework on gender equality issues and what
governmental institutions exist to implement gender equality policies in the country/region being covered?

- What are the key issues related to the empowerment of women and gender equality that are being addressed by the project/programme?
- What is the expected impact of the project on women and men, boys and girls?

Specific thematic questions to keep in mind when formulating the project/programme:

- Are there gender differences in terms of drug use (extent and type of drug); profile of user; health consequences of drug use; susceptibility? What and why?
- Are women and men, individuals with variation in sex characteristics, diverse sexual orientation and/or diverse gender identities able to access drug treatment, rehabilitation and reintegration services in different/similar ways?
- Are there different obstacles/barriers in accessing services in terms of gender?
- Do services respond to the needs of both men and women, individuals with variation in sex characteristics, diverse sexual orientation and/or diverse gender identities?
- Does gender play a role in illicit crop production?
- Is gender-sensitive research and data collection needed?
- Is there understanding for health and livelihood measures in the context of the international legal and policy frameworks for women’s rights and gender equality?
- Does gender play a role in wildlife crime? Consider gender at every stage of the wildlife crime chain – from poaching and the organized crime group connection to the investigation, prosecution and adjudication of the criminal case.
- Do women and men, individuals with variation in sex characteristics, diverse sexual orientation and/or diverse gender identities have the same opportunities to highlight their specific experiences of and concerns about health, livelihood and access to services?
- What are the interrelated issues – and issues pertaining to “intersectionality” that compound the multiple disadvantages experienced by women, individuals with variation in sex characteristics, diverse sexual orientation and/or diverse gender identities?

COUNTERPART CAPACITY

- Include a broad set of actors, including governments, civil society and women’s and human rights organizations, LGBTI organizations and youth organizations, when mapping and meeting with partners and stakeholders.
- Ensure understanding of the cultural context in which men and women, and individuals with variation in sex characteristics, diverse sexual orientation and/or diverse gender identities, can operate. For instance, are the premises where meetings with counterparts will be arranged accessible to both women and men? Does there need to be a separate meeting place for men and women? Do women need financial support to be able to travel to the meeting venue? Are women able to travel alone to the meeting venue? Are women able to meet at the suggested times or are they bound up by household tasks/agricultural tasks/childcare, etc.? What measures can be taken to ensure equal access to and the active participation of men, women and individuals with variation in sex characteristics, diverse sexual orientation,
and/or diverse gender identities at the meeting/event? What is the nature and extent of women’s and men’s, and individuals with variation in sex characteristics, diverse sexual orientation, and/or diverse gender identities participation in the programme? What barriers to participation are being experienced? Why do the barriers exist? How can the barriers be overcome?

**STRATEGIC CONTEXT**

- What is the legal and policy framework on gender equality and non-discrimination, and what governmental institutions exist to implement gender equality and non-discrimination policies in the country/region being covered?

- What do gender-based power structures in the country/region being covered look like (e.g., access to resources, services and rights by women and men, individuals with variation in sex characteristics, diverse sexual orientation, and/or diverse gender identities)?

- Are laws, policies and strategies pertaining to health and livelihood sensitive to the needs, roles and capacities of men and women?

**SYNERGIES WITH OTHER PROJECTS/PROGRAMMES AND ORGANIZATIONS**

- Are lessons learned and best practices on gender equality and women’s empowerment from UNODC and other relevant organizations and United Nations entities incorporated?

- Have key findings and recommendations emanating from relevant research, other United Nations entities and project/programme evaluations, been incorporated?

**TARGET GROUPS**

- Has a comprehensive mapping of stakeholders to speak to been made during the situation analysis? Has the said list been disaggregated by sex in order to ensure that it is as gender-balanced as possible? Have women and individuals with variation in sex characteristics, diverse sexual orientation, and/or diverse gender identities been consulted equally with men during the formulation process, especially female beneficiaries? Are persons knowledgeable about gender issues in the country among the list of stakeholders?

- Have the formulation teams consulted men and women about their concerns, priorities, opinions and solutions to key issues, including gender experts, women’s organizations, government women policy agencies, that is, agencies dedicated to promoting gender equality and improving the status and conditions of women within the state bureaucracy.

- Does the project/programme ensure that both women and men, individuals with variation in sex characteristics, diverse sexual orientation, and/or diverse gender identities can access and participate in project/programme activities (target at least 30 per cent of whichever gender is underrepresented)?

- Have consultations been undertaken with the public agencies dedicated to promoting gender equality and improving the status and conditions of women within the state institutions?

- Have women’s organizations or justice professions and national/donor counterparts who work on the issue of gender and/or health and livelihood, been consulted?

- Have external gender experts, such as academia and civil society, been consulted?
• Have other United Nations agencies, such as UN Women, UNAIDS, UNICEF, UNDP and WHO been consulted?

**GENDER ISSUES**

• Is there a need to develop activities targeting individuals who may be underrepresented (on the grounds of gender, sex, sex characteristics, sexual orientation or gender identity), to ensure that they benefit equally from the project?

• How is the project/programme reaching out to engage underrepresented persons in its activities?

• Is the project/programme concept consistent with United Nations commitments on gender equality and women’s empowerment?

• How does the project contribute to the overall goal of gender equality in the country?

• Is there a possibility that existing inequalities be made worse by the project/programme?

• Is gender-sensitive language used within resources, reports, promotions, etc. developed for the project/programme?

• Does the communication material promoting the project/programme portray women, men and individuals with variation in sex characteristics, diverse sexual orientation, and/or diverse gender identities in a way that does not reinforce gender stereotypes?

• Do the data and indicators used to develop the project/programme call attention to different needs and interests based on sex, sexual orientation, sex characteristics and gender identity?

• Does the project/programme combat gender-based discrimination or gender stereotypes directly or indirectly?

**HUMAN RIGHTS**

• What is the policy framework for human rights and women’s rights in the area of intervention of the project/programme?

• Has a human rights risk assessment been conducted, including checking the human rights record of the counterparts that the project/programme aims to engage? Have measures been developed to mitigate potential human rights violations related to project implementation?

• Has the country that the project/programme concerns acceded to the Convention on the Elimination of All Forms of Discrimination against Women? Has it ratified any regional instruments in this area?

• Does the country that the project/programme concerns partake in the Commission on the Status of Women?

• What national and/or regional policies and strategies exist on gender equality and women’s empowerment?

• Do national and/or regional action plans exist for issues such as combating trafficking, women, peace and security, gender equality, women’s empowerment and gender parity?

• Has a human rights-based approach (HRBA) been taken while developing the project/programme? Has project/programme design been guided by key human rights principles such as participation and inclusion, accountability and the rule of law, non-discrimination and equality?

• Have the human rights conventions and domestic laws that apply to the project/programme been identified?
2. PROJECT/PROGRAMME DESCRIPTION

Highlighting the link between health, livelihood, gender and the 2030 Agenda

Understanding how the SDGs are interlinked with the mandated area and gender makes for better policies and more effective action to attain sustainable development targets. Projects and programme documents could consider the following points to highlight the link between gender, development, and health and livelihood (SDGs 3, 5, 16 and 17):

- Reducing an individual’s vulnerabilities to drug use, drug dependency, HIV/AIDS, and illicit crop production and wildlife crime contributes to public health, international peace and security, and gender equality and women’s empowerment.

- Addressing the world drug problem in a more balanced and humane way prioritizes evidence-based, health-centred approaches, focuses on prevention, treatment and social rehabilitation, and integration and addresses both supply and demand. The emphasis is on the public health dimension and the socioeconomic consequences of the world drug problem and the acknowledgement that the eradication of the global drug problem requires a balanced approach that includes supply, demand and livelihoods.

- It is clear that the world drug problem is undermining gender equality and that a gender perspective is needed in all efforts to prevent and respond to this issue. In some regions, the drug problem is linked to high levels of violence and femicide, increasing levels of sexual violence and trafficking in persons, and a humanitarian and migratory crisis.

LOCATION AND DURATION

- Are project/programme activities held in a place that is safe for women and individuals with variation in sex characteristics, diverse sexual orientation and/or diverse gender identities? Do security measures need to be taken to allow them to partake in project/programme activities?

- Does the project/programme hold activities at times when both women and men can attend per the region (before or after work hours, not at night, not during prayer times, etc.)?

- Will activities be held during a time of year that does not interfere with activities/events already being held in the region (after/before harvest, not during cultural/religious festivals, etc.)?

- Are activities held at a place that is suitable for children in case childcare is not affordable or cannot be found by participants? Is childcare provided in such cases?
GENDER MAINSTREAMING IN THE WORK OF UNODC

LOGICAL FRAMEWORK: ENGENDERING THE RESULTS CHAIN

Try to make the issue of gender visible in the results chain. This is really important for UNODC as the Office often operates in contexts in which gendered norms are deeply embedded and/or with teams and partners that do not easily identify gender issues. In formulating project objectives, outcomes and outputs. Consider:

- Linking health and livelihood to improving gender equality and sustainable development, or vice versa, improving gender equality in a multipronged approach to respond to health and livelihood.
- Do the project/programme objectives explain how the project/programme contributes to improving gender equality?
- Do the project/programme outcomes include gender aspects?
- Do the project/programme outputs provide information as to how the project/programme will impact the situation with regard to women and to men independently?
- Are the project/programme indicators defined in a way that can measure success in terms of effective integration of a gender perspective?
- Have the project/programme activities been designed to ensure the involvement of both women and men? Is there a gender balance within the target groups?
- Are specific issues that affect mainly women addressed, according to the situation analysis and prioritization of issues?
- Where relevant, are issues that affect mainly or only individuals of diverse sexual orientation and gender identities addressed? (e.g., in prisons; in access to justice and legal aid; in responses to different types of crime and violence)
- Is it possible to have the main participants and/or leaders be women in relevant outputs, according to the situation analysis and prioritization of issues?
- Has the gender analysis shown that women are some of the main beneficiaries? How has this been reflected in the outputs of the programme?

UNGASS 2016 RECOMMENDED

- Mainstreaming a gender perspective in drug policies and programmes.
- Ensuring that women, including detained women, have access to adequate health services and counselling.
- Addressing conditions that make women and girls vulnerable to exploitation and their participation in drug trafficking.

SUGGESTED ACTIONS

- Include and highlight gender-specific services for women and girls in national legislation.
- Financially support health-care services targeted at women and girls, specifically related to drug use prevention, drug disorder treatment and HIV treatment.
- Identify and address barriers for women and girls: childcare responsibilities; fear of losing children; stigma of criminal justice system; co-occurring disorders; and sexual and reproductive health.
- Recognize unconscious bias.
- Address the family unit – extended family, father, mother, children. Be aware of cultural components.
<table>
<thead>
<tr>
<th>RESULTS CHAIN</th>
<th>PRACTICAL TIPS</th>
<th>GENDER-SENSITIVE EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT OBJECTIVE</td>
<td>Formulate project objectives to link health and livelihood programmes to improving gender equality and sustainable development.</td>
<td>Improved access to and utilization of gender sensitive health-care services, including HIV, viral hepatitis, and drug dependence treatment and rehabilitation in male and female prison settings in country X.</td>
</tr>
<tr>
<td></td>
<td>Formulate project objectives to address one or more issues that affect mainly women.</td>
<td>Substance use treatment and care for women is provided in country X.</td>
</tr>
<tr>
<td>OUTCOMES</td>
<td>Formulate outcomes that include gender aspects.</td>
<td>Prison administrations provide comprehensive STIs/HIV, HBV, HCV and TB prevention, treatment and care services taking into account the differential needs of men and women. Biomedical researchers on drug addiction document the physical difference between women and men.</td>
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<td></td>
<td>Formulate outcomes to address one or more issues that affect mainly women.</td>
<td>Service providers manage substance use and substance use disorder in pregnancy.</td>
</tr>
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<td></td>
<td>Formulate outcomes in order to be able to provide information as to how the project will increase the capacity of women leaders/participants.</td>
<td>Availability and accessibility of HIV/AIDS prevention and response legal framework and action plans in partner countries with the support of UNODC.</td>
</tr>
<tr>
<td></td>
<td>Formulate outcomes where the main participants are women.</td>
<td>Civil society organizations, including women’s groups and LGBTI groups, participate actively and effectively in the development of drug prevention programmes in country X.</td>
</tr>
<tr>
<td>OUTPUTS</td>
<td>Formulate outputs to provide information as to how the project will impact the situation for women and men, and individuals of diverse sexual orientation and gender identities independently.</td>
<td>Standard operating procedures and training manuals on STIs/HIV, HBV, HCV and TB prevention, treatment and care in prisons and closed settings integrating gender dimensions produced. Drug surveys employ gender-sensitive survey methodology, including participatory methods.</td>
</tr>
<tr>
<td></td>
<td>Formulate outputs to provide information as to how the project will address one or more issues that affect mainly women.</td>
<td>Improved identification and management of substance use and substance use disorder in pregnancy.</td>
</tr>
<tr>
<td></td>
<td>To provide information as to how the project will help women beneficiaries.</td>
<td>Standard operating procedures and training materials for service providers on working with female drug users and the female intimate/sex partners of male drug users produced.</td>
</tr>
<tr>
<td>ACTIVITIES</td>
<td>Design activities explicitly to mainstream gender.</td>
<td>Develop and draft gender-responsive standard operating procedures in male and female prisons and closed settings in close collaboration with WHO, UNAIDS, UN Women and national health programmes.</td>
</tr>
<tr>
<td></td>
<td>Design activities to increase the capacity of women and individuals of diverse sexual orientation and gender identities leaders/participants.</td>
<td>Capacity development activities targeting trainers and service providers on gender-responsive, community-based HIV prevention, treatment and care services for women and LGBTI groups who use drugs.</td>
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LOGICAL FRAMEWORK: GUIDANCE FOR THE DEVELOPMENT OF GENDER-SENSITIVE INDICATORS

It can be challenging to ensure indicators are defined in such a way that can measure gender-related changes over time. Remember:

• Performance indicators should be formulated in a manner so that they are able to measure the changes for both women and men (and different groups of women and men) and evaluate how successful the programme is in achieving transformative gender-related sustainable development results.

• All indicators should be disaggregated by sex wherever possible. But remember, sex ratios alone are insufficient indicators for gender equality. While equal participation and representation are supporting factors for achieving gender equality, alone they are insufficient.

• Measuring equal opportunities and equal access to resources for women and men is more qualitative in nature and more oriented towards outcomes of policies, processes and interventions.

• Adequate indicators for gender equality therefore focus on the substance and the quality of outcomes. This helps identify the gender-differentiated impact of our interventions.

• Suggest using a combination of quantitative and qualitative indicators to cross-check results.

• The advice of keeping indicators to a limited number so as not to overload the project still holds. However, care must be taken not to select only the easy ones that are less relevant to gender mainstreaming. When identifying gender indicators, pay attention to how to verify these.
### Performance Indicators

#### Quantitative Indicators

Measures quantity, number, ratio or percentage. Such data can show changes in gender equality over time (e.g., number of women in senior positions at a justice institution compared to men).

**Tips on indicators for training/capacity-building**

- Consider including another indicator that measures whether the training and legal tools themselves mainstream a gender perspective.

**Tips regarding surveys**

- Measure the incorporation of gender-sensitive questions into the survey.
- User satisfaction surveys should be able to measure satisfaction with conditions or situations that affect men and women differently.

**Tips regarding knowledge products**

- Include number or percentage of reports, publications and conference proceedings that reflect the difference of impact on women/men.

**Tips regarding beneficiaries**

- An indicator to evaluate whether certain activities have been designed to take into account male and female needs.

#### General tips

- Rather than using gender-neutral terms, such as experts, society, citizen, explicitly state men and women (and other individuals based on gender identity and expression where appropriate).

#### Qualitative Indicators

Measure women and men’s experiences, opinions, perceptions and judgments. Such data is collected through participatory methodologies such as focus group discussions and social mapping tools, or through surveys measuring perceptions and opinions.

**Tips on indicators for training/capacity-building**

- Measure the outcomes of the training on how the institution responds to differentiated aspects faced by women and men and the promotion of gender equality.

**Tips regarding beneficiaries**

- An indicator to evaluate whether certain activities have been designed to take into account male and female needs.

### Guidance for Gender Mainstreaming

#### General tips

- Number of inmates benefiting from HIV, viral hepatitis or TB prevention treatment and care services in prisons and after release (disaggregated by sex and age).

- Increased use of prevention and treatment services by men and women.

- The number and role of women/men in training.

- The number or percentage of case studies/training modules where gender has been explicitly mainstreamed.

### Examples of Gender Indicators

- Number of inmates benefiting from HIV, viral hepatitis or TB prevention treatment and care services in prisons and after release (disaggregated by sex and age).

- Increased use of prevention and treatment services by men and women.

- The number and role of women/men in training.

- The number or percentage of case studies/training modules where gender has been explicitly mainstreamed.
3. **PROJECT/PROGRAMME MANAGEMENT**

### STAFFING

- Does the assessment/formulation team include a member with gender knowledge/expertise?
- Has the formulation team informed itself substantively on the gender dimensions of the thematic area of work?
- Does the assessment/formulation team include both women and men?
- Who participates in decision-making on the assessment/formulation team? Are women and men given an equal voice?
- Are there equal opportunities for women and men in terms of management and implementation arrangements of the project/programme?
- Have gender focal points in the region been contacted and included within the assessment/formulation team?
- Do women comprise an integral part of the assessment/formulation team?

### BUDGET

Including a gender perspective in the project/programme budget can mean that there is a separate budget line for the underrepresented sex, for example, if it is necessary to have special activities targeting women. However, it does not necessarily mean that the budget includes a separate women’s budget, but that the project/programme budgets include a gender equality perspective.

- What are the costs connected to separate consultations with women and men?
- Would the project/programme benefit from including a gender expert?
- Was gender equality kept in mind when developing the budget?
- Is there a budget allocation to implement women’s empowerment and gender-sensitive activities?
- During implementation, are funds being spent as planned with regard to gender mainstreaming? If not, reallocate.

### MONITORING

It is important to monitor gender issues at both output and outcome levels of the log frame, not only in order to document results, but also to learn what has worked and what has not. There has been a tendency to merely document the results of activities and outputs, for example, “number of women trained”. To understand the impact of a project/programme, objectives also need to be monitored such as women’s control and access to land; women’s access to farming technologies; health-care services; understanding and catering to women’s needs as well as men’s; and monitoring the assumptions for organizing training, that is, training leading to enhanced empowerment; implementing policies of assumptions such as the one that training leads to empowerment. This requires that the project includes gender-sensitive and gender-targeted indicators as well as collecting sex-disaggregated data.

For gender-sensitive evaluation, please use the UNODC Brief for Project/Programme Managers: Mainstreaming Gender in UNODC Evaluations. [3]
UNODC has been mainstreaming a gender perspective into its activities to address the world drug problem in a more humane and balanced way, by focusing on prevention, treatment and social rehabilitation, and integration while addressing both supply and demand. It is important to explicitly address gender equality and women’s rights in discussions about the world drug problem to inform evidence-based policies and practices that take into account the specific situations and needs of women and men, and boys and girls.

Examples of the gendered dimensions of drug use and drug use disorders

- **Extent of drug use**: The majority of people who use illicit drugs are men. According to the 2017 World Drug Report, at least twice as many men, compared to women, suffer from drug use disorder. However, once women have initiated substance use, they tend to increase their rate of consumption more rapidly than men, and as a result, women progress more rapidly than men to drug use disorders. The same report indicated a higher increase in the burden of disease from drug use disorder (+25 per cent) among women than among men (+19 per cent). However, drug use among women is underreported and varies remarkably across regions, age and type of substance, and globally, female drug use is increasing faster. The more advanced the country, the higher the proportion of females using drugs, and, in general, the gender gap between male and female users is smaller among the young population than adults.

- **Patterns of drug use**: According to the UNODC World Drug Report 2017, men are three times more likely to use cannabis, cocaine or amphetamines, while women are more likely than men to misuse prescription drugs.

- **Characteristics of people who use drugs**: Male and female drug users vary in different aspects (background, reasons for using drugs, psychosocial problems and needs in response to how they are viewed by society). Research highlighted in the UNODC World Drug Report 2018 and a 2016 review commissioned by the European Monitoring Centre for Drugs and Drug Addiction, both indicate that a large percentage of women who use drugs report a history of physical and sexual abuse, and that women are far more likely than men to report a parental history of alcohol and drug use. Women are sometimes disproportionately represented among certain high-risk groups, such as sex workers. Women using drugs are likely to be more stigmatized, which further hampers their access to health-care services for drug-related problems.

- **Health consequences of drug use**: Biomedical research on the differences between women and men (weight, hormones, body composition, etc.) indicate that drugs affect men and women differently. [4] Women tend to develop the medical and social consequences of drug use faster than men, including having more difficulty quitting, and being more prone to relapse. [5]

- **Consequences felt in the family**: Families are strongly affected by a family member with a drug use disorder. Males make up the majority of people who use drugs, but females are also affected as they are the wives, mothers, daughters and sisters of men with drug use disorders. The reverse
also applies in cases where women use drugs. Women with drug injecting partners are at increased risk of sexually transmitted HIV/AIDS.

- Improving data collection and dissemination on the extent and patterns of drug use by including disaggregation by sex and addressing the issue of underreporting can assist in better planning of treatment services and prevention activities.

**Examples of the gendered dimensions of drug prevention**

- Males and females experience different developmental problems during adolescence and have different resources to cope with these problems. Therefore, drug prevention initiatives targeting youth should take into account gender differences. For example, research indicates that females prefer settings that allow informal exchange and extroverted forms of expression, such as small workgroups.

- Family supervision is a more consistent protective factor for girls than for boys. Schools are more likely to provide self-help tools and protection against substance use for high-risk girls than for high-risk boys. And substance use among boys is affected more by risk conditions in their neighbourhood.

- There is limited evidence as to whether drug prevention interventions benefit girls and boys equally.

**Examples of the gendered dimensions of drug treatment, rehabilitation and reintegration**

- Males far outnumber females among drug treatment clients. Even though 1 out of 3 drug users is a woman, only 1 out of 5 drug users in treatment is a woman. Often treatment services do not respond to the needs of women with drug use disorders and are more designed to respond to the needs of the majority, which are men with drug use disorders.

- Some research suggests that there may be barriers to service uptake by women. For example, often treatment counsellors are not trained to respond to the necessities of women. The UNODC *World Drug Report 2018* [6] noted that women encounter significant systemic, structural, social, cultural and personal barriers to accessing substance abuse treatment. At the structural level, the most significant obstacles include lack of childcare and punitive attitudes to parenting and pregnant women, which makes them fear losing custody of their children and prevents them from seeking treatment early enough. Often women do not have money to pay for transportation, childcare costs or treatment. Treatment programmes may be located far from where women live and may have inflexible admission requirements and schedules.

- According to the UNODC 2016 *Guidelines on Drug Prevention and Treatment for Girls and Women*, [7] compared with men, women are more likely to seek treatment earlier in the course of their addiction, have fewer resources related to education, employment or income, have children living with them, and live with a spouse or partner who is using substances. Furthermore, women with substance use problems are more likely than men to have experienced trauma and to have higher rates of concurrent psychiatric problems.

- In some analyses, women are reported to be more likely than men to access treatment; the reasons for this may be related to the existence of specific services offered to women or to the fact that women might find the motivation to seek treatment especially during pregnancy or due to childcare responsibilities. In other studies, women are reported to seek treatment proportionately
less often than men because of the various forms of stigma associated with drug use, including social, structural and self-stigma. There is not enough information about gender differences in treatment duration, completion and outcome to draw any firm conclusions.

**Examples of the gendered dimensions of health consequences of drug use (HIV/AIDS)**

- The limited sex-disaggregated data shows that female intravenous drug users (IDUs) are more vulnerable to HIV infections and sexually transmitted infections (STIs) than are male IDUs. The likely reasons for such a gender difference include both social factors (e.g., female IDUs are more likely to be involved in sex work than males are) and biological factors, for example, women’s higher risk of contracting genital infections owing to the much larger area of mucous membrane exposed.
- Women tend to be the last users when drug-filled syringes are passed around. This tendency, combined with the biological fact that women have smaller veins and inject more slowly than men, increases the probability of women being infected. Furthermore, some studies have found that females tend to reuse needles for drug use more often than males; and women tend to sell sex in order to obtain drugs.
- Given the difference in societal, economic and power relations of men and women, their different access to information and services, and different ability to make decisions regarding health and sexual behaviour, men and women have different sets of HIV vulnerabilities. By addressing these distinct vulnerabilities, gender mainstreaming ensures increased effectiveness of HIV and AIDS policies and programmes while also reducing gender inequalities.

**Examples of the gendered dimensions of vulnerabilities in prisons**

- Female prisoners, especially those with drug use disorders, face particular hardships. Many criminal justice systems are not yet equipped for the special needs of women, including those with drug disorders.
- An American study found that gender differences in the rates of HIV/AIDS among incarcerated individuals are distinctly different from the pattern found in the general public. Although men account for three times as many cases of HIV/AIDS than women in the general public, among incarcerated individuals, women have consistently been found to have higher rates of infection than men. This “risk reversal” requires additional attention in order to understand the unique factors that may lead to heightened risk among women.

**Examples of the gendered dimensions of alternative development**

- Alternative development is deeply intertwined with gender issues and can play a valuable role in targeting action to previously disadvantaged groups that have experienced discrimination, such as women.
- Research shows that providing land access and rights, necessary for farming communities to make long-term investments, also have broader social implications, such as promoting more inclusive and equitable societies, specifically the participation and empowerment of women.
- In small-scale agriculture, family members provide most of the labour required and it is well known that women in particular play a major role in agricultural production; carrying out most of the work, and in ensuring food security. However, they rarely have formal rights to the land they work, nor decision-making power over resources or production decisions, nor access to information.
Illicit crops are mostly grown by small farming households in remote rural areas. Worldwide it is estimated that 60 to 80 per cent of the work in small-scale agriculture is carried out by women farmers. This means that women are important players in the cultivation and production of coca and opium poppy.

Women and men have different technological needs as they perform different tasks in the sphere of agriculture production and post-harvest/processing activities. According to the African Development Bank Group’s Gender Strategy 2014-2018, women are more likely than men to lack access to farming tools—a situation that directly affects crop yields and productivity. Rural women also have to shoulder work both within and outside the household with few labour-reducing technologies.

Examples of the gendered dimensions of wildlife crime

Wildlife crime is mostly described in a gender-blind way, with gender not being mentioned when discussing who are the perpetrators and the victims of wildlife, forest, and environmental crimes.

In terms of actors involved in preventing and combating wildlife crime, anti-poaching units and law enforcement units are predominately male. However, there are some examples of mostly female ranger units, such as the Black Mamba Anti-Poaching Unit in South Africa.

One researcher shows how wildlife crime is a highly gendered crime, in identifying the existence of gender-based, social traditions or expectations that prevent women from hunting or collecting specific wildlife and/or from being away from their households for long periods of time or being in specific places. The UNODC draft module on Gender and Organized Crime states that “... the deals involving wildlife trafficking trade are primarily handled among men, as social agreements are perceived as a male task. This gendering of wildlife trafficking roles also echoes that of the State: most people in positions of power within government and/or regulatory agencies tend to be men”.

More research is required to understand gender dimensions in order for this to be incorporated into the development of strategies to combat wildlife, forest and environmental crime.
FURTHER READING

Adams, L. et al, *HIV Risk Behaviours of Male and Female Jailed Inmates Prior to Incarceration and One Year Post.*


Kumpfer, K. Magalhaes, C. and Campello, C. *Are evidence-based drug prevention programs as effective for girls as for boys?* Presentation at the 8th European Society for Prevention Research (EUSPR) Conference and Members’ Meeting, 20-22 September 2017, Vienna, Austria.


<table>
<thead>
<tr>
<th>Project/programme component</th>
<th>Question</th>
<th>Yes</th>
<th>No*</th>
<th>Partially*</th>
<th>Comments*</th>
</tr>
</thead>
</table>
| 1. Situation analysis       | **The problem** Does the background/context analysis of the project/programme examine:  
(a) the different situations of women and men, boys and girls. If so, what strategies will be implemented to address gender-related constraints to tailor the deliverables to meet the needs of both sexes?  
(b) the expected impacts the project/programme will have on the different groups? |     |     |            |           |
| Counterpart capacity        | Are women/gender-focused groups, associations or gender units in partner organizations consulted in the project/programme development?                                                                   |     |     |            |           |
| Strategic context           | Is the different impact of policies, regional and national strategies on women and men, boys and girls considered?                                                                                         |     |     |            |           |
| Synergies with other projects/programmes | Are lessons learned and best practices on gender equality and women’s empowerment incorporated? Have key findings and recommendations emanating from relevant research, other United Nations entities and project/programme evaluations been incorporated? |     |     |            |           |
| Target groups               | Does the project/programme include strategies to reach out/identify the underrepresented sex that would benefit from the project/programme?                                                               |     |     |            |           |
| Gender equality and women’s empowerment | Does the project/programme include targeted actions for gender equality and women’s empowerment? Are gender aspects included in non-targeted actions?                                      |     |     |            |           |
| Human rights                | Have national and/or international policies on women’s rights been consulted?                                                                                                                             |     |     |            |           |
## 2. Project/programme description

<table>
<thead>
<tr>
<th>Location and duration</th>
<th>Does the project/programme ensure that both women and men can access and participate in project/programme activities (target at least 30 per cent of whichever gender is underrepresented)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logical framework: Engendering the results chain</td>
<td>Are outcomes, outputs and activities designed to meet the different needs and priorities of women and men, boys and girls?</td>
</tr>
<tr>
<td>Logical framework: Guidance for the development of gender-sensitive indicators</td>
<td>Does the results framework include gender-responsive indicators, targets and a baseline to monitor gender equality and women’s empowerment results?</td>
</tr>
</tbody>
</table>

## 3. Project/programme management

<table>
<thead>
<tr>
<th>Staffing</th>
<th>Is there gender-balanced recruitment of project/programme personnel and gender-balanced representation in project/programme review committees?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td>Have adequate financial resources been allocated for the proposed gender activities?</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>Will the project/programme collect and use sex-disaggregated data and qualitative information to analyse, monitor and evaluate its implementation in a gender-sensitive manner?</td>
</tr>
</tbody>
</table>

*Comments are mandatory for each question answered “No” or “Partially”.

The UNODC Guidance Note on Gender mainstreaming as well as thematic briefs on entry points for gender can be found at www.unodc.org/unodc/en/gender/Resources.htm
ENDNOTES

1. In accordance with article 1 of the Convention on the Rights of the Child which defines a child as “every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier”. United Nations, *Treaty Series*, vol. 1557, No. 27531.


5. UNODC, 2018.

6. www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf


