

**Consortium of Irish Human Rights,
Humanitarian and Development
Agencies & Development Cooperation
Ireland**

Gender Based Violence Study

Consultants:

Mary Jennings

Sherry McLean

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ABBREVIATIONS

AI	Amnesty International
CEDAW	Convention on the Elimination of Discrimination against Women
DCI	Development Cooperation Ireland
DRC	Democratic Republic of Congo
EU	European Union
GBV	Gender Based Violence
HAPS	HIV/AIDS Programme Support
IASC	Inter-Agency Steering Committee
INGOs	International non-governmental organisations
IRC	International Rescue Committee
MAPS	Multi-annual Programme Support
NGOs	Non-Governmental Organisations
ODI	Overseas Development Institute
4Ps	Programme Participant Protection Policy
RHRC	Reproductive Health Response in Conflict Consortium
SCF	Save the Children Fund
SHI	Self-Help International
STDs	Sexually Transmitted Diseases
UNHCR	United Nations High Commission for Refugees

EXECUTIVE SUMMARY

Study findings

1. GBV has been an integral element of armed conflict throughout history; it is **prolific and extremely widespread**. It is systematically used as a weapon of war, and is on the increase especially in Africa: UNDP estimates that up to 75% of women in Liberia were raped; in Rwanda it is estimated that between 250,000 and 500,000 women were raped, while ten years on, 67% of survivors are HIV positive. The atrocities, perpetrated primarily against women and girls, though men and boys are also victims¹, are well known and have been made more visible by human rights organisations, such as Amnesty International and the international media.
2. There is a growing acceptance that sexual exploitation is also widespread in humanitarian situations where sex is traded for food rations, for safe passage, and for access to basic goods **reflecting the failure by the international community to protect the fundamental rights of populations affected by conflict**. The perpetrators are supposedly people to be “trusted” including military and police, peacekeepers, host communities, international and national humanitarian agency staff. GBV is found in schools, medical clinics, distribution and registration sites.
3. GBV is also **endemic in post-conflict situations**, yet there is a tendency by donors and humanitarian institutions to focus almost exclusively on sexual crimes during conflict with little attention to the longer-term needs of victims such as medical and psycho-social support, sustainable livelihoods, networks for building confidence². Few organisations have reflected on the extensive nature of GBV, its underlying causes and its prevalence in post-conflict situations; there are even fewer measures to reduce domestic violence; (Annex 2 of this report discusses key concepts and issues related to GBV, while Annex 3 provides a field perspective on GBV from West Africa).
4. **GBV is an acknowledged human rights abuse** and is a violation of numerous international human rights instruments that place responsibility on host governments and other players to protect the human rights of affected population. The abuse of power and gender inequality is at the core of GBV. Despite its endemic nature, GBV is seen as a sensitive issue to engage with, is shrouded in silence, data is lacking, and together with the almost certain knowledge of impunity, have all led to complacency and inaction. The challenge posed to development and humanitarian agencies is: **if we know GBV it exists, if we tolerate or ignore it, are we being complicit, are we turning a blind eye on human rights?** To give voice and to take action will, at times, require courage on the part of agencies to stand up and be counted.

¹ There is a lack of data on GBV perpetrated against men/boys because of the silence that surrounds it but it is considered to be rife especially among child soldiers.

² For example, many raped (“contaminated”) women Rwanda and Liberia have been rejected by their families and communities, are forced into prostitution to provide for themselves and their families with related high rates of HIV).

5. A further issue for agencies is *what is the cost of not engaging with GBV?* The evidence is four-fold: people's human rights are abused, atrocities and individual trauma and suffering continues, humanitarian and development interventions are undermined because women and girls are psychologically unable to participate, and delivery of the Millennium Development Goals (MDGs) such as reduction in infant and maternal mortality, women's empowerment, and girl-child education will not be realised. Annex 4 (provided by Self-Help International field offices) is powerful in demonstrating the different interpretations of GBV at country level, and in helping to understand how routine, unspoken GBV can have devastating effects on women and affects their participation in development interventions, and ultimately undermines the achievement of the Millennium Development Goals.
6. Short-term funding and shifting priorities of donors have contributed to the inability of many programmes to invest in and achieve the level of competence and expertise required. The focus on emergency response funding, or gaps in "emergency relief" and "development programming", have resulted in lost opportunities to support organisations that could build on their experience and commitment to tackling GBV. Instead, their focus is often diverted into other donor priorities for which funding is available. Engagement with, and support to local civil society organisations is essential if GBV is to be addressed culturally and contextually.
7. Regarding the international context, it can be said that we are ending an era of description and analysis of the problem. While some guidelines have been developed on what needs to be done for an integrated response, there are few systematic approaches to programming from which to learn lessons. There is more than adequate documentation of GBV in conflict situations, and numerous codes of conduct, check lists for action, resource materials and training manuals have been developed. ***The time has now come for action.***
8. There is consensus that what is needed is :
 - a. coordination and cooperation among agencies;
 - b. a multi-agency and multi-sectoral approach to programming;
 - c. engagement of local communities, without which, success is unlikely; and
 - d. key services including health, psycho-social services and counselling, security and engagement with the legal context (including traditional mechanisms for protection).

The lead organisations are the International Rescue Committee, the Reproductive Health Response in Conflict Consortium³ (RHRC), and within the UN the Inter-Agency Steering Committee which focuses primarily on UN peacekeeping. Oxfam UK also offer interesting examples (see annex 4).
9. Concerning the engagement with GBV by members of the consortium who commissioned this study, it can be said that this is an issue in which all have found a

³ A consortium of 7 agencies: the American Refugee Committee, CARE, Columbia University Mailman School of Public Health, International Refugee Committee, John Snow International, Marie Stopes International, Women's Commission for refugee women and children.

common interest and to which all can buy-in. **The study is a starting point** for the agencies in terms of identifying and addressing GBV in programming: it has raised awareness of the extent of the problem and has given voice to an issue that is widely recognised to exist but which is **neither explicitly nor systematically discussed** or acted upon. Some of the agencies are funding projects in the field that have a GBV element, but apart from Amnesty International that has an international campaign running on GBV, Concern is the only agency that has explicitly developed a policy approach to GBV – using a protection policy framework spearheaded by the Humanitarian Department.

10. Potential entry points to tackling GBV vary significantly among agencies depending on their ethos, their partnerships, and the nature of their programming e.g. from human rights, social justice, poverty and basic needs frameworks, technical responses, HIV/AIDS. The conclusion of this report is that NGOs' own existing policy frameworks offer the best option for integrating GBV.
11. The field visit identified oft repeated examples of poor development practice; it challenges agencies to speak out and take action on GBV. In particular, it urges INGOs to give trust in and support local civil society organizations and develop long-term partnerships with them, and to actively work towards greater coordination among the international community in developing inter-agency and multi-sectoral responses.
12. In summary, the positive process of collaboration and cooperation of the consortium, the findings of the literature review and field trip, the learning days involving presentations and participatory group discussions and guidance notes, all contribute to a strong foundation and springboard from which organisations and the consortium can carry the issue of GBV forward in their respective roles and functions. It is hoped that **the silence has now been broken among Irish NGOs** such that it enables them to move forward on the issue.

Recommendations

1. A Guidance Note for Management and a framework for an integrated approach to combat GBV accompanies this Executive Summary; the Guidance Note sets out five key actions that can be undertaken by agencies: setting priorities, institutionalising responses, asking the right programming questions, adopting a multi-sectoral and inter-agency approach, and advocacy. It is recommended that agencies **identify a few key actions** on which they can realistically and feasibly move forward within the next 6 and 12 months.
2. As a starting framework, and in order to build knowledge, awareness and expertise, agencies could consider taking actions at any or all of three levels:
 - a. **Institutionalise GBV internally** within their organisation e.g. awareness creation, training; a good opportunity is the gender action planning that is currently underway in DCI or availing of the GBV training to be provided by DTALK on awareness, assessment, and response.

- b. **Develop programmatic responses** e.g. a simple audit of programmes, raising GBV at strategic moments to create space for information collection, sharing and dialogue, integrate GBV into terms of reference for programme design, reviews; agendas of field offices; development of country strategies
- c. **Advocate** through establishing alliances and networks at local, national and/ or international level.

As a body of knowledge emerges and confidence grows, a more systematic approach should be adopted.

3. In terms of developing a monitoring framework, members of the Consortium decided that it was too early to identify an action plan for monitoring because agencies would require more time to digest the findings of this study. However, in terms of moving forward on the study, the following was agreed:
 - To disseminate the report within the member organisations
 - GBV needs a profile of its own to ensure that it is firmly put on the agenda of agencies rather being subsumed in other work
 - Amnesty International has a key coordinating role to play because of its clout and advocacy role on human rights issues
 - To identify and act on key strategic opportunities to promote GBV e.g. the forthcoming White Paper on development; the review of progress on the MDGs; the development of a DCI Humanitarian Policy
 - The Consortium should facilitate the sharing of information and good practice from the field, promoting skills development .
4. DCI and agencies should incorporate GBV into their funding and monitoring mechanisms.

THE CHALLENGE

We have now confirmed that gender based violence (GBV) is endemic. We have been through the phase of analysis and description of the atrocities perpetrated against vulnerable women/men and girls/boys in conflict and post-conflict situations.

There is a lot of talk about GBV..... we don't need more evidence.....the challenge being set to Irish development and humanitarian agencies is to set priorities and *take action*.

Guidance Note for Management

Background

This study on Gender Based Violence (GBV) was **initiated by Amnesty International** in response to the atrocities in Darfur, Sudan and is the first such initiative where Irish human rights, humanitarian and development NGOs and Development Cooperation Ireland⁴ have jointly funded such a study. This in itself is testimony to the concern that exists within agencies on the pervasiveness of GBV and is an acknowledgement of the need to take action.

The aim of the study is to contribute towards the development of institutional capacity of Irish development, humanitarian and human rights organisations to respond to GBV with particular reference to complex conflict environments. The objective of the study is to propose a framework of best practice that will be useful to all organisations as they engage systematically and consistently with the serious human rights violations associated with GBV. These guidance notes for management which incorporate a model framework for organisational guidance are one of five outputs from this study, the others are a literature review, an audit of policies and practices within participating organisations, a benchmark study of policies and practices adopted by international agencies, and lessons from field visits to Sierra Leone and Liberia.

The Issue

Gender based violence is a term that embraces a range of concepts; essentially it means any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (Article 1 of the UN Declaration on the Elimination of Violence Against Women Article 1 of the UN Declaration on the Elimination of Violence Against Women).

GBV is an abuse of human rights. It is violence on a large and endemic scale against women and children because of their gender. The abuse of power is at its base and the best strategy for preventing GBV is to address the root causes of gender inequality and discrimination. It involves influencing and changing attitudes and behaviour of men and women, boys and girls, young and old, displaced and national and international staff. Ignoring or tolerating GBV **raises issues of acquiescence and complicity.**

Three key words summarise the problem: endemic, silence, impunity. GBV is widespread in both conflict and post-conflict situations; a silence surrounds GBV both in refugee/IDP camps, in the community and at household level because, on the one hand, it is considered inevitable or the norm, or on the other hand, because of the shame it brings to the victim and her/his family. Perpetrators are guaranteed impunity because of weak or complicit police and justice systems and a lack of concern by host governments, and because of the silence by the international community. The first challenge to Irish agencies is to **give voice** to the issue.

The Implications

GBV is widespread in both conflict and post-conflict situations:

⁴ Amnesty is running a global campaign on GBV and is shortly to publish research on GBV in Ireland.

- Its systematic use as a weapon of war is on the increase in Africa (e.g. UNDP estimate 75% of women in Liberia were raped during the conflict). These human rights abuses have resulted in psychological trauma, social stigmatisation and isolation of survivors, making reintegration into their families and communities difficult. A majority of women who are raped test HIV positive.
- The resulting long-term mistrust among communities is a particular challenge to peace building and the re-building communities.
- In post-conflict situations, the prevalence of GBV is a serious barrier to the achievement of the Millennium Development Goals in terms of women's participation and women's/girls capacity to benefit from development programmes (see Section 6 Table 2).
- Men and boys (especially child soldiers) also suffer GBV but the associated stigma makes it very difficult to identify and to generate uptake of services.

In summary, it significantly affects the impact of development work, whether in conflict or post-conflict situations.

What can we do? 5 Key Actions

1. Develop a vision, set clear priorities (you can't do everything), build a body of knowledge within your organisation & monitor; share with partners
2. Institutionalise GBV responses e.g. develop a policy framework, allocate lead responsibility; set & enforce standards; train staff/partners
3. Ask whether GBV has been incorporated into assessments, programmes and monitoring. For example: Have we included GBV in our vulnerability and risk assessment? Have we taken all the protection measures we can? Do our service delivery mechanisms address GBV?
4. Adopt a multi-agency and inter-sectoral approach: collaborate and coordinate with others; engage and support local organisations
5. Advocate with other actors at various levels - international, national, local e.g. human rights/women's organisations, UN coordinating bodies

Not sure where to begin?

GBV is very broad and potentially overwhelming.

Focus on what is achievable - not the impossible. Set priorities and focus on clear types of GBV rather than trying to deal with the entire range of abuses that are perpetrated. Establish integrated rather than stand-alone programmes. Build a body of knowledge and capacity by drawing on existing experiences within your organisation.

Diagram 1 provides an overall framework for addressing GBV.

Framework for
**INTEGRATED APPROACH TO GBV PROGRAMMING
 IN CONFLICT AND POST CONFLICT SITUATIONS**

**HUMAN RIGHTS,
 GENDER EQUALITY &
 PROTECTION APPROACH
 TO EMERGENCY RELIEF &
 RECONSTRUCTION**



**ENSURE WOMEN'S AND MEN'S
 PARTICIPATION & STRENGTHEN
 CAPACITY**

GBV

Organisational competence
 Country and context analysis
 Development of policies and
 programme design
 Implementation of policies and
 programmes
 Monitoring and evaluation
 Standards of behaviour
 Capacity of staff

Collaboration and coordination

- Between agencies
- Government, UN and NGOs
 (local and international)
- Between/across sectors

National level

Ministries of Justice,
 Health, Safety and
 Security, Education,
 Economic Development,
 women's & Children's
 Affairs

Lobbying and advocacy

- At UN, EU, national and local
 levels
- Ratification &
 implementation of
 International Instruments,
 for e.g. Res. 1325, CEDAW
- Advocacy for traditional laws
 that afford protection

Civil Society

Organisations involved in:

- Women's & children's affairs
- Human rights & democracy
- Community development
- Income generation and
 poverty alleviation
- Traditional/religious leaders

Responses and service delivery

- Camp design & management,
- Security
- Food distribution &
 transparency in entitlements
- Health; HIV/AIDS
- Psycho-social support
- Education
- Repatriation & reintegration

What we can do?

1. Institutionalise GBV at Organisational level

Issue:

There is a silence that surrounds GBV & a resistance by international agencies to address it because of ‘cultural differences’ in relation to expatriate field staff challenging local ‘norms’. Yet, **GBV is an abuse of human rights and failure to address it risks accusations that NGOs are complicit.**

To make progress, GBV must have visibility, credibility, high level leadership and wide support. Its location within the organisational structure will drive the selection of priorities, e.g. if placed within human resources the likely focus will be on codes of practice and standards of behaviour; if placed within “emergency and relief” it risks not cutting across into post-conflict programming.

Actions:

- Establish a vision or policy or integrate within an existing policy framework
- Set standards of behaviour for all your staff/partners & **enforce**
- Allocate lead, high level, responsibility (a team rather than an individual)
- Integrate GBV into appraisals, regional/country programming design, implementation & monitoring
- Build staff capacity through documenting programme experience, research, training
- Link with (inter) national human rights organisations to develop effective ways of working together
- Give voice to GBV e.g. management and staff meetings at local, regional and HQ level; raise GBV in training events
- Draw lessons from HIV and gender mainstreaming

2. Support GBV Programming

Understand the context

Issue:

The nature and extent of GBV will vary from context to context, but like HIV/AIDS and child protection, GBV is a problem (not a sector) that cross cuts all sectors, organisations and programmes.

Actions:

- In programme design, GBV should be integrated into existing conflict and post-conflict assessment, risk & vulnerability analysis, appraisal & design mechanisms (don't base design on assumptions and stereotypes about men and women).
- Ensure community participation throughout; look for local civil society input - without it you will fail
- Work with national governments to respect international law and their legal responsibility to provide protection
- Provide adequate resources and skills to assessment/emergency teams
- Support staff working on this sensitive issue through supervision/ mentoring/ facilitating opportunities for discussion

3. Make Prevention and Protection central to programming

Issue:

No single organisation, sector or person can address GBV alone; progress is a slow steady process that requires a long-term commitment that extends beyond the immediate emergency. While funds may be available for rapid GBV programme start-up, they are often the first to suffer budget cuts. Stand-alone or vertical programmes may have little or no links to existing systems/programming, and are not sustainable.

Actions:

- Protection & the prevention against GBV to be at the core of programming approach;
- Build staff capacity for assessment, planning, implementation and monitoring & establish a training programme;
- Design an inter-sectoral approach and accompanying activities, and link with agencies providing complementary services
- Review camp design and management: involve local women in distribution/ service delivery, ensure transparency in eligibility; provide information using appropriate methods, channels and languages; employ women staff
- Establish and enforce standards of behaviour among national and international staff and don't be afraid to take action against violators;
- Coordinate approach with other partners on programming, and collectively hold host governments accountable to provide protection.

4. Improve Service delivery: responding to GBV

Issue:

A first step is building trust and confidence in the community is that useful, quality, culturally appropriate and sensitive services are available, and will be provided with the utmost confidentiality.

Actions:

Inter-agency responses are required in four key areas, and it will be necessary to clarify your agency's role and responsibility.

- **Community and social services:** protection and rights awareness; outreach to survivors; counselling; support in accessing other services and justice system; group activities that promote building support networks, gaining confidence, skills building, economic independence
- **Health care/HIV/AIDS:** outreach and identification of survivors, examination & treatment by trained staff equipped with appropriate medical supplies; documentation of medical evidence; mechanisms in place for referral; linking with traditional healing practitioners
- **Security and police:** coordinate with other agencies for protection of displaced people; invest in security measures e.g. fencing, lighting at night, communication mechanisms; promote appropriately trained police in security and documentation of GBV; urge host governments to live up to their human rights responsibilities
- **Justice and legal system:** advocate for non-discriminatory laws and practices e.g. promote changes in national and traditional laws and practices to bring about

stronger protection of women and children e.g. education and advocacy with displaced leaders, religious leaders, working with (inter) national human rights organisations.

5. Engage with Civil society

Issue:

Assumptions are sometimes made about the remoteness of (inter)national civil society organisations (CSOs), or weak capacity of local civil society. Yet, there is often unrecognised & untapped potential at various levels including among women's groups, networks & CBOs which were functioning well before the conflict occurred, but they are invariably under-resourced.

Actions:

- Engage with/form alliances and networks with (inter)national human rights organisations & local CBOs
- Ensure participation of women, communities and representatives of civil society in needs assessments, planning, design and implementation of programmes;
- Support women's, human rights and democratisation organisations who are working towards eradicating GBV;
- Make a commitment for long-term partnerships as it is recognised that reconstruction takes time;
- Consider small scale funding for start up organisational support and capacity building (e.g. purchase of computers, access to IT, core staff costs and training);
- Support *sustainable* income generation activities and poverty alleviation strategies
- Support research, learning, information sharing and networking initiatives *between* CSOs in countries who have experienced conflict & reconstruction.

6. Coordinate & Collaborate with partners/other agencies

Issue:

A risk that formal GBV and protection fora in conflict situations are confined to briefings and sharing of information, while tensions and mistrust concerning "ownership" of initiatives and who should drive the process underlie cooperation among agencies.

Actions:

- Tighter coordination amongst donors, INGOs and national NGOs in the process of identifying and implementing strategies is an essential component for a more effective response to GBV.
- An integrated approach is required to overcome the risk of fragmentation of approach & services which can result in communities becoming confused and divided, or worse still, that the atrocities continue in the absence of a cohesive approach.

Section 1. INTRODUCTION

This study on Gender Based Violence (GBV) was initiated by Amnesty International in response to the atrocities in Darfur, Sudan⁵. An innovative consortium of Irish based NGOs engaged in humanitarian and development work, and Development Cooperation Ireland came together in 2004⁶ with the aim of developing the institutional capacity of Irish development, humanitarian and human rights to organisations to respond to GBV, with particular reference to complex conflict environments; this study is a key step in that process.

The objective of the study is to propose a framework of best practice that will be useful to all organisations as they engage systematically and consistently with the serious human rights violations associated with GBV. The scope of the study encompasses five key elements:

- a literature review,
- an audit of policies and practices within participating organisations,
- a benchmark study of policies and practices adopted by international agencies,
- a report based on a field visit to Sierra Leone and Liberia, and
- a guidance note for management incorporating a model framework for organisational guidance.

Gender based violence (GBV) has been an integral element of armed conflict throughout history, and continues to be a **feature of almost all recent conflicts** e.g. Sierra Leone, Congo, Rwanda, Darfur Sudan, Afghanistan/Pakistan, Bosnia, Kosovo. What is different perhaps is that while in the past it was shrouded in silence or accepted as inevitable, it is now more visible due to a number of factors: a recognition that **GBV is an affront to human rights**; the adoption of a number of international instruments reinforcing standards of human rights as they apply to women and to conflict; exposure of abuses by the international media; and a greater focus by humanitarian organisations of the need to protect vulnerable women and children. UNHCR is the designated leader for efforts to address GBV among refugee populations. However, not everyone in exile is recognised as a refugee or as an internally displaced person (IDP) and thus may not have access to the same protection and assistance (humanitarian aid) as others. Especially in the early stages of a crisis, refugees and IDPs are dependent for basic survival – food, water, shelter – making women and children particular vulnerable to sexual exploitation.

GBV is a difficult subject to study because of its sensitivity and the **silence that surrounds it**, but wherever attempts have been made to document GBV it has been found to be “extremely common during armed conflicts and in displaced populations”⁷. In the early stages of conflict, rape is most likely to be perpetrated by unknown men and soldiers, while in post-emergency situations, GBV tends to be perpetrated by men that are known to women and girls. Domestic violence seems to be common in all settings, and increases in contexts where men suffer high levels of frustration, powerlessness and boredom.

Despite some actions by individual agencies (e.g. UNHCR developed appropriate guidelines (1995), in the past the response to GBV was ad hoc, with some small scale vertical

⁵ Amnesty is running a global campaign on GBV and is shortly to publish research on GBV in Ireland.

⁶ Members of the consortium include Amnesty International, Christian Aid, Concern, Oxfam, Self Help International, Trocaire, and Development Cooperation Ireland.

⁷ IRC, *Protecting the Future HIV Prevention, Care and Support Among Displaced and War-Affected Populations*, Kumarian Press, 2003, p 111.

programmes targeted on sexual violence, but little by way of a systematic or standardised approach. It was only in 1994, when an international study⁸ found that there were no reproductive health services available for refugee and displaced women (including those related to GBV) that the International Conference on Population and Development (1994) adopted reproductive health in humanitarian settings. Thus it was through the portal of reproductive health that GBV programming was introduced for conflict-affected populations. The down side of this is that curative services came to dominate despite other aspects of GBV like the need for psycho-social support and legal protection and recourse. Work by UNHCR and local NGOs in the late 1990's led to an international conference in 2001 which developed minimum standards and a set of recommendations, and called on all organisations to establish codes of conduct for staff. Most humanitarian and aid agencies now have these in place.

Structure of this report: Section 2 of this paper discusses international thinking on GBV including key concepts, definitions, GBV as a weapon of war, links to HIV/AIDS, and violence against women, men and children. Section 3 looks at GBV from a human rights perspective; Section 4 reviews current programme approaches to GBV and sets out key elements for best practice in GBV programming. Section 5 draws out key issues that have emerged from field visits in relation to programming and coordination. Section 6 presents the findings of an audit of Irish agency performance on GBV, and Section 7 benchmarks some of the key players internationally. Guidance Notes for Management and a framework for an integrated approach to GBV in conflict and post-conflict situations accompany this paper while the main findings and recommendations are contained in the executive summary.

⁸ The Women's Commission for Refugee Women & Children, *Refugee Women and Reproductive Health: Reassessing Priorities*, 1994.

Section 2. KEY CONCEPTS

2.1. GBV: What is it?

Gender based violence is a phrase to describe a group of concepts and issues related to its meaning. There are several definitions of GBV all of which incorporate an analysis of gender inequality as the root cause of GBV.

One definition of GBV is: violence, sexual or otherwise, which plays on gender norms and gender exclusions to break people down both physically and emotionally (El Jack 2003).

Box 1. *The militia at the barriers said they would protect me, but instead they kept me and raped me in their homes. One militia member would keep me for two or three days and then another would choose me...I managed to flee Kigali and when I returned, I learnt that my husband had been killed' (Survivors of the Rwandan genocide, HIV positive woman from Kigali)*

Article 1 of the UN Declaration on the Elimination of Violence Against Women states that: *“The term ‘violence against women’ means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”*

The UN Secretary General has defined “sexual exploitation” as:

“any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Similarly, the term “sexual abuse” means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. (UN Secretary General Bulletin, Oct 2003).

Initially the terminology focused on women as victims of violence; now there is a key focus on the centrality of gender in the violence. The RHRC points to the “language itself speaks to the necessity of examining the societal and relational contexts in which GBV takes place” and suggests that any analysis or attempt to address GBV must “examine and confront the gendered foundations upon which violence takes place” while also recognising other variables in violence such as ethnicity, poverty levels, class, race, nationality and age. There is also a call for gender to be extended beyond social analysis and to be integrated across the spectrum of conflict assessment, planned responses and implementation of programmes.

2.2. Human rights and gender inequality

The study is based on an overarching framework which includes two interrelated principles: one is a human rights based approach, which recognises that ‘dignity, equality and justice can only thrive when the economic, social, cultural and political well being of all people are advanced in unison’⁹. In complex humanitarian, conflict and post conflict situations the basic human rights of vulnerable women, men and children in terms of access to health and education, food, water, and shelter are denied by the very nature of war and destruction. The other principle recognises that GBV is rooted in gender inequality and the imbalance of power relations. GBV happens when a woman’s right to equality, liberty and security and

⁹ The Rights Based Approach – Development in an uncertain world conference report, Amnesty International, 2003.

the right to be free from discrimination, torture and degrading and inhuman treatment are violated systematically and over long periods of time.

2.3. GBV: a gender, not a women's issue

Gender inequality and responses to it will differ depending on the stage of the conflict – pre-conflict, the conflict itself, the peace process (conflict resolution), and reconstruction and integration (post-conflict). In conflict situations, men and women function in a variety of roles and are affected by conflict in different ways – they undertake different activities, their needs differ, their access to and control over resources differ, as does their access to decision-making processes in post-conflict situations.

A key concern in the literature is that conventional interpretations of armed conflict and post conflict reconstruction processes fail to understand the gender-specific disadvantages experienced by women and men. Stereotypical perceptions portray men as fighters where male aggression is valued while the traditional supportive roles of women's work on the home front are devalued. Women are perceived as wives, mothers, nurses, social workers and sex workers, and women and children bear the majority of civilian casualties. The reality is sometimes different, for example, where women are combatants and aggressors, such as the case of Rwanda where approximately 3,000 of those imprisoned were women facing war crimes or as in the case of DRC, women and girls were part of combatant groups working as intelligence sources, cooks, and forced wives.¹⁰

2.4. GBV as a weapon of war

GBV is not incidental to conflict, but is embedded in all aspects of warfare. 'Patterns of violence against women in conflict do not arise "naturally", but are ordered, condoned or tolerated as a result of political calculations...Stereotypical or violent attitudes to women already prevalent in society are consciously inflamed or manipulated by those forces – military, political, social or economic – which consider that such a strategy of war will be to their advantage.'¹¹

Unlike the expected loss of lives, GBV is not an inevitable outcome of conflict and displacement but may be used systematic and methodically as a weapon of war for purposes of destabilising populations and destroying community and family bonds; advancing ethnic cleansing; expressing hatred for the enemy; or being forced to supply sexual services to combatants. A study by John Snow International identified the following types of GBV perpetrated against local populations by the military:¹²

- Group rape against 'enemy women' carried out in systematic form as part of strategy of ethnic cleansing (Bosnia; Rwanda; Somalia); the evidence suggests that this form of rape is intended to humiliate women *and* men (Cockburn; Hansen).
- Rape as an instrument to suppress dissent and terrorise populations, condoned by civil authorities (Chechnya); this may also be against ethnic minorities
- Large scale abduction of girls/women/boys who are then used sexually as well as for their labour e.g. Lords Resistance Army in Uganda.

¹⁰ Nicole Itano, "3,000 Rwanda Women Await Trials for Genocide" *Human Rights Watch, women and conflict*, 12 Dec, 2003.

¹¹. 'Lives blown apart, Crimes against women in times of conflict', Amnesty International, 2004.

¹² Gordon, P., Jacobson, R. and Porteous, T. *A study to establish the connection between HIV/AIDS and Conflict*, John Snow International (UK) February 2004

- ‘Temporary wives’ to provide sexual and other services; these relationships are frequently characterised by physical and sexual coercion.
- Demand for sexual services from female recruits to insurgent forces e.g. teenager girls who join the FARC in Colombia. This has also been the case in El Salvador (REF).
- “Checkpoint rape”: it is an open secret that in the disruption of war, it is more feasible to extract ‘tolls’ from all civilians, in goods (from men and women) and/or sexual services.

GBV may also be indiscriminate occurring during civilian flight from conflict and among displaced people perpetrated by rebels, bandits, military, border guards, host communities, humanitarian aid workers, security or peacekeeping forces, and fellow refugees. Sex can be demanded in exchange for safe passage; children may be separated from parents; women and children may travel without the protection of a male protector. As an example, in January 1996, the Special Rapporteur for Rwanda reported, “In Rwanda rape was the rule and its absence was the exception”¹³ - it is thought that in Rwanda between 250,000 and 500,000 women were raped and during the 1992-1995 conflict in Bosnia-Herzegovina between 20,000 and 500,000 Muslim women were raped.¹⁴

2.5. Impunity

Most GBV crimes are committed with a knowledge of impunity, by people who know that they will go unpunished. At present, those committing violations in conflict or post-conflict environments run virtually no risk of investigation let alone prosecution. Despite many thousands of cases of violent sexual abuse in Eastern DRC, only one man was prosecuted and later acquitted.¹⁵ Justice systems in conflict situations are largely non-existent and have been eroded such that there is an unlikely possibility of prosecution; as a result, charges of rape are largely unreported. Women also fear social stigma which is ‘increased by the failure of states to prevent and prosecute sexualised violence, leading women to feel doubly victimised in their attempts to seek justice’.¹⁶

2.6. Rape and HIV/AIDS

When large numbers of people are on the move, they are prone to a range of infectious diseases. Sexually transmitted infections (STIs), including HIV/AIDS, spread quickly among displaced populations. Where there is sexual assault or where women have to trade sex for money, food or safe passage, they are particularly vulnerable to HIV/AIDS infection. Similarly, among displaced populations normal patterns of sexual behaviour break down, and there may be sexual interaction between local and international military and the host population who may have higher rates of STIs and HIV¹⁷. The genocide in Rwanda continues to take lives ten years later, slowly and painfully; the results of a survey carried out by the Rwandan Association for Genocide Widows indicated that 67% of women who survived rape had HIV¹⁸. ‘In the minds of those responsible for the genocide, HIV/AIDS was a three pronged weapon:’¹⁹ a woman who was raped and infected with the virus became a potential source of transmission for any future sexual partner; her subsequent children would

¹³ E/CN.4/1996/68. Report of the Special Rapporteur on the Situation of Human Rights in Rwanda.

¹⁴ Source: UNICEF: 1999. Women in transition

¹⁵ Source: IRIN Web Special on violence against women and girls during and after conflict. 2005

¹⁶ ‘Lives blown apart, Crimes against women in times of conflict’, Amnesty International, 2004

¹⁷ Holmes, Wendy, *Protecting the Future, HIV Prevention, Care and Support Among Displaced and War-Affected Populations*, International Rescue Committee, Kumarian Press 2003.

¹⁸ Source: UNAIDS Global Coalition on Women and AIDS.

¹⁹ Source: www.hrw.org

almost certainly die; and the chances or likelihood of the same woman surviving are slim. The connection between high rates of HIV/AIDS infection and conflict is also evidenced among women who have been raped in the DRC.

A 1999 study in Rwanda that focused on physical torture, psychological torture, and sexual violence committed during the genocide (including individual and gang rape, forced incest, removal of genital organs, introduction of harmful objects into the vagina, and HIV infection following rape with one or more infected persons), indicated that 80.9% of women had symptoms of trauma, 67 percent of survivors are considered HIV positive, 13 percent had broken vertebrae, 12 percent lost leg usage, and 7.9 percent had amputated legs. A study undertaken by Africa Rights with the support of UNIFEM shows that the victims of GBV during genocide still die of HIV/AIDS without treatment or legal redress. Also during the campaign undertaken during the 16 days of Activism by UNIFEM and other partners in 2004, the police commissioner emphasized that GBV is still high in Rwanda.²⁰

2.7. Violence against women: a reflection of gender inequality

The type and extent of GBV amongst displaced populations reflects the attitudes, beliefs and practices of their own society/culture, and may even increase in a refugee situation. Loss of family and social supports, home and personal belongings can lead to a breakdown of social behavioural controls. Loss of the traditional male role (protector and provider) undermines the traditional family and community power base.

Physical and sexual violence, particularly towards women and children, occur with greater regularity during and after armed conflict. “Everyday” domestic violence increases as communities break down during and after conflict, while sexual violence increases in conflict situations (El Jack, 2003). Gender inequality reflects the imbalances in social relationships that exist before a conflict that are based on traditional and customary attitudes and practice. Conflict and war exacerbate and reinforce gender inequality and sustains gender-based abuse and sexual exploitation not only during the war but also in times of peace. Notions that GBV is a private family affair or a normal part of life is commonplace and hinders the development of adequate responses based on a recognition of women’s human rights (Ward, 2002; El Jack, 2003; Corrin, 2004).

The literature points out that sexual violence is only one variation of GBV that periods of armed conflict and related social disruption exacerbate; other forms include early marriage and dowry, enforced sterilization, domestic violence, forced or coerced prostitution and other forms of sexual exploitation, female genital mutilation, trafficking of women and children, forced conscription of boys. Its impact has distinct consequences for women including sexual mutilation, sterility, chronic reproductive/gynaecological health problems, and marginalisation from family and community due the associated stigma. For example, women in Liberia spoke of the rejection by their husbands because they engaged in sex work to ensure the survival of their families.

2.8. Violence against men

It is important to recognise that men and boys are often conscripted and killed in battle, and suffer victimisation and physical and sexual violence. Men suffer human rights abuses e.g. prisoners of war, torture, forced conscription and as the direct target of armed conflict. The

²⁰ Avega-Agahozo’, *Study of Violence Against Women of Rwanda - 1999, pamphlet page 1, and African Rights, Rwanda, Broken bodies, Torn Spirits, Living with Genocide, rape and HIV/AIDS April 2004, pg 3*

increasing number of female headed households in conflict zones is an illustration of men's specific vulnerability.

Men/boys may also suffer sexual assault, especially in captivity, as evidenced by the high profile conviction of a female U.S. Army officer for sexual assault against Iraqi male prisoners. Despite the lack of data, anecdotal evidence suggests that sexual abuse of child soldiers is rife. Boys are also subjected to trafficking as happened in Aceh, Indonesia in the immediate aftermath of the tsunami in December 2004. Moreover, it may be more difficult for men/boys to disclose sexual violence compared with women and there is a dearth of information/data available on sexual violence against men, largely because it is not spoken about – it may be socially acceptable for women to be described as victims of violence, but not so in relation to men – this represents a denial of one of the gendered realities of conflict. Thus, it is important in any situation to conduct a gender analysis to understand the nature of relations between women and men, and how conflict and its aftermath affect these relations i.e. not to design programmes based on perceptions of men and women's roles and needs but based on the reality of their lives (El Jack 2003).

Men can be indirect targets by perpetrators of violence whereby the rape of women, especially in public in front of the family and community is a way of demoralising men and undermining their role as protector.

2.9. Sexual Violence and Exploitation of Children

Children under 18 constitute some 45% of the world's 21 million refugees. In Africa, this figure climbs to 56% with the numbers of refugee children totalling 2,627,707. According to the UN, "sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defence"²¹.

A controversial study by Save the Children UK (SC-UK) and UNHCR²² on sexual violence and exploitation of refugee children in Liberia, Guinea and Sierra Leone highlighted the extent of involvement of agency workers from local and international NGOs as well as UN agencies in the sexual exploitation of refugee children, often using humanitarian assistance and services as a tool of exploitation²³. Staff were reported to trade humanitarian commodities and services, including medication, oil, bulgur wheat, plastic sheeting, education courses, skills-training, school supplies etc., in exchange for sex with girls under 18 years. The practice appeared particularly pronounced in locations with significant and established aid programmes.

The perpetrators are people who are to be "trusted" by refugees, children and the development community, and included security and military forces, peacekeepers, police, teachers (from both government and agency run programmes), camp leaders, religious leaders, small businessmen and traders, and men with jobs. The report found compelling evidence of a chronic and entrenched pattern of this type of abuse in refugee camps in

²¹ UN Secretary General Bulletin, October 2003

²² *Sexual violence and exploitation: The experience of refugee children in Liberia, Guinea and Sierra Leone*, Save the Children UK & UNHCR, 2002.

²³ A subsequent UNHCR investigation "failed to substantiate the specific allegations against named individuals, although Save the Children UK still regards the general findings of the original study as valid." (ibid). This case raises complex issues about standards of evidence. However, it resulted in the UN Secretary General issuing a special Bulletin in October 2003 that sets down clear standards of conduct for peacekeepers and UN workers.

Guinea and Liberia in particular. The number of allegations documented is a critical indicator of the scale of this problem - 42 agencies and 67 individuals were implicated.

SC-UK/UNHCR reported that girls were the principal targets of sexual exploitation, mostly aged between 13-18 with the youngest reported case being five years of age. A few reports of boys being sexually exploited by women were documented, yet no reports of boys being sexually exploited by men were received at all. This is not to say that the sexual exploitation of boys by men or women is not more prevalent than appeared but rather is a reflection of a socio-cultural environment that is not conducive to such reporting. The study identified as especially vulnerable “girls from single parent/adult households, separated and unaccompanied children (perhaps living with foster parents or relatives unable to provide adequate care e.g. elderly grandparents, uncles, and aunts), children from child-headed households, orphans, girls who are street traders/or whose mothers are street traders”.

Payment was more often in kind than in cash e.g. few biscuits, bar of soap, plastic sheet, clothes, shoes, books, pencils etc. Cash payments were as little as the equivalent \$10 cents, and girls had very little control over the sexual transaction in terms either the money they received or in negotiating the use of condoms, which were rarely used. The locations where propositioning for sexual exploitation takes place were reported to include distribution and registration sites, schools, medical clinics, markets, cars, churches, roads etc.

Poverty is the principal underlying cause and the lack of the most basic items essential for survival, including food, was frequently cited as the reason for entering exploitative relationships. This is compounded by the lack of alternative livelihood options. In addition, lack of information especially by children, deliberate withholding of information, a culture of impunity, the subordinate position of women and girls, and the management of humanitarian operations were found to be a contributory factors. Box 2 sets out some of the limitations of humanitarian operations.

Box 2. How humanitarian operations can contribute to GBV:

- lack of adequate control of people working for international & local humanitarian agencies: regulation, monitoring, and retribution
- poor monitoring and control of programme implementation leading to abuses and denial to refugees of what has been allocated to them.
- absence of or inaccessibility of international staff from camps to refugees gives male leaders unprecedented power and control.
- lack of careful planning of aid programmes e.g. poor camp design & cramped housing reduces privacy & exposes children to sex at too early an age; a lack of female staff; a lack of adequate regulations governing camp life etc.
- existing sexual & GBV programmes in camps do not cater for the special needs of children or pay enough attention to sexual exploitation (rather than violence).
- inadequate consultation & involvement of the refugee community especially children and women in decision-making concerning humanitarian activities. This has led to a damaging sense of powerlessness and dependency as well as programmes which do not adequately cater for the real needs of the population.

Adapted from Sexual violence and exploitation: The experience of refugee children in Liberia, Guinea and Sierra Leone, Save the Children UK & UNHCR, 2002.

Section 3. GBV AND HUMAN RIGHTS

3.1. GBV and Human Rights Law

Human rights law offers women more protection against violence than is usually recognised. Violence against women, as defined in international standards, is prohibited at all times, in all its forms, by international and regional treaties, as well as by customary international law.²⁴ Even in times of armed conflict, women and girls have the right to be free from crimes which constitute gender based violence against them.

All governments must respect, protect and fulfill women's right to freedom from crimes of violence, both in peacetime and in armed conflict. All other parties to armed conflict, and those in a position of influence, must similarly ensure that these and other fundamental rights are not abused. This is a challenge for the international community as a whole, including humanitarian organisations.

Significant progress has been made in recognising acts of violence against women as gross violations or abuses of international human rights and international humanitarian law, and as international crimes. But the shocking scale and stubborn persistence of violence against women in today's ongoing conflicts suggests that this is not enough.

Ten years on from the genocide in Rwanda, where violence against women was a central element of the strategy to eliminate a particular ethnic group, the evidence from Darfur, Sudan indicate that little or nothing seems to have been learned about how to prevent such atrocities. For all the commitments at the international level, effective tools for ending violence against women seem sorely lacking in practice.

The lack of political will to implement international standards effectively, the backlash against women's reproductive rights, and a changed global security context, are key challenges in the struggle to end violence against women. Throughout 2004, Amnesty International documented evidence from Afghanistan, Colombia, the DRC, Sudan and Nepal which indicate an overwhelming persistence of GBV in conflict situations.²⁵ In addition, the reports which carried out by the International Rescue Committee (IRC), the Reproductive Health for Refugees Consortium (RHRC), United Nations High Commissioner for Refugees (UNHCR), SC-UK, SC-US, Human Rights Watch amongst others, further confirm these findings.

3.2. Barriers to justice

National governments bear the primary responsibility for making human rights a reality. However, securing justice for women during and after armed conflict through national legal systems has been and remains extremely difficult.

Many countries have discriminatory laws that make it difficult for women to access justice; conflict and its aftermath exacerbate the problems. Often women face difficulties because

²⁴ The UN Declaration on the Elimination of Violence against Women defines the term "violence against women" as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." (Article 1) Gender-based violence is violence that is directed against a woman because she is a woman or that affects women disproportionately.

²⁵ Lives blown apart, Crimes against women in times of conflict, Amnesty International, 2004.

the laws in their country are inadequate to deal with sexual violence in conflict, or because laws are interpreted in ways that facilitate impunity. For example, national courts may have no jurisdiction over soldiers who are foreign nationals or it may be impossible to seek their extradition. The code of military law may not expressly address violence against women: the crimes committed may not be crimes under national law.

The administration of justice, including investigation, arrest of suspects, prosecution and functioning courts, is frequently destroyed or disabled by the armed conflict, so that pursuing complaints is difficult. Evidence, particularly medical evidence, can be hard to obtain in the disruption caused by conflict.

Sometimes problems in national criminal justice systems arise from indifference and discrimination against women. The general bias in criminal procedures and in the way evidence is taken makes it more difficult for women to access justice.

In recent years, the assumption that justice is an unrealistic goal in situations of conflict has been challenged, thanks to the activism of women's human rights defenders. They have publicized the experiences of women and used legal analysis to develop methods to hold individual perpetrators accountable. Through their advocacy, international criminal courts have been empowered to prosecute crimes of violence against women using more gender-sensitive definitions of crimes. Individual perpetrators of crimes of violence against women have been prosecuted. Some of the legal and practical difficulties common to prosecuting sexual crimes against women committed in peace and war have been addressed.

3.3. Using the international system

Some women have sought justice at the international level where states have been unwilling or unable to bring perpetrators to justice.

International law has not always responded to crimes of violence against women in a way that addressed their needs. Since the 1990s, however, this has begun to change, as women's rights advocates and human rights organizations began to take action, using a variety of international arenas to transform the understanding of violence against women as a human rights issue.

GBV violates a number of principles enshrined in regional and international human rights instruments. Important international instruments include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) ratified by UN in 1979²⁶, the Declaration on the Elimination of Violence Against Women (adopted by UN General Assembly in 1993), the Convention on the Rights of the Child, the Beijing Platform for Action (1995), and the Rome Statute of International Criminal Court (1998).

CEDAW is the premier international women's rights instrument and an overwhelming majority of countries have ratified the treaty²⁷; the Committee on the Elimination of Discrimination against Women defines violence against women as a form of discrimination in its General Recommendation No.19. CEDAW explicitly states fundamental rights to include the following: a) the right to life; b) the right not to be subject to torture or to cruel,

²⁷ As of 20 October 2004, 179 countries are party to the Convention and an additional one has signed the treaty, binding itself to do nothing in contravention of its terms

inhuman or degrading treatment or punishment; c) the right to equal protection according to humanitarian norms in time of international or internal armed conflict; d) the right to liberty and security of person; e) the right to equal protection of the law; f) the right to equality in the family; g) the right to the highest standard attainable of physical and mental health; equality, security of the person, equal protection under law, and freedom from torture and other cruel, inhumane, or degrading treatment.

There are weaknesses in the current implementation framework of CEDAW however. Many governments make reservations to their acceptance of particular articles. There is also a lack of political will on the part of many governments to implement the treaty provisions and the responsibility for implementation is often assigned to national women's machineries, or one department mandated to spearhead the advancement of women. The national women machineries in most countries are under resourced and this makes it difficult for these bodies to mobilize and coordinate the efforts that contribute to the implementation of CEDAW as a way of protecting women from GBV. The greatest challenge is to translate legal provisions into practical actions at the national level and in creating synergies between the different stakeholders.

In 1998, the Rome Statute provided for the establishment of the International Criminal Court which defines crimes against humanity as including torture, rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilisation, or any other comparably grave acts of sexual violence that are committed as part of a systematic attack on civilian populations. The International Criminal Tribunals for Rwanda and the former Yugoslavia have handed down sentences for such crimes committed against women during the conflicts, an important step in undermining the culture of impunity.

3.4. UN Resolution 1325

Of greatest significance perhaps is Resolution 1325, which was passed in 2000 by the UN Security Council. Resolution 1325 not only draws attention to the particular impact of conflict on women, it also recognizes "the consequent impact this has on durable peace and reconciliation". Perhaps most importantly, it recognizes women as indispensable actors in finding solutions.

But the groundbreaking nature of the Resolution 1325 lies in the repeated message throughout that the role of women should increase, at all decision-making levels, in the prevention, management, and resolution of conflict and in peace processes. It refers to women's involvement in UN field-based operations, and especially among military observers, civilian police, human rights and humanitarian personnel. The resolution specifically "calls upon all parties to armed conflict to take special measures to protect women and girls from GBV, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict".

3.5. Justice at national level

For all the gains at the international level, the struggle against impunity for violence against women in armed conflict will have to be fought primarily at the national level, where impunity for crimes of violence against women remains widespread.

Clearly, national systems must reform, so that like the international criminal law system, they become more gender-sensitive in their procedures, and re-examine their definitions of

crimes to address the abuses that women experience in conflict. Gender-sensitive training should be given to all professionals involved in the criminal justice process, including the judiciary, police and prosecutors. When more courts address these cases effectively as soon as possible after they are committed, there will be a much greater chance that perpetrators will be brought to justice. States must enact laws which allow them to cooperate in tracking down and arresting suspects, share evidence and either bring accused persons to justice in fair trials or extradite them to countries which are willing to try them.

3.6. International standards

Below we set out an historical overview of human rights laws and conventions related to GBV. The long list is testimony to the fact that the issue is well known, understood and provided for in legislation. These international and regional treaties and other standards should be ratified and implemented, as well as taken into account by governments and humanitarian agencies to stop violence against women in conflict-related situations:

- Charter of the United Nations (1945)
- United Nations (UN) Universal Declaration of Human Rights (1948)
- Geneva Conventions of 1949 and their Additional Protocols of 1977.
- European Convention on Human Rights and Fundamental Freedoms (1950).
- UN Convention relating to the Status of Refugees (1951) and its Protocol (1967).
- International Covenant on Civil and Political Rights (ICCPR) (1966).
- Office of the United Nations High Commissioner for Human Rights (OHCHR) International Covenant on Economic, Social and Cultural Rights (1966)
- International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966).
- American Convention on Human Rights (1969).
- OHCHR Declaration on the Protection of Women in Emergency and Armed Conflict (1974)
- The Nairobi Forward-looking Strategies for the Advancement of Women (1985)
- Office of United Nations High Commissioner for Refugees (UNHCR) Policy on Refugee Women (1990)
- UN Vienna Declaration and Programme of Action (1993)
- UN Declaration on the Elimination of Violence Against Women (1993)
- Beijing Declaration & Platform for Action (1995)
- UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979) and its Optional Protocol. (2000).
- UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (1984).
- UN Convention on the Rights of the Child (CRC) (1989).
- UN Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990).
- Inter-American Convention on the prevention, punishment and eradication of violence against women (1994).
- Rome Statute of the International Criminal Court (1998).
- UN Security Council (UNSC) Resolution 1325 on Women, Peace and Security (2000)
- Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000).

- Windhoek Declaration: The Namibia Plan of Action on ‘Mainstreaming a Gender Perspective in Multidimensional Peace Support Operations’ (2000)
- European Parliament Resolution on Gender Aspects of Conflict Resolution and Peacebuilding (2000)
- UN Secretary-General’s Bulletin, Special measures for protection from sexual exploitation and sexual abuse, UN Doc. ST/SGB/2003/13 (2003)

3.7. The role of humanitarian agencies

There is concern that despite these international instruments, in practice gender differences are entrenched within many development organisations that hold varying perceptions ranging from being gender blind, to treating women stereotypically, to focusing on women and girls without recognising the inherent gender inequality that exists. Inevitably, where there is little recognition of the problem and poor enforcement measures, progress is limited.

The findings of research on GBV in 12 countries by the RHRC gives rise to deep concern about the attitudes of international organisations. It found many international representatives of the humanitarian aid community consider that acts of GBV were the preserve of culture (or the private domain) and therefore outside the scope of humanitarian intervention. This raises serious questions regarding their commitment to GBV.

In populations affected by conflict, there is often complacency, by perpetrators and victims, that certain types of GBV are the norm (e.g. wife beating). Equally, in situations of scarce food, water or shelter, human rights are perceived as a non-essential luxury (Ward, 2002). Those most at risk *on all counts* in refugee, internally displaced, and post-conflict settings are women and children whose vulnerability is reinforced by their subordinate position. Thus humanitarian actions must take account of human rights and gender equality if the most vulnerable are to be protected. Gender audits of states and multi/bi-lateral organisations engaged in humanitarian assistance is one way that women have mobilised to improve enforcement.

In conclusion, human rights law, which is substantial and very clear in stating that GBV is a violation of human rights, in practice has little value unless it is accompanied by a human rights culture. This means that all individuals, especially those in positions of power – including humanitarian organizations - should adopt a human rights based approach to their work and in their relationship with beneficiaries and others with whom they deal.

Section 4. TOWARDS A MODEL FOR BEST PRACTICE IN GBV PROGRAMMING

4.1. Current programme approaches

The response to GBV is generally framed either within a gender and human rights approach, or within a wider protection framework. The former considers that because violence is perpetrated on people because of their gender, it merits a very specific and targeted response. A protection approach considers that a GBV focus does not adequately embrace other issues such as wider security, and it poses the challenge to humanitarian agencies of ensuring responsibility, provision and protection on the ground. It focuses on making states and individuals meet their humanitarian responsibilities in situations of war, and filling in for them where this is not present; a protection policy should include an explicit approach to GBV.

Similar to the findings of this literature review on GBV, the Active Learning Network on Accountability and Performance²⁸ (ALNEP) found that **there is more talk among agencies about protection, and much less on how a protection approach is being implemented or monitored.** A key lesson that has been learnt from mainstreaming gender is that unless GBV is made explicit, with accompanying objectives and resources, there is a risk that it becomes subsumed in other protection issues, and eventually evaporates.

Current responses to GBV, whether as an approach in its own right, or as part of a wider protection policy, tend to be characterised by the following:

4.1.2. Focus on sexual crimes There is a tendency by donors and humanitarian institutions to focus almost exclusively on sexual crimes during conflict e.g. in Rwanda health provision, psychosocial support and legal aid were targeted at victims of genocidal rape though other forms of GBV were ignored e.g. prostitution (with related high rates of HIV) and domestic violence which are believed to be endemic in the post-genocide society. The RHRC²⁹ states that few countries have reflected on the extensive nature of GBV or its underlying causes.

4.1.3. Focus on women/girls as victims With few exceptions, the RHRC found that most GBV activities focus on women and girls as potential victims and survivors reinforcing their position as service recipients without paying adequate attention of the need for participation by men and boys. The RHRC concludes that programming that seeks to address GBV must also challenge the social, cultural and political determinants of violence, and that this requires long-term commitment to awareness raising and advocacy on women's and girls empowerment and to gender mainstreaming. It cautions against programmes that have laudable goals but in practice offer women small scale income generation projects that often exacerbate rather than reduce the feminisation of poverty.

4.1.4. Stereotyping The literature cautions against developing responses based on stereotypical gender roles resulting in misdirected services e.g. demobilisation and reintegration programmes targeted at men but no opportunities for female combatants,

²⁸ ALNEP has developed a pilot approach to protection that will now be tested by a number of organizations; the approach is documented in Slim, H. & Eguren, L. E. *Humanitarian Protection A guidance booklet*, ALNEP, 2005

²⁹ Ward, Jeanne, *If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced and Post-conflict Settings*, *A Global Review*, The Reproductive Health for Refugees Consortium, 2002.

inadequate counselling or other services that take account of the gendered consequences of war. It also raises concerns that organisations that are committed to gender mainstreaming, in practice risk treating gender issues superficially by hosting ad hoc staff training workshops or adding on a women's perspective/component to a larger strategy, which as a whole remains conventional in its gender insensitivity (quoted in El Jack, p. 21).

4.1.5. Isolated programming Lack of national level strategies or policies to address GBV is another major constraint. GBV is not recognised as a key issue for attention in reconstruction efforts. In such contexts, programmes are often planned vertically without the adequate horizontal links to other cross-cutting supports that could provide assistance. In its review of 12 countries, the RHRC found that protection for survivors of all forms of GBV are weak, women and girls are vulnerable to an almost totally male community of international security and peacekeepers and national police and security forces who have little training on preventing or responding to GBV. It concludes that the ability to provide sustained protection is only as good as the commitment of the host government, and that advocacy to national governments for improved protection in cases of GBV is not on the agenda.

4.1.6. Predominance of short-term technical responses One of the reasons that assistance providers are deemed to be slow to tackle women's human rights abuses is the divide in thinking and approach. This is in relation to short-term technical responses (restoring water supplies, sewage systems, health facilities, electricity supplies) and social support which are longer term, less quantifiable and often considered lower priority e.g. psychosocial support, training, social service provision. Where the technical approach is dominant with little attention to the social needs of people, gender issues are unlikely to be addressed.

The resources available to technical as opposed to social teams also show great disparity e.g. of funding for personnel, equipment and vehicles. There is a tendency among donors to fund international organisations that manage emergency, short-term humanitarian crisis, with proportionally less funding for post-conflict reconstruction. In such situations, gender equality becomes a low priority on the post-conflict agenda.

4.1.7. Short-term funding Short-term funding and shifting priorities of donors have contributed to the inability of many programmes to achieve the level of competence and expertise required to conduct the level of comprehensive activities required to adequately combat GBV. Frequently, because funding is limited to the emergency response, or because there are gaps in between "emergency relief" and "development programming", opportunities are lost to support those organisations that have experience and commitment to tackling GBV. Instead, their focus is often diverted into other donor priorities for which funding is available (Ward, 2002). The RHRC has found that the most successful and sustained responses are those that have received long-term technical and financial assistance from international donors committed to issues of women's rights and reducing GBV e.g. Medica Zenica in Bosna and Herzegovina.

Box 3 provides an example of a real situation where an NGO developed a project on GBV, but without adequate linkages to other services, and insufficient support to the staff concerned.

Box 3. Project case study

An NGO develops a new, stand alone project to address sexual and GBV in refugee populations and a GBV program coordinator is recruited. However, the NGO's approach to prevention & response are not widely understood by other NGO staff; it takes several months to discuss the program, and eventually it is put under the health programme. As the project gets underway, incidences of abuse are reported; health, security and other needs become apparent, and point to the tangible role that other staff can play. The GBV coordinator and staff scramble to assist each individual case while simultaneously attempting to develop a response system with engagement of relevant organisations.

Among the other staff, the program is seen as a health project only; senior management do not realise the high-level attention and interaction needed across organisations and sectors. The Country director requests report containing information similar to that of other programs: financials, number of users of activities, number of reports of incidents received.

A year or two later the program coordinator is burnt out, is perceived as being confrontational, and her contract is not renewed. A new coordinator arrives and focuses her attention on developing interagency and multisectoral action and coordination, leaving the GBV staff to operate with minimal supervision or on-going training, and to deal with complex cases themselves. Eventually, there is a very negative reaction to the project from local men and the project is closed down.

Source: Adapted from Vann, Beth, Gender-Based Violence: Emerging Issues in Programs Serving Displaced Populations, 2004

4.2. Towards an integrated model

Today's concept for a GBV programme is to move from the stand-alone project to one in which GBV prevention and response is fully integrated and mainstreamed into the work of all humanitarian actors.

Interventions at different levels and stages, which include humanitarian assistance, disarmament, demobilisation, rehabilitation and reintegration programmes, as well as long-term development interventions, offer opportunities for mainstreaming a gender-based violence approach.

In an emergency situation, the focus will be on provision of protection and immediate care to survivors of GBV. As the situation moves towards rehabilitation and development, the focus will shift towards long-term planning and sustainability.

4.2.1. Understanding the context A first step in developing a GBV programme is an understanding of the political, social, cultural and economic context of a particular situation. This would include a range of issues that are likely to include at least some of the following:

Community level: socio-cultural norms for gender expectations, use of power and decision-making in the community; community systems for protection; community attitudes and beliefs about GBV; formal and informal systems for law and administration of justice; cultural/religious roles of women and men; women's participation in public and private institutions;

Household level: power, and access to and control over resources in the household; boys and girls access to education, the different ways that women and men access economic opportunities; family systems of protection; levels, types and attitudes to GBV as perceived by men and by women (Vann, 2004, & El Jack, 2003).

4.2.2. Programming responses There is consensus in the literature that prevention and response to GBV requires three interrelated sets of activities: prevention, response (survivor assistance) and coordination. It is recognised that attempts to address GBV must have three key strategies:

1. **Integrated and coordinated action** by multiple actors from the displaced community, international humanitarian aid organisations (INGOs and UN agencies), national NGOs, local civil society organisations and host governments, who have a clear understanding of GBV and shared vision of effective prevention and response.
2. **Key sectors** (or functional areas) to include the health, psychosocial, legal, justice and security systems (formal and informal) and (where existent) women's groups and representatives from the ministry responsible for addressing the needs of women and girls.
3. **Collaboration, coordination**, communication, technical training, and high-level support and commitment between and within all these actors.

This multi-agency/multi-sectoral approach remains the model of “best practice” today for prevention of and response to GBV in refugee, IDP, and post-conflict settings. The actors are and the nature of the interventions will vary depending on the individual context.

4.2.3. Lobbying and advocacy National and global human rights based organisations and governments play an essential role in ensuring that GBV is firmly on the agenda by ratifying and implementing resolutions, policies and laws which are recognised and agreed by signatory nations.

Organisations such as Amnesty International not only inform the general public of the extent and occurrence of GBV and other human rights abuses but also lobby for change and reform.

Located within the Department of Foreign Affairs, Development Cooperation Ireland (DCI) also has a key role to play as a catalyst for change and informant on human rights abuses especially within the European Union and United Nations structures.

4.2.4. Coordination Experience shows that coordination among different agencies and sectors with different responsibilities is mixed; in most agencies such coordination as exists is usually within rather than across programmes that include health, psychosocial and legal support. What is required is recognition that GBV is too big an issue to be dealt with by any one person, sector or agency, and that no one agency or sector can have full responsibility or capacity to prevent and respond to GBV. Similarly, displaced/conflict-affected communities and agencies must work together.

For coordination to be effective there is need for a lead agency – sometimes the UN, sometimes a local NGO to play a key coordinating role. An example of good practice is a series of GBV training and awareness workshops which were conducted in Darfur throughout January, 2005, coordinated by UNHCR and UNICEF. The workshops drew on participants from existing GBV working groups, as well as people/agencies working in the fields of psychosocial, health, legal and security.³⁰

Box 4 provides an example of a recently UNIFEM/Government of Rwanda programme to tackle GBV.

Box 4 Strategies for tackling Gender Based Violence: Rwanda

A recent project developed by UNIFEM/UNDP and the Government of Rwanda on Gender Based Violence has 4 key strategies:

Advocacy leading to policy reviews that support women’s human security and rights. This will be supported by data and analysis thereby generating greater integration in analysis and interventions around women’s human rights. This will be achieved through two concurrent initiatives of *advocacy and situation analysis*.

Capacity building of law enforcement agencies and other institutions to apply human rights principles in cases of violation of women’s rights; the capacity to monitor and evaluate progress towards establishing a multi-sectoral approach and community based prevention and response to GBV will be a primary focus.

Partnership building: A close collaboration and joint planning will be encouraged especially with UNICEF, UNFPA and UNHCR, GOR, civil society organisations and other partners in highlighting the protection issues of survivors of GBV Partnerships with the media, the police and other UN agencies in this field.

Demonstrating innovative and catalytic initiatives that involve women at the grassroots level. It will be a pilot initiative to ensure legal and political advice to the survivors of GBV and ensure documentation and follow up for the legal and material redress for them using CEDAW, the national laws and other human rights instruments ratified by Rwanda.

Project Document: Enhancing Protection from Gender Based Violence, 2005

³⁰ *Addressing GBV – A multi-agency initiative*, Darfur. Feb. 2005.

4.2.5. Participation and involvement of local community The identification of local resources/ infrastructure/organisations that can contribute to the intervention is key to success, as is support to and the nurturing of women’s organisations and activities. There is an “untapped potential in effective but under resourced work being done by local women’s groups and networks”.³¹

In terms of conflict resolution and peace negotiations, the literature calls for mainstreaming of gender into institutions that govern during periods of armed conflict and reconstruction, and the involvement of women *as active participants* (not only as victims to be protected) in the peace process. The experience of Kosovo show that women’s organisations were not recognised as legitimate partners by the UN mission in Kosovo (UNMIK).³²

4.2.6. Working with men Another key component of strategic responses is working with men at both prevention and implementation stages, yet there is little evidence of programmatic responses or initiatives of working with men or boys in conflict or post conflict situations to date. In order to stop the cycle of GBV, programmes need to be developed which entail working to rehabilitate both perpetrators and witnesses of GBV, men traumatised by the psycho-social effects of war, as well education and awareness and peer education with young men.

Box 5 provides examples of specific actions that can be taken during an emergency to increase protection:

<p style="text-align: center;">Box 5 During emergencies:</p> <p>Key actions to be taken to reduce the risk of sexual violence & respond to survivors</p> <ul style="list-style-type: none">• Design & locate refugee/IDP camps, in consultation with refugees/IDPs, to enhance physical security• Ensure the presence of female protection & health staff & interpreters• Include women in the distribution of shelter, food & other supplies• Ensure that women have proper information on their entitlements and ensure personal documentation for collecting food rations or shelter material• Include issues of GBV in coordination meetings• Include women in camp decision-making processes – health, sanitation, reproductive health, food distribution, camp design/location• Ensure communities are informed of the availability of services for survivors of GBV• Provide an emergency response to survivors of GBV, including emergency contraception• Identify individuals or groups who may be particularly at risk (e.g. single female headed households, unaccompanied minors etc.• Facilitate the use of existing women’s groups or encourage the formation of such groups to discuss and respond to GBV• Train people at all levels (NGOs, government) to prevent, identify & respond to GBV• Enforce codes of conduct and establish and implement clear mechanisms for violations. <p>Source: Adapted from <i>Protecting the Future HIV Prevention, Care and Support Among Displaced and War-Affected Populations</i>, IRC, Kumarian Press, 2003</p>

4.3. Training

In addressing GBV, staff need to have confidence that what they are doing will have the expected outcomes. Thus, training is required at various levels:

- Gender training for all staff is essential to raise awareness of gender-specific issues in conflict and post-conflict situations – from access to food, water, health care to economic opportunities and participation at decision/leadership level.
- Basic training amongst leaders about issues of gender, power and GBV to raise awareness and understanding.
- Training in roles and responsibilities amongst NGOs, their partners, refugees and government Ministries to establish and agree principles, duties and accountability standards.
- Training in specific sectoral skills and tasks for preventing and responding to GBV to include counselling, post-rape support, police training, court officials.

The IRC for example, is an organisation which is spearheading programmatic responses to GBV in conflict and post conflict situations. One of its strategies is to appoint specialised and experienced GBV trainers to build capacity at institutional, organisational and community levels as a strategy to integrate GBV in their country programmes.³³

4.4. Overall Conclusion

A review of the literature indicates that there are numerous documents and reports that confirm the endemic nature of GBV in both conflict and post-conflict situations. Likewise there are numerous training manuals available. However, because humanitarian and development organisations have only recently identified the need to specifically respond to GBV in their programmes, there are few examples of established good practice responses that demonstrate a systematic approach to addressing GBV institutionally or across programming. The literature is consensual in calling for a detailed understanding/assessment of the situation to inform a four pronged approach to programming: lobbying and advocacy; coordination and cooperation among agencies; a multi-sectoral and multi-agency approach; and the full participation of the local community.

³³ Source: www.theirc.org and the IRC in Liberia

Section 5. LIBERIA AND SIERRA LEONE CASE STUDIES: KEY MESSAGES FOR HUMANITARIAN AND DEVELOPMENT AGENCIES

5.1. Background

This study included a field visit to Sierra Leone and Liberia between 9th – 18th May 2005, as examples of countries undergoing post conflict reconstruction and existing conflict situations, respectively. The purpose was (i) to learn about existing organisational responses and capacity to GBV at country levels, including government, UN agencies, national NGOs and INGOs, (ii) to verify the findings of the literature review, and (iii) to hear the views of survivors of GBV.³⁴ The broad framework for interviews aimed to cover the following: views of survivors of GBV, country specific challenges and extent of GBV; collaboration between agencies; programme responses and organisational capacity to deal with GBV. The findings are context specific and relate to Liberia and Sierra Leone only, however they raise important issues that are likely to have wider application.

Programmes in countries at different stages of conflict face different country specific challenges in their responses to GBV: protection is the key issue in conflict situations, while in post-conflict situations there is the need to integrate GBV into such complexities as demobilisation, reconstruction, rebuilding communities. However, GBV programming in both situations have shared themes including the need for awareness and protection of human rights; provision of protection, safety and security; accessible, specialised medical and psycho-social assistance; and recourse to justice.

The field visit has identified a number of key operational issues that provide guidance to programming in relation to the following areas:

- Understanding the context
- Civil society participation
- Development of services
- Promoting prevention
- Organisational capacity
- Cooperation, and
- Fulfilling human rights responsibilities.

These issues are discussed in the next section.

³⁴ The visit was facilitated by Concern in both countries and the DCI Head of Development in Sierra Leone; during the 10 visit, the consultant met with over 50 people and 13 organisations (26 in total) in [See list of people interviewed in annexe....].

5.2. Understanding GBV in context

The extent of GBV is extremely high and its current use is a calculated strategic weapon of war to weaken ‘the enemy’.³⁵ GBV has been an integral part of the horror and trauma experienced by women, men and children during the conflicts in both Sierra Leone and Liberia. The women interviewed at Miamu #2 IDP camp in Liberia stated that “all of us women have been raped here” and UNICEF estimate that 75% of women were raped in recent conflicts.

Women have been historically oppressed in both Sierra Leone and Liberia and it was reported that GBV is an entrenched and almost accepted norm at all levels of society, in urban and rural areas, amongst educated, illiterate and poor women and men. In addition, poverty, lack of education, stigma and embedded violence resulting from years of conflict were cited as major challenges in shifting societal attitudes so that GBV is prevented and stopped.

As regards the extent of GBV perpetrated against men, the field visit confirmed that whilst men and boys were targets for rape, societal norms make it even harder for men to ‘come out’ and talk about their experiences; consequently men are reluctant to report or seek assistance from existing services.

- **The scale of GBV in both conflict and post-conflict situations necessitates that GBV must be central to protection and response programming including assessment and design stages.**

GBV is surrounded by ‘**silence**’ and survivors (both women and men) tend to be shunned and ostracised by their communities and families. This culture of silence serves to aid impunity of perpetrators. Social stigma and family shame results in knowledge of the abuse being kept within the family – sometimes the victim’s family are paid damage money.

- **Given the endemic nature and the silence that surrounds GBV, humanitarian and development agencies must speak out on GBV if they are to fulfil their human rights obligations.**
- **If INGOs ignore what is happening and fail to take action against violations, the issue of their complicity emerges.**

5.3. Civil Society Participation

The field visit confirmed the importance of having trust in and supporting the development of civil society organisations with a focus on women’s and human rights, and their pivotal role in building democracy and reconstruction. As Irish NGOs are increasingly developing a partnership approach (e.g. under the MAPS programme), a key

³⁵ This was confirmed by several people, but specifically by the President of AFELL who has experienced and survived 3 major conflicts in Liberia over the past 15 years.

entry point exists to partner with local organizations that are active in human rights and GBV.

The wide assumption that capacity in civil society is weak in conflict and post conflict situations ignores the often unrecognised and untapped potential at various levels of civil society. These include networks and well organised CBOs which were functioning effectively before the conflict occurred. Box 6 provides examples of small organisations that are making a difference. Despite the years of conflict, trauma, displacement, human suffering and societal breakdown, human resources are strong in civil society in both Sierra Leone and Liberia. However, CBOs are invariably under-resourced and require start up funding to access basic equipment and resources.

One of the challenges in post conflict and reconstruction phases is that trusted humanitarian aid organisations withdraw valuable human and financial resources as they move on to respond to the next global conflict, rather than leaving behind sustainable development initiatives.³⁶ **What is needed is a more creative commitment to building local capacity within a longer term commitment.** One agency staff member provided an example of such creativity when she said “we need an explicit programme strategy to build the capacity of local women e.g. we could train women who have not had the chance to go to school because of the war in literacy and ultimately as development workers”.

Box 6. Examples of local civil society organizations

- i. Network movement for justice and development – Sierra Leone**
The organisation cooperated with government and facilitated the process of developing the recent Poverty Reduction Strategy Paper. Its approach reflects the following:
 - GBV is integrated into its community development human rights awareness programme, and it highlights GBV cases for information and research purposes
 - Offers support and advice to women, girls and boys who experience GBV
 - Networks, lobbies and advocates for national and international legal reform
- ii. The Foundation for Human Rights and Development in Liberia and the Network Movement for Justice and Development in Sierra Leone** are leading civil society organisations. Their work is to lobby and advocate about human rights by facilitating community based workshops and include GBV in their human rights awareness campaigns and community development initiatives.
- iii. The National Women’s Commission of Liberia (NWCL)** addresses GBV in its networks in rural and urban areas and provides skills and business training to empower women, yet operates without a telephone or computer.
- iv.** In Liberia, the organisation “**Women for Peace**” was formed during the recent years of conflict and is made up of civilian women dressed in white who are found publicly demonstrating for peace along the roadsides in all the Provinces of the Country.
- v. Development Network of Liberia - DEN L** is a rural based development training centre whose mission is to: “establish a network for organisations committed to promoting grassroots participation in sustainable development and good governance, leading to a nation at peace with itself and its neighbours”. The staff of DEN L fled to Guinea and rebuilt the training centre no less than 3 times during the conflict in Liberia. GBV as a human rights & development issue is integrated in the following activities:
 - Theatre for peace project
 - HIV/AIDS awareness and prevention
 - Women’s development programme
 - Project management and community development training

Local organisations require:

- **small start up funding** as part of the reconstruction process as they have the human resources but require financial support for their activities including networking initiatives and access to information technology.
- **a commitment to long-term partnerships** from INGOs and donors to support the essential role they play in reconstruction, human rights awareness, lobbying and advocacy, as well as the development of services.

5.4. Development of services

5.4.1. Identifying the vulnerable Many children became separated from their families during conflict, some were recruited to become child soldiers in the rebel forces and others ran away from the rural areas to the cities to seek refuge. As a result there are high numbers of homeless children in Sierra Leone and Liberia who are vulnerable to sexual exploitation and trafficking. For example, GOAL works with homeless children in Freetown and has established a community based project that works with boys and very young female commercial sex workers (average age is 14 years). This 3 month programme offers basic literacy and numeracy training, HIV/AIDS awareness and recruits volunteers from the community to act as ‘mothers’ to the girls. GOAL collaborates with UNICEF on family tracing in efforts to unite the children with their families. It was acknowledged that the programme is very short and follow up support is a weakness but the challenge is to reach as many children as possible. When they were asked what changes they wanted in regard to GBV, the girls said “we want the abusers to be locked up”, as regards their futures, one girl said “I want to work to stop the rape of children” another said “I want my own hairdressing business and education for my baby girl”.

5.4.2. Legal reform, strengthening of justice systems and capacity One of the key challenges is that while survivors of GBV may be encouraged and supported to report cases of rape and GBV, little or no justice or support systems exist, resulting in impunity for perpetrators. In Liberia, for example, police are untrained and punitive in their approach, cases are lost and are subsequently dropped because of long delays or because the court systems are dysfunctional. Although Family Support Units have been set up and are located in a few police stations in Sierra Leone (those staff have received training from the British police), it was reported that attitudes towards GBV survivors is punitive and capacity is still very poor. Because of the lack of a functioning judicial and police system, attempts at ‘breaking the silence’ presently result in further victimisation for survivors, threats of retribution from perpetrators and increased exposure to vulnerability, as well as social isolation and stigmatisation from families and communities.

- As part of post conflict reconstruction there is a need to advocate for the **development of a justice system (as well as health, education, income generation and support services) with government ministries** to respond to GBV,

charge perpetrators, develop prevention strategies and challenge entrenched social norms and attitudes that condone GBV.

- INGOs should support initiatives for institutional strengthening, capacity building and development of coordinated services is needed.

5.4.3. Focus on poverty reduction and education

Extreme poverty and lack of education were consistently identified as being contributory factors to GBV. Some agencies are involved in micro-credit and business skills training that targets women as part of their reconstruction programme.

CARITAS MAKENI – Sierra Leone

Has developed a specific programme which works with female ex combatants, many who were forced to be sex slaves or ‘wives’ of rebel leaders. On resettling after the war they were rejected by their families. The programme offers:

- Tailoring skills and business training
- Psycho-social support, treatment and prevention of HIV/AIDS and Sexually Transmitted Diseases
- Early childhood development services and training

It is reported that the young women are now becoming reintegrated and more accepted into their communities.

- While some national NGOs focus on skills training and micro-finance, **longer term, sustainable and more creative strategies** need to be identified to reduce poverty and increase livelihoods.

5.4.4. Integrate with HIV/AIDS programming Widespread GBV during the conflicts in both Sierra Leone and Liberia, the increase of untreated sexually transmitted diseases and low education/awareness levels are the main factors facilitating the spread of HIV/AIDS. HIV/AIDS prevention is now mainstreamed in many UN, international, national and community development programmes.

- HIV/AIDS awareness campaigns, mainstreaming and training offer entry points to integrate GBV rather than having specific GBV focused initiatives.

5.4.5. Addressing GBV against men/boys In terms of developing services for men/boys, some people interviewed felt uncomfortable about the issue and programmatic responses have been hindered by uncertainty of *how* to respond to survivors given the secrecy and stigma surrounding male rape. Psycho-social support for male GBV survivors, rehabilitation of perpetrators and recourse to justice is not being addressed in current programmes in either country and was identified as being an issue which requires more research.

- There is need to **invest in data collection and needs assessments**, and support more investigation should be part of future programmatic responses.

5.5. Promoting prevention

As regards prevention the eradication of GBV, most organisations stressed that interventions aimed at reducing the extent of GBV must include men, especially in awareness campaigns. Influential community leaders need to be brought on board to encourage dialogue and teach men and boys that GBV is not a ‘normal’ or acceptable way of being. Social reintegration of survivors of GBV (including marginalized youth)

also requires support for local conciliation processes and mechanisms to encourage open informed debate around issues of GBV, justice and human rights. ‘Inclusive targeted community driven development processes could play a crucial role in shaping a different kind of society, but only if it incorporates marginalized and socially excluded groups and people in the rebuilding process.’³⁷

In Sierra Leone and Liberia apart from some female expatriate managers, men make up the majority of development field workers. One Programme Director described how she is often the only woman working with teams of 24 men. Some INGOs stated that the challenge is that there is a dearth of trained, experienced women development workers in conflict and post conflict situations, so few women are afforded the opportunity to gain experience from working in INGOs and to go on to become development and project managers.

The IRC in Liberia have developed a three tiered intervention model to respond to GBV and recognises that effective short and long-term response can only be achieved by:

- Developing structural protection through international and statutory laws and instruments
- Systemic protection by building the capacity of the humanitarian community and various national systems and mechanisms to include the legal, health care, social welfare systems and community response mechanisms
- Individual protection where direct services are provided to meet the needs of women and girls who have experienced violence.

[IRC Liberia Program Overview, January, 2005]

- Humanitarian aid and development organisations should **incorporate a positive gender bias towards employing and working with women** in relation to planning, decision-making and capacity building.
- The challenges are to **develop programmes that are spearheaded by leading and respected figures** (including and especially men) to help shift fundamental deep seated attitudes that *GBV* is an acceptable norm.

As organisation move beyond emergency work towards rehabilitation and development, there is **need to prepare IDPs for returning home** and how they are going to deal with the psycho-social needs of victims of GBV, and how they are going to integrate such women into communities where traditionally they endure social stigma and alienation. Experience has shown that failure to do this may result in traditional GBV practices re-emerging.

5.6. Organisational Capacity

The findings concur with the audit of Irish based organisations contained in Section 6, and indicate that levels of organisational **capacity amongst INGOs to respond to GBV tends to be poor**. This is not to say that there is lack of interest about the issue, as staff in

³⁷ Community Cohesion in Liberia: A post war rapid social assessment, World Bank and UNDP, Jan. 2005.

most organisations expressed deep concern at the levels of GBV in both countries. However, many organisations have no existing gender policy and clear gaps were identified particularly in organisational capacity and confidence to respond to GBV in a systematic way. While some agencies have (child) protection officers **many have no expertise for GBV work**. The issue is currently addressed in **reactive ways**, for example, some organisations address GBV indirectly through their work, be it provision of support for water and sanitation, human rights awareness or skills development and training, but these activities are carried out in somewhat *ad hoc* way. A systematic approach would require staff training at all levels in gender and needs analysis, planning, design and monitoring of GBV in programmes.

CONCERN - Liberia have integrated GBV in the following ways:

- The design and building of ablution blocks and latrines so that they are safe
- Women make up 50% of the Internally Displaced Persons camp management committees
- GBV is integrated into the nutrition programme which has a training of trainer component which will use to rebuild their communities

- Organisations require capacity building at all levels so that GBV programmes become fully competent and more effective.

5.7. Standards, behaviour & codes of conduct

As outlined in the literature review, staff of humanitarian and development organisations have been extensively implicated as perpetrators of GBV in the past, and it was reported that there is evidence that they are still involved in exacerbating the problem.³⁸ The UN's Department of Peacekeeping Operations has recently returned 68 staff, including managers, and is currently undergoing investigations involving 118 personnel for sexual exploitation. (Liberian Express, May 16-18, 2005). In separate interviews national staff reported open exploitation of underage commercial sex workers in Freetown by INGO international staff in the belief that they can carry out these acts with impunity.

While most agencies have codes of conduct, the extent to which they are operationalised varies significantly. In some cases, national staff are required to sign codes of conduct, yet international staff are not. Furthermore, while **policies are reported to exist, they are not fully supported or implemented with training, and management support seems to depend on individuals rather than implemented procedures**. UNICEF, Liberia was cited as an example of good practice where the female Head of Mission participated in staff training and publicly signed the Code of Conduct – this kind of leadership is an example of an effective strategy to implement policy.

- Agencies need to adopt, implement and monitor codes of conduct at all levels within their programmes and organization. **Codes of conduct need to be rigorously applied** so that the gap between policy and implementation is closed, and current complicity towards the silence of GBV ceases.

³⁸ SC-UK and UNHCR report, 2001 (see literature review)

5.8. Cooperation

Cooperation between organisations is reportedly weak and whilst the relevant UN agencies coordinate with INGOs to form protection task teams to share information and refer cases, there is a reported reticence about collaboration amongst INGOs when it comes working together programmatically. An underlying **mistrust and competition between INGOs and UN agencies** about ‘ownership’ of initiatives and who should ‘drive’ the process is a key barrier to coordination. Failure to cooperate results in duplication and mixed messages and confusion about GBV, human rights and access to a range of support services; this also poses a risk that communities divided by factional ‘politics of information’. **By not being proactive in working together, INGOs are inadvertently contributing to maintaining the culture of silence** surrounding GBV and therefore become potential collaborators to the problem.

- Tighter coordination amongst donors, INGOs and national NGOs in the process of identifying and implementing strategies is an essential component for a more effective response to GBV.

5.9. Fulfilling human rights responsibilities

Finally, the lack of internal policies, staff training and organisational capacity in relation to gender equality and GBV amongst many INGOs currently mirror the ‘silence’, acceptance and impunity that surrounds GBV in the external environment. This **raises the key issue of renegeing on human rights responsibilities as set out in Section 3.**

Section 6. INSTITUTIONALISING GBV AT ORGANISATIONAL LEVEL: Issues arising from Audit of Irish Agencies

6.1. Overall summary

The audit of Irish agencies was carried out as a stock-taking exercise to determine the level of engagement with GBV. The audit has a focus on two broad areas: the institutional (internal) framework within which GBV is or could be situated, and the programming responses of agencies to GBV (external arena). Irish agencies are aware of the prevalence of GBV in both conflict and post-conflict situations and some have developed protection and project responses. However, apart from Amnesty International that is running a campaign on GBV, **none** of the agencies **have a systematic approach** to GBV, and overall capacity to deal with GBV is **weak**. The focus therefore must be on **how to use existing agency opportunities and entry points** to build capacity to address GBV, and move into action.

This section begins by discussing the current performance of agencies on GBV, and goes on to raise a number of institutional and programming issues. Table 1 provides a summary of the status quo regarding GBV that prevails within agencies.

6.2. Current agency performance on GBV

There is a very positive interest among agencies in the GBV study and many have used it as an opportunity to reflect on their response to GBV, however **none** of the agencies have a systematic approach to addressing GBV. Consequently despite its prevalence and the human rights obligations of humanitarian agencies, **GBV has not been explicitly or systematically discussed or acted upon**. Indeed, while some agencies have projects that address elements of GBV, agencies do not know the full extent of their engagement, if any. The exception to this is Amnesty International (mentioned above), and Concern which has a very clear articulated Programme Participation Protection Policy - though its translation into programming is still at an embryonic stage.

The beginning of a process The audit process was found to be thought provoking as it raised awareness of the extent of the problem and gave voice to an issue that is widely recognised to exist – the fact that there is no denial of the problem nor of its endemic nature is a positive starting point for agencies. The audit has stimulated a reassessment of agencies' approach and performance on gender; facilitated the initial identification of possible entry points to GBV; created recognition that GBV could provide a new entry point to gender equality; and in one case the audit prompted the organisation to consider fast tracking a review of its existing gender policy.

Some agencies consider that while they may not have an explicit policy on GBV, activities could be underway in the field. Accordingly, two agencies were prompted to undertake an internal audit and consulted with the field to gain a more accurate picture of the issues and responses.

The different interpretations of GBV in different countries is powerfully demonstrated in Table 2 (provided by Self-Help International field offices) in helping to understand how the routine unspoken nature of GBV can have not only devastating psycho-social effects on women but also their participation in development interventions and ultimately undermines the achievement of the Millennium Development Goals. The table includes recommendations as perceived from the field.

There is a recognition in the agencies that GBV is rampant, not only in conflict situations but it is also seen to manifest itself in traditional practices including female genital mutilation (FGM), polygamy and domestic violence (See Table 2.) However, societal norms have meant that GBV is not visible but is veiled in silence thus making it difficult to identify and address.

Agencies point out that in emergency situations, there is a risk that where the focus is on **immediate emergency work and technical responses to food security and sustainable livelihoods, GBV will remain invisible unless a pro-active approach is adopted.** This concern was verified in a DCI evaluation of NGO emergency work in Malawi³⁹ (2004), and is widely acknowledged as an issue in the literature review undertaken for this study.

Box 6. Voices from the Field: Support to women who are victims of GBV in Darfur

“On GBV in Darfur in Kasab camp: you had to go the police first before you could present to the Health Centre... you would be seen by the nurse (male) in the presence of male armed police officer (You were probably attacked by a military/police person) and a family member (usually male). Police would then file the report that was completed by the Nurse. A woman was usually attacked because she had gone out to collect fire-wood or water or some other mundane task.

If you were really messed up you were sent in the GOAL car to the hospital were there was no capacity to do surgery, so hopefully your family could afford to send you up to El Fasher for repair work if necessary.

No other follow up support groups.... we did try with our CHW but rape was a very difficult subject for anyone to talk about. Domestic GBV was never even discussed. Also tried to ensure that a midwife would be present during examinations and follow up patients. Due to obligation for police reporting, very low numbers arrived in to access care.

UNAIDs provide rape treatment kits but the Government will not allow them into circulation as they stated that rape does not occur in their community.

Following pressure by NGOs the Government issued a decree in Dec last year that emergency cases could first be seen in hospital without a police report however this was only in MOH hospitals and did not cover health centres, in reality it changed nothing”.

Case study provided by GOAL

³⁹ DCI, *Evaluation of the 2002 to 2003 Development Cooperation Ireland Support for NGO Emergency Response in Malawi*, Evaluation and Audit Unit, July 2004

6.3. Institutional framework

This section examines the internal institutional framework that prevails within agencies that support/could support the integration of GBV from the perspective of the policy framework. Other potential entry points include working through/with partners, the capacity and confidence within agencies to respond to GBV, and its integration into programming and monitoring systems. It also explores mechanisms that exist relating to standards and behaviour of staff.

6.3.1. What is the right policy framework for GBV?

Undoubtedly, NGOs' own policy frameworks are diverse, but these offer the best option for integrating GBV. Potential entry points to tackling GBV vary significantly among agencies depending on their ethos, their partnerships and the nature of their programming e.g. human rights, social justice, technical responses, poverty and basic needs frameworks. One key issue that has arisen is whether it is necessary for agencies to have a gender policy or whether GBV can be part of the policy framework of other policies e.g. peace building, HIV/AIDS, or civil society.

The reality is that in terms of where to locate GBV at policy level, agencies have different entry points. For example, five of the agencies have gender policies and consider that this should provide the framework for GBV. Others do not have a gender policy but consider that GBV can be framed within policies and programmes related to humanitarian work, conflict resolution, peace building, human rights, child protection policies, and broader protection policies.

Agencies draw attention to the fact that the presence or absence of a gender policy is not the critical issue but rather that the *mechanisms* for implementing the policy are paramount. These would include: (i) other sectoral and organisational policies; (ii) country and regional strategic plans; (iii) programme cycle management guidelines and tools; (iv) organisational capacity assessment guidelines and tools; (v) partnership agreements (vi) programmes and projects; (vii) training plans; (viii) emergency assessments.

Despite some progress over the last few decades, agencies admit that in many instances gender policies have not been implemented systematically. This raises alarm bells for the prospects of making progress on GBV. However, several agencies consider that GBV is a more tangible issue to deal with compared to gender mainstreaming, and that increasingly agencies are moving towards a rights-based approach that should serve to support progress on GBV. It also enables agencies to connect with other issues such as equality, protection and HIV/AIDS. Clearly, GBV is an issue that is of common concern among agencies and with which they can identify, as evidenced by the fact that they have formed a consortium to progress the issue.

6.3.2. Where to locate GBV within agencies?

The structural location of GBV within an organization will determine the goals, objectives and activities that drive the process. Lessons from gender mainstreaming point to the need to avoid creating single focal points (often low level staff with little influence

or resources to effect policy or programming changes) but that GBV be led by a team of high level staff. For example, in Oxfam UK, gender is led by a member of senior management (a regional director), which offers stronger opportunities to promote gender issues and response approaches.

6.3.3. Capacity and confidence to address GBV

Notwithstanding the interest and commitment of individuals, agencies acknowledge that their capacity and confidence to address GBV is low, but consider that this could be nurtured with support. With the exception of Amnesty International and Concern, there is a latent awareness of the issue among agencies but a strong interest in exploring its relevance to their work.

The process of being involved in this study and development of the terms of reference is seen to bring an element of capacity building to participants ~ the learning day and presentation of the study findings workshops were very well received and the audit interviews were found to have initiated a process of reflection and helped to identify entry points. All agencies consider that their organisation provides a positive environment in which to take GBV issues forward and indicated that they would like the focus on GBV to continue in some way.

One of the very positive outcomes of the study process is that DTALK (Development Training and Learning at Kimmage) has now scheduled training on GBV to commence this September 2005.

Box 7 sets out the barriers to institutionalising GBV identified during the audit. A key issue for NGOs is that they tend to be already over-stretched, have limited technical capacity for cross-cutting issues and are uncertain how to proceed on GBV. A first step would be to learn from existing experiences within agencies on mainstreaming HIV/AIDS and gender, then assess the factors that led to progress/inaction e.g. policy framework, human resource capacity and time commitments, financial resources, a project or integrated approach.

Box 7. Perceived obstacles to addressing GBV

Learning the lessons from gender mainstreaming efforts, obstacles identified to addressing GBV at agency level include:

- Buy-in by senior management
- In situations where agencies were already over-stretched, there is limited technical capacity for follow up
- Situations of a male dominated staff could be a disadvantage but there is an opportunity to turn that into a positive “protective” role
- Societal norms “keeping the lid on”
- Invisibility and silence
- Reluctance to engage
- Rolling out a GBV approach with partners

6.3.4. Workplace policies

Concern and Amnesty International are the only organisations that have workplace policies or codes of conduct on GBV, although other agencies have child protection policies or are signed up to WFP/IFRC codes. In this respect, Concern’s Programme Participant Protection Policy (Feb 2004) is far reaching in that it applies to all Concern

staff members, visitors and personnel of partner agencies. The acceptance of the policy is a condition of any partnership agreement and the policy is used as a tool to discuss issues with partner agencies. The policy is backed up by measures ranging from disciplinary action to dismissal, and a Protection Officer has been recently recruited to roll out the policy. Concern sees this as a first step and is aware of the challenges to its full implementation.

Box 8 profiles the key elements of the Concern protection policy in terms of policy framework, lead responsibility, and focus of the policy.

Concern's Protection Policy

Policy framework

Concern has a protection policy for programme participants that explicitly addresses GBV. The organisation has taken the view that GBV of itself does not capture the full range of power abuse issues and thus has developed a protection policy that includes other forms of exploitation. In formulating the policy, a key issue for Concern has been to determine and clearly identify what is considered to be "appropriate behaviour" of staff and partners regardless of the context, to minimize opportunities for abuse.

Institutional Framework

Concern's protection policy is being led by senior management in the Humanitarian Department. It has close ties with the Human Resources Department which is currently recruiting a protection officer to roll out the policy; it draws attention to the fact that "it is not just one person associated with the policy" but that there is wider ownership (a lesson that has been learnt from HIV/AIDS mainstreaming). However, within Concern itself, it is acknowledged that the up-take of the policy in programming is not uniform.

Code of conduct

Concern's Programme Participant Protection Policy recognizes that NGOs themselves can contribute to unequal power relations that are usually at the base of most incidents of harassment, exploitation and inappropriate behaviour; it suggests a number of *simple measures to tackle such power imbalances*:

- Ensuring field teams are gender-balanced & that some women hold senior positions
- Making programme participants aware: of their entitlement to humanitarian assistance; of Concern's employees' duty to deliver it without discrimination; that goods or services cannot be withdrawn on the whim of one or more staff members, and that bribes, rewards, sexual favours etc. are not acceptable
- Clarifying the channels for lodging complaints by appointing and training one senior staff member that reports directly to the Country Director and who is responsible for training other staff and for investigating complaints.
- Ensuring that no individual staff member of the organisation can be in a situation where he or she is perceived to be the sole and final authority in allocating benefits.

The authors of this report are very conscious that implementation of codes of conduct is complex and at times will require courage on the part of agencies to stand up and be counted. The field visit showed that agencies are reluctant to prosecute staff, not least because of the potential perceived damage to their name, and may even be willing to pay compensation to avoid a public scandal. These are issues on which senior management must show leadership based on the principles of human rights and justice.

6.4. Programming

6.4.1. Entry points

An issue that arises for some agencies that wish to be pro-active and take an integrated approach to addressing GBV is the risk of being “labeled” by host governments as “causing trouble” by raising such a sensitive issue as GBV. On the other hand, agencies risk being accused of being complacent if they do not take action. Ways to counter this is to look outwards and engage with other organisations e.g. set up a coordination group at IDP camp level; include community participation; and to engage with local (if they exist), national and international human rights organisations. **A caution however is not to abrogate responsibility to local organisations.**

At the programming level, where agencies are involved directly (or indirectly through partners) in implementing humanitarian work, existing entry points include child protection policies, codes of conduct, human resource policies, reproductive health, water and sanitation. Some agencies are better placed than others to incorporate GBV into their existing programming e.g. it can be incorporated into vulnerability and risk analyses, into partner assessments, and into evaluations. There is also the opportunity to include capacity on GBV on emergency response teams, but this would need to be an explicit requirement.

Where agencies are involved in post-conflict situations, they consider that work they are already undertaking provides a platform to integrate GBV e.g. livelihoods work, programmes that seek to empower women such as REFLECT literacy approach, programmes that address women’s lack of access and control over resources, development education work such as Africa Alive, peace building and reconciliation work.

Based on Concern’s experience⁴⁰, it cautions that rolling out the protection policy is a challenge and will take longer than envisaged as it is an iterative process that gradually leads to the building up of a body of knowledge and experience. Without close monitoring and enforcement, there is a risk that its up-take is dependent on individual interest at the country level. It points to a number of internal actions that it can take to institutionalise the policy:

⁴⁰ Its Protection Policy is being considered at its Regional Meeting in Nairobi in May 2005, and Concern will make a presentation on the policy to the Humanitarian Working Group of Dóchas in July 2005.

- protection needs to be reflected at the project design stage, in the work of its Rapid Response unit, and in their Approaches to Emergencies document
- agencies need to move from a basic needs towards a rights based approach in emergency situation
- integrate protection within humanitarian training
- conduct a baseline study of staff management and discipline at country level
- recruit highly skilled staff (it has a protection officer working in Darfur) and nominate a team (few key people) in each programme to act as a focal point to guide and direct operational responses.

6.4.2. Embedding GBV analysis and its implementation

There is a consensus emerging among the agencies that there is little or no analysis taking place on GBV (or indeed, of the conflict context), and that agencies need to take a number of actions, as follows:

- to better inform themselves on GBV
- to revisit their policies and approaches to gender and other policy frameworks to determine a possible “home” for GBV
- to identify realistic opportunities and entry points such as existing analytical work e.g. conflict analysis, gender analysis, HIV/AIDS assessments, livelihoods analysis, partner assessments etc.
- to reflect GBV work at the programmatic level within country strategy papers
- to create awareness and build capacity of staff and partners, and
- to coordinate with other organisations.

6.4.3. Addressing GBV when working with partners

Some NGOs provide funding to partners who are working on GBV but the approach is ad hoc, and where GBV work is happening, it is often led by local partners without the knowledge of the Irish agencies.

As NGOs are increasingly working *with* partners, opportunities exist to raise GBV within the institutional development/ capacity building component of their partnership; it can also be integrated into potential partner assessments. For those agencies that are implementing *through* partners, there is uncertainty on how proceed. The wide experience is that local civil society organisations are key if abuses of power, gender inequality and GBV are to be effectively addressed. Such organisations know the local culture, attitudes and behaviour, and have greatest legitimacy in terms of tackling the structural causes of GBV.

International NGOs have a role to play in terms of strengthening the capacity of local organisations to address GBV and gender inequality both within their organisations and in society through their programmes. The major challenge for INGOs is a long term commitment to accompany partners as they reflect on the extent of gender inequality and GBV within the society in which they work and within their organizations, and to develop effective ways to address them, including policy development .

Ultimately, if agencies are fully committed to addressing GBV, this may well raise challenges regarding the type of partner with whom NGOs work: their ethos and values, standards of behaviour, commitment to addressing inequalities especially gender inequality, employment of female and male staff, and staff capacity development. In some instances it may require changing partners. Close monitoring of performance in relation to GBV will be essential.

6.4.4. Lesson learning: Parallels with mainstreaming HIV/AIDS

A number of the agencies underscored parallels between how they developed approaches to mainstreaming HIV/AIDS and how they could approach GBV. Three issues in particular stand out:

- firstly, given that the focus on HIV/AIDS has stimulated some agencies to refocus on gender issues; the links between rape and HIV/AIDS should further advance this trend and create the space for action within existing programmes
- secondly, agencies have positive experiences of mainstreaming HIV/AIDS that could form the basis of lesson learning and sharing best practice both within and amongst organisations
- thirdly, several agencies referred to the catalytic role of the HAPS funding provided by DCI in promoting the mainstreaming of HIV/AIDS which enabled agencies to recruit specialist and dedicated staff, and the consequent mainstreaming of HIV/AIDS in programming.

These offer important entry points to move forward on GBV.

6.4.5. First steps in moving into action

The following actions were identified during the audit as being key elements to be undertaken at agency level in developing GBV responses:

- All staff to become aware through training
- Clinically able to recognise it
- Confidence to act on it
- Relevant expertise required
- Political will to engage
- Appointment of specialised staff member
- A system for monitoring
- Networking with service providers (medical support, counselling, legal aid) and coordination with other agencies
- Identify up-coming opportunities to start development of programme prevention and response strategies (start small)
- Support and working with civil society groups – international, national, local.

6.4.6. Monitoring

Agency monitoring mechanisms in general are acknowledged to be **weak** and need improvement. With regard to GBV, there is a consensus that it needs to be integrated into existing monitoring tools/mechanisms. A monitoring framework that is focused on the development of good practice and lessons learnt needs to be developed; monitoring tools need to be restructured to include GBV information. To start the process of

monitoring, agencies may wish to review the GVB indicators developed by Oxfam UK(see Annex 4).

6.5. Future role of consortium

Agencies see a very high value in working together on GBV and see a role for the Consortium to assist in the following areas:

- Development and improvement of good practice among agencies
- Promote integration into conflict assessment processes
- Promote integration into individual agency and DCI policy frameworks
- Promote integration into funding mechanisms; one option would be to have a database (held by DCI or delegated to Dochas) of NGOs and partners who are working on GBV, and who could distribute best practice.
- Promote integration into monitoring and evaluation tools.

6.6. International advocacy

Change will happen when coherence and synergy is created between the efforts of different types of organisations working at different levels and with different targets. All agencies can play a role in giving voice to GBV through their advocacy work, international networks and alliances. This may include:

- i. The role of advocacy-led organisations such as Trocaire that advocates for justice at national and international levels, as well as strengthening the capacity of local civil society organisations to participate in and influence legislative and policy processes at various levels.
- ii. Those organisations that have influential constituencies e.g. GOAL in relation to the media;
- iii. Agencies that have links with wider families e.g. Christian Aid and Oxfam
- iv. DCI in terms of promoting action on GBV because of its engagement multilaterally through its engagement with such organisations as UNICEF, the International Red Cross, EU, with the United Nations both in Geneva and New York and its support the Africa Union. DCI can be a vehicle to carry GBV dialogue through international processes, human rights commissions and through its own bilateral governance programmes which have entry points to working with the judiciary.
- v. Amnesty International, whose work is specifically focused on human rights rather than humanitarian or development assistance, is a key organisation to continue to raise awareness about GBV internationally and nationally. Because of its neutrality, independence from DCI funding and effective organisational strategies, Amnesty's involvement and collaboration offers important learning opportunities and forms an essential component of the GBV Consortium.

Agency	Policy	Capacity	Structures	Programming related to GBV
Amnesty International	Equal Opportunity & Gender policy. Focused on gender mainstreaming both internally & externally. Uses human rights framework whereby GBV violates rights to security.	All staff trained in GBV: capacity varies at different levels of the organization: strong leadership & gradually being introduced to other levels, e.g. administration and finance staff	Gender action plan working group (8 senior staff members) focusing on policies, indicators for gender equality, promoting understanding & training.	<ul style="list-style-type: none"> ○ GBV raised in policy dialogue as part of public awareness campaign, in lobbying & advocacy campaigns at international & national level. ○ A report on Violence against Women in Ireland is to be published in June 2005. ○ Raised in newsletters to members, and training “toolkits” provided. ○ Informs communication and information strategy.
Christian Aid	Gender Policy & Strategy but new to GBV. London office very supportive & has funded contribution to this study but neither office has developed an approach to GBV.	Small number of staff in the Irish office but there is commitment to mainstreaming GBV. Current capacity on GBV low.	Mainstreaming/ gender working group. Could be included in computer-based monitoring system & in templates for partner capacity profiles.	<ul style="list-style-type: none"> ○ GBV integrated in some programmes but not systematically. ○ GBV has emerged as a key issue in some evaluation work. ○ Good opportunities to integrate GBV into vulnerability analysis & in beneficiary assessments, also through capacity development with partners.
Concern	Equality objective of which gender is a part. “4Ps”: Programme Participant Protection Policy developed in 2004:. No Gender Policy as yet, has been	Recently employed a Protection officer to roll out 4 Ps and an Equality officer at HQ; but overall awareness is limited. Mixed capacity at field level and not uniform – tends to dependent on	Strong commitment to 4 Ps by Humanitarian Dept and Human Resources. Feed across to programming is embryonic.	<ul style="list-style-type: none"> ○ Key focus is on protection in emergency situations. ○ Integrated into camp design, for e.g. safer latrines and ablution blocks ○ Integrated into some programmes e.g. health and nutrition, development of fuel

	engaged in policy dialogue for some time.	individual interest; some gender training at field level but not systematic.	5 working groups linked to delivering on MDGs. Best practices being disseminated e.g. from Horn of Africa.	efficient stoves to reduce exposure to rape whilst collecting firewood.
DCI	Gender Policy (recently approved and published). Gender as a crosscutting issue to be mainstreamed in all policy development including the Humanitarian policy. Dialogue on GBV limited and mainly confined to humanitarian context.	Some gender training has been provided but not systematically. Current capacity on GBV is low at all levels.	A cluster is responsible for ensuring gender, HIV/AIDs, governance & environment are mainstreamed	<ul style="list-style-type: none"> ○ Strategically targeted (multi annual) funding of international agencies, NGO networks & good practice initiatives. ○ Not implementing itself but encourages organisations that it funds to be signatories to codes of conduct. ○ Funding guidelines for emergency & recovery work do not include GBV but will be revised to do so. ○ Could make funding conditional on addressing GBV & integrated into monitoring, but not happening at present. ○ GBV tends to be responded to within a reproductive health response
GOAL	Gender Policy recently approved and developing a toolkit to assist in roll out. Has a recent Child Protection Policy. Signed up to IFRC code of conduct	Capacity on GBV limited to a few individuals. Middle management at HQ & senior country level staff received gender training. Some country office training.	Gender working group at HQ.	<ul style="list-style-type: none"> ○ Addressed in some projects especially those related to street children and sex workers; good examples in Sierra Leone, Kenya & Liberia. ○ Emerged as an issue in tsunami disaster, and a rapid response was developed.

Oxfam	No Oxfam Ireland Gender Policy but training and development of policy is budgeted for 2005.	Limited capacity in Oxfam Ireland. Oxfam GB and NOVIB are main implementers of GBV country programmes.	Assumed that gender is integrated, but need to develop capacity and structures. Oxfam GBV staff participate in conflict country task force protection, planning and response teams.	<ul style="list-style-type: none"> ○ Gender integrated into HIV/AIDS and income generating programmes but not GBV specifically ○ Programme needs to consider systematic approaches that include most vulnerable groups ○ Works with traditional leaders
Self Help	Gender Policy (to be reviewed with strong input from the field). Has a HR policy & moving towards code of conduct policy.	Staff at all levels at HQ & field level have received gender training. Confidence to deal with GBV is mixed though there is evidence of a high level of awareness at field office level.	Strong bottom up process	<ul style="list-style-type: none"> ○ As a technical organisation which focuses on capacity building of local organizations, has potential to integrate GBV in post-conflict situations. ○ Works with national governments (Regional Women's Bureau) & has conducted training with police and judiciary.
Trocaire	Has a child protection policy & has addressed gender & protection issues within its draft discussion paper on Emergency and Rehabilitation. Has a Gender Statement (2000) but unsure whether it will further develop this into a gender policy. Meanwhile, gender (& GBV) will be addressed within the	Some staff have received gender training but this is not done systematically. Capacity and confidence to address GBV in both humanitarian and development contexts is generally low. Has a positive experience of mainstreaming approaches to HIV/AIDS from which lessons can be learnt.	No internal structures are in place to drive policy/programming processes on gender and GBV. The Strategic Planning process offers the opportunity to look at internal structures and capacity. Is involved in external networks where issues related to GBV/ beneficiary	<ul style="list-style-type: none"> ○ GBV is recognised as a key issue in the context of our emergency response (ex. Darfur & tsunami) but is not addressed systematically due to lack of capacity at both Trocaire and partners levels. ○ In conflict and post-conflict countries such as Haiti, Burundi, Rwanda, Burma Trociare is supporting some interesting partners' initiatives. ○ In development settings such as Central America and India,

	<p>sectoral policies under development (civil society, livelihoods, etc.). A newly launched Strategic Planning process offers the opportunity for placing gender (and GBV) very high on the agenda of the organisation.</p>		<p>protection are discussed such as Caritas Internationalis, UK network on peace and conflict, etc.</p>	<p>Trocaire is supporting various initiatives that address women's rights and promote women empowerment.</p>
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Table 2. Voices from the Field: Self-Help Field Offices

	Ethiopia	Kenya	Uganda
Definition of GBV	<ul style="list-style-type: none"> • Rape (including children under five) • Abduction • Incest • Polygamy • Assault • Female genital mutilation (to make the women sexually in active) • Early marriage • Complete removal of hand figure nails (to make her defense less while sexual intercourse in the first day of marriage) • Return of un virgin girls to parents home at the day of marriage • Unmatched marriage (young girls to elderly men) • Widowed women forced to get married to the nearest relative of the husband • Exchange marriage • Example (Brothers benefit marriage at the expense of sisters, fathers grant their daughter in exchange to young girls) • Sexual harassment • Physical punishment (battering, fight, kick and murder sometimes) • Intense workload at house hold level • Idiomatic expressions • E.g. Women for kitchen men for authorities • Denied rights on the decision making process (of all sorts) in the household • Preferential treatment to sons at the expense of daughters at household • Less opportunity of girls for education Discouragement of girl's education & etc. 	<ul style="list-style-type: none"> • Wife beating • Insults(psychological torture) • Rape • Dominating Husbands over family resources • Men abandoning their wives and marrying younger ones without caring for their support 	<ul style="list-style-type: none"> • Wife battering • Female genital mutilation among the Sabinu in Kapchorwa Eastern Uganda. • Wife inheritance against the women's will. • After the husbands death the widows are chased away from their marital homes by their in-laws. • Early and forced marriages, girls are given away to mostly older men, in exchange for bride price. • Girls are denied education, even where resources are available, some parents prefer only educating boys. • Rape and defilement
Contributing	<ul style="list-style-type: none"> • Perceived status of women in the society 	<ul style="list-style-type: none"> • Culture - In the African culture it is normal for 	<ul style="list-style-type: none"> • Patriarchal cultures that promoting male dominance where women are given second class

<p>factors</p>	<ul style="list-style-type: none"> • Subordination of women and the institutionalization of enforced economic dependence and powerlessness. • Access to end control of productive resources & decision making at all levels especially at the house hold & community level strongly male dominated • Patriarchal control • Social and cultural constraints and male domination • Economic dependence • Limited political power 	<p>a man to "discipline his wife".</p> <ul style="list-style-type: none"> • Ignorance among the women Inadequate support from law enforcers. 	<p>citizenship, society believes that women should be abused by any man, especially a husband</p> <ul style="list-style-type: none"> • Dowry / Bride price: women are taken as commodities bought in the market, so they can be beaten, used and abused in any form. The women also have to work extra hard because they are sort of paying back for what their parents received in the dowry. • The gendered nature of the state: Some of the laws in Uganda are discriminatory like with adultery, men can get away with it, while on the woman's side it's a ground for her to be divorced. The police make fun of Women who report rape and defilement cases, justice is not done, this makes men go ahead with domestic violence, because they know they will get away with it. • On the other side, when wives are battered by their husbands, they fear to report to the police or anywhere, because of fear of loss of self-esteem, something to do with their power. • Poverty is yet another major factor contributing to domestic violence against women. In laws chase away a widow from her marital home; so as to grab the late mans property. This is common in most poor families, though it happens in some rich families.
<p>Consequences of GBV for rural women /girls</p>	<ul style="list-style-type: none"> • Anxiety • Fear & hate of sexual intercourse • Chronic irritability • Depression • Psychosis • Risk of physical injury • Damage of genital organs • Exposure to sexually transmitted disease • Unwanted pregnancy • Devastated moral • Deprived rights of girls education due to fear of abduction & rape 	<ul style="list-style-type: none"> • Withdrawal from participating in development activities • Depression 	<ul style="list-style-type: none"> • High drop out rates for girl children, due to early marriages, leading to high illiteracy rates among rural women. • Poverty among women. • Psychological torture • Diseases • Injured and disfigured women due to beatings • Death of Women due to battering. • Broken homes, separation and divorce, in such cases women and children are hit most because of their limited access to productive resources. • Women and girls may end up becoming prostitutes

	<ul style="list-style-type: none"> • Low participation of women at house hold community & national programs • Low employment, low income • Illiterate mothers implying illiterate children • Exclusions from membership of various institutions that provides access for credit or information • Lowered participation in extension work and other productive activity • Loss of motivation, competence & confidence for change 		because of GBV. Selling their bodies to get something to eat, after running away from abusive homes, where men in their lives have been their source of livelihood.
What help/ support is available to women victims of GBV	<p>There is no as such as organized support available to victims of violence. But the following are good to mention</p> <ul style="list-style-type: none"> • Reported cases are followed up and responded with better speed now than before • In some cases & places there is a sort of compensation given to victims • Corrective measure in terms of legal action & social exclusion up on abusers • Abduction is being strongly condemned both by the government, educators & communities. 	<ul style="list-style-type: none"> • FIDA a law firm that is advocating for zero tolerance on violence against women. • Well wishers donating money for treatment of severe case of like beating. • The government to a small extent arresting the abusers 	Most women do not know where to report or where to go.
Do religious or cultural organizations take any action?	<p>Religious institutions teach & preach peoples against violence against women:</p> <ul style="list-style-type: none"> • Provide information on the effects of abduction rape & other harmful practices & promote equality from the religion point of view. • Cultural institutions develop community conversation including compensation given to the victim for every sort of violence based on the degree of its effect. • Social exclusion of the abuser from community based organization (CBOs) and community issues 	<ul style="list-style-type: none"> • Counseling by the pastors • Finding the offenders by the community at a clan level Note: Religion and culture are in themselves discriminatory to gender equality. 	No, religious leaders and cultural organizations do not take any action against gender based violence
How is GBV	<ul style="list-style-type: none"> • SHDI has a deeper understanding of the 	<ul style="list-style-type: none"> • Acknowledges that 	The organisation acknowledges that violence is a feature & thus the need to sensitise communities about

recognized in programming	negative effects of violence on overall development and has designed & implemented various women specific & gender sensitive activities as an aggressive response to the problem.	<p>violence is a feature of unequal gender and power relations</p> <ul style="list-style-type: none"> • Inclusion of gender mainstreaming in all its projects • Empowering women to become economically independent • Designing programs that are sensitive to gender disparity 	<p>legal matters, the legal implications of any forms of violence, and the role of the legal bodies in addressing violence. Has also trained some leaders.</p> <p>The legal training provided takes into consideration that violence of whatever nature exists in the communities and tackles ways of handling it, in collaboration with the community leaders, and the legal bodies in a participatory way.</p>
What should be done?	Provide more focus on women's empowerment through gender mainstreaming including advocacy on human rights of women.	<ul style="list-style-type: none"> • Fund more gender based programs • Get involved in policy advocacy to eliminate gender violence • Sensitize the victims more on their rights 	<p>Should be more emphasis on sensitisation and training in legal matters of communities about GBV and its legal implications,</p> <p>Put a budget line otherwise GBV will be ignored under the cover of Gender mainstreaming yet it's a major issue that requires attention.</p> <p>-Gender pressure groups should be encouraged by SHDI in the communities where it operates; leaders of these groups should be trained in simple paralegal matters & be facilitated by bicycles to ease their movements and transport, so that they help culprits of GBV to reach law bodies, and any other form of help.</p>
Other thoughts	There should be an organized connective act among all stakeholders with the required courage and commitment to eradicate violence against women & to ensure equality in our country		All stakeholders should be sensitised on the major issues of Gender and GBV because it takes some knowledge and skills to identify gender issues and GBV

Section 7. Benchmarking of International Players on GBV

7.1. Introduction

Overall, it has proven difficult to get specific and adequate information from international NGOs to facilitate any benchmarking or comparison on approaches to GBV. Our conclusion is that this is a reflection of the very varied but **generally undeveloped** approaches to GBV adopted by development agencies. As mentioned previously, there is ample documentation on GBV and its causes in conflict and post-conflict situations, as well as numerous manuals and guidelines. Moreover, there is a sense among those specializing in GBV that:

- Agencies have not addressed systemic internal issues that are a barrier to progress to GBV, and have not adequately considered questions related to the administration and planning for GBV work;
- On the programming side, the multi-sectoral nature of GBV interventions poses real challenges to many organisations that are set up in a sectoral (vertical) structure for humanitarian aid; and
- A tendency by some organisations to apply for available donor funds without any real strategy within or across organisations⁴¹

Based on our discussions with agency staff, our view is that agencies are still struggling with issues such as **whether GBV is a priority** given the wider demands upon them (a recent study by SCF UK on GBV in Darfur found that despite the international outcry little is being done to address GBV); that GBV **requires expertise and specialist support** that is not available with the organisations; and that there is **a hesitation** in some instances to fully embrace such a sensitive issue.

7.2. INGO Approaches: OXFAM UK and SCF UK

7.2.1. Policy

Both OXFAM UK and SCF UK have strong corporate policies and commitment but they have very different focuses: OXFAM UK focuses on Violence Against Women while SCF UK is primarily concerned with child protection (not GBV per se). Oxfam UK's policy is located within a human rights and gender equality framework and it has a policy on Violence Against Women as well as a gender equality policy.

SCF UK has a discussion paper on GBV⁴² but its approach is firmly located within a child protection framework while gender issues are addressed within a wider context of diversity. SCF UK considers that there are gaps in the existing understanding and approaches to GBV in terms of child protection; accordingly, its Policy Division has placed considerable emphasis on implementing its Child Protection Policy.

⁴¹ Private correspondence with Beth Vann, Global Technical Adviser to GBV Global Technical Support Project, JSI Research & Training Institute on behalf of the Reproductive Health for Refugees Consortium (RHRC).

⁴² Internal document (2003).

7.2.2. Leadership and development of capacity

To support policy implementation, SCF UK has a Child Protection Emergency Adviser located within the Policy Division, while Oxfam has a global Gender Adviser with its Policy Department and a Gender Adviser located with its Humanitarian Department who leads on GBV. SCF UK has a substantial programme of training and support in place to support staff and partners while OXFAM UK has developed a training pack that includes its policy, a handbook on gender in emergencies, gender mainstreaming tools (questions and checklists), indicators for gender aware programmes (Annex 6), standards for gender in humanitarian aid, standards for protection. Both organisations place a strong emphasis on training of staff both at Head Office and in the field.

7.2.3. HOW organisations are developing an approach to GBV

For both organisations, the development of a framework to work with GBV is **incremental rather than systematic**; however, there is a common approach in terms of gradually building a body of knowledge from within their organisations through:

- (i) creating a better understanding of the issue,
- (ii) development of position papers that set out the organisational approach
- (iii) research and documentation of programme experience,
- (iv) development of guidelines and resources to support training and implementation, and
- (v) advocacy work.

Through such strategies, it is hoped that expertise, commitment, capacity and confidence will grow and that a systematic approach will emerge throughout the whole organisation.

Oxfam UK is perhaps the most advanced in terms of having a defined approach on GBV. It has established a centre of **excellence on Violence Against Women in South Asia**, based in Delhi, with the purpose of developing a systematic approach. From this base, it has advocacy campaigns operating in Afghanistan, Nepal, India, Pakistan and Bangladesh. The centre is a key instrument for learning lessons for application to other contexts e.g. it has been supportive to programmes in West and Southern Africa.

7.2.4. Codes of Conduct

High priority is given by both organisations to implementing their codes of conduct. In the case of OXFAM UK, the code relates to protection generally, and all staff members must sign the code. SCF UK's code is based on child protection and to which everyone must adhere; country programmes are responsible for its implementation led by a senior staff member or a child protection person.

7.2.5. Guidelines

OXFAM UK works with the Inter-Agency Steering Committee (IASC) of the UN on developing guidelines on GBV which are currently in draft form and about to be piloted (see Annex 5). As mentioned earlier, it has a training pack which includes guidelines and generic indicators on GBV that all projects must track.

SCF UK are represented on the Inter-Agency Working Group on Separated and Unaccompanied Children (along with IRC, UNHCR, UNICEF, World Vision) which is in the early stages of discussing the publication of joint guidelines on GBV. It has prepared draft programme guidelines on psychosocial support to children affected by GBV, and has guidelines for health services geared to children's needs.

The lessons from SCF UK is that despite having a child protection policy, there is still need for greater clarity on what the organisation should do and the type of support needed. It acknowledges that despite its concern for child protection, it needs to develop new areas of expertise to deal with the issue; currently its' prime focus is on child soldiers and separated children.

7.3. Advocacy

In addition to its campaigns on Violence Against Women and gender equity mentioned above, Oxfam is a strong advocate for gender inclusion in SPHERE, while SCF UK has been very active in promoting protection of children in humanitarian contexts especially among peacekeepers. It has recently developed a 4-page Statement and Recommendations for Protection from Gender based Violence in Armed Conflict (Feb 2005) aimed at Agencies, Donors, UN programmes and Member States. It is also in the process of developing an SCF UK advocacy position paper.

7.4. Key elements of a GBV programming framework

There is a consensus among INGOs and UN agencies around some key elements that need to be put in place to support a GBV policy; these include:

- Coordination and cooperation
- A multi-agency and inter-sectoral approach
- Establishment of a policy
- The introduction of a code of conduct (but there are serious issues and challenges around enforcement)
- The provision of services to respond to GBV (security, health, community services, counselling, supporting the capacity development of legal system)
- Advocacy at international, national and local levels.

There is also a consensus that without community participation throughout the process, success will not ensue.

7.5. Overall Conclusion

There is a very varied approach to GBV, but suffice to say that the approach adopted by agencies is an incremental rather than a systematic one. The focus is on building a body of knowledge based on experience within the agencies themselves, the establishment of a policy and the implementation of a code of conduct. Advocacy at international and national levels are key elements of the strategies adopted.

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Websites:

UN agencies

www.undp.org

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Other useful websites

www.developmentgateway.org (a helpful resource for sector issues and research)

www.eldis.org (as above)

www.hrw.net (Human Rights Watch which provides important statistics and updates on GBV and human rights abuses)

www.irinnews.org (an information resource also for statistics and research purposes)

www.ocha.org (a resource for good practice for humanitarian organisations)

www.theirc.org (the International Rescue Committee which offers programme guidelines)

www.rhrc.org (the Reproductive Health for Refugees Consortium, as above)

List of useful contacts

OXFAM UK

Ines Smyth,

Global Gender Adviser, Policy Department, Tel +441865 312154

FAX+441865312245

Aggie Kalungu-Banda

HSP Gender and Representation Adviser (Acting HD Gender Adviser)

Telephone +44 (0) 1865 313814

Fax +44 (0) 1865 313852

RHRC

Beth Vann MSW

Global GBV Technical Advisor, GBV Global Technical Support Project JSI Research & Training Institute on behalf of the RHRC Consortium

Email beth@bvann.com Tel. 1 240 683 4584, Fax 1 425 642 6187

Cell 1 240 401 1967,

1616 N. Fort Myer Drive, Arlington, Virginia 22209 USA

Office tel 1 703 528 7474

Project email gbvresources@jsi.com, www.rhrc.org

UN

Kate Burns

Senior Humanitarian Affairs Officer - Gender Adviser

UN Office for the Coordination of Humanitarian Affairs

Room S-1879 D, 1 United Nations Plaza, New York, NY 10017

Phone (Work):1-917-367-9002 (Cell): 1-646-269-5550

Fax: 1-917-367-5274

E-mail: burns@un.org

SIERRA LEONE

International Rescue Committee

Amie Tejan-Kella

sarcsi@theirc.org

Oxfam gender coordinator
Contact: Christie Braughman
cbraughman@oxfam.org

Community development
Caritas Makeni
Contact: Thomas Turay
caritasm@sierratel.sl

American Refugee Council
Contact: Barbara Whitmor
bwhitmor@sierratel.sl

Concern Country Director
Contact: paula.connolly@concern.net

LIBERIA

Foundation for Human Rights and Development
Contact: Aloysius Toe or Senyon Kieh
skieh2003@yahoo.com

Community Development and Training
DEN L
Contact: Sr. Mirriam O'Brien
denliberia@mailingaddress.org or gbarnga.brief@jesref.org

CONCERN
Contact Country Director
Liberia fiona.mcllysaght@concern.net

UNICEF
Contact: Miatta E. Abdulai-Clark Project Officer
mabdulai@unicef.org

GBV POLICY DEVELOPMENT
Contact: Carmen Lopez-Clavero, GBV Coordinator, IRC
clopez-clavero@theirc.org

Women's rights and legal reform:
Association of Female Liberian Lawyers (AFELL)
Contact: Lois Bruthus
loisbruthus@yahoo.com

UNDP -Liberia Human Rights and Protection
Contact: Awa Dabo awa.dabo@undp.org

Save the Children (UK) Statement & Recommendations for Protection from Gender-Based Violence (GBV) during Armed Conflict

Background

Humanitarian crises, armed conflict in particular, create an environment that increases the opportunities and potential for gender-based violence¹ to take place. This is due to the breakdown of social structures and protective mechanisms that the State, community and family would normally provide. The deterioration and collapse of the economy, infrastructure and legal systems combined with the turmoil and brutality of war provide further opportunities for sexual violence and sexual exploitation in particular. Atrocities against civilians, such as rape, are often systematically committed as a weapon of war to deliberately humiliate and break community cohesion – this not only contravenes the Geneva Conventions but is also recognised by the Rome Statutes of the International Criminal Court (ICC) as a war crime. Other contributing factors range from the lack of access to livelihoods such as farmland and other resources, to gender disparity. With the arrival of the wealth and power that comes with peacekeeping and humanitarian personnel, children, particularly adolescent girls, become even more vulnerable to sexual exploitation and abuse. This is because many are put under increased pressure to either support themselves or supplement their family income and resources when rations and supplies run low. These factors and more increase the risk of vulnerable children, particularly separated children and households headed by women or children, becoming victims of gender-based violence.

Sexual Exploitation and Sexual Violence

In early 2002 a joint Save the Children UK/ UNHCR assessment report on sexual exploitation and sexual violence in West Africa was released, which highlighted widespread incidents sexual exploitation and abuse against children from refugee and IDP camps in the region. The report further indicated that these abuses were in part perpetrated by peacekeepers and humanitarian personnel amongst others. The report detailed experiences of sexual exploitation and violence through the stories of children. The exchange of sex for money or gifts with those who were entrusted in a position to assist and protect them was reported to be widespread. The recommendations of the report stressed the need for urgent measures to be put in place to protect children and prevent them from experiencing further violations.

The abuse of power, position and trust that was documented in the report sparked off many initiatives, particularly from the UN and other humanitarian agencies, to put measures in place to prevent the sexual exploitation and abuse of children and women from beneficiary communities. The Inter Agency Standing Committee (IASC) set up the ‘Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises’ in March 2002. The Task Force developed a Plan of Action comprising of more than 40 recommendations that IASC agencies agreed to implement, and also established six core principles on the prevention of sexual exploitation and abuse to

¹ Gender-based violence covers a wide range of abuses and violations, including rape, sexual exploitation, forced prostitution, female genital mutilation, forced marriage, domestic violence, abduction and trafficking.

be included into staff codes of conduct of member agencies. Subsequent General Assembly and Security Council resolutions have also reiterated and made reference to the IASC Plan of Action and the six core principles. In October 2003 the Secretary General issued a Bulletin for UN agencies' staff on 'Special measures for protection from sexual exploitation and sexual abuse', prohibiting sexual exploitation and abuse by UN personnel and laying out Duties of Heads of Departments, Offices and Missions.

However, despite these initiatives, incidents continue to unfold. The latest reports detail cases of sexual exploitation and abuse, including rape, of children in the Democratic Republic of Congo (DRC), implicating personnel from the UN Peacekeeping Mission in DRC (MONUC). The UN Office of Internal Oversight Services (OIOS) investigated these allegations, although out of the 72 reported allegations only seven were verified². The report also stated that despite being aware of the investigations taking place, it did not act as a deterrent. It was apparent that many staff members continued to engage in sexually exploitative activities with vulnerable children, most likely because they had seen little concrete evidence of any disciplinary procedures or prosecutions taking place. A news report of 11th January 2005³, in which UN staff were interviewed, revealed that there is a general lack of clarity about responsibilities to prosecute between the UN and troop-contributing countries. Allegations of witness intimidation were also made during the investigations highlighting the lack of witness protection. This underscores the fact that in order to protect children from such violations and to curb such activities in future, stronger strategies need to be implemented to institutionalise a culture of zero tolerance. Clear guidance must be in place to ensure that offenders are strictly disciplined and prosecuted, with strong measures to protect victims and witnesses from intimidation and further harm.

While regulating staff conduct and instituting strict disciplinary procedures is paramount for preventing such violations, there has however been huge failure by the international community to adequately address some of the driving forces that support such incidences. There has also been a failure to uphold the fundamental rights of populations affected by humanitarian crises. The right to food, shelter, healthcare, education, family unity, physical security and protection, which all contribute towards prevention from abuse and exploitation, have continually been overlooked in countries such as DRC, Sudan, Liberia, and Ivory Coast to name a few.

The findings of the OIOS report reiterate this and states that:

Most of the victims and witnesses are extremely vulnerable, not only because of their youth, but also because they are living alone, with other children or with older relatives in extended families who are unable to provide for them. The victims... are not in school because they cannot afford the fees. Hunger has encouraged children to try to make contact with members of the MONUC troops to seek food or a little money. Food insecurity is brought about by the population's inability to access their farmlands because of fear of attacks from militia... and the food supply in the camp is reportedly inadequate.

² *Investigation by the Office of Internal Oversight Services into allegations of sexual exploitation and abuse in the United Nations Organization Mission in the Democratic Republic of Congo*, General Assembly A/59/661, 5 January 2005

³ *Sex and the UN: When peacemakers become predators*, The Independent, 11 January 2005

The consequences of gender-based violence can be long term and devastating, often leading to death or permanent injury or disability. Some consequences are: an increase in rates of sexually transmitted infections (STIs) including HIV/AIDS; forced/unwanted pregnancies, which may lead to terminations being carried out by unqualified practitioners; and a high maternal and infant mortality rate due to lack of infrastructure and healthcare. Babies born as a result of rape/exploitation may also face a high risk of being abandoned. Other consequences include girls being ostracised from their communities due to the shame of having been raped and/or becoming pregnant outside of wedlock. This often decreases their opportunities for marriage and can further leave them vulnerable to being trafficked and/or entering the sex trade due to the lack of family/community protection and support, and the lack of alternative or viable livelihood options available to them.

To protect children from such violations and abuses it is clear that more attention must be paid by humanitarian agencies to:

- i) Prevention strategies including physical security, adequate humanitarian provisioning and facilitating access to livelihood options and staff training (e.g. child protection and gender awareness);
- ii) Remedial action/ response such as medical assistance, reproductive healthcare and community-based support to survivors;
- iii) Ending impunity i.e. making sure perpetrators are adequately prosecuted and victims are protected;
- iv) Environment building i.e. creating a political, legal, social, cultural and economic environment that respects the rights of the individual.

Recommendations for Protection from Gender Based Violence

For Agencies, Donors, United Nations programmes and Member States

- Peacekeeping and peace-enforcement personnel, military personnel, humanitarian actors and non-State actors must receive rigorous instruction and training in international humanitarian law, human rights law and child rights law with specific reference to the protection of children and women (particularly from sexual violence & exploitation). All personnel must comply with these laws for which strong monitoring and reporting mechanisms should be implemented.
- The UN must urgently define and implement clear guidance regarding lines of responsibility for disciplinary procedures and the prosecution of personnel involved in the sexual exploitation and abuse of children and other civilians. This guidance must clearly define the responsibility of the UN vis-à-vis member States contributing troops to peacekeeping missions. Prosecution of cases at UN and State level must be closely monitored to ensure that punishment is followed through.
- Systems for monitoring and reporting of violations and recourse mechanisms must be implemented and include child friendly procedures and witness protection measures. A conducive environment must be created for both boys and girls to report violations.
- All Peacekeeping Missions must have a sufficiently strong mandate to protect civilians, particularly vulnerable children and women, from attacks and sexual

violence from opposition groups and forces. Training and support must also be provided to national authorities to ensure the security of civilians, particularly vulnerable children and women.

- In order to reduce the incidences of sexual exploitation and abuse of children, the delivery of humanitarian assistance, particularly the distribution of food aid, must be prioritised for the most vulnerable populations in accordance with minimum standards for disaster response (i.e. Sphere standards). The distribution of food aid must be carefully monitored taking gender disparities into account to ensure that distribution procedures are equitable and do not allow for exploitation.
- All humanitarian responses must attend to the special needs of children and women who have experienced gender-based violence. All measures must be developed in consultation with women and children and access must be provided to appropriate child friendly support services and provisions. Such provisions should include access to appropriate child-friendly reproductive health care, including specific support to girls who are pregnant or who have babies/children. This must be reflected in strengthened policy and guidance on gender-based violence.
- Resources must be allocated by donor agencies to invest in economic and livelihood options for communities (particularly vulnerable girls with babies/young children), to prevent children from becoming even more vulnerable to further abuses such as exploitation and trafficking.
- All humanitarian agencies must ensure that responses are built on supporting and strengthening any existing community based protection strategies and mechanisms. All efforts by agencies to support such structures should take a co-ordinated approach.
- States are urged to sign and ratify the Rome Statute of the ICC to end impunity of war crimes against civilians. Particular attention must be paid to the prosecution of crimes such as sexual violence against children and women. In implementing the ICC Statute domestically, States should also strengthen national laws to prevent and to prosecute crimes such as gender-based violence.
- The UN IASC should hold member agencies to account and examine the extent to which the Plan of Action developed by the Task Force on Prevention from Sexual Exploitation and Abuse in Humanitarian Crises has been implemented, its effectiveness and to then identify operational areas which need strengthening. Further implementation of the Plan of Action must have a child focus, and enable children to fully participate during the planning, implementation and evaluation of programme activities. Increased efforts are also required to ensure implementation of the special measures for preventing sexual exploitation and abuse set out in the UN Secretary General's Bulletin of 9 October 2003. The IASC should commission a review of how these measures have been operationalised to date and make recommendations that address any shortcomings that are identified.

1st February 2005

IASC Matrix of interventions to prevent and respond to gender-based violence in humanitarian settings

	Functions & Sectors	Emergency Preparedness	Minimum Prevention and Response in an Emergency	Comprehensive Prevention and Response (Stabilized phase)
1	Coordination	<ul style="list-style-type: none"> Determine coordination mechanisms and responsibilities Identify and list partners and GBV focal points Promote human rights and best practices as central components to preparedness planning and project development Advocate for GBV prevention and response at all stages of humanitarian action Integrate GBV programming into preparedness and contingency plans Coordinate GBV training Include GBV activities in inter-agency strategies and appeals Identify and mobilize resources 	<p>1.1 Establish coordination mechanisms and orient partners</p> <p>1.2 Advocate and raise funds</p> <p>1.3 Ensure Sphere standards are disseminated and adhered to</p>	<ul style="list-style-type: none"> Continue fundraising. Transfer coordination to local counterpart Integrate comprehensive GBV activities into national programmes Strengthen networks Enhance information sharing Build (human) capacity Include governments and non-state entities in coordination mechanisms. Engage community in GBV prevention and response
2	Assessment and monitoring	<ul style="list-style-type: none"> Review existing data on nature, scope, magnitude of GBV Conduct capacity and situation analysis and identify good practices Develop strategies, indicators and tools for monitoring and evaluation 	<p>2.1 Conduct coordinated rapid situation analysis</p> <p>2.2 Monitor and evaluate activities</p>	<ul style="list-style-type: none"> Maintain a comprehensive database Conduct a comprehensive situation analysis Monitor and evaluate GBV programs, gender-balanced hiring, application of Code of Conduct Review data on prevention measures, incidence, policies and instruments, judicial response, social support structures, Assess and use data to improve activities
3	Protection (legal, social and physical)	<ul style="list-style-type: none"> Review national laws, policies and enforcement realities on protection from GBV Identify priorities and develop strategies for security and prevention of violence Encourage ratification, full compliance and effective implementation of international instruments Promote human rights, IHL and good 	<p>3.1 Assess security and define protection strategy</p> <p>3.2 Provide security in accordance with needs</p> <p>3.3 Advocate for implementation of and compliance with international instruments and seek accountability/redress</p>	<ul style="list-style-type: none"> Expand prevention of and response to GBV Provide technical assistance to judicial and criminal justice systems for reforms and effective implementation of laws in accordance with international standards. Strengthen national capacity to monitor, and seek redress for violations of HRL/IHL Encourage ratification of international instruments, and advocate for full compliance and effective implementation Promote human rights, IHL and good practices.

IASC Matrix of interventions to prevent and respond to gender-based violence in humanitarian settings

	Functions & Sectors	Emergency Preparedness	Minimum Prevention and Response in an Emergency	Comprehensive Prevention and Response (Stabilized phase)
	Protection (legal, social and physical)	<p>practices</p> <ul style="list-style-type: none"> • Develop mechanisms to monitor, report and seek redress for GBV and other human rights violations • Train all staff on international standards 		<ul style="list-style-type: none"> • Ensure that GBV is addressed by accountability mechanisms • Ensure that programmes for demobilization, reintegration and rehabilitation include women and children affiliated with warring factions • Ensure that programmes for reintegration and rehabilitation include survivors/victims of GBV and children born of rape • Provide training to relevant sectors including security forces, judges and lawyers, health practitioners and service providers
4	Human Resources	<ul style="list-style-type: none"> • Ensure Secretary General's Bulletin is distributed to all staff and partners and train accordingly • Train staff on gender equality issues, GBV and guiding principles, and international legal standards • Develop a complaints mechanism and investigations strategy • Minimise risk of SEA of beneficiary community by humanitarian workers and peacekeepers 	<p>4.1 Recruit staff in a manner that will discourage SEA</p> <p>4.2 Disseminate and inform all partners on codes of conduct</p> <p>4.3 Implement confidential complaints mechanisms</p> <p>4.4 Implement SEA focal group network</p>	<ul style="list-style-type: none"> • Monitor effectiveness of complaint mechanisms and institute changes where necessary • Institutionalise training on SEA for all staff, including peacekeepers
5	Water and Sanitation	<ul style="list-style-type: none"> • Train staff and community WATSAN committees on design of water supply and sanitation facilities. 	<p>5.1 Implement safe water and sanitation programmes</p>	<ul style="list-style-type: none"> • Conduct on-going assessments to determine gender-based issues related to the provision of water and sanitation. • Ensure representation of women in WATSAN committees.
6	Food security and Nutrition	<ul style="list-style-type: none"> • Train staff and community food management committees on design of food distribution procedures. • Conduct contingency planning • Preposition supplies. 	<p>6.1 Implement safe food security and nutrition programmes</p>	<ul style="list-style-type: none"> • Monitor nutrition levels to determine any gender-based issues related to food security and nutrition.
7	Shelter and Site Planning, and	<ul style="list-style-type: none"> • Train staff and community groups on shelter/site planning and non-food distribution procedures 	<p>7.1 Implement safe site planning and shelter programmes</p>	<ul style="list-style-type: none"> • Conduct ongoing monitoring to determine any gender-based issues related to shelter and site location and design.

IASC Matrix of interventions to prevent and respond to gender-based violence in humanitarian settings

	Functions & Sectors	Emergency Preparedness	Minimum Prevention and Response in an Emergency	Comprehensive Prevention and Response (Stabilized phase)
	Non-Food Items	<ul style="list-style-type: none"> • Ensure safety of planned sites and of sensitive locations within sites. • Plan provision of shelter facilities for survivors/victims of GBV. 	<p>7.2 Ensure that survivors/victims of sexual violence have safe shelter</p> <p>7.3 Implement safe fuel collection strategies</p> <p>7.4 Provide sanitary materials to women and girls</p>	
8	Health and Community Services	<ul style="list-style-type: none"> • Map current services and practices. • Adapt/develop/disseminate policies and protocols. • Plan and stock medical and RH supplies. • Train staff in GBV health care, counselling, referral mechanisms, and rights issues. • Include GBV programmes in health and community service contingency planning 	<p>8.1 Ensure women's access to basic health services</p> <p>8.2 Provide SV related health services</p> <p>8.3 Provide community-based psychological and social support for survivors/victims</p>	<ul style="list-style-type: none"> • Expand medical and psychological care for survivors/victims • Establish or improve protocols for medico-legal evidence collection • Integrate GBV medical management into existing health system structures, national policies, programmes and curricula • Conduct on-going training and supportive supervision of health staff • Conduct regular assessments on quality of care • Support community-based initiatives to support survivors/victims and their children • Actively involve men in efforts to prevent GBV • Target income generation programmes to girls and women
9	Education	<ul style="list-style-type: none"> • Determine education options for boys and girls • Identify and train teachers on GBV 	<p>9.1 Ensure girls' and boys' access to safe education.</p>	<ul style="list-style-type: none"> • Include GBV in life-skills training for teachers, girls and boys in all educational settings • Establish prevention and response-mechanisms to SEA in educational settings
10	Information, Education & Communication	<ul style="list-style-type: none"> • Involve women, youth and men in developing culturally appropriate messages in local languages • Ensure use of appropriate means of communications for awareness campaigns 	<p>10.1 Inform community about sexual violence and the availability of services</p> <p>10.2 Disseminate information on International Humanitarian Law to arms-bearers</p>	<ul style="list-style-type: none"> • Provide IEC through different channels • Support women's groups and men's participation to strengthen outreach programmes. • Implement programmes to change behaviour on SV.(Behavioural change communication programmes)

Checklist for Action

Prevention & Response to Gender-Based Violence in Displaced Settings

*Adapted from a checklist developed
by UNHCR, Geneva, 2003*

Gender-Based Violence Global Technical Support Project
RHRC Consortium/JSI Research and Training Institute
June 2004

Coordination and Planning

- Create an interagency working group of partners and stakeholders to develop a plan of action, implement, monitor, and evaluate.
- Appoint a focal point for the implementation of a plan of action and follow-up of the plan.
- Advocate and agree with WFP and NGOs on distribution standards and codes of conduct for employees aimed at effectively outlawing abuse of power whereby entitlements are withheld, only made available conditionally, or used to coerce or induce sexual favors.
- Establish regular coordination meetings with all actors to ensure concerted effort in prevention and response to gender-based violence (GBV).
- Review existing budgets/projects with a view to incorporate the recommendations of the working group.

Staff Awareness Raising and Training

- Launch Code of Conduct; train all staff on it.
- Establish a training strategy for the situation on GBV (who needs to be trained in what) and implement the plan.
- Ensure that all relevant guidelines and reference material are made available in the field site (in appropriate languages).
- Train and sensitize all staff, security agents, health workers, social counselors, leaders, and other relevant actors.

Staff Management Responsibilities (Accountability)

- Managers must ensure that training plan is implemented.
- Ensure individual responsibility for promoting gender equality.
- Review recruitment procedures to ensure increased female deployment at all levels.
- Ensure that the code of conduct is adhered to by all staff.
- Promote the development of internal cultures within agencies for abuses to be reported in a confidential manner and acted on immediately.
- Ensure that international staff, managers, and heads of offices make regular visits with refugees.
- Introduce rotation systems of existing field staff taking into consideration continuity, staff morale/motivation.

Prevent GBV by Providing Adequate Humanitarian Assistance and Services

Needs Assessment

- Identify and agree on appropriate assistance and protection standards in all sectors that respect refugees' dignity, address basic needs, and have a positive impact on the prevention of all forms of GBV.

- Commission a survey by sector to ascertain minimum standards as per UNHCR guidelines.
- Develop and implement a training plan for various groups of refugees, include gender and human rights awareness.
- Strengthen the mass info systems to ensure that all refugees receive information pertaining to their lives in the camps, rights and duties, etc.

Community Involvement/Consultation

- Increase regular meetings in camps involving international staff in which individual refugees can raise their concerns in a private manner.
- Establish “children’s forum” in the camps and continue to sensitize and give increasing responsibility to the youth through the effective working of youth groups or clubs responsible for security, education/skill training, recreational activities, equally for boys and girls.
- Confirm/identify the community focal points and redefine their roles for increased community participation, including promotion of the role of women in all aspects of the camp life, in particular, distribution of food and non-food items.
- Work with refugee committees to ensure that they establish their own code of conduct and respect it.

Monitoring and Evaluation

- Review, adapt, and monitor distribution systems and other services to ensure that everyone has free access to rightful assistance and that abuse is prevented.

Put in Place Systems to Respond to the Needs of the Survivor

- Establish a confidential reporting system for individuals to report cases of GBV.
- Work with the community to identify/create safe space for reporting (e.g., drop-in centers).
- Each sector must design and implement appropriate response mechanisms based on the needs of survivors, namely, health, legal/justice, psychosocial, safety (see below).

Sector-by-Sector Actions for Prevention and Response to Gender-Based Violence

Food

- Review the composition of the food basket and undertake an assessment of food quantities, food accessibility, cultural food practices, and additional food needs.
- Ensure refugee women’s involvement in the food distribution process.
- Ensure that proper monitoring is in place.

Logistics

- Ensure that appropriate means of transportation are provided to vulnerable beneficiaries and that appropriate escorts are provided where necessary to provide security.

Household Assistance

- Provide clothing, including underwear, and shoes for refugees (with priority granted to refugees at risk, such as adolescent girls).
- In order to reduce the need for firewood and girls'/women's exposure when collecting, provide fuel-efficient stoves to the households.

Water

- Ensure that water points, latrines, and other facilities (schools, health posts, etc.) are located in secure areas and that they are within easy walking distance from private shelters.

Sanitation

- Promote family latrines for refugees through the provision of adequate tools and material: target one latrine per family,
- Sanitary facilities, in particular bathing areas, should be well demarcated and separated for female/male.

Health

- Involve female and male community members in addressing issues of reproductive health (RH) and harmful traditional practices, e.g., female genital mutilation, sexual exploitation, prostitution, abuse of girls and boys.
- Identify and train young women to be able to identify the RH needs of exploited young women for referral to health posts.
- Develop a mechanism to ensure confidentiality through which men and women can channel their opinions on how to improve or make the RH services more accessible.
- Intensify the dissemination of information and promote the use of RH services through the use of radio, schools, health and social clubs, peer education, and community health workers.
- Strengthen collaboration and coordination among all sectors and implementing partners in addressing GBV with emphasis on the needs of the survivors; e.g., case management, advocacy, emotional support.
- Work with and train all health personnel to ensure full understanding of the relationship between GBV and other health problems.
- Provide sanitary packs to all women and girls of reproductive age.

- Provide comprehensive health care that is easily accessible.
- Medical examination and treatment should be performed by trained staff, ideally from the same sex as those in need of the service.
- Appropriate protocols and adequate equipment, supplies, and medicine should be used to do the following:
 - Conduct examination
 - Treat injuries
 - Prevent disease, including sexually transmitted infections and HIV/AIDS
 - Prevent unwanted pregnancy
 - Collect forensic evidence
 - Document, collect, and analyze incident and treatment data for monitoring and evaluation
 - Refer and provide transport to appropriate levels of care when needed.
 - Provide follow-up care and monitor the health needs of survivors.
- Identify and design strategies to address contributing factors, such as alcoholism.
- Testify in court about medical findings if survivor chooses to pursue police action.
- Collaborate with traditional health practitioners to identify, report, refer, and provide adequate primary-level support to survivors.
- Ensure equal access to health care for women, men, and adolescents and quality of service provided.
- Collaborate with health-facility staff, traditional practitioners, and the community on training and sensitization.

Infrastructure and Shelter

- In cooperation with refugees, review special shelter needs in light of GBV concerns and ensure privacy for each family. Distribute additional plastic sheeting and other construction material as required.
- Ensure access to assistance for shelter construction for those unable to construct shelters for themselves, especially female-headed households.

Community Services

- Develop mechanisms to ensure systematic monitoring of specific needs of the most vulnerable persons and of solutions that are being implemented to address these needs.
- Identify, train, and support community-based support workers to help survivors by providing emotional support, information about choices and services available, referral, and advocacy.
- Develop women's activity/support groups or support groups specifically designed for survivors of sexual violence and their families.
- In collaboration with health actors and refugee women, establish "drop-in" centers where survivors can receive confidential and compassionate listening, counseling, information, support, and advocacy.

Education

- Promote an increased level of school attendance at the primary level.
- Adapt existing education programs to see how they can address the issue of child sexual exploitation (life skills training, peace education) and detect problems children may be facing.
- Build safeguards into education structures to ensure that sexual exploitation does not take place within the school system, e.g., pay close attention to recruitment and monitoring of teachers, increase number of female staff.
- Institute and enforce code of conduct for teachers.
- Raise awareness among the refugees to understand the importance of education for all children and adolescents, including and especially girls.
- Provide school uniforms and supplies and cover examination fees for refugee children when this is required by educational institutions.
- Establish non-formal education/vocational training programs targeting those most vulnerable to gender-based violence and other forms of abuse.

Income Generation

- Implement income-generating activities for refugee parents, women-headed households, and others who are among the most vulnerable to sexual abuse.
- Identify means by which income-generating activities can respond to non-food items needed, i.e. purchase soap from refugee soap makers.
- Increase funding where possible for micro-finance, include refugees and returnees into national micro-finance programs.
- Strengthen agriculture programs to ensure refugees have access to appropriate food supplements.
- Actively encourage refugees to have their own kitchen gardens.

Legal Assistance and Protection (including Refugee Security)

Legal Environment

- Promote the definition of a “child” as anyone below the age of 18, as established by the Convention on the Rights of the Child (CRC).
- Provide identity cards for all registered refugees.
- Undertake a review of the existence and implementation of adequate national legislation ensuring protection of women’s and children’s rights on one hand and prosecution of perpetrators of sexual violence on the other.
- Lobby governments to implement the Convention on the Rights of the Child and to sign and ratify the Optional Protocols to the Convention on the Rights of the Child.
- Lobby governments to ensure that abuses by national police and security forces are prevented and effectively prosecuted if they occur.

- Work with Human Rights Agencies to create an environment for changes in legislation and the policies of Government on child and women protection issues.
- Use guidelines and legal services in partnership with local lawyers' associations, female lawyers' associations and other advocacy groups when appropriate laws do not exist.

Legal Justice (police and national courts)

- Whenever possible, engage same-sex advisers, interpreters, and police interviewers for following up on reports. The absence of a same-sex interviewer should not, however, prevent follow-up action: Opposite-sex interviewers are just as good if they act compassionately and sensitively.
- Advise the survivor on the consequences of her decisions and the importance of taking legal action against the perpetrator.
- Counsel the survivor on the applicable law, procedures, evidentiary requirements, and likely time frame of a court proceeding.
- Prepare the survivor about what to expect in court, the type of questions likely to be asked, and the general insensitivity she may face along the way.
- Accompany the survivor to the police station and court.
- When appropriate, allocate resources for mobile courts to make the legal system more accessible in remote locations.
- Ensure that the rights of the survivor are promoted and protected through the legal process.
- Follow-up closely with the police/prosecutors to ensure rigorous prosecution of sexual and gender-based crimes, with minimal delays and disruptions to the process.
- Follow-up with the court and offer basic support if needed.

Legal Justice (traditional and customary law)

- Should the survivor wish to pursue justice through traditional and customary laws, the protection officer should ensure that the procedures and processes are fair and just.
- Track cases in which traditional and customary laws are used.

Security

- Organize training and sensitization for security enforcement agencies on gender-based violence, CRC, national laws, reporting and referral mechanisms, as well as prevention at field level.
- Undertake a security assessment to identify risk factors in the camp and its surroundings and address the potential risks appropriately.
- Request the authorities to establish and/or strengthen police posts in all camps, including regular patrols, in order to increase camp security and protect refugees.

Produced by *The Gender-Based Violence Global Technical Support Project of the RHRC Consortium*. The GBV Technical Support Project provides a wide range of information, training, and support to field programs. Through on- and off-site consultations, resource distribution, newsletters, and other activities, the GBV Global Technical Support Project assists humanitarian aid programs to strengthen action to address gender-based violence in populations affected by armed conflict.

Contact us: gbvresources@jsi.com



RHRC Consortium/JSI Research and Training Institute
1616 N. Fort Myer Drive, 11th Floor
Arlington, Virginia 22209 USA
Telephone: 703-528-7474
<http://www.rhrc.org>

1		OXFAM GB INDICATORS FOR GENDER AWARE RESPONSE			Project Phase		
					Start?	Middle?	End?
ASSESSMENT	<ul style="list-style-type: none"> Proportional representation of women and men on the team; including someone experienced in gender. 						
	<ul style="list-style-type: none"> Data is collected from women by women, given adequate time and space. 						
	<ul style="list-style-type: none"> Vulnerable groups are identified, consulted, included in the program. 						
	<ul style="list-style-type: none"> Data is disaggregated by sex, age, family composition, other relevant factors. 						
	<ul style="list-style-type: none"> Know how the crisis has affected men and women differently (employment, workloads, house.work, mobility, childcare, social networks, resources, fears, pressures, decision-making, etc) 						
	<ul style="list-style-type: none"> BASELINE DATA is established to measure impacts and changes. 						
ANALYSIS	<ul style="list-style-type: none"> Resources are dedicated to addressing inequalities for girls and women. 						
	<ul style="list-style-type: none"> Impact indicators reflecting needs, interests and priorities, are developed by affected women and men. 						
	<ul style="list-style-type: none"> Planning options for access and control of resources, responsibility roles, and strategies for fairness are developed by affect women. 						
	<ul style="list-style-type: none"> Changes in men's and women's roles and work created by the crisis are identified, both positive & negative. 						
	<ul style="list-style-type: none"> Knowledge and beliefs of local women and men about gender inequity, causes, consequences, and remedies are recognized and considered in formulating baseline measures. 						
IMPLEMENTATION	<ul style="list-style-type: none"> Objectives for technical and social programs are set together. 						
	<ul style="list-style-type: none"> Technical & social interventions start together, proceed together (~ not at the same pace) 						
	<ul style="list-style-type: none"> Opportunities for technical interventions to address male-female inequalities are found. 						
	<ul style="list-style-type: none"> Accurate information about programs is accessible to men and women. 						
	<ul style="list-style-type: none"> Women beneficiaries manage programs within their traditional domains of activity. 						
	<ul style="list-style-type: none"> Advocacy activities promote women's rights and equality between women and men. 						
	<ul style="list-style-type: none"> Equal and/or proportional representation of women & men in decision-making is promoted. 						
	<ul style="list-style-type: none"> Strategies for improving fairness between girls and boys, women and men are in place. 						

2	OXFAM GB INDICATORS FOR GENDER AWARE RESPONSE	Project Phase		
		Start?	Middle?	End?
MONITORING, EVALUATION	<ul style="list-style-type: none"> Proportional participation and benefits to girls and boys, women and men are measured. 			
	<ul style="list-style-type: none"> Success of the program in meeting needs of girls and boys, women and men is monitored. 			
	<ul style="list-style-type: none"> Effect of program on reducing/changing stereotypes of girls & boys, women & men is monitored. 			
	<ul style="list-style-type: none"> Improvement in conditions and status of girls and women is monitored. 			
	<ul style="list-style-type: none"> Men's & women's workloads, control of and access to goods & services, is monitored for comparison with baseline data. 			
	<ul style="list-style-type: none"> Changes in womens' ability to influence decisions and control resources are monitored. 			
	<ul style="list-style-type: none"> Budget distribution; use and net benefits to different segments of the community is monitored and reported. 			
	<ul style="list-style-type: none"> Staff and partners are held accountable for setting and achieving objectives relating to gender equity. 			
	PARTICIPATION & CONTROL	<ul style="list-style-type: none"> Programs are clearly based on results and findings of consultations with affected women and men. 		
<ul style="list-style-type: none"> Beneficiary management of, participation in and access to services is proportionally representative according to population profile (i.e. sex, age, ethnicity, etc.). 				
<ul style="list-style-type: none"> Communication strategies developed at local level ensure equal participation of girls, boys, women & men. 				
<ul style="list-style-type: none"> Concrete measures are implemented to reduce women's workloads, enabling their participation in management and decision-making. 				
<ul style="list-style-type: none"> Concrete measures are implemented, to support men's increased domestic activity, enabling women's participation in management and decision-making. 				
<ul style="list-style-type: none"> Local women's organizations encourage community participation, participate in program promotion, planning, and ongoing management. 				
<ul style="list-style-type: none"> Female beneficiaries and women's organizations manage distribution whenever possible. 				
<ul style="list-style-type: none"> Local women's associations and the Women's Ministry of the host government are involved and strengthened. 				
<ul style="list-style-type: none"> Strategies promote the participation of girls and boys, women and men in programming into recovery and post-emergency stages. 				

3	OXFAM GB INDICATORS FOR PROTECTION		Project Phase		
			Start?	Middle?	End?
INTEGRATION	<ul style="list-style-type: none"> Violence against women is assessed, monitored and documented through the program cycle. 				
	<ul style="list-style-type: none"> Assessments consider how shifting gender roles have made women more vulnerable to sexual exploitation, domestic violence and rape. 				
	<ul style="list-style-type: none"> Assessment examines the vulnerability of men and women to abduction and forced recruitment for military or prostitution purposes. 				
AWARENESS & TRAINING	<ul style="list-style-type: none"> UNHCR guidelines to counter sexual violence are widely disseminated, and followed. 				
	<ul style="list-style-type: none"> All staff and field partners know how to refer women and men seeking assistance or redress for human rights violations, including spousal violence. 				
	<ul style="list-style-type: none"> All staff know how to refer women and men seeking support, counselling, medical or contraceptive care for survivors of rape and sexual violence. 				
	<ul style="list-style-type: none"> Staff recognize that fear of harassment and rape forces women into forming alliances with soldiers and other men. 				
	<ul style="list-style-type: none"> Aid workers are aware of the extent to which crimes of violence including rape have increased during the crisis. 				
	<ul style="list-style-type: none"> Aid workers do not use prostitutes or engage in any form of bartered sex. 				
IMPLEMENTATION	<ul style="list-style-type: none"> Affected women, girls, men and boys identify protection problems and develop response strategies in all program areas. 				
	<ul style="list-style-type: none"> Specific steps are taken to ensure and increase personal safety and security of women, girls, boys and men. 				
	<ul style="list-style-type: none"> Information about resources to meet needs created by violence (e.g. counselling, legal, medical and material support available) is widely disseminated. 				
	<ul style="list-style-type: none"> Protection interventions and services to meet needs created by violence are based on and make use of local skills and resources. 				
	<ul style="list-style-type: none"> Accommodation, transportation and security are sufficient to enable women workers to do their jobs as safely as possible. 				
REPORTS	<ul style="list-style-type: none"> All forms of human rights violations are monitored, reported, and referred according to policy set out in the E.R.M. 				
	<ul style="list-style-type: none"> Offences by officials, including humanitarian personnel and peacekeeping forces are reported according to Oxfam policy. 				