Violence against Women in Conflict, Post-conflict and Emergency Settings

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I. Introduction

A. Historical timeline

- The issue of conflict-related violence against women and girls is relatively new, emerging approximately twenty years ago and gaining more prominence in the last six to seven years. The following timeline highlights of some of the key steps in international progress:
    - **1985**: The first working group on refugee women is convened to advocate for the needs of women affected by conflict. The working group's lobbying activities result in the 1989 appointment of a Senior Coordinator for Refugee Women to UNHCR.
    - **1990**: UNHCR adopts the first-ever policy on refugee women's protection, from which evolved UNHCR's 1991 *Guidelines on the Protection of Refugee Women*. By highlighting the general protection needs of women affected by conflict (as distinct from men), the guidelines set the stage for standardising programming that specifically target women. The guidelines explicitly acknowledge exposure to sexual violence as a vulnerability of refugee women and calls upon the humanitarian community to address it within its protection mandate.
    - **1994**: The Women's Commission for Refugee Women and Children releases the study *Refugee Women and Reproductive Health: Reassessing Priorities*. This study reveals that even the most basic reproductive health services — including those to address violence against women-- were not available to women displaced by war.
    - **1994**: The International Conference on Population and Development in Cairo identifies GBV response as one of four basic pillars of reproductive health programming. At this same conference, minimum health standards for refugees are expanded to include reproductive health services and, by extension, treatment for victims of sexual violence. The need for these services is reinforced by media coverage in Bosnia and Rwanda, illustrating for the world the extent to which women and girls are targets of sexual violence during war and stimulating donor attention to the issue. Reproductive health in general -- and sexual violence in particular – becomes part of the agenda of donors and humanitarian agencies charged with responding to the needs of the conflict-affected. The intersection of the fields of reproductive health and VAWG also allowed for a greater understanding of the physical and mental health impacts of violence

against women, including STIs, reproductive tract trauma, unwanted pregnancy and complications associated with unsafe abortions, somatic complaints, depression and suicide.

- **1995**: UNHCR publishes *Sexual Violence Against Refugees: Guidelines on Protection and Response*, which highlights some of the major legal, medical and psychosocial components of prevention and response to sexual violence. Also in 1995, UNHCR and the United Nations Population Fund (UNFPA) form an Inter-Agency Working Group (IAWG) of expert international reproductive health organisations.
- **1996**: The IAWG produces an inter-agency field manual, *Reproductive Health in Refugee Situations*, which includes information about the prevention and management of GBV from emergency to stable phases of displacement, but did not articulate detailed methodologies for developing specialised field-based programs or protocols to tackle VAWG.
- **1996**: UNHCR receives a large financial award from the UN Foundation to address GBV in 5 countries in East and West Africa over a 4-year period, becoming the first organised effort to establish a multisectoral approach to various forms of violence against women and girls. The programmes include health care services, psychosocial support, security through training and support for local police; and legal assistance through local lawyers and training and support for court staff. The initiative produced several "how-to guides":
  - UNHCR. "How To Guide: Reproductive Health in Refugee Situations, A Community-Based Response on Sexual Violence Against Women." Ngara, Tanzania: UNHCR, January 1997.
  - UNHCR. "How To Guide: Reproductive Health in Refugee Situations, Building a Team Approach to the Prevention and Response to Sexual Violence, Report of a Technical Mission." Kigoma, Tanzania: UNHCR, 1998.
  - UNHCR. "How To Guide: Reproductive Health in Refugee Situations, From Awareness to Action, Pilot Project To Eradicate Female Genital Mutilation." Hartisheikh, Ethiopia: UNHCR, December 1997.
  - UNHCR. "How To Guide: Reproductive Health in Refugee Situations, Sexual and Gender-based Violence Programme in Guinea." UNHCR, January 2001.
  - UNHCR. "How To Guide: Reproductive Health in Refugee Situations, Sexual and Gender-based Violence Programme in Liberia." UNHCR, January 2001.
  - At the end of the four-year initiative, UNHCR publishes *Prevention and Response to Sexual and Gender-Based Violence in Refugee Situations, Inter-Agency Lessons Learned Conference Proceedings* (Geneva: UNHCR, 2001), a good

lessons review in which the multi-sectoral approach is determined to be fundamental to combating VAWG.

- **2000**: UN SCR 1325 **on Women, Peace and Security** is adopted. It is the first SCR to link women to the peace and security agenda. It recognizes that women are disproportionately affected by conflict and calls for their active participation at all levels of decision-making in conflict prevention, conflict resolution, peace processes, post-conflict peacebuilding and governance. It has been followed by additional SCRs on Women, Peace and Security: 1820 (2008), 1888 (2009), 1889 (2009), 1960 (2010) and 2106 (2013) (For more information on SCRs, see Section II.)
- **2001**: The Reproductive Health Response in Conflict (RHRC) Consortium initiates a global assessment of the major types of GBV occurring in conflict-affected settings, related programming and gaps in programming. Its findings and recommendations are detailed in *If Not Now, When?: Addressing Gender-Based Violence in Refugee, Internally Displaced and Post-Conflict Settings* (RHRC, 2002).
- **2002**: The international media breaks the story of sexual exploitation and abuse (SEA) committed by humanitarian staff against refugee women and girls in West Africa. The public outrage and embarrassment leads to an increase in attention and funds for GBV interventions. At the same time, both UN agencies and NGOs begin to take action to address SEA among humanitarian staff, codes of conduct for staff are developed, and the SG issues his Bulletin on Special Measures against SEA.
- **2002**: *Emerging Issues in GBV Programming* is published by the RHRC, addressing some of the critical issues and challenges to implementing GBV programming in conflict-affected settings.
- **2002**: UNIFEM publishes a special report on Progress of the World's Women focused on Women, War and Peace, and comprehensively addressing women's experience with violence during and after conflict, from sexual violence as a tactic of war, to increased domestic violence, trafficking, sexual exploitation, and violence in the camps and during displacement.
- **2003**: The RHRC Consortium publishes a *Gender-based Violence Tools Manual for Assessment and Program Design, Monitoring and Evaluation* to assist program planners and implementers in designing research and program initiatives.
- **2003**: UNHCR publishes an update to its 1995 Guidelines, entitled *Sexual and Gender-based Violence Against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*. The initial focus on sexual violence was expanded to incorporate multiple forms of GBV, and the initial focus on refugee populations was expanded to include returnees and internally displaced.
- **2003**: A working group on 'Women and Children in an Insecure World' is established within the Geneva Centre for the Democratic Control of

Armed Forces (DCAF) in order to examine the issues of systematic violence within the context of security sector reform and raise awareness among security actors.
    - Two years later, DCAF publishes *Women in an Insecure World: Violence against Women Facts, Figures and Analysis*, with the goal of showing the scope and multifaceted nature of GBV, as well as the gravity of its consequences for families, communities and societies.
- **2005**: The Joint Consortium of Irish Human Rights Humanitarian and Development Agencies and Development Cooperation Ireland decide that Ireland – and the international community - need to move beyond ad hoc programming to address violence against women and girls at the institutional level. The consortium develops a framework that can be incorporated by all organizations with regard to policy, operations, priorities and resources, outlined in *Gender Based Violence: A Failure to Protect, A Challenge to Action.*
- **2005:** *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* are issued in 2005 by a task force of the United Nations Inter-Agency Standing Committee (IASC). These Guidelines provide detailed recommendations for the minimum response required to address sexual violence in emergencies and hold all humanitarian actors responsible for tackling the issue in their respective areas of operation. The Guidelines are an important tool in educating all humanitarian actors in their responsibility to combat GBV.
- **2005**: The cluster approach is adopted as part of humanitarian reform. The Gender-based Violence Area of Responsibility (GBV AoR) is created as one of five 'functional components' of the Protection Cluster. This marks the first formal effort to establish a globally standardized mechanism for facilitating a multi-sectoral approach to GBV prevention and response. UNFPA and UNICEF are designated as the global leads for the GBV AoR, with an INGO co-lead that rotates each year. The GBV AoR has developed a number of important tools, including:
    - In 2010, the *Handbook for Coordinating Gender-based Violence Intervention in Humanitarian Settings.*
    - In collaboration with UNFPA, a *Managing Gender-based Violence Programmes in Emergencies e-learning course and Companion Guide*, as well as a *Caring for Survivors* training manual. (For more information about the GBV AoR and its tools, see Section II.)
- **2007**: The *GBV Coordination Course* is developed in 2007 through the partnership of the United Nations Population Fund (UNFPA) and the International Centre for Reproductive Health (ICRH) at Ghent University, Belgium by a small group of technical experts. The curriculum is revised and expanded based on experiences delivering the course in 2007-2009 and feedback from participants during the course and through post-course evaluations. The course is held annually for GBV coordinators in Belgium.
- **2007**: United Nations Action Against Sexual Violence in Conflict (UN

Action) is launched as a network of UN entities working together to end sexual violence occurring during and in the aftermath of armed conflict. UN Action embodies the UN system's response to Security Council Resolutions 1820 (June 2008) and 1888 (September 2009), which frame conflict-related sexual violence as a threat to international peace and security. (For more information about UN Action, see Section II.)

- **2008-2013:** The UN Security Council adopts four resolutions framing conflict-related sexual violence as a threat to international peace and security: 1820 (2008), 1888 (2009), 1960 (2010), and 2106 (2013). This includes the appointment of a Special Representative to the Secretary General on Sexual Violence in Armed Conflict.

- As resources evolve and commitment grows, an increasing number of UN agencies and local and international NGOs are taking up the issue of gender-based violence in conflict and post-conflict settings. Methodologies are being refined to extend and improve services for survivors, and well as to build the capacity of local organizations to take on the issue. Standardized operational procedures for coordination and referral are being adopted in an increasing number of settings. Training modules have been developed to build local capacity to meet the psychosocial needs of survivors. Efforts are being made, most evidently in post-conflict settings but also in some refugee settings, to support legal reforms that would provide greater protection against multiple types of VAWG. Widespread community-based education aimed at changing attitudes and behaviours that promote sexual and other forms of violence against women has been carried out in a number of settings. Research on VAWG -especially through qualitative methods and improved collection of service delivery data-- has also multiplied in recent years, and is bringing pressure to bear on international actors as well as on states to take more aggressive measures to address violence against women and girls in conflict and its aftermath.

- Despite this progress, in many conflict-affected settings across the world programming efforts are grossly inadequate when compared to the scope of the problem. Protections for survivors continue to be limited, and prevention initiatives are often ad hoc. Short-term funding and shifting donor priorities have undercut the ability of some programmes to achieve the degree of expertise and conduct the level of comprehensive services required to adequately combat VAWG. Limited agency commitment and staffing have also undermined efforts to address VAWG: in spite of improved global commitment to combatting VAWG illustrated through an increasing number of Security Council Resolutions and several global UN and INGO advocacy and coordination initiatives, this continues to be influenced by beliefs among some humanitarian actors that VAWG is not a critical concern. Because of the hidden nature of VAWG (including the high rate of under-reporting of sexual and other forms of violence), as well as the lack of GBV experts deployed in the early stages of emergencies, it is often a challenge to counteract this

opinion until well after the emergency has subsided and data can more routinely be collected. Nevertheless, the IASC GBV Guidelines make it clear that "All humanitarian personnel should […] assume and believe that GBV […] is taking place and is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence" (IASC, 2005, p 2).

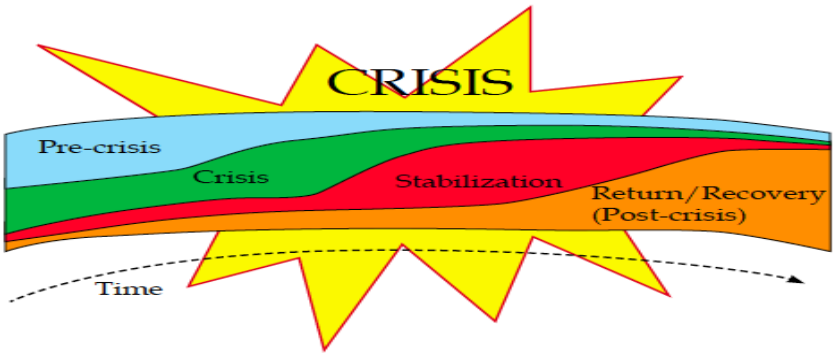
- This learning module attempts to draw from existing tools, guidelines, and programming efforts in order to provide distilled information for all humanitarian actors working at the global and field-level to better understand and address VAWG in conflict-affected settings.

B. Nature and scope

- Conflict-related violence against women and girls has been referred to as "one of history's great silences" (Special Rapporteur on Violence Against Women, 2005, cited in Ward, 2005, p 67). Although overall more men than women are killed in armed conflict, women and girls are disproportionately affected by particular types of violence, such as sexual and gender-based violence, and other consequences of war, including displacement and loss of livelihood.

- Over the last twenty years, there has been growing concern among humanitarian aid organizations and within peacekeeping operations about the extent and effects of VAWG in conflict-affected settings. There has also been increasing recognition that VAWG has lasting negative impacts on individuals and communities, and severely undermines universally accepted human rights and protection guarantees that are the foundation of humanitarian intervention.

- When considering the problem of VAWG in conflict-affected settings, the focus is often on violence *during* the conflict. However, literature on emergencies usually takes into account a much broader time frame for humanitarian response, sometimes referring to the phases of an emergency as **pre-crisis** (before disaster strikes); **crisis** (when the disaster strikes and/or is at its zenith, often resulting in significant displacement); **stabilization** (when immediate emergency needs have been addressed); and **return/recovery** (when those who are displaced are returning home and/or the focus is on rebuilding systems and structures and transitioning to development). It is important to understand that all these stages are fluid; they overlap; and that it is possible to move backwards along this continuum (such that, for example, a relatively stable setting can lapse into periodic conflict). Thus, work during each phase often involves planning for other phases.



Visual from CARE, "Building Partnerships for Health in Conflict-affected Settings", May 2007, pp 9-10.

- Any comprehensive VAWG prevention and response framework should consider all stages of humanitarian interventions, and attempt to prioritize programming accordingly (for more information about VAWG prevention and response according to different phases of conflict, see Section IV, VII and VIII). The following table presents an overview of different types of violence that may emerge in different phases of conflict. This list is illustrative, and can vary considerably according to context.

Phase	Type of Violence
During conflict, prior to flight	**Rape as a tool of war ♦ Sexual attack/exploitation by combatants and community members ♦ Forced prostitution ♦ Increased domestic violence ♦ Trafficking ♦ Female infanticide ♦ Early and/or forced marriage**
During flight	**Sexual attack/exploitation by bandits, border guards, military ♦ Trafficking ♦ Forced prostitution**
In the country of asylum	**Sexual attack/exploitation by persons in authority including camp representatives, host country officials (i.e. police officers), humanitarian workers, foster care families ♦ Domestic violence ♦ Sexual attack when collecting wood, water, etc ♦ Early/forced marriage ♦ Trafficking ♦ Sex for survival (ration cards, clothing, etc.)**
During repatriation	**Sexual attack/exploitation of women and girls who have been separated from family ♦ Sexual attack/exploitation by persons in power, including government officials and humanitarian workers ♦ Sexual attack/exploitation by bandits, border guards, military**
During reintegration, post-conflict	**Returnees may suffer sexual attack as retribution ♦ Trafficking Domestic violence ♦ Sexual exploitation**

Source: Adapted from UNFPA, *Curriculum Guide for Managing Gender-based Violence Programmes in Humanitarian Settings*, 2011

- Reliable prevalence data on the scope of different types of VAWG in different phases of conflict is difficult to obtain. Even so, a small but growing body of evidence is bringing to light the scope of the problem.

    - A 2010 prevalence study in Eastern DRC assessed that nearly 40 percent of women were survivors of sexual violence.
    - In the Colombian conflict, according to the government's Victims Unit, indigenous and afro-Colombian women are disproportionately targeted for attacks: 76% of homicides of indigenous people and 66% of black/afro-Colombian homicides are women.
    - An estimated 20,000 to 50,000 women were raped during the war in Bosnia and Herzegovina in the early 1990s.
    - The vast majority of Tutsi women in Rwanda's 1994 genocide were likely exposed to some form of sexual violence; of those, it is estimated that a quarter to a half million *survived* rape.
    - Approximately 50,000 to 64,000 of women who were internally displaced during Sierra Leone's conflict reported histories of war-related assault.
    - In a 1995 survey of post-conflict Nicaragua, 50 percent of female respondents had been beaten by a husband, and 30 percent had been forced to have sex.
    - 66.7 percent of participants in a 1998 Sierra Leone survey on domestic violence had been beaten by an intimate partner
    - According to a 1999 government survey, 37 percent of Sierra Leone's prostitutes were less than 15 years of age, and more than 80 percent were unaccompanied or displaced children.
    - Research undertaken by the Human Rights Documentation Unit and the Burmese Women's Union in 2000 concluded that an estimated forty thousand Burmese women are trafficked each year into Thailand's factories, brothels, and as domestic workers.
    - Findings from a 1999 study of Palestinian refugee women indicated 29.6% of women were subjected to beating at least once during their marriage with the husband the main perpetrator and 67.9% of children had been beaten at least once almost entirely by their parents.
    - 25 percent of Azeri women surveyed in 2000 by the Centers for Disease Control acknowledged being forced to have sex: those at greatest risk were among Azerbaijan's internally displaced, 23 percent of whom acknowledged being beaten by a husband.
    - Thousands of Congolese girls and women suffer from tissue tears in the vagina, bladder and rectum, after surviving brutal rapes in which guns and branches were used to violate them. A survey of rape survivors in South Kivu region revealed that 91% suffered from one or several rape-related illnesses.
    - In 2003, 74% of a sample of 388 Liberian refugee women living in

camps in Sierra Leone reported being sexually abused prior to being displaced. 55% experienced sexual violence during displacement.

(Data compiled from IRIN, "Broken Bodies, Broken Dreams: Violence Against Women Exposed", 2006, and "The Shame of War", 2008; UNFPA, Curriculum Guide for Managing Gender-based Violence Programmes, 2011.)

- One challenge in understanding the full extent of the problem of violence against women and girls in conflict-affected settings is that the majority of incidents of VAWG are likely to go unreported in emergencies, not only because of the high levels of stigma that commonly accompany these crimes, but also because of the lack of health and other services during and directly following a crisis.

- Furthermore, conflict-affected settings that lack reliable statistics as well as systems to collect them periodically, or even the safety and necessary infrastructure to conduct one-time data collection exercises, such as population-based household surveys. Population displacement and return render previous census data and household surveys, if they exist, meaningless, and undermine the ability to obtain a random sampling for the administration of new surveys. Police records suffer from information gaps, filing mistakes, and unusable taxonomies. The judicial institutions are too weak or devastated by war to keep track of the percentage of cases of gender-based violence investigated, transferred to court, prosecuted, and resolved. This is all compounded by the common logistical challenges of simply moving around in these countries, and the long periods of time in which entire regions are completely inaccessible due to weather or insecurity.

- Obtaining specific data on the prevalence of sexual or other forms of violence **should not** be a priority at the onset of an emergency. Because of the high level of under-reporting and the security risks associated with obtaining data, the priority is to establish prevention and response measures as soon as possible. (For more information on researching violence against women, see Section VI information on conducting assessments on VAWG in humanitarian settings.)

Additional Resources:

- **Amnesty International. 2004.** 'Lives Blown Apart: Crimes Against Women in Times of Conflict', Amnesty International, London.

- **International Committee of the Red Cross. 2001.** 'Women Facing War', ICRC, Geneva.

- **UNIFEM, 2002.** *Women, War and Peace*.

- **OCHA/IRIN, 2005.** *Broken Bodies, Broken Dreams: Violence Against Women Exposed*. See Chapter 13 on sexual violence in conflict.

- **Vlachova, M. and Biason, L. (eds), 2005.** *Women in an Insecure World: Violence against Women Facts, Figures and Analysis* (DCAF).

- **USAID**, 2006. "Understanding the Issue: An Annotated Bibliography on GBV".

- **Ward, J.,** "Gender-based Violence in Refugee, Internally Displaced and Post-Conflict Settings: A Global Overview" (RHRC, 2002).

- **Vann, B.,** "Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations" (JSI/RHRC, 2002).

- **Stark, L. & Ager, A. 2011.** A Systematic Review of Prevalence Studies of Gender-Based Violence in Complex Emergencies. Trauma, Violence & Abuse,12(3) 127-134

- **Heineman, Elizabeth D. (ed.), 2011.** Sexual Violence in Conflict Zones from the Ancient World to the Era of Human Rights, , A volume in the Pennsylvania Studies in Human Rights Series.

- **International Rescue Committee. 2010.** "Let me not die before my time: Domestic Violence in West Africa"

- **ACCORD. 2012.** An overview of the situation of women in conflict and post-conflict Africa.

B. Terminology and definitions

- Different humanitarian actors have used different terminology in their VAWG-related policies, guidelines, and programming. Sometimes the range of this terminology and what various terms mean, and/or how they are interpreted by different actors, can be confusing**. This module uses the language of VAWG**, but many of the tools, resources, and programmes described in this module use other terminology. The following presents a brief breakdown of the most common terms used in humanitarian contexts that relate to the problem of violence against women and girls:

Sexual and Gender-based Violence

The very earliest humanitarian programming addressing violence against conflict-affected women and girls focused on exposure to sexual violence and was primarily based in refugee settings. In 1996, the International Rescue Committee (IRC), in collaboration

(SGBV)

with UNHCR, introduced a project entitled the 'Sexual and Gender-Based Violence Program' in refugee camps in Tanzania. The inclusion of the term gender-based violence was reflective of the projects' commitment to address types of violence other than sexual that were evident in the setting, particularly domestic violence and harmful traditional practices. Having been used in the Declaration on the Elimination of Violence against Women (DEVAW, 1993), where violence against women is described as "any act of gender-based violence", GBV was an increasingly common 'international' term used to describe a spectrum of abuses to which women and girls are exposed as a result of discrimination against them in male-dominated cultures around the world.

Many of the original global guidelines and resources on addressing VAWG in conflict-affected settings use the language of SGBV. The SGBV phrasing continues to be officially endorsed and used by UNHCR, and their rationale for which is explained in their 2011 SGBV strategy document: "UNHCR consciously uses [SGBV] to emphasise the urgency of protection interventions that address the criminal character and disruptive consequences of sexual violence for victims/survivors and their families" (*Action Against Sexual and Gender-based Violence: An Updated Strategy*, UNHCR, 2011).

Gender-based Violence (GBV)

The Reproductive Health Response in Conflict (RHRC) Consortium began advocating in the early 2000s that humanitarian partners use the term 'gender-based violence' instead of SGBV, in order to clarify that sexual violence is a component of GBV rather than a separate issue. In 2005, the IASC officially adopted this language in the IASC *Guidelines on Gender-based Violence Interventions in Humanitarian Settings*. The IASC GBV Guidelines provide a definition of GBV that is the most commonly referenced in humanitarian settings: "Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females" (p. 7).

The IASC GBV Guidelines emphasize that women and girls are the 'primary victims of GBV' and the Guidelines themselves focus on strategies for addressing violence against women and girls. However, the IASC Guidelines acknowledge that men and boys may also be victims of gender-based violence, especially sexual violence. The IASC definition therefore reflects a broader conceptualization of the term than was originally articulated in the DEVAW; this shift from the DEVAW usage of GBV as synonymous with VAW to a slightly broader definition continues to

stimulate discussions amongst GBV practitioners in humanitarian contexts about the scope of the term, as well as its usefulness when specifically referencing the problem of violence against women. In some instances people and organizations will use the term GBV to refer to violence against men and boys and/or violence against LGBTI populations. Some humanitarian actors use the language of VAWG in order to avoid any confusion associated with broader interpretations of GBV. They also may use the language of VAWG in order to avoid some of the challenges associated with translating the terminology of GBV in local contexts.

Conflict-related Sexual Violence (CRSV)

'Conflict-related sexual violence refers to incidents or (for SCR 1960 listing purposes) patterns of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g., political strife). They also have a direct or indirect nexus with the conflict or political strife itself, i.e. a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement'. *(*Analytical & Conceptual Framing of Conflict-Related Sexual Violence, 2011). Conflict-related sexual violence began to be used mainly by UN actors to encompass a broader range of sexual violence associated directly and indirectly with the conflict, rather than the more narrow and, perhaps, less precise "sexual violence in conflict."

Sexual Exploitation and Abuse (SEA)

"Sexual exploitation and abuse" is a phrase most often used to refer to abuses committed by humanitarian actors against beneficiary populations. Protection from sexual exploitation and abuse (PSEA) is another common term that speaks to humanitarian actors' responsibilities to adopt codes of conduct and other measures to limit the extent of SEA in humanitarian operations. The UN Secretary-General's Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13) defines SEA and lays out some of the key elements of prevention. (For more information on SEA, see Section II on protection from sexual exploitation and abuse.) It is important to note that both sexual exploitation and sexual abuse can be committed by non-humanitarian workers, and that the umbrella term of GBV often

includes reference to these forms of sexual exploitation and/or sexual abuse. In general, a basic rule in determining if the language of sexual exploitation and/or sexual abuse is referring to abuses by humanitarian actors is whether or not the single phrase of 'SEA' is being employed.

- While the umbrella terms described above can be useful in describing an overall phenomenon of violence, it is important when designing and implementing programming and policies to recognize and address discrete forms of violence in order to target efforts more effectively. It is also critical in data collection and analysis to be clear about specific types of violence being reported. To this end, the GBV Information Management Systems Project has developed an incident classification system. (The GBV information management system (GBVIMS) is described further in Section VII under Data Collection within and across Response Programming.) UNFPA also offers the following matrix of definitions in their *Curriculum Guide for Managing Gender-based Violence Programmes in Humanitarian Settings*, which build on the GBVIMS:

Common Types of GBV [1]

TYPE OF GBV	DEFINITION/DESCRIPTION*
Rape	Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy.
Sexual Assault	Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.
Sexual Exploitation	The term "sexual exploitation" means 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. Some types of "forced prostitution" can also fall under this category. [2]
Sexual Abuse	The term "sexual abuse" means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. [3]
Physical Assault	An act of physical violence that is not sexual in nature. Example include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.
Domestic Violence/ Intimate Partner Violence	Violence that takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between other family members. This type of violence may include physical, sexual and/or psychological abuse, as well as the denial of resources, opportunities or services. [4]
Forced Marriage & Early Marriage	The marriage of an individual against her or his will. Early marriage (marriage under the age of legal consent) is a form of forced marriage as the girls are not legally competent to agree to such unions). [5]
Psychological/ Emotional Abuse	Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc. "Sexual harassment" is included in this category of GBV.
Denial of Resources, Opportunities or Services	Denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. "Economic abuse" is included in this category. Some acts of confinement may also fall under this category.

TYPE OF GBV	DEFINITION/DESCRIPTION*
Trafficking in Persons	"...the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs."
Harmful Traditional Practices	Cultural, social and religious customs and traditions that can be harmful to a person's mental or physical health. It is often used in the context of female genital circumcision/mutilation or early/forced marriage. Other harmful traditional practices affecting children include binding, scarring, burning, branding, violent initiation rites, fattening, forced marriage, so-called "honour" crimes and dowry-related violence, exorcism, or "witchcraft".
Sex-selective Abortion/ Female Infanticide	Sex selection can take place before a pregnancy is established, during pregnancy through prenatal sex detection and selective abortion, or following birth through infanticide or child neglect. Sex selection is sometimes used for family balancing purposes but far more typically occurs because of a systematic preference for boys.
Son Preference	"Son preference refers to a whole range of values and attitudes which are manifested in many different practices, the common feature of which is a preference for the male child, often with concomitant daughter neglect. It may mean that a female child is disadvantaged from birth; it may determine the quality and quantity of parental care and the extent of investment in her development; and it may lead to acute discrimination, particularly in settings where resources are scarce. Although neglect is the rule, in extreme cases son preference may lead to selective abortion or female infanticide."
*Please note: the definitions provided here refer to commonly accepted international standards. Local and national legal systems may define these terms differently and/or may have other legally-recognized forms of GBV that are not universally accepted as GBV.	

C. Causes and contributing factors

- In conflict-affected settings, the reasons for the perpetration of VAWG are often attributed to the conflict itself, with the related implication that ending conflict will end and/or significantly reduce levels of certain forms of VAWG (such as sexual violence). While conflict certainly may exacerbate certain forms of violence, the underlying causes of violence are associated with attitudes and beliefs that promote and/or condone discrimination and violence against women and girls, whether during conflict or during peacetime.

- It is critical for programmers and advocates working in conflict-affected settings to understand the differences and be able to distinguish between causes and contributing factors (and to contextualize them), as any long-term efforts to reduce violence against women and girls must address root causes as well as contributing factors, even in a crisis context.

Roots

The roots are the root causes.

The root causes of gender-based violence are a society's attitudes towards and practices of gender discrimination. Typically, these place women and men in rigid roles and positions of power, with women in a subordinate position in relation to men. The accepted gender roles and lack of social and economic value for women and women's work strengthen the assumption that men have decision-making power and control over women. Through acts of gender-based violence perpetrators seek to maintain privileges, power, and control over others. This disregard for or lack of awareness about human rights, gender equality, democracy and non-violent means of resolving problems help continue the inequality that leads to GBV.

Weather / Temperature

Weather and temperature are the contributing factors - they make the tree grow bigger and the roots grow stronger.

While gender inequality and discrimination are the root causes of all forms of gender-based violence, various other factors will influence the type and extent of GBV in each setting. During crises, there are many such factors that can increase risk and vulnerability to GBV. Examples include:

- Community and family support systems have broken down
- Families are often separated
- Institutions such as health facilities and police are under-staffed or nonexistent
- There is a prevailing climate of human rights violations, lawlessness, and impunity
- Displaced populations are dependent on aid and vulnerable to abuse and exploitation
- Temporary communities and shelters may not be safe, may be overcrowded, may be in isolated areas, or could lack sufficient services and facilities

Branches

The branches stand for the different categories of GBV that can occur.

Acts of gender-based violence can be grouped into four general categories:

- Sexual abuse
- Physical abuse
- Emotional and psychological abuse
- Economic abuse

Leaves

The leaves are the consequences of GBV for survivors, their families, and communities.

The consequences of GBV for individuals and communities are far reaching. Keep in mind the physical consequences like sexually transmitted diseases and unwanted pregnancy, emotional and psychological consequences like guilt and shame, and social consequences like isolation and rejection, to name but a few. Each of these types of consequences of GBV will be discussed at greater length in Module 4: Responding to Gender-based Violence in Emergencies.

Source: UNFPA, *Curriculum Guide for Managing Gender-based Violence Programmes in Humanitarian Settings, 2011*, p 16.

- Linking VAWG to its roots in gender inequality means that those working to reduce VAWG in humanitarian settings must work towards long-term social and cultural change. Some humanitarian actors may argue that such work is outside their remit of life-saving, emergency response. However, responsibility to address VAWG is derived from the humanitarian responsibility to protect, and is reiterated in several globally agreed upon standards and guidelines, such as the Sphere Standards, the IASC GBV Guidelines, the IASC HIV Guidelines, etc. (For more information about the humanitarian mandate to address VAWG, see Section II.)

D. Consequences on individuals and communities

- The consequences of exposure to violence are as sweeping as the scope of violence itself, not only in terms of the acute and chronic health problems that

accompany many of the types of violence women and girls experience, but also because victimisation can increase risk of future ill-health for survivors.

- Evidence from across the world indicates that VAWG seriously undermines women's physical, sexual, and mental health. Mental health effects may include somatic complaints, depression, anxiety, alcohol and drug abuse, and suicidality. Physical health effects of VAWG include injuries that can cause both acute and chronic illness, impacting neurological, gastrointestinal, muscular, urinary, and reproductive systems. Sexual health effects include unwanted pregnancies, complications from unsafe abortions, and sexually transmitted infections. A growing body of literature provides evidence of an association between VAWG and HIV/AIDS. Victims of VAWG may suffer further because of the stigma associated with violence against them, putting them at greater social and economic risk due to community and family ostracism. However, many of these effects are hard to identify, not least because of the under-reporting associated with VAWG, but also because symptoms are not always easily recognizable by health and other providers as evidence of exposure to VAWG. (For more information about the health effects of VAWG, see the HEALTH MODULE.)

- In humanitarian settings, where community support systems as well as formal health and psychosocial services are often severely compromised, the consequences of violence can be even more profound than in peacetime. The extent and impact of VAWG limits the ability of entire societies to heal from conflict. The physical and psychological outcomes of VAWG can inhibit a survivor's functioning, not only personally, but also in relationships with family and community. This in turn may undermine social cohesion.

USAID's Fragile States Strategy (2005) concludes that "data show a strong correlation between state fragility and inequitable treatment of women." The conditions of fragility in conflict-affect settings both increase the prevalence of VAWG and make addressing it more difficult. However, failures to address VAWG can limit the effectiveness of recovery strategies and durable solutions to peace. Therefore, all humanitarian interventions that seek to contribute to sustainable solutions must work towards reducing and eliminating VAWG.

Additional Resources:

For additional information about the consequences of VAWG in conflict-affected, see, for example:

- **Amnesty International. 2004.** Darfur: Rape as a weapon of war: Sexual violence and its consequences. AI Index: AFR 54/076/2004.

- **Amnesty International. 2004**. Marked for death: Rape survivors living with HIV/AIDS in Rwanda. AI Index: AFR 47/007/2004.

- **Amone-P'Olak, K. 2005.** Psychological impact of war and sexual abuse on adolescent girls in Northern Uganda. Intervention, 3 (1), 33 – 45.

- **Egeland J. 2005.** Health in emergencies: Women's health in crises. WHO/Health in Emergencies.

- **Graca Machel. 1996.** The Impact of Armed Conflict on Children.

- **Josse, E. 2010.** 'They came with two guns': the consequences of sexual violence for the mental health of women in armed conflicts. International Review of the Red Cross, 92(877), 177-195.

- **Klot J., DeLargy P. 2007.** Sexual Violence and HIV/AIDS transmission. In: Sexual violence: Weapon of war, impediment to peace. Forced Migration Review. 27: pp 15-17. (UNFPA)

- **Omarjee N., Lau U. 2006.** Conflicts in Africa: Intersectionality of GBV and HIV/AIDS. People Opposing Women Abuse [POWA] Research Department. (University of KwaZulu Natal)

- **Watts, C, et al (2010).** Sexual violence and conflict in Africa: Prevalence and potentional impact on HIV incidence, Sexually Transmitted Infections, Suppl 3.

- Armed Conflict and Trafficking in Women: A Desk Study. *Sonje Wolte (Eschborn: GTZ, 2004)*

- **ICRC. March 2010.** 'They came with two guns': the consequences of sexual violence for the mental health of women in armed conflicts."

E. Understanding Risks for Particularly Marginalized Populations

- When being female intersects with other sources of risk such as age, disability, sexual orientation, gender identity, and/or ethnicity, exposure to violence can be even greater. In order to prevent and respond to violence against women in conflict settings, attention must be paid to the unique and diverse needs of *all* women, girls, and gender-variant people.

- However, the capacity of the humanitarian community to assess and address the needs of sub-groups of particularly at-risk and/or marginalized women and girls remains weak in virtually all conflict-affected settings around the world. More research is required to understand how social and demographic

factors influence marginalised women's experiences of violence in conflict-affected settings. (For more information about addressing the needs of particularly marginalized populations, see Section IV.)

1. Adolescent Girls and Female Children

- Adolescent girls and female children are at heightened risk of violence during times of conflict and crisis. Because of their age, gender, and restricted social status, girls can be exploited, harassed, and abused by family members, military, armed groups, police, peacekeeping forces and humanitarian aid workers (Siddiqi, 2012). When armed conflict weakens normal community structures of support and protection, their vulnerability is increased (Holste-Roness, 2006).

    - ***Increased domestic responsibilities.*** Adolescent girls and female children may assume a great deal of domestic responsibility during times of crisis, taking care of younger siblings, managing households if parents are absent. Young girls may become heads of households when their parents or caretakers are killed during wartime (Siddiqi, 2012).

    - ***Early marriages.*** Because of poverty brought on by conflict, girls may be married off at a young age by their families to acquire dowry (Siddiqi, 2012).

    - ***Lack of access to reproductive health services.*** Because they are often overlooked in healthcare and outreach efforts, adolescent girls and female children may lack safe, respectful, and youth-friendly access to reproductive health information and services (Siddiqi, 2012).

    - Girls may become ***child mothers*** as a result of rape (see section on children born of rape).

    - ***Unsafe livelihoods.*** Adolescent girls and female children may resort to unsafe measures such as transactional sex to earn livelihoods – sometimes pressured by family members. Others are forced into labor and sex trafficking (Schulte & Rizvi, 2012).

    - ***Isolation and lack of access to education.*** Heavy domestic burdens can isolate girls from friends, school, and support networks. Girls may be denied the same access to education as boys, putting them at a disadvantage socially and economically. Some reports show that girls who are not in school report higher incidences of violence against them (Schulte & Rizvi, 2012). Girls who have survived violence during armed conflict may be separated from their families, psychologically

and physically traumatized, and unable to access necessary healthcare or education (Holste-Roness, 2006).

- Girls associated with armed forces face particular dangers. In conflict areas girls are at risk of abduction, recruitment, or voluntary conscription into armed forces, where they become soldiers and sexual or domestic slaves (Schulte & Rizvi, 2012) For more information, see: .
  - **Mazurana, D. and Carlson, K. 2006.** "The Girl Child and Armed Conflict: Recognizing and Addressing Grave Violations of Girls' Human Rights." United Nations Division of the Advancement of Women, expert group meeting in Florence, Italy, 25-28 September 2006.
  - **Save the Children. 2005.** "Forgotten Casualties of War: Girls in Armed Conflict."
  - **Verhey, B. 2004.** "Reaching the Girls: Study on Girls Associated with Armed Forces and Groups in the Democratic Republic of Congo." Save the Children.

- ***Social norms*** may prevent girls from speaking out publicly about safety issues and instances of abuse (Siddiqi, 2012).

  - For research and statistics on violence and risk factors faced by adolescent girls, as well as promising practices and programmes being implemented in various areas, see: **Bruce, J. 2011.** "Violence Against Adolescent Girls: A Fundamental Challenge to Meaningful Equality." A Girls First! Publication: Population Council.
  - See also: **Savarese, L. 2009.** "Refugee Girls: The Invisible Faces of War." Women's Refugee Commission: http://womensrefugeecommission.org/images/stories/ref_girls_FINAL.pdf.
  - The Coalition for the Adolescent Girl convened in 2011 a two-part consultation with experts in humanitarian response, gender issues, and child protection, to articulate the urgent need for new humanitarian strategies around adolescent girls. The report *Missing the Emergency: Shifting the Paradigm for Relief to Adolescent Girls* defines the current contours of practice, discourse, and advocacy around this population.
  - The UN Adolescent Girls Task Force (UNAFTF) co-chaired by UNFPA and UNICEF was established in 2007, and supports programmes in post-conflict countries, focusing particularly in 10-14 year old girls.
  - The Together for Girls Initiative is a global private-public partnership dedicated to ending violence against children, with a focus on sexual violence against girls. A hallmark of this initiative is the groundbreaking data generated through the Violence Against Children Surveys, designed by the Center for Disease Control, and

designed to determine the prevalence and circumstances surrounding emotional, physical and sexual violence against males and females prior to age 18 and the incidence of violence in the last 12 months for girls and boys 13 to 17 years of age. Some of these surveys have been implemented in conflict and post-conflict countries.

- Get the Facts: Violence against Young Women (UN Women, 2010). Available in English; French and Spanish.

2. Indigenous People and Ethnic and Religious Minorities

- Indigenous people around the globe face discrimination, marginalization, and violence based on their indigenous status. They also face poverty, deterioration of social structures and customs, and lack of access to resources, land, education, and health services. Legacies of colonialism and discrimination have contributed to structural systems of oppression that keep indigenous people – and especially indigenous women – marginalized and at a higher risk of violence (Anaya, 2012).

  - For research examining the experiences of indigenous victims of sexual violence in the criminal justice system, see **Indigenous Law Center. 2010.** "Sexual Violence and Indigenous Victims: Women, Children and the Criminal Justice System." Research Brief No. 1.

- Other ethnic and religious minorities are also disadvantaged around the globe based on their national, religious, linguistic or cultural group and often become more prone to violence during times of conflict (Minority Rights Group International, n.d.).

  - See research and reports on violence against minorities in conflict settings.

- Indigenous people and ethnic and religious minorities become caught in armed conflicts out of warring parties' motivations to acquire power, control territories, or define their county's identity. Ethnic cleansing and the intentional exploitation of vulnerable populations – such as indigenous people – are used as strategies of war around the world (Eade & Macleod, 2011).

- UN Women, UNICEF, UNFPA, ILO, and the Office of the Special Representative of the Secretary-General on Violence Against Children published *Breaking the Silence on Violence against Indigenous Girls, Adolescents and Young Women: A call to action based on an overview of existing evidence from Africa, Asia Pacific and Latin America* (2013), available in English. The study, the first of its kind, reviews existing quantitative and qualitative data on the prevalence and incidence of the

types of violence which have already been documented in relation to these groups in Africa, Asia and Latin America. Three countries were selected, one per region, to illustrate the findings. For Latin America, Guatemala was selected for the study to benefit from its widely documented experience as a post-conflict country and for its on-going legislative and institutional reforms aimed at addressing issues such as femicide and sexual violence among indigenous women and girls. For Africa, Kenya was chosen, given available evidence on the prevalence of female genital mutilation/cutting among indigenous communities and promising legislative developments in this field. Finally, in the Asia-Pacific region, the Philippines was selected because of the involvement of girls and adolescents in armed conflict in the predominantly indigenous area of Mindanao and accompanying initiatives to address this situation.

3. Women and Girls with Disabilities

- Girls and women with disabilities face increased risk of abuse generally and particular risks during times of conflict that can increase the danger of physical and sexual violence. Conflict itself may render more women disabled due to landmines, gunshot wounds, fires, attack and mutilation by armed forces, and lack of vaccination to illnesses. Conflict also can erode traditional community structures, so that support networks women and girls with disabilities may have relied on prior to conflict are often non-existent during and after conflict (Human Rights Watch, 2010). According to a study by Human Rights Watch in northern Uganda, more than a third of women with disabilities interviewed had experienced sexual or gender-based violence (Human Rights Watch, 2012).
    - See a broad overview on women with disabilities.

- The World Health Organization estimates that 15 percent of any population is made up of persons with disabilities, with potentially higher proportions in communities that have fled war or natural disasters. Based on this, as many as 6.5 million of the world's 43.51 million people displaced by conflict have disabilities. People with disabilities are among the most hidden and neglected of all displaced people, excluded from or unable to access most aid programs because of physical and social barriers or because of negative attitudes and biases. They are often not identified when aid agencies and organizations collect data and assess needs during and after a humanitarian disaster. They are more likely to be forgotten when health and support services are provided. Often, refugees with disabilities are more isolated following their displacement than when they were in their home communities. For more, see the Women's Refugee Commission's work on this issue.

- For research studies, a toolkit, a fact sheet, and more resources devoted to this issue, see the WRC's resources database on working on disabilities in refugee settings.

- The following are examples of increased vulnerabilities that women and girls with disabilities face (Human Rights Watch, 2010, and Human Rights Watch, 2012):

  - ***Limited mobility.*** Limited mobility can result in an inability to flee dangerous situations, as well as an inability to physically access basic services such as food, medical care and shelter that able-bodied individuals can more easily get to. Women with disabilities may be unable to access water from distant boreholes. They may be forced to stay in IDP camps because they cannot travel back to their homes and have no one to assist them.

  - ***Stigma and discrimination*** from their families, communities, and service providers. Women and girls with disabilities may be viewed by their families and communities as little more than burdens who cannot contribute to the community and may therefore be at heightened risk for intra-familial verbal and physical abuse. They may be denied access to basic services, isolated from or abandoned by their communities, and be more at risk of danger because they lack family or community protection. Because women and girls with disabilities can be more at risk of sexual violence and rape, those that bear children out of rape must sometimes care for these children on their own with little help from their families/ communities.

  - ***Unequal access to information.*** Women and girls who are hearing or sight impaired, who cannot travel to community meetings, or who have been denied access to education due to their disability and/or poverty resulting from their disability, are often excluded from the dissemination of important information. Campaigns raising awareness about VAWG and services available may not reach women with disabilities, despite their increased risk. This is compounded by the fact that service providers are not sensitive or have the capacity to address various disabilities.

  - ***Inability to participate in their communities and earn livelihoods.*** Physical access issues, such as lack of mobility devices and ramps, keep women with disabilities from engaging in community activities as well as meaningful work. Some are stigmatized as less intelligent or unable to work and are denied access to economic groups and other livelihoods opportunities in which they could support themselves.

- ***Denied access to justice***. Women and girls with disabilities who have survived violence are often unable to turn to the justice system because of barriers to communication and mobility as well as stigma. Women who have been sexually assaulted face the threat of dual stigma of rape *and* disability, and many choose not to report crimes against them. Furthermore, there is a strong bias against their credibility in judicial processes in cases of mental or cognitive disability.

- ***Denied access to property, land, and livestock***. Women and girls with disabilities are more likely to be denied basic resources and otherwise taken advantage of by others in the community who view them as being unable to defend themselves.

- ***Lack of access to health care***. Women with disabilities who cannot access livelihoods are often unable to afford expensive hospital bills. Hospitals that cater to the needs of individuals with disabilities may be in short supply during and after conflict, or lack the funding to support necessary medical procedures. Further, women and girls with disabilities who have been sexually abused are at a high risk of HIV infection.
  - For more information on the intersections of disability and HIV/AIDS, see **Tataryn, M. 2008.**, "Emerging from War, Finding a Voice: Intersections of Disability and HIV/AIDS in Conflict and Post-Conflict Settings." AIDS-Free World.
  - For a report on sexual violence faced by children with disabilities, see **Handicap International and Save the Children. 2011.** "Out From the Shadows: Sexual Violence against Children with Disabilities." London: Save the Children.
  - For additional information on the violence and discrimination faced by women with disabilities, see **Costa, S. 2011.** "Invisible and Overlooked: Refugees with Disabilities." Huffington Post; and **Dawn Ontario.** "Family Violence Against Women with Disabilities." DisAbled Women's Network Ontario.

4. Older Women

- Older women face particular hardships during times of conflict that can put them at increased risk of violence. In addition to age, lack of mobility, weakened physical status or ill-health, older women face:

  - ***Isolation.*** Older women may be isolated from their communities, abandoned by family members, or lose family members to the war, so that support systems they often relied on prior to conflict may no longer be available to them (Global Action on Aging, n.d.).

- ***Higher risk of poverty*** due to complex factors, including the inability to work and lacking or inadequate pension schemes (Global Action on Aging, n.d.).

- ***Difficulty adapting to change.*** Older women may adapt more slowly to change, especially traumatic change, and struggle to adapt to new environments and ways of life (Global Action on Aging, n.d.).

- ***Neglected health and nutritional needs.*** The health needs of older women may be overlooked based on the assumption that they are simply "old, not sick." Because they are often not considered productive members of society, they may be given secondary consideration to younger people in terms of proper nutrition, nourishment, and shelter (Tewdoros, 2004).

- ***Risk of exploitation and abuse.*** Being dependant on family members for care increases their risk of being abused or exploited (Tewdoros, 2004). Like women and girls with disabilities, older women can be more at risk of physical and sexual abuse at the hands of caretakers. One report (**Harvard Humanitarian Initiative and Oxfam International. 2010.** "'Now, the World is Without Me.' An investigation of sexual violence in Eastern Democratic Republic of Congo." http://www.oxfam.org/en/policy/now-world-without-me) showed that, between 2004 and 2008, 6% of women survivors of sexual violence were less than 16 years of age and 10% were 65 years of age or older (Panzi Hospital, South Kivu, DRC). As older women represent less than 10 % of the overall population in DRC, this shows just how vulnerable this group is.

- Like other marginalized populations, they may ***lack access to important information*** and be neglected by outreach efforts (Tewdoros, 2004).

- Older women have a great deal to contribute in their communities and environments, but these ***contributions are often overlooked***. Their experiences, perspectives and knowledge can be invaluable during the post-conflict rebuilding phase, but may be discounted or ignored (Global Action on Aging, n.d.)

➢ For more information on the elderly in situations of armed conflict, see Krill, F. 2001.

Additional Tool:

- In 2002 UN Member States adopted the Madrid International Plan of Action on Aging (MIPAA). This document and Action Plan declares a commitment to the rights and needs of older persons in every country, and focuses on equal access to food, shelter, and medical care in emergency and conflict situations. The document also includes tools such as a step-by-step needs assessment, policy formulation, guidelines for planning and designing a plan of action, strategies for implementation, and guidelines for monitoring and evaluation.

5. Sexual Orientation and Gender Identity

- Special consideration must be given to the particular needs and risks faced by individuals based on their sexual orientation and gender identity, such lesbian, bisexual, transgender and intersex (LBTI) women/individuals. Research has shown that individuals around the world face acute violence and discrimination based on their sexual orientation and gender identity. This violence can be exacerbated in times of conflict. (For a detailed report on the discriminatory practices and acts of violence against LGBTI individuals, see OHCHR, 2011).

Gender Identity refers to a person's innate, deeply felt psychological identification as male or female, which may or may not correspond to the person's body or designated sex at birth (excerpted from Human Rights Campaign). For example, individuals who are born male may identify as women, individuals who are born female may identify as men, and others may identify as third genders or other genders.

  - ***Violence.*** LBTI individuals around the world face physical, sexual and psychological violence, coercion and threats. This violence is most often motivated as a form of punishment for acting outside of prescribed gender norms (OHCHR, 2011).
    - Transgender women who are male-bodied face particular challenges when it comes to sexual assault. In many countries male-bodied individuals cannot seek legal redress for sexual assault or rape, which leaves transgender victims of sexual violence further marginalized and at-risk (Stemple, 2009).

  - ***Discriminatory Laws.*** Not only do LBTI persons face violence at the hands of their families and communities, but they also suffer collective violence in the form of discriminatory laws (Brown, 2011). Criminalizing laws based on sexual orientation and gender identity, including "sodomy laws" and laws restricting sexual activities and relationships among consenting adults, exist in 76 countries (ILGA, 2011, p. 9; see a world survey of laws criminalising same-sex sexual acts between consenting adults).

- Transgender persons may risk violence, discrimination, and denial of services when their presentation does not match their information, picture, or name on State-issued identity documents. (See a survey on the discrimination faced by transgender persons in the United States, **Grant et. al, 2011**).
- LBTI persons – and even persons who do not identify as LBTI but act outside of prescribed gender norms – also risk arbitrary arrest, detention and, in some countries, the death penalty for their real or perceived sexual orientation or gender identity (OHCHR, 2011).

- ***Discriminatory Practices.*** LBTI persons around the world face discrimination in access to and quality of healthcare, employment, housing, and education. Restrictions to their freedom of expression and assembly create a forced silencing and isolation, and many face additional discrimination from their families and communities (OHCHR, 2011).

- During times of conflict risks faced by LBTI individuals may be exacerbated. For example:

  - LBTI individuals may have trouble accessing livelihoods opportunities due to discrimination, increasing their exposure to poverty (OHCHR, 2011). For example, LBTI individuals may be excluded from economic or livelihoods groups, and employers may fire or refuse to hire someone based on their perceived sexual orientation or gender identity.
  - Social and economic marginalization, compounded by conflict, may force LBTI people into sex work, where they face increased risk of exploitation, abuse, and violence – often at the hands of police or military who have apprehended them (McMillan & Worth, 2011).
  - Lesbian couples living together may not be recognized as a family unit – especially if they have no children – and may be denied necessary food and services given to other registered families in refugee or IDP camps (Knight & Sollom, 2012).
  - Gender-segregated shelters, bathrooms, health facilities and other facilities exclude those that don't fit neatly into male/female genders, or those who are not legally or publicly recognized as their identified gender. Transgender women may not "pass," or be perceived by the general public, as women. When this happens they may be denied safe shelter with other women and forced to share shelter space with men, increasing their risk of assault, harassment and abuse (Knight & Sollom, 2012).
  - Prior to conflict, LBTI people have often found ways of navigating, avoiding, and minimizing daily harassment and violence by creating safe spaces and communities for themselves. When communities are scattered, safe spaces are destroyed and patterns of movement are

disrupted due to conflict, LBTI people may face increased levels of violence (Laguerre et. al., 2010).

- In 2006 the **Yogyakarta Principles** were developed in Yogyakarta, Indonesia, by a group of international human rights experts in response to abuses faced by sexual and gender minorities. The Yogyakarta Principles are a universal guide to human rights which affirm binding international legal standards with which all States must comply. For a copy of these principles, available in 6 languages, see http://www.yogyakartaprinciples.org/

Additional Resources

- For information on the effects of Pakistan's flood on transgender people, see **LGBT Asylum News, 2011**.
- For an essay on the experience of lesbians during wartime, see: **Mladjenovic, L. 2001.** "Notes of a feminist lesbian during wartime."

6. Children Born of Rape

- When **women and girls bear children as a result of rape**, the trauma, stigma, and discrimination they face from the rape itself can be compounded by having a child (Liebling et. al., 2012). For example:

    - Girls and women who bear children of rape may be sent away from their homes, families and communities. Lacking support from community and family members, they may suffer from poverty, malnutrition, and reproductive health problems.

    - The fear of stigma may prevent pregnant girls and women from seeking out adequate medical care, putting them at increased risk of birth complications.

    - Failures in the judicial system keep survivors of rape from accessing justice after being raped.

    - Girls that bear children out of rape are at additional risk as they are thrust into adulthood early, may be removed from school, and are no longer seen as children in need of care by their communities and families (Liebling et. al., 2012, http://www.svri.org/ExecutiveSummaryCongoFinal.pdf).

- There is little or no information regarding children born from wartime rape, the unique vulnerabilities they face or their experiences. Research suggests that mothers raising children born as a result of rape often live in extreme poverty

and are ostracized by their relatives. The children too are stigmatized and face social, psychological and socioeconomic consequences.

- There is also an accountability gap when it comes to children born as a result of rape, as punishment against or redress by the perpetrator rarely includes reparations for the women who were victimized or the children who were born as a result of rape. Girls and women lack access to services that would allow them to safely terminate a pregnancy and are often forced to either carry out unwanted pregnancies resulting from rape or undergo dangerous abortions.

II. Normative Frameworks and Mandates

A. Introduction

- This section summarizes the international normative framework related to the responsibility to address violence against women and girls in conflict-affected settings. It includes a review of international and regional frameworks and the norms emerging from the Security Council and the international humanitarian community, as well as the structures that support them.
- While States have the first and foremost responsibility to protect their citizens, the international community has an obligation to step in when States are unwilling or unable to meet their protective duties.
- Over the past two decades, violence against women has been progressively adopted as a central concern by the Security Council and international humanitarian and peacekeeping actors, a significant shift that has raised the profile of this issue in international policymaking.
- All actors working on prevention of and response to violence against women in conflict and post-conflict settings have a responsibility as experts and advocates to familiarize themselves with the mandates that emanate from international law, resolutions of the Security Council, and the humanitarian community; act in accordance with them; and guide others—states, communities and individuals—to meet their obligations to promote and protect human rights.

B. The International Legal Framework

- Protection within conflict-affected settings is widely defined as “all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of relevant bodies of law” (IASC Gender Handbook, 2006, pg.12). Protection activities aim to create an environment in which human dignity is respected, specific patterns of abuse are prevented or their immediate effects alleviated, and dignified conditions of life are restored.
- The following three bodies of law provide a comprehensive legal framework

for the protection of women and girls in humanitarian contexts:

- **international humanitarian law**,
- **international human rights law**,
- **international criminal law**.

- This international legal framework for protection can be also considered in light of the following two elements:

'Hard Law' ***These are 'legally binding' for states.*** • International human rights treaties/conventions that a State has ratified or acceded to, • International humanitarian law • UN resolutions	**'Soft Law'** ***These are non-binding, but carry significant moral commitment and responsibility in the international community.*** • International guidelines • International conference documents, declarations, programmes of action
Source: excerpt from: **UNHCR. 2008.** Handbook for the Protection of Women and Girls, pg. 333.	

- Also important, but not binding, are the Special Procedures of the Human Rights Council which help to facilitate the implementation of laws, conventions, declarations, etc., such as UN monitoring committees, special envoys, special rapporteurs, and other experts. They are typically independent human rights experts with mandates to report and advise on human rights related to a specific theme or country. As of January 1st 2013 there are 36 thematic and 12 country mandates, including a Special Rapporteur on Violence Against Women, Its Causes and Consequences (Adapted from the Office of the High Commissioner for Human Rights:).

1. International Humanitarian Law

- International humanitarian law (IHL) is a set of international rules designed to solve humanitarian problems arising from international (e.g. between States) or non-international (e.g. between a State and a non-State actor, or between two or more such actors) armed conflict. Also known as the law of armed conflict or the law of war, IHL aims to:
  - protect persons who do not, or no longer, take part in hostilities, namely civilians, sick, wounded or shipwrecked and captured combatants; and regulate the method and means of warfare between parties to a conflict. (Adapted from the International Committee of the Red Cross website.)

- The principal instruments of IHL are the four Geneva Conventions of 1949 and their two Additional Protocols of 1977 and numerous conventions

restricting or prohibiting the use of specific weapons, such as the Mine Ban Treaty and the Conventional Weapons Convention and its Protocols.

- Under international humanitarian law, women are provided with a two-tiered protection regime: general protection which applies to women and men equally, whether they are combatants or civilians, and specific protections which attempt respond to the particular needs of women. These specific protections include:
    - Protection against sexual assault,
    - Women deprived of their liberty,
    - Expectant mothers and maternity cases,
    - Preservation of family links.

Additional Resource:

- A detailed list of IHL protections afforded to women is provided in the annex to the ICRC Guidance Document *Addressing the Needs of Women Affected by Armed Conflict* (2004).

2. International Human Rights Law

- International human rights law is a set of international rules that reinforce the rights and dignity of all human beings – women, men and children –without discrimination. It evolved following the adoption of the *1948 Universal Declaration of Human Rights* (UNDHR) and is now supported by a number of universal and regional instruments such as the *International Covenant on Economic, Social and Cultural Rights* (ICESCR) and the *International Covenant on Civil and Political Rights* (ICCPR). Other specialised treaties include:

    - *International Convention on the Elimination of All Forms of Racial Discrimination*
    - *Convention on the Elimination of All Forms of Discrimination Against Women*
    - *Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*
    - *Convention on the Rights of the Child*
    - *Convention on the Rights of Persons with Disabilities*
    - *International Convention for the Protection of All Persons from Enforced Disappearance*

- According to international human rights law, when States become 'parties' to these treaties (by signing on to them) they must refrain from interfering with the exercise of the rights outlined in the treaties, take positive steps to protect them, and restore them when they have been violated. In addition, States

have a duty to ensure that non-state actors do not impede citizens in the realization of these rights. (See Geneva Academy of International Humanitarian Law and Human Rights).

- Actors working to promote women's equality and to end violence against women should remind States that they are required to ensure women's right to freedom from violence. It is also important for VAWG advocates and programmers to become familiar with the United Nations' judicial and quasi-judicial bodies that oversee the implementation of the treaties, particularly those that are directly accessible to individuals claiming to have suffered violations of their rights. These bodies can issue binding decisions requiring the respondent States to terminate the violation and, where appropriate, to make reparations. See a list of these bodies.

- The table below presents some of the major international **milestones regarding human rights and violence against women** (not including the Security Council Resolutions, presented below).

Date	Event	What it says/Why is it relevant to GBV
1948	**Universal Declaration of Human Rights**	The first effort made by governments to commit to the expression of rights to which all human beings are entitled, which later served as the blueprint for many international treaties and laws focused on human rights.
1949	**Geneva Convention (IHL)**	Established standards in international law for humanitarian treatment of victims of war and defined the basic rights of those captured during a military conflict and established protections for civilians in and around a war zone, noting that "Women shall be especially protected against any attack on their honour, in particular against rape, enforced prostitution or any form of indecent assault." (§.27)
1951	**UN Convention Relating to the Status of Refugees (and the 1967 Protocol)**	Defined who is a refugee, and sets out the rights of individuals who are granted asylum and the responsibilities of nations that grant asylum. Originally limited to protecting European refugees after World War II, the 1967 Protocol removed the geographic and time limits of the original Convention.
1976	**International Covenant on Economic, Social and Cultural**	Granted economic, social, and cultural rights (ESCR) to individuals. It also established rights to health, education, labor and an adequate standard of living and "equal rights

	Rights (CESCR)	of men and women." (§3)
1979	**Convention on the Elimination of all Forms of Discrimination Against Women** (**CEDAW**)	It established an agenda of action for putting an end to sex-based discrimination, which led to the creation of the international bill of rights for women. "States ratifying the Convention are required to enshrine gender equality into their domestic legislation, repeal all discriminatory provisions in their laws, and enact new provisions to guard against discrimination against women."
1991	**UN Guidelines on the Protection of Refugee Women**	"Women and girls have special protection needs that reflect their gender: they need (...) protection against ( ) sexual and physical abuse and exploitation, and protection against sexual discrimination in the delivery of goods and services." (§.3)
1992	**CEDAW General Recommendation No.19 on Violence Against Women**	"GBV, which impairs or nullifies the enjoyment by women of human rights and fundamental freedoms ( ) is discrimination " (§9 – "wars, armed conflicts and the occupation of territories often lead to increased prostitution, trafficking in women and sexual assault of women, which require specific protective and punitive measures." (§16.)
1993	**Vienna Conference** **- Vienna Declaration and Programme of Action** **- Declaration on the Elimination of VAWG (UN Res 48/104)**	The second global conference to focus exclusively on human rights. Asserts a human rights perspective regarding violence against women, obliging governments to respect and fulfill women's human rights on an equal basis with men's rights. - The human rights of women and of the girl-child are an inalienable, integral and indivisible part of universal human rights (...) (§.18) – "Violations of the human rights of women in situations of armed conflict are violations of the fundamental principles of international human rights and humanitarian law. All violations of this kind, including in particular murder, systematic rape, sexual slavery and forced pregnancy, require a particularly effective response" (§.38)
1994	**International Conference on Population and**	Developed the Programme of Action, which served as the steering document for the United Nations Population Fund (UNFPA).

	Development (ICPD) Cairo	Established sexual and reproductive rights are human rights " (...) [Reproductive health] services should be particularly sensitive to the needs of (...) women and children (...) with particular attention to those who are victims of sexual violence." (§.7.11) "(...) All necessary measures should be taken to ensure the physical protection of refugees – in particular, that of refugee women and refugee children – against sexual exploitation, abuse and all forms of violence." (§.10.24)
1995	**Fourth World Conference on Women Beijing**	FWCW, Platform for Action, Beijing, 1995: Chapter D: Violence against Women: particular vulnerability of war affected women and girls to violence Chapter E: Women and Armed Conflict: attention to sexual violence and other forms of GBV.
1998	**ICC Rome Statute**	The treaty that established the International Criminal Court (ICC). "Rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity" are: crimes against humanity (§.7.1.g) and war crimes (§.8.2.e.)
1998	**UN Guiding Principles on Internal Displacement**	"Special attention should be paid to the health needs of women, including access to female health care providers and services, such as reproductive health care, as well as appropriate counseling for victims of sexual and other abuses." (§.19.2)
1999	**CEDAW General Recommendation No.24 on Women and Health**	"Special attention should be paid to the health needs of women, including access to female health care providers and services, such as reproductive health care, as well as appropriate counseling for victims of sexual and other abuses." (§19.2)
2005	**World Summit 2005 Millenium Development Goals**	World Summit 2005 MDGs: Several strong references to ending violence against women and the girl child in situations of armed conflict: • violation of human rights of women and girls • sexual violence against women and girls • reporting, preventing and punishing GBV.
2013	**Agreed**	With violence against women and girls as the

	conclusions of the 57th Commission on the Status of Women	priority theme, the outcome document includes strong condemnations to violence against women and girls in all contexts, including conflict and post-conflict contexts, and calls on States to refrain from invoking religion, tradition, and custom to avoid obligations with respect to addressing VAWG. There are specific references to gender-related killings and femicide, women's human rights defenders, and especially vulnerable populations, and commits states to respond holistically and comprehensively to prevent and respond to violence against women and girls.
Source: adapted from **GBV AoR. 2010.** Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, Annex 2, referencing Bossman, M., Material for Training Course: *Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings*, Ghent University, November 2008. For a useful timeline of international policy commitments and international agreements, also see		

Additional Resource:

- For a list of documents related to gender, peace and security, see **Gya, G. 2011.** "Listing of Gender, Peace and Security Documents – May 2011." *ISIS Europe*.

3. International Criminal Law

- International criminal law relates to crimes under international law designed to prohibit certain categories of conduct commonly viewed as serious atrocities and to make perpetrators of such conduct criminally accountable, such as war crimes, crimes against humanity and genocide. Due to developments in international criminal law over the past decade, these three categories of 'atrocity crimes' **may include sexual violence** committed against civilians (Chaikel, 2008). Through the work of the *ad hoc* international criminal tribunals for Rwanda and former Yugoslavia – established by the United Nations Security Council—rape and other forms of sexual violence were recognized as war crimes and crimes against humanity.

- Additionally, the Rome Statute of 1998, establishing the permanent International Criminal Court (ICC), includes rape, sexual slavery, enforced prostitution, forced pregnancy, and enforced sterilization as war crimes and crimes against humanity and conscripting, enlisting or using children under the age of 15 years in hostilities is also defined as a war crime. The

ICC Statute further contains age- and gender-sensitive measures to protect victims and witnesses involved in the criminal proceedings before the Court (See International Criminal Court (ICC) for more information; see also **Chaikel, D. 2008.** "Does gender matter at the International Criminal Court?," and the annual Gender Report Cards issued by Women's Initiative for Gender Justice, available at).

- The United Nations has also supported the creation of "hybrid" courts or tribunals such as the Special Court for Sierra Leone and the Extraordinary Chambers in the Courts of Cambodia, which have both foreign and domestic judges. Although only a few individuals have been tried and convicted of these crimes in international courts and tribunals, important standards have been set that can be used as a model for national systems. Also, prosecution of these crimes can be an important component of transitional justice and addressing past human rights violations. (For further elaboration see Section VII on Legal/Justice Response as well as the Legislation and Justice modules.)

4. Regional Legal Frameworks

- Regional legal instruments may also clarify States' obligations to protect the rights of women and girls and eradicate not only the violence but also the discrimination upon which it is based. This is particularly the case, where:
    - States are not party to international instruments but are to regional ones,
    - Regional legal standards provide more detailed and/or higher standards, and
    - Regional courts are able to provide to investigate acts when they occur, to prosecute and punish the perpetrators, and to provide redress and relief to the victims.

- Some key regional instruments that are particularly relevant to the protection of women and girls include:
    - Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003),
    - African Charter on the Rights and Welfare of the Child (1990),
    - African Youth Charter (2 July 2006),
    - Inter-American Convention on the Prevention Punishment and Eradication of Violence against Women (Convention of Belem do Para) (1994),
    - Inter-American Convention on International Traffic in Minors 1994),
    - Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities (1999),
    - Organization of the Islamic Conference (OIC) Covenant on the Rights of the Child in Islam (June 2005)

- Council of Europe Council Convention on Action against Trafficking in Human Beings (2005).
- The International Conference on the Great Lakes Region (ICGLR), Kampala Declaration on Prevention of Gender-based Violence in Africa (2003). (For more information see International Conference on the Great Lakes Region (ICGLR); See a summary of ICGLR's work on sexual violence).

C. Security Council mandates to address violence against women and girls in conflict-affected settings

- The need for all actors in armed conflict to respect and uphold international humanitarian law and human rights in relation to women and girls is reaffirmed in many resolutions of the United Nations Security Council resolutions since the end of the 20th century, both in thematic resolutions about women, peace, and security, children and armed conflict, and protection of civilians, as well as in country-specific mandates for UN missions.

1. Women, Peace and Security

- Since 2000, five resolutions on Women, Peace and Security have been adopted by the Security Council. They seek to strengthen women's participation in decision-making, conflict prevention, conflict resolution, and post-conflict recovery, as well as preventing and stopping sexual violence in conflict. Taken together, these resolutions represent a critical framework for improving the situation of women in conflict-affected countries. Actors working on violence against women in conflict and post-conflict situations should be familiar with these SCRs to meet their responsibilities and obligations to promote and protect human rights.

- These five resolutions, and in particular SCR 1325 and SCR 1820, which for the first time acknowledged that sexual violence, when widespread, systematic, or used as a tactic of war, constitutes a threat against international peace and security and therefore belongs in the remit of the Security Council, have formed the basis of many national policies and action plan in conflict-affected settings (see Section IV on Coordination).

Date	Security Council Resolution (SCR)	Relevance to GBV
2000	**UN SCR 1325 on Women,**	First SCR to link women to the peace and security agenda. It recognizes that women are disproportionately affected by conflict and calls for their active participation at

	Peace and Security	all levels of decision-making in conflict prevention, conflict resolution, peace processes, post-conflict peacebuilding and governance. SCR 1325 further calls on all parties to armed conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict. It emphasizes the responsibility of all States to put an end to impunity and to prosecute those responsible for genocide, crimes against humanity, and war crimes including those relating to sexual and other violence against women and girls.
2008	**UN SCR 1820 on Women, Peace and Security**	First SCR to recognize conflict-related sexual violence as a matter of international peace and security. Condemns the use of rape and other forms of sexual violence in conflict situations, stating that rape can constitute a war crime, a crime against humanity, or a constitutive act with respect to genocide. The Resolution also calls for effective steps to prevent and respond to acts of sexual violence as a way of contributing to the maintenance of international peace and security – including urging Member States to comply with their obligations for prosecuting the perpetrators of sexual violence, ensuring that all victims of sexual violence, particularly women and girls, have equal protection under the law and equal access to justice, and ending impunity for sexual violence as part of a comprehensive approach to seeking sustainable peace, justice, truth, and national reconciliation.
2009	**UN SCR 1888 on Women, Peace and Security**	SCR 1888 strengthens the implementation of SCR 1820 through assigning leadership and establishing effective support mechanisms. It calls for the appointment of a Special Representative of the Secretary-General to coordinate UN efforts to address conflict-related sexual violence, as well as for the rapid deployment of teams of experts and advisors to situations of concern. SCR 1888 also calls for the inclusion of the issue of sexual violence in peace negotiations, the development of approaches to address the effects of sexual violence, and improved monitoring and reporting on conflict trends and perpetrators.
	UN SCR 1889 on Women, Peace and Security	SCR 1889 addresses obstacles to women's participation in peace processes and peacebuilding. It calls for the UN Secretary-General to submit to the Security Council a set of indicators for use at the global level to track implementation of SCR 1325. It also calls for the strengthening of national and international responses to

		the needs of women and girls in conflict and post-conflict settings, and is the basis for the Secretary-General's 7-point Action Plan on gender-responsive peacebuilding.
2010	**UN SCR 1960 Women, Peace and Security**	SCR 1960 provides an accountability system for implementation of SCRs 1820 and 1888. It mandates the Secretary-General to list in the annexes to annual reports those parties credibly suspected of committing or being responsible for patterns of sexual violence in situations on the Council's agenda. It calls on the Special Representative of the Secretary-General on Sexual Violence in Conflict to brief Sanctions Committees, who may take action against listed parties. SCR 1960 also calls for the establishment of monitoring, analysis, and reporting arrangements specific to conflict-related sexual violence. Information about implementation of the key operational elements of resolution 1960 can be found in the **UN Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict**. **2011.** *Provisional Guidance Note - Implementation of Security Council Resolution 1960 (2010) On Women, Peace and Security (conflict-related sexual violence)*. Available in English.
Source: adapted from **GBV AoR. 2010.** Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings; also see **UN Women**, "Resolutions and Instruments".		

- **UN Women** is the UN lead on Women, Peace and Security. It prepares the annual reports of the Secretary-General to the Security Council on Women, Peace and Security and chairs the Standing Committee on Women, Peace and Security, which serves as the coordination mechanism for over 20 UN entities and NGO observers. It oversees the implementation of the 2011-2020 UN Strategic Framework on Women, Peace and Security (which can be found in the 2011 report of the Secretary-General), and tracks progress on the implementation of these five resolutions through indicators (For more information on the indicators, see UN Women's "Tracking Implementation of Security Council Resolution 1325".

- A number of Member States are developing National Action Plans (NAPs) on Women, Peace and Security as a means of providing a roadmap for transforming existing national policies on defence, diplomacy and development in a manner that would eliminate barriers to women's participation in peace and security processes. As such, NAPs should identify and prioritize strategic action – through goals, budgets and

monitoring and evaluation processes. As of June 2013, there are 41 countries that have adopted such NAPs, while a number of countries are in the process of adopting them. However studies conducted to determine the effect of SC Resolution 1325 on the ground suggest that NAPs do not always include "a budget, clear lines of responsibility, timelines, and the establishment of coordinating or oversight bodies" (see Dharmapuri, S. 2011, "A Survey of UN 1325 National Action Plan Mechanisms for Implementation, Monitoring, Reporting and Evaluation").

Additional Tools:

- **Australian Government's Australian Civil-Military Centre and UN Women. 2012.** "Side by Side -- Women, Peace and Security." This 30-minute film documentary explores how the international community has and can meet its commitments on women, peace and security. It features an introduction by UN Secretary-General Ban Ki-moon, as well as interviews with United Nations personnel, peacekeepers, mediators, humanitarian actors, policy makers and survivors of conflict.
- **UN Women. 2012. "UN Women Sourcebook on Women, Peace and Security."** This collection of resources provides practitioners, advocates, and policy makers with practical guidance, on areas ranging from gender-responsive transitional justice to women's participation in conflict resolution and in peacebuilding and recovery, protection of women and girls in conflict-affected settings, and accountability frameworks to implement these resolutions, such as the global indicators and national action plans.
- **Peacewomen (WILPF). 2012. "Women, Peace and Security Handbook – Compilation and Analysis of UN Security Council resolutions language, 2000-2012."** This tool compiles good practice language, options and recommendations to integrate gender and women's rights into the work of the Security Council, based on Peacewomen's Resolution Watch initiative.

2. Sexual Violence in Conflict

- Conflict-related sexual violence has been one area of specific focus and increased attention within the Women, Peace and Security agenda, in particular since the establishment of UN Action Against Sexual Violence in Conflict in 2007, the adoption of UNSCR 1820 in 2008, and the establishment in 2009 of a Special-Representative of the Secretary-General on Sexual Violence in Conflict (SRSG-SVC).The mandate of the SRSG-SVC, as detailed in SCR 1888 and SCR 1960, is to provide coherent and strategic leadership and to strengthen coordination, advocacy, and cooperation between all relevant stakeholders.

- The first SRSG-SVC framed a five-point priority agenda:
  1. ending impunity;
  2. empowering women to seek redress and claim their rights;
  3. mobilize political leadership;
  4. increase recognition of rape as a tactic and consequence of conflict; and
  5. ensure a coordinated response from the UN system through the inter-agency network UN Action Against Sexual Violence in Conflict.

- The second SRSG, appointed in 2012, added national ownership to these priorities. To advance this agenda, the SRSG-SVC undertakes missions to listen to survivors of sexual violence, discuss with policymakers and other relevant stakeholders, and relay relevant information to the Security Council, in particular through the presentation of the annual United Nations report documenting conflict-related sexual violence around the world, naming parties suspected of being among the worst offenders. (See MARA below); and the office of the SRSG-SVC supports the capacity of governments affected by armed conflict to address sexual violence (see, **Wallström, M. 2010**. "Statement: Ending Sexual Violence: Translating Promises into Practice").

STOP RAPE NOW
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

- While the SRSG-SVC condemns conflict-related sexual violence, calling for an end to impunity and speaking out on behalf of survivors, the work of various entities in the UN is coordinated through the United Nations Action Against Sexual Violence in Conflict (UN Action), a network of 13 UN entities (see UN Action members) with the goal of ending sexual violence in conflict. It was launched in 2007 as a concerted effort by the UN system to improve coordination and accountability, amplify programming and advocacy, and support national efforts to prevent sexual violence and respond effectively to the needs of survivors. While harmonizing the work of the 13 UN Agencies, UN Action brings together humanitarian, development, security actors to provide strategic support to countries as requested by the HC/RC. UN Action structures its activities around three pillars:

  - **Country Level Action**: supports joint strategy development and programming by UN Country Teams and Peacekeeping Operations, including building operational and technical capacity.
  - **Advocating for Action**: raises public awareness and generates political will to address sexual violence as part of a broader campaign

to Stop Rape Now and the Secretary-General's UNiTE to End Violence Against Women campaign.
    - **Knowledge Generation**: creates a knowledge hub on sexual violence in conflict, and effective responses by the UN and partners through the development of tools to improve data collection and analysis, enhance provision of services, and training to improve protection and prevention.

- UN Action has produced a number of tools, ranging from peacekeeper training modules and an inventory of peacekeeping practice to guidance for mediators, databases of academic literature and a research agenda, early warning signs, guidance on reporting and researching on sexual violence. A conceptual note framing the scope of conflict-related sexual violence includes the following definition: "Conflict-related sexual violence refers to incidents or (for SCR 1960 listing purposes) patterns of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g., political strife). They also have a direct or indirect nexus with the conflict or political strife itself, i.e. a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement." Some of these tools can be found in several languages here. UN Action also facilitates field-based coordination via support to comprehensive strategies. More detailed information and examples can be found on Section V on Coordination.

- In December 2010, SCR 1960 established standardized monitoring, analysis and reporting arrangements ("MARA") on conflict-related sexual violence. The **purpose** of the MARA is to support field-driven data collection systems for providing systematic, timely, reliable, and objective information on conflict-related sexual violence to the Security Council. Parties that are credibly suspected of committing patterns of sexual violence are listed in the UN Secretary-General's annual report to the Security Council.

- At the country level, the information and data collected for the MARA will be submitted from the network of field-based organizations and networks through existing data collection systems which work in any given country, such as the protection cluster, the gender-based violence area of responsibility/working group/subcluster and gender theme groups. This information on incidents and patterns of sexual violence may serve as a

basis for protection strategies, programmatic responses, advocacy, early warning, and reports to UN headquarters.

- A provisional guidance note on the implementation of SCR 1960 was published in June 2011, outlining the implementation process of the monitoring and reporting mechanism and its proposed coordination mechanisms. For more detailed information, see Section V on Coordination.

3. Children and armed conflict

- Since 1999 the Security Council has adopted resolutions specific to children and armed conflict, each one containing progressively more concrete provisions to protect children. These are relevant of the girl child who is often the victim of sexual violence and exploitation, and, increasingly, being recruited into fighting forces.

Date	Security Council Resolution (SCR)	Children and Armed Conflict
1999	**UN SCR 1261**	Identified the issue of children in armed conflict as a global priority. It was the first to condemn the targeting of children in armed conflict including the recruitment and use of child soldiers.
2000	**UN SCR 1314**	Established more targeted measures to protect children during and after conflict.
2001	**UN SCR 1379**	Considered provisions to protect children during peacekeeping operations and requested the Secretary-General to identify parties to conflict that used or recruited child soldiers.
2003	**UN SCR 1460**	Called for the immediate end to the use of child soldiers and endorsed an "era of application" of international norms and standards for the protection of war-affected children.
2004	**UN SCR 1539**	Condemned the use of child soldiers and asked the Secretary-General to devise a monitoring mechanism. The resolution marked the first time the Council had broadened the protection framework by identifying other categories of violations against children.
2005	**UN SCR 1612**	Establishes a comprehensive mechanism for monitoring, reporting on, and punishing those responsible for grave violations against

		children in conflict initially in priority countries where this is an issue, focusing in particular on the six most grave violations against children in armed conflict. It also created the Security Council Working Group on Children and Armed Conflict.
2009	**UN SCR 1882**	Builds upon SRC 1612 and strengthened the protection of children in situations of armed conflict through the development of additional complete, time-bound action plans to halt killing and maiming of children, and rape and other sexual violence against children.
2011	**UN SCR 1998**	Declared schools and hospitals off limits for both armed groups and military activities, asking the Secretary-General for such crimes to be placed on a list of those committing "grave violations" against children.
2012	**UN SCR 2068**	Expressed deep concern about perpetrators who persisted in committing violations against children and reiterated its readiness to adopt targeted and graduated measures against them. Called on the Working Group to consider, within the year, a broad range of options for increasing pressure on persistent perpetrators.
Source: **Security Council Report,** "UN Documents for Children and Armed Conflict: Security Council Resolutions", accessed in May 2013.		

- The Children and Armed Conflict website contains more information on the role of the Security Council, official documents, an interactive map, the Security Council's working group (see also the working group's official site), and useful information about the monitoring and reporting mechanism (MRM). For more details on the MRM, the field manual revised in 2010 by UNICEF, the Office of the Special Representative of the Secretary-General on Children and Armed Conflict, and DPKO, contains useful information for field-based programmers, including guidance on what constitutes "UN-verified" information.

4. Protection of Civilians

- Another thematic issue in the agenda of the Security Council that deals directly with the protection of women and girls in conflict and post-conflict settings is the Protection of Civilians (POC) agenda. After witnessing the violence suffered by civilians in Bosnia, Rwanda, Sierra Leone, and Liberia, the international community resolved to make the protection of civilians

caught in armed conflict a key concern of the Council's mandate to maintain international peace and security.

- The concept of POC is founded on international humanitarian law, international human rights law, and refugee law. This agenda item has become central to the mandates of peacekeeping missions -nine of which, representing over 90 percent of peacekeeping personnel deployed in the field, have a mandate to protect civilians-, the authorization to use force or impose sanctions, and the relationship with international courts.

- The first thematic resolution was SCR 1265 in 1999 (S/RES/1265). Other key Security Council resolutions on POC include SCR 1674 in 2006 (S/RES/1674) and SCR 1894 in 2011 (S/RES/1894). An aide-mémoire proposed by the Secretary-General in 2002 and revised in 2010 facilitates the Council's consideration of issues pertaining to the protection of civilians in country-specific situations. Since 2009, the United Kingdom chairs an informal expert group of the Council on POC, which meets regularly in connection with the renewal of relevant UN mandates and to received briefings by OCHA and DPKO on key protection issues.

5. Mandates of peacekeeping operations

- The Department of Peacekeping Operations (DPKO) is the United Nations Agency tasked with developing and implementing missions for peacekeeping around the world. As of May 2013, there are 15 peacekeeping missions and a special political mission led by DPKO.

- Peacekeepers have an important role in protecting civilians from sexual violence during armed conflict. Since the early 1990s, mandates for UN peacekeeping missions explicitly include provisions for the protection of civilians. In the last decade, additional directives have been issued on gender and VAWG:

    - In March 2002, the Special Committee on Peacekeeping Operations affirmed that DPKO should ensure that gender equality issues are properly addressed in all operations, both in the field and at Headquarters, and that the United Nations Secretariat should provide proper support and adequate resources for the work of gender advisers in the field.

    - In 2004, DPKO introduced a resource book on how to mainstream gender in peacekeeping operations. The text includes substantial information on VAWG, especially where it is relevant to Security Sector Reform, Disarmament, Demobilization and Reintegration, Police, Military, and Elections.

- The 2006 DPKO Directive on Gender Equality is the guiding document for all work on protection against VAWG in peacekeeping missions. Following the mandate of UNSCR 1325, the directive included the first stand-alone attention to VAWG within the framework of peacekeeping missions. It mandates an effective security presence that incorporates protection for women, including from violence; ensures that women are consulted in all information-gathering and priority-setting and decision-making processes; promotes a progressive increase in the number of uniformed female peacekeepers, including military observers and UN police officers; and ensures adherence to the highest standards of professional conduct and discipline.

- The 2006 directive established the Office of the Gender Advisor (OGA) as the central hub for gender mainstreaming in field-based missions. As such, the OGA office serves as the main coordinator of programs that address violence against women on the ground. Through their work mainstreaming gender, reporting on UN Security Council Resolutions, and liaison with the community, gender officers are responsible for addressing VAWG in a comprehensive manner. Peacekeeping units – including child rights, gender, rule of law and human rights all work closely with the OGA to prevent and protect against violence against women. In some missions, specific VAWG units are placed directly under the Special Representative of the Secretary General (the highest office in the Mission). The unit--often a partnership between UN Action and DPKO--is made up a high level advisor on VAWG who works alongside the OGA to ensure attention and resources for VAWG.

- UNSCR 1820 requested the U.N. Secretary-General to establish training programs for all peacekeeping and humanitarian personnel deployed by the United Nations, and encourages troop- and police-contributing countries to take steps to heighten awareness of and prevent sexual violence in conflict and post-conflict situations. It also urged all partners to support the development and strengthening of the capacities of national institutions, in particular of judicial and health systems and of local civil society networks in order to provide sustainable assistance to victims of sexual violence as part of multi-sectoral peacekeeping operations.

- Substantively, the mandate of protection related to VAWG falls within the responsibility of several sections of a peacekeeping mission. They include:

  - Disarmament, Demobilization, Reintegration and Rehabilitation (DDRR): Experience has shown that it is vital to consider and include provisions for assistance, health care and counselling

services for victims of conflict-related sexual violence who are eligible for the DDR programmes. Those who have experienced rape (especially repeated rapes) and sexual abuse sustain damage to internal and reproductive organs and other physical health problems, which often result in physical and psychological disability. DDR-related provisions in agreements should also recognize the need for gender-responsive reconciliation and public safety programmes for communities receiving large numbers of ex-combatants. This includes an active recognition of the types of violence that women may experience as former combatants as well as the potential for violence during rehabilitation activities. (See Section VIII on DDR.)

Example: UN Mission public information offices (PIO), DDR units and gender units have worked together, often in partnership with women's organisations, to sensitise communities and inform women about the DDR programme, for example in Southern Sudan and DRC where the UN missions have effectively used radio for this purpose.

Source: Excerpted from DPKP/DFS, 2010a).

- Elections: Uniformed peacekeepers often assist in the establishment of a secure and peaceful environment for the holding of free, transparent and inclusive elections. There are a number of security risks women in areas of conflict encounter in accessing registration or polling stations during elections. Mitigating the risk for violence against women is key to free and fair elections following the conflict. Elections units in peacekeeping mission must ensure that there are measures to address increase the participation of women as voters, candidates, and electoral officials and to ensure that electoral processes have an equal impact on women and men- including specific attention to the violence that may surround elections for women in post conflict context. During elections international assistance providers should work early to create ties with local, gender-sensitive organizations that can provide cultural insight and are open to integrating gender and electoral violence topics into their election period programming. Consistent strategies for networking and information exchange should be put in place at the time of program conception. Effort should be made to build the capacity of research and documentation centres that provide civic education materials and promote the circulation of information on gendered electoral violence.

- For information about women and electoral violence, see **IFES. 2011.** *Breaking the Mold: Understanding Gender and Electoral Violence*, available in English.

Example: Peacekeeping missions have worked with other UN agencies to set up task forces to coordinate activities among key stakeholders to improve women's participation in the electoral process. In Afghanistan in 2004 such a task force monitored progress on women voters' registration and contributed to increasing the number of female voters. In Cote d'Ivoire since 2007, ONUCI, other UN agencies, national government partners and NGOs have worked for a 30% quota for women in the electoral law and to strengthen the capacity of women candidates. A Women and Elections core group was set up in Sierra Leone to strategise for the 2008 elections. The integrated nature of UNIOSIL facilitated the creation of a coordinated and well-funded effort in collaboration with UN and bilateral development agencies and other stakeholders to promote the participation of women as candidates and voters in national and local elections.

Source: Excerpted from DPKO/DFS, 2010a.

  - Security Sector Reform: Peacekeepers must work to ensure that new Security Sector mechanisms address VAWG in the post-conflict environment. Police and Security forces must be both responsive to the needs of women survivors as well as integrate women as new sector personnel. DPKO Policemen and women can play a key leadership role in preventing violence against women. Personnel may employ a range of actions such as working with community groups and leaders to identify specific threats to women's security and plan prevention strategies; using specific deployment strategies to stop or deter incidents of violence; engaging in outreach activities; and communicating how they will work to address the issue, which can send a message to the population that the behaviour is not acceptable. One way they do this is establishing women's police stations/ specialized units, acknowledging that while women often prefer reporting to another woman, appropriately trained men in the community can also increase reporting of violence.

- Working with the Military: The Military Contingent of the DPKO provides physical protection for women. DPKO military regularly work with local women's groups and women leaders. Peacekeepers can exert a profound impact on social practices; if they treat women with respect, the community and even combatants may follow suit.

Example: MINUSTAH in Haiti is preparing lawyers and providing initial and continuing education to prosecutors and judges to better respond to SGBV. A training programme has been conducted with the national police Women's Coordination Unit and Child Protection Brigade. The MINUSTAH Gender Unit in collaboration with the office of the Force Commander, UNFPA, Human Rights section and UNPOL has supported a successful pilot of a space in the police commissariat for the reception of women victims of SGBV; the concept is being replicated across the country.

Source: DPKO/DFS, 2010a.

Example: Female UNPOL Officers have hosted "Women's Forums" in camps – gatherings at which they exchanged views on how to improve community safety with IDP women. Where tribal leadership has been reluctant to allow officers to meet exclusively with women, officers entered into a sustained dialogue with them to obtain consent. In 2006, it was reported that the "Women's Forum" in Otash camp, Darfur, regularly attracted up to 200 women.

Source: UN Action (2010), "Addressing Conflict-Related Sexual Violence: Analytical Inventory of Peacekeeping Practice."

- Justice and Rule of Law: Rule of Law within DPKO missions is a key area for addressing conflict-related sexual violence in framing provisions for post-conflict justice through (1) accountability for those with a history or association with conflict-related sexual violence; (2) protection and participation of victims and witnesses engaged in pursuit of justice and reparations; and (3) reparations for victims of conflict-related sexual violence. Legal efforts often move beyond victim assistance toward long-term attention to a fair trial and defence. However, enforcing court decisions is often a difficult task because the justice system in many conflict and post conflict countries is compromised due to issues such as poor logistics, safe and secure judicial case recording and information

storage, limited profiling of convicted perpetrators, and poor penitentiary facilities.

Examples: Liberia and Timor-Leste

In post conflict Liberia, the Ministry of Justice's GBV Crimes Unit was established in 2007 to consolidate and speed up the process of prosecuting VAWG cases as well as ensure their appropriate response. The unit is responsible for coordinating the judicial response to VAWG cases from around the country. The unit conducts public education including conducting training on integrative and collaborative assistance on VAWG and has created a handbook on provider response. Additionally, a newly renovated Criminal Court 'E' has been set up and will focus on the prosecution of sexual offences and respond to the backlog of VAWG cases.

Over a period of almost 10 years peacekeeping missions in Timor-Leste have supported the government in revising laws to protect women's rights. The revised penal code adopted in 2009 makes domestic violence a crime and a specific law on domestic violence was enacted in 2010 after a 7-year process. The mission and UN agencies have also assisted in the development of a national action plan on domestic violence and a gender policy for the Ministry of Justice and supported the socialisation of new legislation through public outreach and training.

Sources: Excerpted from UN Action (2012), "Combating Sexual and Gender-Based Violence in Liberia" and DPKO/DFS, 2010a.

- Recruitment and Retention of Women Peacekeepers. Even small increases in the number of women in peacekeeping forces can create immediate changes on the ground. Women peacekeepers have a comparative operational advantage in sensitive situations like house searches, body searches, working in women's prisons, interviewing victims of VAWG, providing escorts for victims/witnesses, and screening of women combatants at DDR sites. They are regularly able to establish relationships within the community that increase the political will to enhance overall impact of the peacekeeping mission. Women police officers provide a role model for local women who are interested in security sector careers and can be vital in that recruitment effort overall. The goal of the UN is to have 20% of its police force female by 2014. For more information about women peacekeepers, see **Bertolazzi, F. 2010.** "Women with a Blue Helmet – The integration of women and gender issues in UN Peacekeeping missions."

Example: UNMIL's all-female Family Protection Unit has proactively promoted women's security. Their example has encouraged more women to join the Liberian National Police (LNP), contributing to a three-fold increase in the number of applications from women. This has a powerful effect on communities not accustomed to seeing women in uniform or performing official, public functions. They have also been credited by the local police with encouraging increased reporting of sexual abuse.

Source: UN Action (2010), "Addressing Conflict-Related Sexual Violence: Analytical Inventory of Peacekeeping Practice."

Additional Resources:

- For an analysis of the peacekeepers' responses to the problem of violence against women in conflict, see **Anderson, L. 2008.** "*Analytical Inventory of Responses to Peacekeeping Personnel to War-Related Violence Against Women*." UNIFEM.
- For a review of the role of peacekeepers in addressing violence against women in armed conflict, see UNIFEM**, 2008a**).
- For guidelines issued by DPKO see:
  - **DPKO/DFS. 2010b.** "DPKO/DFS Guidelines: Integrating Gender Perspectives into the Work of United Nations Military in Peacekeeping Missions." New York: UN DPKO/DFS.
  - **DPKO. 2009.** *Guidelines on Military, The Office of Military Affairs and the Gender Unit of the Department of Peacekeeping Operations (DPKO)*.
  - **DPKO. 2008.** *Guidelines for Integrating Gender Perspectives into National Police and Law Enforcement Agencies*.

D. The humanitarian mandate

1. Sphere standards

- The Sphere Project, launched in 1997, is a unique agreement amongst hundreds of humanitarian actors, international agencies, NGOs and donor institutions to improve the quality of assistance provided to people affected by disasters and the accountability of the humanitarian system in their disaster.

- The Sphere Project was the first organization to establish minimum standards that people affected by disasters have a right to expect from humanitarian actors. These standards are set out in the Sphere

Handbook (see: **The Sphere Project. 2004.** *Humanitarian Charter and Minimum Standards in Disaster Response*), designed for use in disaster response but may be applicable in a wide range of situations including natural disasters and armed conflict. The Handbook is available in over 20 languages. Although there are no specific standards on VAWG within the Sphere standards, each standard recognizes that sexual violence programming and gender are cross-cutting issues.

- Two core humanitarian values guide The Sphere Project:
    1. All possible steps should be taken to alleviate human suffering arising out of calamity and conflict.
    2. Those affected by disaster have a right to life with dignity and therefore a right to assistance.

- This initiative also led to the framing of the Humanitarian Charter which affirms the fundamental importance of the following three principles:
    - The right to life with dignity;
    - The right to protection and security;
    - The right to receive humanitarian assistance, including protection from violence.

MINIMUM STANDARDS IN DISASTER RESPONSE RELATED TO GBV	
Protection Principles	Protection Principle 3: Protect people from physical and psychological harm arising from violence and coercion People are protected from violence, from being forced or induced to act against their will and from fear of such abuse. **Guidance note 13: *Women and girls can be at particular risk*** of gender-based violence. When contributing to the protection of these groups, humanitarian agencies should particularly consider measures that reduce possible risks, including trafficking, forced prostitution, rape or domestic violence. They should also implement standards and instruments that prevent and eradicate the practice of sexual exploitation and abuse. This unacceptable practice may involve affected people with specific vulnerabilities, such as isolated or disabled women who are forced to trade sex for the provision of humanitarian assistance. Protection Principle 4: Assist people to claim their rights, access available remedies and recover from the effects of abuse The affected population is helped to claim their rights through information, documentation and assistance in seeking remedies. People are supported appropriately in recovering from the physical, psychological and social effects of violence and other

	abuses. **Guidance note 7: *Healthcare and rehabilitation support:*** People should be supported in accessing appropriate healthcare and other rehabilitation support following attacks, gender-based violence and related problems
The Core Standards	<u>Core Standard 6: Aid worker performance</u> Humanitarian agencies provide appropriate management, supervisory and psychosocial support, enabling aid workers to have the knowledge, skills, behavior and attitudes to plan and implement an effective humanitarian response with humanity and respect. **Key actions:** Establish codes of personal conduct for aid workers that protect disaster-affected people from sexual abuse, corruption, exploitation and other violations of people's human rights. Share the codes with disaster-affected people (see guidance note 3). **Guidance note 3: *Aid workers' control*** over the management and allocation of valuable aid resources puts them in a position of power over the disaster-affected population. Such power over people dependent on assistance and whose protective social networks have been disturbed or destroyed can lead to corruption and abuse. Women, children and persons with disabilities are frequently coerced into sexually abusive situations. Sexual activity can never be demanded in exchange for humanitarian response (aid workers and military, state or private sector personnel) should be party to abuse, corruption or sexual exploitation. The forced labor of adults or children, illicit drug use and trading in humanitarian goods and services by those connected with humanitarian distributions are also prohibited.
Minimum Standards in Water Supply, Sanitation and Hygiene Promotion	The use of communal water and sanitation facilities, for example in refugee or displaced situations, can increase women's and girls' vulnerability to sexual violence and other forms of gender-based violence. In order to minimize these risks, and to ensure a better quality of response, it is important to ensure women's participation in water supply and sanitation programs. An equitable participation of women and men in planning, decision-making and local management will help to ensure that the entire affected population has safe and easy access to water supply and sanitation services, and that services are appropriate. <u>Excreta disposal standard 2: Appropriate and adequate toilet facilities</u> **Guidance note 5: *Safe facilities:*** inappropriate siting of

	toilets may make women and girls more vulnerable to attack, especially during the night. Ensure that women and girls feel and are safe when using the toilets provided. Where possible, communal toilets should be provided with lighting, or households provided with torches. The input of the community should be sought with regard to ways of enhancing the safety of users.
Minimum Standards in Food Security, Nutrition and Food Aid	<u>Assessment and Analysis Standard 1: Food Security</u> <u>Food security - food transfers standard 5: Targeting and distribution</u> **Guidance note 3: *Distribution for 'dry' rations:*** …selection of the recipients should consider the impact on workloads and possible risks of violence, including domestic abuse. **Guidance note 4: *Distribution methods for 'wet' rations:*** Exceptionally, a general food distribution can be a cooked meal or ready-to-eat food for an initial period during an acute emergency. These rations may be appropriate when, for example, people are on the move, and extreme insecurity and carrying food home would put beneficiaries at risk of theft or violence. **Guidance note 6: *Minimizing security risks:*** Food distributions can create security risks, including diversion and violence… Specific measures to prevent, monitor and respond to gender-based violence, including sexual exploitation associated with food distribution, should be enforced. These include segregating men and women, for example through a physical barrier or by offering separate distribution times, informing all food distribution teams about appropriate conduct and penalties for sexual abuse, and including female 'guardians' to oversee off-loading, registration, distribution and post-distribution of food. <u>Food security - livelihoods standard 2: Income and employment</u> **Guidance note 5: *Risk in the work environment:*** …Practices for increasing safety in transit include securing safe access routes to work, ensuring routes are well lit, providing torches, using early warning systems (which may utilize bells, whistles, radios and other devices) and security norms, such as traveling in groups or avoiding travel after dark. Particular attention must be paid to women, girls and others at risk of sexual assault. Ensure that all participants are aware of emergency procedures and can access early warning systems.
Minimum	<u>Shelter and settlement standard 4: Construction</u>

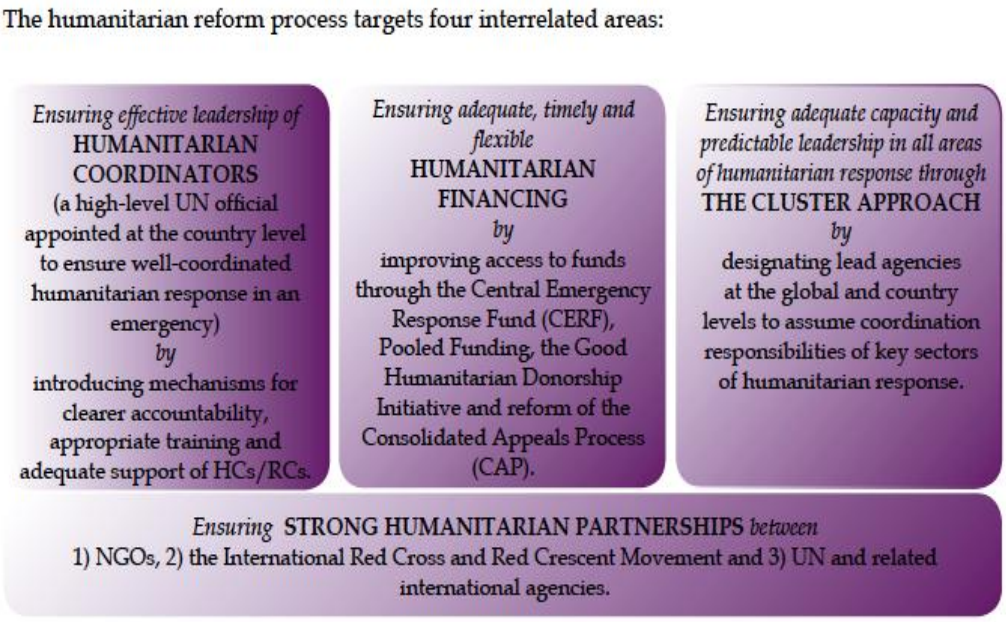
Standards in Shelter, Settlement and Non-Food Items	**Guidance note 1:** ***Participation of the affected populations:*** Participation by the affected population in shelter and settlement activities should be informed by existing practices though which housing and settlements are planned, constructed and maintained.... The provision of assistance from volunteer community labor teams or contracted labor can complement the involvement of individual households. Such assistance is essential to support female-headed households, as women may be at particular risk from sexual exploitation in seeking assistance for the construction of their shelter.
Minimum Standards in Health Services	<u>Healthy systems standard 5: Health information management</u> **Guidance note 4:** ***Confidentiality:*** Adequate precautions should be taken to protect the safety of the individual, as well as the data itself. Staff members should never share patient information with anyone not directly involved in the patient's care without the patient's permission. Special consideration should be given to persons with intellectual, mental or sensory impairment, which may compromise their ability to give informed consent. Data that relate to injury caused by torture or other human rights violations including sexual assault must be treated with the utmost care. Consideration may be given to passing on this information to appropriate actors or institutions if the individual gives their informed consent. <u>Essential health services - sexual and reproductive health standard 1: Reproductive health</u> **Guidance note 1:** ***Minimum Initial Service Package:*** The MISP defines those services that are most important for preventing RH-related morbidity and mortality among women, men and adolescents in disaster settings. It comprises a coordinated set of priority RH services that must be implemented simultaneously to prevent and manage the consequences of sexual violence, reduce the transmission of HIV, prevent excess maternal and newborn morbidity and mortality, and begin planning for comprehensive RH services as soon as the situation stabilizes. Planning for the integration of good-quality comprehensive RH activities into primary healthcare at the onset of an emergency is essential to ensuring a continuum of care. Comprehensive RH care involves upgrading existing services, adding missing services and enhancing service quality. **Guidance note 3:** ***Sexual violence:*** All actors in disaster response must be aware of the risk of sexual violence including sexual exploitation and abuse by humanitarians, and

	must work to prevent and respond to it. Aggregate information on reported incidents must be safely and ethically compiled and shared to inform prevention and response efforts. Incidence of sexual violence should be monitored. Measures for assisting survivors must be in place in all primary-level health facilities and include skilled staff to provide clinical management that encompasses emergency contraception, post-exposure prophylaxis to prevent HIV, presumptive treatment of sexually transmitted infections (STIs), wound care, tetanus prevention and hepatitis B prevention. The use of emergency contraception is a personal choice that can only be made by the women themselves. Women should be offered unbiased counseling so as to reach an informed decision. Survivors of sexual violence should be supported to seek and be referred for clinical care and have access to mental health and psychosocial support. At the survivor's request, protection staff should provide protection and legal support. All examination and treatment should be done only with informed consent of the survivor. Confidentiality is essential at all stages.
Source: **IRC. 2012**. GBV Emergency Response and Preparedness: Participant's Handbook, pg. 13.	

2. Humanitarian Reform and the Cluster Approach

- In the early 2000s, the humanitarian community faced several major crises: Afghanistan, Iraq, the Darfur conflict in Sudan, the Indian Ocean tsunami and the South Asia earthquake. These emergencies shone a spotlight on the humanitarian working environment because they called into question:
    - The impartiality of humanitarian assistance.
    - The appropriateness of responses.
    - The capacity of agencies to respond.

- As a result, a UN-led comprehensive humanitarian reform process was launched in 2005 to improve international response to emergencies in humanitarian crises around the world and ensure that humanitarian operations would more efficiently, effectively and comprehensively meet the rights and needs of those most harmed by a crisis.

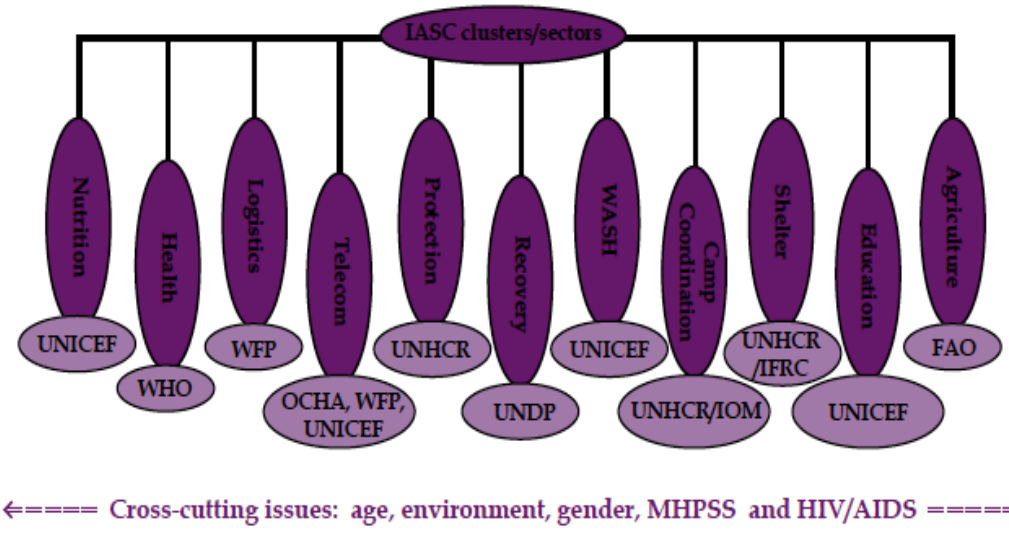


Excerpted from **GBV AoR. 2011**. Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, pg.31.

- The most visible aspect of the reform is the creation of the cluster approach. Clusters are groups of humanitarian organizations (UN and non-UN) working in the main sectors of humanitarian action, e.g. shelter and health. They are created when clear humanitarian needs exist within a sector, when there are numerous actors within sectors and when national authorities need coordination support.

- The Cluster Approach is a mechanism that can help to address gaps identified in humanitarian response and enhance the quality of humanitarian action. It is one of the four key strategies of humanitarian reform. A 'cluster' is essentially a group of organizations providing services within the same 'theme" (for example, health) with one 'lead'.

- Since September 2005 the Inter-Agency Standing Committee (IASC) has designated eleven global 'cluster leads', specifically for humanitarian emergencies, in eleven sectors or areas of activity: Agriculture; Camp Coordination & Management; Early Recovery; Education; Emergency Shelter; Emergency Telecommunications; Health; Logistics; Nutrition; Protection; and Water, Sanitation and Hygiene. In international responses to humanitarian crisis, these clusters leads work with UN and NGO partners to set standards and policies for the cluster, build standby response capacity and provide operational support to organizations working in the field.



Excerpted from **GBV AoR. 2001**. Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, pg.34.

- Five **cross-cutting issues** have also been designated for integration into the work of all the clusters: age, environment, gender, mental health and psychosocial support and HIV/AIDS. All clusters have a responsibility to mainstream the cross-cutting issues throughout their activities. Protection is also a cross-cutting issue and must be taken into account by all clusters, even though protection is designated as a cluster.

- For actors addressing violence against women in humanitarian crisis, it is important to note the role of the IASC Sub-Working Group on Gender and Humanitarian Action which supports the strategy for integration of gender as a cross-cutting issue into clusters and whose work extends to issues related to VAWG. Gender-based violence, on other hand, is addressed by an area of responsibility (AOR) of the Protection Cluster. In 2013, the sub-working group on gender was co-chaired by UN Women, UNHCR, WRC, and ICVA; the Gender-Based Violence Area of Responsibility was co-led by UNFPA and UNICEF; and the Protection Cluster was led by UNHCR.

- Prior to the introduction of humanitarian reform and the cluster approach, there were no standardized methods for introducing VAWG coordination mechanisms in humanitarian emergencies. Although the IASC GBV Guidelines, drafted just prior to the implementation of humanitarian reform, provide important directives for coordination in any humanitarian context, the cluster approach offers an explicit structure in which VAWG coordination can be established from the onset of an emergency.

Additional Resources:

- Global Humanitarian Platform (GHP) website: Available in English.
- Office for the Coordination of Humanitarian Affairs (OCHA) website: Available in English.
- The OneResponse website includes FAQs on humanitarian reform, as well as the IASC Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response (November 2006) and the IASC Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies (May 2007): Avaialbe in English.

i. Gender and Humanitarian Assistance at the Inter-Agency Standing Committee (IASC)

- In 1999, the Inter-Agency Standing Committee (IASC) established a Task Force on Gender and Humanitarian Assistance to support the mainstreaming of a gender perspective into the IASC system. The Task Force was responsible for publishing the IASC GBV Guidelines (2005) and the GBV SOPs and included in its workplan strategies to improve efforts to address VAWG in conflict-affected settings. In 2006, the Task Force was replaced by the Sub-Working Group on Gender and Humanitarian Assistance to support gender as a cross-cutting issue into the cluster approach and into other elements of the humanitarian reform.

- The Gender SWG:

    - Supports the dissemination of standards for good practice (Gender Handbook, GBV Guidelines),
    - Builds the capacity of humanitarian actors (See Gender E-Learning courses)
    - Supports the collection and use of sex and age disaggregated data for decision-making, for example through technical assistance
    - Strengthens accountability systems, and
    - Supports the Gender Standby Capacity Building Project ("GenCap").

- The Gender SWG's members as of 2013 are: Human Rights Education Associates (HREA), Norwegian Refugee Council, MSF, Gender and Mine Action Programme, OCHA, UNDP, UN Women, ICVA, WRC, UNHCR, UNICEF, InterAction, GenCap, IASC Secretariat, Inter-Agency Network for Education in Emergencies, Geneva Centre for the Democratic Control of Armed Forces, International Federation of Red Cross and Red Crescent Societies, International Committee for the Red Cross, Mercy Corps, GBV Prevention Group, Save the Children, UNFPA, IMC, Relief International, GenderConsult, USAID, Counterpart International, Humanitarian

Assistance Program of the Josef Korbel School of International Studies. For more information, go to the SWG's website.

Additional Resources:

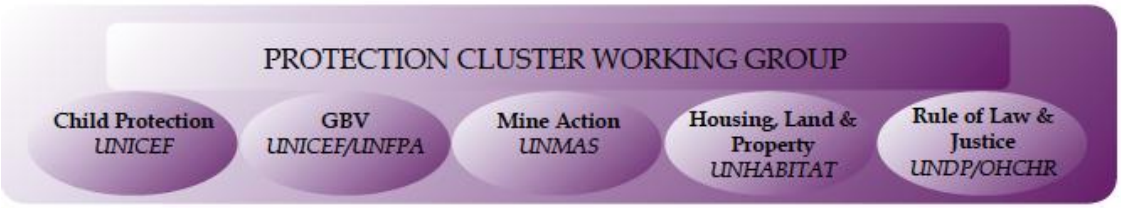
The IASC GenCap project seeks to build the capacity of humanitarian actors at the country level to mainstream gender equality programming, including prevention of and response to GBV, in all sectors of humanitarian response. GenCap consists of a pool of gender and GBV advisors to be deployed on short notice as an interagency resource to support the UN Humanitarian/Resident Coordinators, humanitarian country teams and cluster/sector leads in the initial stages of sudden-onset emergencies. See GenCap for more information.

- See additional information on Gender as a cross-cutting issue in humanitarian reform.

ii. The Global Protection Cluster

- The Global Protection Cluster (GPC) is one of the 11 recognized clusters. It is the main forum for coordinating protection-related responsibilities in humanitarian action and covers a wide range of activities that aim to ensure the rights of all individuals are respected, regardless of their age, gender and social, ethnic, national, religious or other background. The role of the GPC is "to lead standard- and policy-setting relating to protection, support the development of strengthened protection capacity, and provide operational advice and support when requested by protection working groups at the country level. It also ensures that protection is mainstreamed and integrated in other clusters and sectors." (See GBV AoR website:)

- The GPC is chaired by UNHCR, which is the global lead agency for protection. Unlike other clusters, the GPC is organized with a two-tier/dual mandate architecture: the first tier (the overall Protection Cluster) addresses comprehensive and integrated protection interventions; and the second tier--the '**Areas of Responsibility (AoRs)**'--addresses specialized protection issues in order to facilitate inter-agency response to meet programmatic and geographic gaps in the respective specialized areas. The responsibilities of these AoRs are comparable to the work of any of the clusters; the difference is that the AoRs function under the umbrella of the Protection Cluster. Gender-based violence has been designated as one Area of Responsibility.



Excerpted from **GBV AoR. 2001**. Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, pg.36.

iii. Gender-Based Violence Area of Responsibility (GBV AoR) Working Group

- Co-led by UNICEF and UNFPA, the GBV Area of Responsibility (GBV AoR) Working Group is one of five 'functional components' of the Global Protection Cluster. Established in 2008, it is the first formal effort to establish a globally standardized mechanism for facilitating a multi-sectoral approach to GBV prevention and response. The GBV AoR aims to facilitate a more predictable, accountable, and effective protection response to GBV in complex emergencies, natural disasters, and other such situations. Humanitarian actors working on violence against women in the field should be aware of the role of the GBV AoR at the global and field levels, as noted in the table below.

At the global level	**GBV AoR: At the field level**
Objective: Develop effective and inclusive protection mechanisms that promote a coherent, comprehensive and *coordinated* approach to GBV at the field level, including prevention, care support recovery and perpetrator accountability.	Objective: Facilitate rapid implementation of GBV programming in an acute humanitarian emergency setting, including liaison and *coordination* with other clusters/organizations, training and sensitization, strategic planning, monitoring and evaluation.
The GBV AoR that is led jointly by UNFPA and UNICEF conducts work. On a daily basis the GBV AoR is co-chaired by UNICEF or UNFPA and an international NGO that rotates its chair annually. The GBV AoR brings together practitioners and experts from 23 NGOs, 21 UN entities and 3 International Organizations.	At the field level the GBV AoR may alternatively be known as the GBV Sub-Cluster or GBV Working Group. The *Guidance Note on Determining Field-level Leadership of a GBV Area of Responsibility Working Group* provides general information about determining GBV leadership at the field level. (See Section V on Coordination for additional information about the GBV AoR.)
All actions taken by the GBV AoR at the global and field levels must be:	

- In line with the IASC Guidelines,
- In accordance with international humanitarian and human rights law (See section above),
- Informed by regional or national legal frameworks (See section above) in specific country support.

Source: adapted from **GBV AoR. 2001.** Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, p. 39.

- The GBV AoR Working Group works to promote a coherent, comprehensive and coordinated approach to GBV at the field level, including prevention, care, support, recovery, and holding perpetrators accountable. Recognizing that no one body can effectively address the myriad elements of a comprehensive GBV prevention and response strategy, the GBV AoR is premised on the understanding that all clusters can and must take action to address GBV. GBV AoR members participate in and collaborate with other cluster lead agencies and Humanitarian Country Teams/ Resident Coordinators to ensure that protection considerations are mainstreamed in the humanitarian response and linked with other cross-cutting issues (e.g. Gender, Mental Health and Psychosocial Support, Diversity and Disability) to promote comprehensive and strategic programming.

- Examples of the specific activities of the GBV AoR include:

    - **Support to Field Operations**
        - Technical support and strategic guidance through remote support and/or direct field missions.
        - Assistance in rolling out existing tools and improving GBV prevention and response capacity at the field level.
        - Providing a forum to discuss challenges and achievements in addressing GBV in emergencies.
    - **Knowledge and Capacity Building**
        - Access to good practices and global tools that you can share and utilize to promote action for the prevention of and response to GBV.
        - Direct training support on a variety of topics (e.g. GBVIMS, SOPs, Caring for Survivors of Sexual Violence, etc.).
    - **Norm-Setting**
        - Tools and guidance on emerging issues.
        - Ensuring humanitarian cluster efforts incorporate agreed GBV standards at global and field level.
    - **Advocacy**
        - Assistance ensuring that GBV is prioritized in different humanitarian contexts, including relaying your key messages in various fora: Global Protection Cluster, UN Action against

Sexual Violence in Conflict, Departments of Peacekeeping Operations, among other global clusters, and with donors.

- On-going initiatives of the GBV AoR (as of 2012) include:
  - Providing rapid technical support to regional and field-based colleagues in countries such as Kyrgyzstan, Haiti, Zimbabwe, Nepal, Colombia, Pakistan, Sri Lanka, Philippines and Georgia, and remote technical support to Afghanistan, Pakistan, Sudan, Liberia and DRC, in cooperation with Gender Capacity Advisors (GenCaps).
  - Developing and testing the *Gender-Based Violence Information Management System* (GBVIMS), a multi-level system for effectively storing, analyzing and sharing reported GBV data.
  - Producing and disseminating a GBV Coordination Handbook as a quick reference guide for effective coordination in emergencies**.**
  - Training on GBV Coordination in a 2-week course at Ghent University in Belgium.
  - Training on and supporting development of Standard Operating Procedures (SOPs) and companion workshop materials to assist country teams to delineate roles and responsibilities for GBV prevention and response and establish clear referral systems.
  - Launching a GBV surge capacity initiative in the Gender Standby Capacity Project (GenCap) to improve surge capacity to address GBV in humanitarian situations.
  - Establishing a community of practice that will enable ongoing support for individuals and country teams to address common challenges and share lessons learned.

- In 2011, the GBV AoR created a Rapid Response Team (RRT) composed of GBV Advisors who can be deployed very early in a humanitarian response, or at a critical juncture in a chronic emergency, to support GBV prevention and response in emergencies through activities such as:
  - Setting up/strengthening existing GBV coordination mechanisms (assessments, capacity mapping, strategy and plan development, development of SOPs etc).
  - Mainstreaming GBV prevention and response into overall humanitarian response.
  - Emergency resource mobilization.
  - Readiness – early planning and strategizing to ensure that GBV prevention and response is an integral part of the humanitarian response from the start.
  - When not deployed, support the development of tools, resources and guidance for GBV emergency prevention and response grounded in field experience and good practice to strengthen GBV programming capacity.

- The GBV AoR publishes its annual workplan to its website. It hosts monthly teleconferences that are open to anyone wishing to participate.

- Although the GBV AoR seeks to address violence against women and girls in humanitarian crisis, protection of women and girls who are refugees, asylum seekers, and stateless remains the mandate of UNHCR. In refugee settings, GBV inter-agency efforts are under the sole leadership of UNHCR, though other agencies may collaborate. In other humanitarian situations UNICEF and UNFPA are the lead agencies, as per the cluster approach.

Additional Resource:

➢ For more information on the GBV AoR see its official site.

iv. Protection from Sexual Exploitation and Abuse (PSEA)

- In 2002 UNHCR and Save the Children released a report on a survey they conducted in Liberia, Guinea and Sierra Leone, in which they interviewed 1500 children and adults (IDPs and refugees) to determine the scope of sexual violence and exploitation of children. During the investigation they discovered extensive exploitation and abuse:

➢ Sexual exploitation mainly taking the form of casual encounters between the exploiter and the survivor.
➢ The prime exploiters included agency workers from local and international non-governmental organizations (NGOs) and United Nations (UN) agencies – those entrusted to protect and assist.
➢ The implicated agency workers were using humanitarian assistance and services (medication, food, plastic sheeting, education, skills training, school supplies and building materials) in exchange for sex with girls under 18 and women.
➢ Sixty-seven individuals from a range of agencies were implicated.

- These grave allegations led to the establishment, in March 2002, of an Inter-Agency Standing Committee (IASC) Task Force on Protection from SEA in Humanitarian Crises, which developed a set of six core principles to reflect the commitment of its members to strengthening and enhancing the protection and care of women and children in situations of humanitarian crisis and conflict. These principles were the first standards ever developed on the issue of sexual exploitation and abuse committed by UN, INGO, and NGO staff and partners. IASC members (UN, INGOs and other key humanitarian actors) are required to incorporate these principles into agency codes of conduct and staff rules and regulations governing the individual behaviour of humanitarian workers. Many INGOs

were relatively quick to take steps through their individual agencies, as well as collectively through initiatives such as the Humanitarian Accountability Project, to develop and enforce codes of conduct and implement reporting and investigations systems.

- The UN's response to the IASC's recommendations and six core principles on SEA came in the form of the Secretary General's Bulletin (SGB) entitled Special Measures for Protection from Sexual Exploitation and Sexual Abuse (ST/SGB/2003/13). It provides definitions for key terms and defines the behaviour of UN staff and related personnel in relation to SEA. It notes that SEA have always been unacceptable behaviour and prohibited conduct under the Staff Regulations and Rules. The Secretary-General's Bulletin also applies to **all partners**, including NGOs, consultants, contractors, day labourers, interns, Junior Programme Officers (JPOs), United Nations Volunteers (UNVs), etc. When the UN enters into a contract with a non-UN entity, that entity must also agree to apply these standards as part of the terms of the contract.

"**Sexual exploitation**" means 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.

"**Sexual abuse**" means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Source: UN Secretary-General's Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13)

- The SGB details some of the ways in which PSEA activities should be implemented, including:
  - Providing staff with copies of the Bulletin and informing them of its contents.
  - Taking appropriate action when there is reason to believe sexual exploitation and abuse and abuse has occurred.
  - Appointing focal points and advising the local population on how to contact them.
  - Handling reports of sexual exploitation and abuse confidentially.

- The SGB clearly requires managers within UNCTs and humanitarian country teams to appoint focal points and guide them in meeting their responsibilities. Also in light of the SGB, Humanitarian Coordinators/Resident Coordinators have been tasked with the responsibility of ensuring that an in-country network on PSEA, composed of PSEA focal points, is operational and supporting the

development and implementation of a country-level PSEA action plan in their respective countries.

- In April 2005, the terms of the Secretary General's Bulletin also became binding to all uniformed personnel serving with the UN, including civilian police and military observers. The U.N. Secretary-General announced a Zero Tolerance Policy and Awareness Campaign against SEA for DPKO. This included the development and implementation of a Code of Conduct to increase peacekeeper accountability, as well as the accountability of leadership for addressing SEA across peacekeeping missions. Within DPKO the Conduct and Discipline Unit is the main body tasked with protection against SEA through a three-tiered strategy of improved prevention, enforcement, and remedial action. There are three main types of programming to protect against SEA within DPKO: training of peacekeeping staff, awareness rising within the local community, and accountability measures for improved reporting.

Example: In Liberia the Campaign against Sexual Exploitation and Abuse (SEA) was launched as a joint effort between the Government of Liberia and the GBV Task Force with support from UNMIL. The campaign focused on educating the public on the risks of SEA and strengthening the community-based mechanisms for monitoring and reporting. The initiative resulted in increased knowledge about the United Nations` "zero tolerance" policy on SEA at the community level, access to reporting systems, and improved understanding about what constitutes GBV and SEA.

Example: The European Union military operation in support of MONUC during the election process in the Democratic Republic of the Congo (Operation EUFOR RD Congo) sought to be "a role model for international peacekeeping and monitoring operations with respect to women, peace and security." EUFOR RD Congo's explicit objectives included that there be no cases of sexual exploitation and abuse. Any such behaviour was to be specifically reported upon in the Gender Adviser's weekly reports to the Operational Commander and the Force Commander. A Soldier's Card was distributed to all Operation EUFOR RD Congo participants, and all participants received training on its contents. As well as the troops' rules of engagement, the Soldier's Card stated:

- **Any violation** of this Soldier's Card **will be considered as serious misconduct**. SEA will be investigated and may lead to disciplinary measures being taken, including suspension, immediate repatriation or summary dismissal. EUFOR personnel are obliged to report any concerns regarding SEA and abuse by a colleague through the established reporting mechanisms.
- … Sexual Exploitation and Sexual Abuse (SEA; Sexual exploitation: Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including profiting monetarily, socially, or politically; Sexual Abuse: Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions) are acts of unacceptable behaviour and prohibited conduct for
- It is strictly prohibited for all EUFOR personnel to engage in:
  1) Any act of sexual abuse and sexual exploitation, or any other form of sexually humiliating, degrading or exploitative behaviour.
  2) Any type of sexual activities with children (persons under 18 years of age). Mistaken belief in the age of a person is no excuse.
  3) Use of children or adults to procure sexual activities from others.
  4) Exchange of money, employment, goods or services for sex with prostitutes or others.
  5) Any sexual favour in exchange of assistance provided to the beneficiaries of such assistance.
  6) Visits to brothels or places, which are declared off-limits.

Making EUFOR RD Congo's "Zero Tolerance Policy on SEA" very clear in this manner, supported by a strong information policy and training, was seen as "probably the key" to there being no reported cases of SEA inside the Operation EUFOR RD Congo.

Source: Adapted from Bastik et al., 2007.

- Another important development was the transfer of IASC Task Force oversight to the Executive Committees on Humanitarian Affairs and Peace and Security (ECHA/ECPS) in 2005. Then, a number of important initiatives have been launched, such as the high-level meeting in 2006 from which was issued a "statement of commitment" by the UN and NGO community on addressing SEA and, more recently, the UN resolution on assistance to victims of SEA (A/RES/62/214). The ECHA/ECPS UN and NGO Task Force has produced a variety of resources, including training materials for senior managers and in-country focal point networks, as well as a guide for implementing the SG's victim assistance strategy. These strategies are meant to be established in every country in which the UN operates to assist complainants and victims, regardless of agency, department or organization related with the incident, and independent of whether the actual allegations had been substantiated or dismissed through a UN administrative or a government judicial process. This assistance should include medical, legal, psychosocial, immediate material care as well as the facilitation of the pursuit of paternity and child support claims (depending on the case – for example, basic assistance like psychosocial counselling, and immediate shelter, clothing, food, or protection need not wait for the allegations to be substantiated), and excludes direct financial assistance and compensation. Paternity and child support claims are undertaken in conjunction with the relevant national government and may include DNA testing, etc. Children born as a result of SEA are also entitled to assistance.

  - The ECHA/ECPS UN and NGO Task Force has framed PSEA programming in terms of four key areas, or 'pillars':
    1. **Engagement with and support of local populations.** This involves:
       - Establishing common complaints mechanisms in each community where the UN, NGOs and IGOs work;
       - Educating the community about their rights;
       - Engaging the community in monitoring SEA risk;
       - Engaging the community in strategies for prevention and response;
       - Encouraging community reporting on SEA.
    2. **Prevention.** This involves:
       - Ensuring country-wide awareness raising for staff and related personnel is underway (whether collectively or by agency);
       - Creating mechanisms for addressing the risk of SEA in our programmes;
       - Developing codes of conduct with standards at least equal to those in the SGB (by agency; for the UN, the SGB already serves the purpose of a code of conduct).
    3. **Developing Response Mechanisms.** This involves:
       - Developing complaints procedures for staff and other personnel to report incidents;

- Developing investigation procedures and capacity;
- Ensuring disciplinary actions and sanctions;
- Establishing and implementing a victim assistance mechanism.

4. **Management and Coordination.** This involves:
   - Strengthening senior leadership on PSEA;
   - Addressing internal management issues (i.e. PSEA responsibilities in focal points' ToRs; SGB standards in contractual arrangements; PSEA in performance management);
   - Establishing and coordinating PSEA networks

- Despite on-going efforts, actual statistics on SEA are very difficult to obtain, not only because few systems are in place to receive complaints and record incidents, but also because under-reporting is a significant problem around the world with any type of sexual violence, including SEA. Each year, the UN Secretary-General publishes a "Special Measures" report on the number of SEA allegations, to which organizations are obliged to submit statistics. This report therefore serves as one method for obtaining a statistical overview of the problem.
- For additional information:
  - The UN Office of Internal Oversight Services (OIOS) also provides information about investigations they have undertaken on SEA. Available in English.
  - A 2008 report published by Save the Children UK, entitled "No One to Turn To," documents the ongoing problem of under-reporting of child sexual exploitation and abuse.
  - Another 2008 report, "To Complain or Not to Complain" published by the Humanitarian Accountability Partnership, highlights the fact that beneficiaries are often reluctant to complain because systems are not in place to receive complaints and/or ensure safe and confidential reporting.
  - In 2010, the IASC published a "Global Review of Protection of Sexual Exploitation and Abuse from UN, NGO, IOM and IFRC personnel."

- Protection from sexual exploitation and abuse is a responsibility of all humanitarian and peacekeeping actors working in conflict-affected settings. It is critical that individuals familiarize themselves with the regulations within their own agencies and their funding agencies, the standards promoted in the SG's Bulletin, as well as the tools and resources that are available at the ECHA/ECPS UN and NGO Task Force tools repository.

- All VAWG programmers should be sensitive to some of the challenges VAWG service providers may face if they are assigned the responsibility of acting as PSEA focal points in their agencies. The SGB requires mandatory reporting of suspected incidents of SEA. And yet, the

fundamental guiding principles of VAWG programmes—confidentiality and the right of the survivors to choose how she would like to address an incident of VAWG—are essentially contrary to mandated reporting. **Therefore, it may be useful for service-delivery agencies to develop special provisions to address this contradiction, such as informing VAWG survivors of the mandate to report on SEA *before* soliciting any case information during an interview.**

Additional Tools:

- The ECHA/ECPS UN and NGO Task Force on Protection from Sexual Exploitation and Abuse is the forum responsible for promoting global policy and guidance on PSEA for humanitarian actors. To this end, the task force has developed a PSEA tools repository of guidelines, tools, training materials, and other resources developed by the Task Force as well as other partners. Available in English.

- PSEA activities within DPKO's Conduct and Discipline Unit. Available in English.

- For a comprehensive strategy issued by the UN on supporting victims of SEA, see **United Nations General Assembly. 2008.** United Nations Comprehensive Strategy on Assistance and Support to Victims of Sexual Exploitation and Abuse by United Nations Staff and Related Personnel, (A/RES/62/214). Available in English.

- For INGO Guidelines on complaint mechanisms and response, see ICVA's Building Safer Organizations Project. Available in English.

- For training tools for PSEA focal points and senior managers, see:
  - **Ward, J. 2009.** *One-day Learning Event for Senior Managers on Protection from Sexual Exploitation and Abuse by UN, NGO and IGO Personnel: A Guide for Senior Manager's PSEA Learning Event with CD-ROM*, ECHA/ECPS UN and NGO PSEA Task Force, New York.
  - **Ward, J. 2009.** *Inter-agency Training for Focal Points on Protection from Sexual Exploitation and Abuse by UN, NGO and IGO Personnel: A Guide for PSEA Focal Point Training with CD-ROM*, ECHA/ECPS UN and NGO PSEA Task Force, New York.

III. Guiding Principles

A. Overview of basic principles

- The core guiding principles of **safety, respect, confidentiality and non-discrimination** (see table below) apply to all VAWG programming and coordination efforts in conflict and post-conflict situations and **must be considered in all decisions made, from the policy level to the delivery of services for individual survivors**.

Guiding principle	**Definition**
Safety	The safety and security of the survivor and others, such as her children and people who have assisted her, are very important. Individuals who disclose an incident of gender-based violence or a history of abuse may be at risk of further violence from the perpetrator(s) or from others in their communities. The **ONLY** time confidentiality should be breached is when there is imminent risk to the survivor or the VAWG worker.
Confidentiality	Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the survivor.
Respect	The survivor is the primary actor, and the role of helpers is to facilitate recovery and provide resources for problem-solving. The helper should appreciate and value the survivor and her experiences, ideas, decisions and actions so as to not increase survivors' feelings of helplessness and shame, reduce the effectiveness of interventions, and cause them further harm.
Non-discrimination	All people have the right to the best possible assistance without unfair discrimination on the basis of gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation, status or social class.
Source: Excerpted from: UNFPA. 2012. "Module 2" in *Managing Gender-based Violence Programmes in Emergencies. E-Learning Companion Guide*, available in English, French, Spanish, and Arabic. This Module contains additional information on the guiding principles, including strategies for upholding them.	

- These guiding principles are inextricably linked to the overarching humanitarian responsibility to provide protection and assistance to those affected by a crisis and are embodied in three essential and interrelated approaches (described below): the human rights-based approach, the survivor-centred approach, and the community-based approach. The are also the foundation for the cross-cutting strategic priorities of the multi-sectoral and multi-level approaches described in Section IV.

1. Rights-based approach

- Too often, emergency response is limited to addressing practical, short-term emergency needs, through service delivery. Without minimizing the value of these services or their importance, they do not always fit within a framework that protects and promotes the rights of beneficiaries, like a rights-based approach would do. A rights-based approach is particularly important when working on VAWG, which cannot be addressed without working on basic gender equality rights and its root causes.

- As demonstrated in the table below, a rights-based approach invests beneficiaries as 'rights-holders', creates an avenue for their voices to be heard, and enables them to play an active role in rebuilding and development—as opposed to providing support or services on an assumed needs basis and having no say in what action is taken.

NEEDS-BASED APPROACH	**RIGHTS-BASED APPROACH**
Works toward outcome goals	Works toward outcome and process goals
Emphasizes meeting needs	Emphasizes realizing rights
Recognizes needs as valid claims	Recognizes that rights always imply obligations of the State
Meets needs without empowerment	Recognizes that rights can only be realized with empowerment
Accepts charity as the driving motivation for meeting needs	States that charity is insufficient motivation for meeting needs
Focuses on manifestations of problems and immediate causes of problems	Focuses on manifestations of problems and immediate causes of problems
Involves narrow sectoral projects	Involves intersectoral, holistic projects and programmes
Focuses on social context with little emphasis on policy	Focuses on social, economic, cultural, civil and political context, and is policy-oriented
Source: UNFPA, 2012, *Managing Gender-based Violence Programmes in Emergencies. E-Learning Companion Guide*, page 90, available in English, French, Spanish, and Arabic.	

- A rights-based approach:

    - Integrates international human rights and humanitarian law norms, standards and principles into plans, policies, services and processes of humanitarian intervention and development related to violence against women.
    - Is multi-sectoral and comprehensive.
    - Involves many actors and stakeholders (state and non-state).

- Must be addressed within the context of the prevailing political, legal, social and cultural norms and values in a country or community.

- A rights-based approach also seeks to empower women and girls. 'Empowerment' implies that women are powerful in the face of adversity and approaches must build on that. Empowerment programming involves building the tools and resources necessary on an individual and community level to strengthen women and girls' ability to make life choices that affect their social and physical well-being. These choices include decisions regarding their sexual health, livelihoods, continuing education and the use and control of social and economic resources. This requires programmes to work with men and entire communities to create an environment where women and girls are supported to make these decisions safely. It also means building the capacity of communities to identify and change the structural environment that enables violence against women and girls to continue. It requires long-term engagement from the outset of an emergency through until peace and development have truly come to women and girls. Examples of empowerment programming include: ensuring access to information in the earliest days of the emergency, supporting women's choice in using the family planning method they want to use, working with men in Village Savings Loan Associations to allow women to have more voice in the home and reduce violence, and creating a larger environment where women can move around safely (Source: IRC FAQs, 2011).

- Applying a rights-based approach to VAWG responses in conflict/post-conflict settings can strengthen the accountability of all humanitarian actors including the UN and governments by promoting participation and inclusion; in turn, this can reinforce a culturally sensitive and non-discriminatory response to emergencies. By understanding the social factors that influence decision-making during conflicts, and actively recognizing and analyzing changing roles and vulnerabilities of women and men, a rights-based approach can mitigate the short-term and long-term negative effects of a crisis situation (UNFPA and Harvard School of Public Health, 2010).

- Mechanisms for assisting 'rights holders' to claim rights include:
  - Sensitization/awareness of rights holders and duty bearers
  - Advocacy to duty bearers
  - Participation and empowerment of rights holders
  - Ensuring national legislation and legislative oversight mechanisms
  - Reporting obligations to UN monitoring mechanisms (narrative reports/data)
  - Civil society "shadow reporting" (for example, on CEDAW) (excerpted from UNFPA, Curriculum Guide GBV Coordination Course, p 81)

Tool:

- **UNFPA and Harvard School of Public Health. 2005.** A Human Rights based Approach to Programming: Practical Information and Training Materials. This Manual provides step-by-step guidance on how to apply a culturally sensitive, gender-responsive, human rights-based approach to programming in each of UNFPA's three core areas of work: population and development, reproductive health, and gender. It also covers how to apply such an approach in the context of a humanitarian emergency. The pdf includes a facilitator manual.

Additional Resources:

For more information on integrating a rights-based approach to addressing and preventing VAWG, see:

- **Amnesty International. 2005.** 'Making Rights a Reality: Violence Against Women in Armed Conflict', London, Amnesty International.
- **Jewkes R. 2002.** "Preventing sexual violence: A right-based approach." Lancet: 360 (9339), pp. 1092-1093.
- **Jonsson,U. 2003**. "Human Rights Approach to Development Programming" (UNICEF).

2. Survivor-centred approach

- A survivor-centred approach to violence against women seeks to empower the survivor by prioritizing her rights, needs and wishes. It means ensuring that survivors have access to appropriate, accessible and good quality services including:
  - Health care
  - Psychological and social support
  - Security
  - Legal services (UNFPA, 2012).

- It is essential that competent service delivery actors have the appropriate attitudes, knowledge and skills to prioritize the survivor's own experiences and input. By using this approach, professionals can create a supportive environment in which a survivor's rights are respected and in which she is treated with dignity and respect. A survivor-centered approach helps to promote a survivor's recovery and to reinforce her capacity to make decisions about possible interventions (UNICEF, 2010).

- The table below compares survivors' rights with negative impacts typically experienced by VAWG survivors:

Survivor's rights		**Negative impact**
To be treated with dignity and respect	**VS**	Victim-blaming attitudes Feeling powerless

To choose a course of action in dealing with the violence	Shame and stigma
To privacy and confidentiality	Discrimination on the basis of gender, ethnicity, etc
To non-discrimination	Being told what to do
To comprehensive information to help make her own decision	Increased risk of revictimization/abuse

Source: Ward, J., 2010, adapted from **UNICEF**. **2010**. "Caring for Survivors Training Manual".

- Obtaining informed consent when working with survivors is an essential aspect of the survivor-centred approach. Some considerations related to informed consent are described below.

ANNEX 4

Informed Consent Do's and Don'ts

"The Informed consent *process* is crucial. It is much more than simply providing a form for participants to read and sign."
"Those collecting information about sensitive topics like sexual violence must recognize that – especially in emergency settings – individuals contributing information may feel beholden to them or dependent on them as a possible route to services. Thus, individuals may feel compelled to answer all questions, submit to examinations and/or agree to interview requests regardless of their own discomfort, risk or preference."

WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies (p. 22)

DO...

- pay careful attention to how information is provided to and by the survivor, considering issues of power and control in the setting
- ensure the written consent agreement includes all of the following:
  - the reason for the interview
  - the subject matter(s) to be discussed
  - the personal, and possible upsetting, nature of the questions that might be asked
  - the potential risks and benefits of participation
  - the precautions being taken to protect confidentiality
  - whether information will be shared, and if so, how and with whom as well as the survivor's right to put restrictions on how the information s/he provides will be used
  - participants' right to refuse to take part in the interview and/or to answer any particular questions
- read the consent agreement out loud in the survivor's first language and allow the survivor enough time to ask questions and clarify the details of the agreement
- ask the participant to repeat back in her/his own words why the interview is being done, what s/he expects to gain from participating, what s/he has agreed to, what the risks might be, and what would happen if s/he refuses to participate in part or in full
- reinforce anything that was not clearly understood and correct any misunderstandings
- keep in mind that respondents may misinterpret the possibility of personal benefit that may come to them if they agree to participate
- consider what will be the most appropriate method of confirming consent given the particular circumstances:
  - the respondent signs the form (SEE note below about potentially compromising confidentiality)
  - the respondent signs a separate form which indicates consent to participate in an interview or activity but does not specify the topic
  - the interviewer signs the form to confirm the respondent gave consent verbally
- strictly adhere to all confidentiality protocols (SEE Confidentiality Do's and Don'ts)
- offer the survivor a number of opportunities to indicate s/he does not wish to go on during the course of the interview (e.g., "The next few questions concern the most recent violent incident. May I continue?")

DON'T...

- make any promises about the benefits of participating in the interview unless you are certain such promises will be honoured
- influence the participant—even unintentionally—with your authority, attitude or demeanor
- ask the participant to sign her/his name if there is any chance doing so might compromise confidentiality
- assume or guess the respondent's answer to any specific question, regardless of how "minor" it may seem
- ask select individuals to agree to have their images or personal stories shared publicly or used in advocacy materials
- have illiterate respondents provide a thumbprint or "X" signature if they feel uncomfortable "signing" something they cannot read

Excerpted from UNFPA, 2012. Managing Gender-based Violence in Emergencies: E-learning Companion Guide, Annex 9. Available in English, French, Spanish, and Arabic.

Tools:

- **Ward, J. June 2004.** "Communication Skills in Working with Survivors of Gender-Based Violence: A Five-Day Training Curriculum", RHRC Consortium.

- **Also see information on survivor-centred approaches in the Psychosocial Response section.**

3. Community-based/participatory approach

- A community-based approach (CBA)—where those who are affected by an emergency are included as key partners in developing strategies related to their assistance and protection—is inextricably linked to both the rights-based approach and the survivor-centred approach.

- A community-based approach insists that people targeted for humanitarian assistance have "the right to participate in making decisions that affect their lives" as well as "a right to information and transparency" from those responsible for providing assistance. By placing beneficiaries, or those UNHCR refers to as "people of concern" at the heart of operational decision-making, the CBA strives to ensure:

    - Those affected by an emergency will be better protected.
    - Their capacity to identify, develop and sustain solutions will be strengthened.
    - Humanitarian resources will be used more effectively

  - See **UNHCR. 2008.** "A Community-based Approach in UNHCR's Operations".

- All strategies for implementing VAWG coordination mechanisms and VAWG programming must therefore abide by the principles of participation within a community-based approach, so that women, men, girls and boys affected by an emergency are empowered to be active and equal partners in VAWG policy and strategy development, as well as in programme design and implementation efforts. However, because VAWG can be a socially and/or politically charged issue in some communities, community-based participatory methods should begin with those who are most affected by or vulnerable to VAWG and, according to their insights and recommendations, seek to involve others, such as male community leaders.

Additional Tools:

- **ActionAid Australia. 2009.** Safety with Dignity: A Field Manual for Integrating Community-based Protection Across Humanitarian Programs.

- **UNHCR. 2006.** "Tool for Participatory Assessment in Operations."

B. Linking principles to good practice

- All actors working to prevent acts of violence against women and those working with survivors must use the core guiding principles as standards for their work on behalf of and with survivors. In a humanitarian setting, these actors include those providing direct services in the health, psychosocial, legal/justice and security sectors, as well as many other actors addressing the needs of VAWG survivors including government representatives, members of NGOs and UN agencies, and local authorities.

- The table below provides a few examples of how to put principles into practice in the provision of services for survivors.

Guiding Principle	**Key Action Points**	**Examples of good practice in humanitarian settings**
Safety	Ensure the physical safety of the survivor	• Be aware of the safety issues in the particular context (sexual violence can be used to systematically destabilize populations and destroy bonds within families and communities, advance ethnic-cleansing, or even supply combatants with sexual services) and the best method of response, for example, by conducting rapid assessments. • Make adequate emergency response measures for women who have been raped available at the earliest stages of an emergency, along with food, shelter and water– including proper medical examination, emergency contraception, and prevention and treatment for sexual transmitted infections, including HIV/AIDS, and psychosocial services. • Conduct ongoing assessments to determine gender-based safety issues related to the provision of water and sanitation, food distribution, shelter and site location and design, etc. • Listen to the needs needs of the community especially the voices of women in developing

		programmes to both prevent and respond to VAWG; do not assume that what is best practice for one community works in all cases. Conduct awareness-raising about the security and safety issues with women and community members, including in camps, including mapping unsafe locations and developing safety plans. • Recruit staff in a manner that will discourage sexual abuse and exploitation and inform staff and partners of their obligations. Draft and support a Code of Conduct for employees that effectively outlaw abuse of power, whereby entitlements are withheld, only made available conditionally, or used to coerce or induce sexual favours. Ensure that all relevant guidelines and reference material are made available in the field site (in appropriate languages).
Confidentiality	Ensure privacy and confidentiality	• Do not share any information regarding a survivor without the survivor's informed consent particularly while working on multi-sectoral coordinated activities. The VAWG coordination mechanism should ensure that proper confidentiality policies are in place for meetings and discussions between humanitarian organizations, constituent communities (host and refugees), health and social services, police and security forces, and the justice systems (including traditional or customary law and national legal). • Humanitarian actors that encounter VAWG survivors in their work, should immediately ensure privacy so that no one can overhear. In low resource settings where no such space exists, creative measures such as walking to another part of the facility with the client or to an outdoor patio might have to be taken. • When working with young or unaccompanied minors or adolescents, humanitarian organizations should ensure that there are systems in place to ensure their privacy. When necessary—family members should not be apprised of the reason for their visit.
	Do not make	• Prioritize the well-being of survivors and the

	reporting mandatory	delivery of services over data collection or any other secondary objectives.
Respect	Respect the survivor's dignity and choice at all times	• Maintain a non-judgemental manner concerning the survivor and her behaviour. • Remind survivors that violence is not their fault and abuse should not be tolerated (Carreta, 2008). • Put in place referral services to assist the survivor with all levels of intervention.
	Ensure that female service providers are available	• Conduct medical and legal interviews and examinations by staff of the same sex as the survivor. • Ensure survivors have access to same-sex health care providers. • Whenever possible, engage same-sex advisers, and interpreters.
Non-discrimination	Do not charge for services	• Review budgets to expand services, where necessary to VAWG survivors. • Ensure that services and prevention initiatives are free of cost (Schechtman, 2008; Claramunt and Cortes, 2003). • Ensure linkages with the community, especially through community-based and non-governmental organizations. Identify appropriate means for reaching out the most marginalized members of the community about availability of services. (Jewkes, 2006).
	Provide equitable services	• Ensure the same level of quality of care and assistance for all persons seeking support. • Ensure that programmes are age-specific and tailored to different sub-groups with wide access across a variety of settings, including considerations of geographic, cultural and linguistic diversity. • Ensure that a range of support options are available that take into account the particular needs of women facing multiple discrimination (United Nations, 2006a).

Additional Resource:

- For more information on the Guiding Principles, see the relevant section in Programming Essentials at UN Women's Virtual Knowledge Centre to End Violence against Women and Girls.

IV. Overview of Basic Approaches to Prevention and Response

- The IASC *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* were developed by an IASC sub- working group in 2005 in order to enable humanitarian actors working in different sectors to plan, establish and coordinate a set of minimum interventions to prevent and respond to sexual violence during an emergency. The IASC GBV Guidelines provide a brief overview of activities to be undertaken in the preparedness and recovery phases and a more detailed list of activities to be implemented in the emergency phase of a humanitarian emergency. These guidelines are being updated in 2013 based on practitioners' use and feedback, and new versions will replace the 2005 edition.

- The IASC GBV Guidelines are **the** key resource available to date for describing the different responsibilities of humanitarian actors to address VAWG in emergencies. The Guidelines hold all humanitarian personnel responsible for taking action, particularly against sexual violence in emergencies. They provide a list of actions per humanitarian cluster/sector (protection, water/sanitation, food security/nutrition, shelter/site planning, health/community services and education), as well as information about cross-cutting functions of all sectors (coordination, assessment and monitoring, protection, human resources and information, education, and communication). The list of interventions is accompanied by a set of key recommended resources. All VAWG actors should be familiar with the contents of the Guidelines. (For more information about sector-specific recommendations within the Guidelines, see Prevention Programming Mainstreamed through Key Humanitarian Sectors/Clusters.)

- While the Guidelines are a critical tool for holding cluster/sector actors responsible in humanitarian settings, one of the limitations to the Guidelines is that they do not provide an overarching framework for VAWG actors to consider priorities for their work. As such, other models have been developed to provide both short-term and long-term recommendations for building VAWG prevention and response programming capacity in conflict and post-conflict settings.

Additional Tools:

- **IASC**. **2009a.** Gender-Based Violence Guidelines Introduction and Implementation Planning Package. This package supports introduction of the IASC GBV Guidelines in field sites and facilitates a planning process to develop action plans for implementing the interventions and actions described in the guidelines.

- **RHRC Consortium/JSI Research & Training Institute. 2003.** The Gender-Based Violence Global Technical Support Project. "Checklist for Action: Prevention and Response to Gender-Based Violence in Displaced

Settings, Adapted from a checklist developed by UNHCR, Geneva, 2003." Arlington, Virginia. This checklist provides a basic summary of actions that can be taken to enhance protection of women and girls in humanitarian settings.

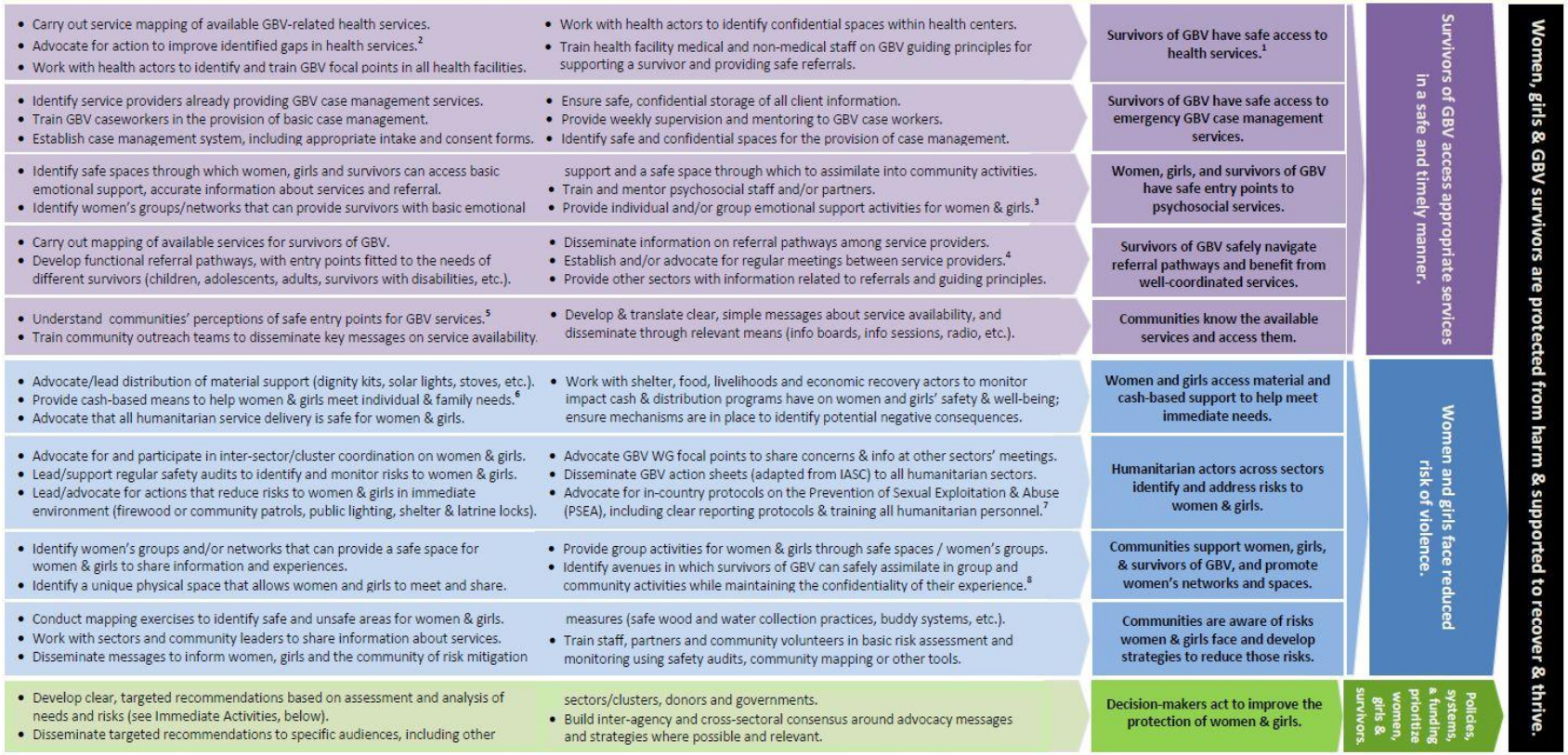
A. Framework for Emergency Response and Preparedness

- The International Rescue Committee Women's Protection & Empowerment Unit has developed the Emergency Response and Preparedness Initiative (ERPI), with the goal of protecting and reducing the suffering of women and girls in emergencies. This initiative involves rapid deployment of staff during emergencies, as well as training and other capacity building so that VAWG programmers can better assess needs and launch interventions in an emergency. The ERPI provides regional trainings in Nairobi, as well as support through a "GBV Responders' Network", a website where 'first responders' can access real-time support and field-tested resources from IRC technical staff and from their peers.

- The ERPI has produced a matrix of interventions that programmers should consider in the early stages of an emergency. According to this model, emergency response should prioritize women's and girls' access to life-saving services, such as healthcare and psychosocial services, and seek to reduce immediate threats of violence. In some cases, a VAWG intervention may not actually be a stand-alone program, but may integrate essential services into existing programs. In other cases, humanitarian programmers may support local or national institutions to provide care and assistance to women or girls or provide technical assistance to existing VAWG programs that pre-date the emergency.

- The following program model is based on IRC's years of experience in rapid response to VAWG during crisis and is built around two phases – *early acute* emergency response (crisis onset to 10 days) and *later acute* emergency response (10 days to 12 weeks). This is a critical response window, and is when humanitarian actors most often side line the needs and considerations of women and girls. The IRC program model can be used as a guide in most contexts, but should also be closely examined in light of the specific contextual considerations, analysis of needs, and pre-existing services and actors.

GENDER-BASED VIOLENCE (GBV) EMERGENCY RESPONSE PROGRAM MODEL



Immediate activities to support the program model: *Carry out GBV rapid assessment to identify factors that increase women & girls' vulnerability to violence, gaps in services, and barriers to accessing services. Methods may include safety audits, service mapping, focus group discussions & key informant interviews.* *Develop & put in place safety plans for staff, partners & volunteers.* *Establish a policy to reinforce the importance of staff self-care & provide concrete options for staff support, including regular debriefing for staff providing services to survivors.*

[1] The actions outlined here are tailored for non-health actors whose actions contribute to clinical care for survivors. ♦ [2] This includes the presence of health workers trained in the clinical management of rape & provision of medicines and supplies in health facilities. ♦ [3] In an acute emergency response, individual psychosocial support may only be possible during the initial case management meeting with a survivor. ♦ [4] These meetings are among service providers, to follow up on existing referrals and address challenges to referrals and case management. These are separate from GBV coordination meetings. Information sharing guidelines should be established to ensure meetings are confidential. ♦ [5] This takes place through focus group discussions, community mapping exercises, or other approaches ♦ [6] Such as unconditional cash transfers, cash or food vouchers, or cash for work. ♦ [7] Senior management holds primary responsibility for implementing and overseeing a system to prevent SEA from UN, NGO, and related personnel. For further information and support, see: www.un.org/en/pseataskforce. ♦ [8] In this way, GBV survivors do not have to identify as survivors in order to assess support. A survivor may choose not to disclose for many reasons, including safety.

WOMEN AND GIRLS ARE PROTECTED FROM GBV IN EMERGENCIES

Early acute emergency response: Crisis onset to 10 days

Survivors access appropriate services in a safe and timely manner				Interventions to address GBV are coordinated		Key decision-makers take action to improve protection of women and girls
Quality psychosocial services are provided for adult, adolescent and child survivors	Quality case management services are provided for adult, adolescent and child survivors	Health services are provided in line with guidelines for the clinical management of rape[1]	Communities know which GBV-related services are available and how to access them	Other sectors/clusters identify factors that increase risks to women and girls, and develop strategies to address them	Gaps in services or geographic coverage are identified and solutions proposed	Advocacy strategy implemented for increased funding and improved policies/systems to protect women and girls
• Identify context-appropriate approach to basic psychosocial service provision • Identify existing women's groups that can provide emotional support to survivors • Provide individual and/or group psychosocial services through staff, partners and/or trained volunteers • Identify or establish private / confidential spaces to receive survivors for psychosocial support	• Identify service providers already providing case management • Identify or establish private / confidential spaces to receive survivors	• Ensure provision of appropriate medicines and supplies in health facilities • Ensure training of health workers in the clinical management of rape • Train health workers to provide basic psychological first aid[2] • Advocate for identification and training of GBV focal points in all health centers • Identify or establish private / confidential spaces for consultation within health centers	• Develop functional, appropriate referral pathways, with community input • Develop, translate and disseminate key messages through information boards, information sessions, radio transmissions, etc.	• Support or participate in inter-agency GBV working group or sub-cluster[3] • Advocate for inter-sector/cluster coordination on women and girls and exchange pertinent information with other sectors/clusters • Advocate for or lead distribution of specific non-food item materials to improve women and girls' safety (i.e., dignity kits, solar lamps, fuel-efficient stoves, etc.) • Ensure that distributions of non-food items consider women and girls' needs and mitigate any potential risks[4]	• Support mapping of available, quality services • Contribute to situational analysis • Provide all sectors/clusters with information related to referral pathways and GBV guiding principles	➔ Develop clear, targeted recommendations based assessment or other analysis of needs and risks ➔ Identify clear targets and messages for advocacy targeting other sectors/clusters, donors, governments, etc.

Immediate, ongoing and cross-cutting activities:

- *Information collection using rapid assessments, safety audits and service mapping, contributing toward a situational analysis. This process should identify factors that increase women and girls' vulnerability to violence, gaps in services, and obstacles to service delivery and survivors' access to services.*
- *Prevention activities to reduce risks may include firewood patrols, community patrol groups, establishment of appropriate lighting in public places, locks on latrines, etc., depending on the specific context. These actions should always be carried out in consultation with the affected community, specifically with women and girls.*
- *Ensure safety plans for staff, partners and volunteers are in place.*

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[1] Roles and responsibilities between GBV and health actors must be clearly defined when implementing the program model.

[2] Psychological first aid (PFA) is the provision of basic psychological care in the short-term aftermath of a traumatic event. Training in PFA means ensuring that health workers understand a) the impacts of trauma that are not physical in nature but might cause psychological or behavioral reactions, and b) how their initial reception of a survivor – their body language, tone of voice and messages, for example – can reassure the survivor and be part of facilitating healing.

[3] For support in establishing a GBV sub-cluster or working group, see the *Handbook for Coordinating Gender-Based Violence Interventions in Humanitarian Settings*: http://oneresponse.info/GlobalClusters/Protection/GBV/publicdocuments/GBV%20Handbook%20Long%20Version%5b1%5d.pdf.

[4] For information and support on the Protection from Sexual Exploitation and Abuse by UN and related personnel, see: www.un.org/en/pseataskforce.

WOMEN AND GIRLS ARE PROTECTED FROM GBV IN EMERGENCIES						
Later acute emergency response: 10 days to 12 weeks						
Survivors access appropriate services in a safe and timely manner				**Interventions to address GBV are coordinated**		**Key decision-makers take action to improve protection of women and girls**
Quality psychosocial services are provided for adult, adolescent and child survivors	Quality case management services are provided for adult, adolescent and child survivors	Health services are provided in line with guidelines for the clinical management of rape[5]	Communities know which GBV-related services are available and how to access them	Other sectors identify factors that increase risks to women and girls, and develop strategies to address them	Gaps in services or geographic coverage are identified and solutions proposed	Advocacy strategy implemented for increased funding and improved policies/systems to protect women and girls
• Provide individual and/or group psychosocial services through staff, partners and/or trained volunteers • Train and support psychosocial service providers through ongoing mentoring and support • Train and support women's groups providing basic emotional support, referral and/or group psychosocial activities • Identify context-appropriate approach to longer-term psychosocial programming	• Ensure training of GBV caseworkers in GBV guiding principles and survivor-centered, age-appropriate approaches • Establish case management system and ensure safe, confidential storage of all client information • Provide ongoing mentoring and support to GBV caseworkers • Introduce the GBVIMS emergency intake form, consent form, incident recorder and information sharing protocol, if appropriate	• Ensure continued stock of appropriate medicines and supplies in health facilities • Ensure on-site mentoring and follow-up with health workers and GBV focal points trained in the clinical management of rape • Train health center support staff/non-medical staff on the GBV guiding principles	• Maintain functional, appropriate referral pathways • Disseminate key messages, adapting if and when necessary • Develop a variety of mechanisms for getting specific and tailored information about services to women and girls	• Support or participate in inter-agency GBV working group or sub-cluster • Assign focal points from the GBV working group or sub-cluster to attend other key meetings and ensure information exchange • Ensure training of staff working on distributions of non-food and food items on PSEA[6] • Advocate for establishment of and training on in-country PSEA protocols, with clear reporting protocols	• Maintain updated mapping of available, quality services • Train all sectors and service providers on IASC GBV Guidelines, in collaboration with the GBV working group or sub-cluster where possible • Continued contribution to situational analysis • Follow-up with all sectors to ensure appropriate referrals; provide training and outreach on referral pathways where necessary	⇒ Disseminate recommendations widely to improve the protection of women and girls to appropriate target audiences, such as other sectors/clusters, donors and governments ⇒ Build inter-agency consensus around advocacy messages and strategies where possible
Ongoing and cross-cutting activities: • *Information collection contributing toward a situational analysis.* • *Prevention activities to reduce risks may include firewood patrols, community patrol groups, establishment of appropriate lighting in public places, locks on latrines, etc., depending on the specific context. These actions should always be carried out in consultation with the affected community, specifically with women and girls.* • *Ensure safety plans for staff, partners and volunteers are in place.* • *Establish a policy to reinforce the importance of staff self-care and to provide concrete options for staff support, including regular debriefing for staff involved in service provision to GBV survivors.*						

[5] Roles and responsibilities between GBV and health actors must be clearly defined when implementing the program model.
[6] For information and support on the Protection from Sexual Exploitation and Abuse by UN and related personnel, see: www.un.org/en/pseataskforce.

Source : IRC. GBV Responder's Toolkit.

B. Strategic Framework for Longer-term Interventions: The Multi-sectoral and Multi-level Models for Response Programming

- In addition to the IASC GBV Guidelines and IRC's ERPI framework, it is critical that VAWG programmers working in humanitarian settings consider programming strategies with a view to long-term impact. Very often in emergencies programming is designed to fill immediate gaps, without due consideration to longer-term goals. Having a comprehensive framework in mind (one that moves beyond the early response phase to articulate priorities and goals for transitional and development phases) can assist field workers to develop more sustainable approaches to programming, and can also assist in framing national action plans, coordination strategies, proposals for the CAPs and other funding mechanisms, and advocacy to donors for on-going support to programming.

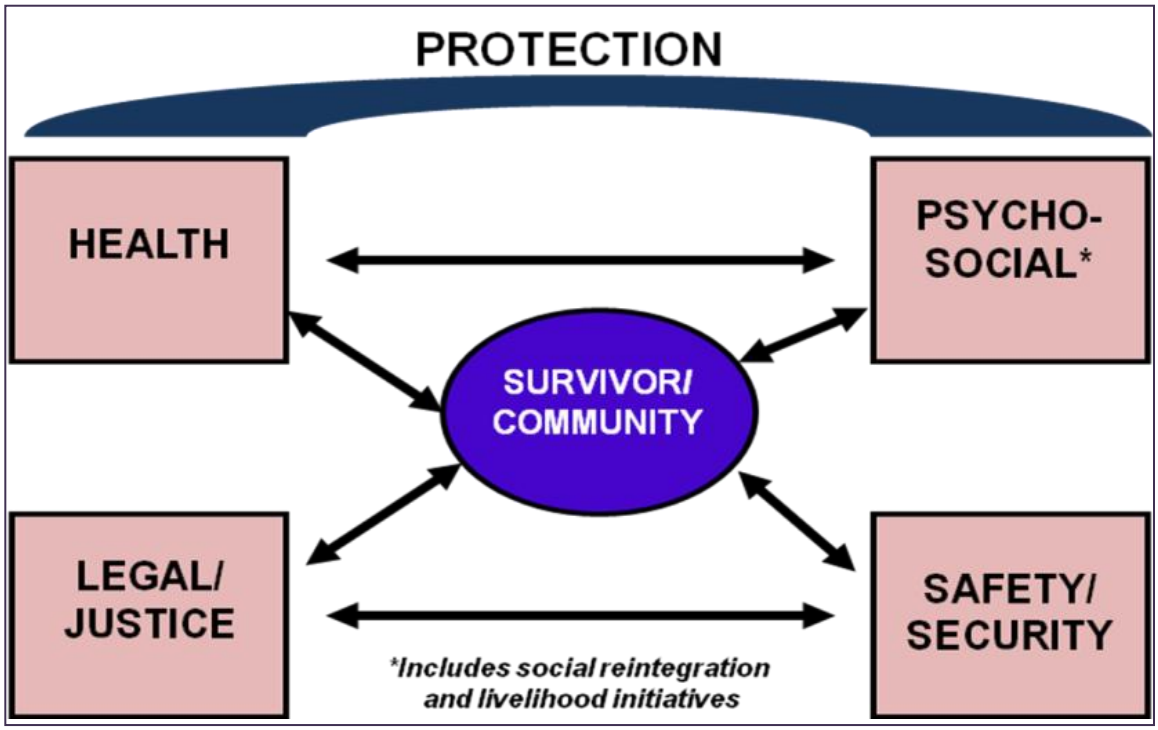
- The essence of the strategic framework presented below is that addressing VAWG requires coordinated, inter-agency, and multi-sectoral strategies that 1) facilitate policy reform and implementation of protective legislation; 2) build the capacity of health, psychosocial, legal/justice and security systems to recognize, monitor, and respond to VAWG; and 3) ensure rapid and respectful services to survivors.

- Addressing VAWG also involves the encouragement of fundamental social change that supports women's human rights as well their equal participation in economic and social development, both in conflict-affected situations and in peacetime. Thus, while all interventions should be designed with sensitivity and respect for culture and tradition, promoting and protecting women's rights will invariably involve challenging the normative social values that promote VAWG. If the structural causes of violence are to be addressed in a lasting way, women and girls--who in the past may have had little share of the public sphere--must be given the support to be active agents in all efforts to protect and advance their rights (Read-Hamilton, XXX)

1. The Multi-sectoral Model

- Programming experiences from the field have revealed that no single sector or agency can adequately address all elements of VAWG response. The **multi-sectoral model** calls for holistic inter-organizational and inter-agency efforts that promote participation of people of concern, interdisciplinary and inter-organizational cooperation, and collaboration and coordination across key sectors, including (but not limited to) health, psychosocial, legal/justice and security. Sectors are comprised of all the institutions, agencies, individuals and resources that are targeted towards a specific goal (e.g., the health sector includes the Ministry of Health, hospitals, health care centres, health care providers, health care administrators, health care training institutions, health supplies, etc.). For discussion of the multi-sectoral model,

see **UNHCR, 2001.** *Prevention and Response to SGBV in Refugee Situations: Interagency Lessons Learned Conference Proceedings,* www.rhrc.org, and the more recent **UNHCR, 2003.** *Interagency Guidelines for the Prevention of and Response to Sexual and Gender-based Violence Against Refugees, Returnees, and Internally Displaced Persons*, www.rhrc.org.



- The multi-sectoral model explicitly highlights responsibilities unique to each sector (for more information about the responsibilities of each sector, see Section VII: Implementing Response Programming):

- The **health sector** should train providers across a wide variety of health services to recognize and address violence against women and girls; ensure same sex interviewers for individuals who have been exposed to violence; respond to the immediate health and psychological needs of the woman or girl who has been exposed; institute protocols for treatment, referral and data collection and documentation that guarantee confidentiality; provide violence-related treatment free of cost; and be prepared to provide forensic evidence and testimony in court when authorized by the individual.

- The **psychosocial sector** should be able to provide ongoing psychological assistance, which requires the training and on-going supervision of psychologists, social workers and community services workers, and facilitate

referrals for other services. Education and income-generation projects are also considered under the umbrella of psychosocial programming within this multi-sectoral model. Education systems should ensure curricula on "safe touch," healthy relationships, and basic human rights; institute codes of conduct for all teachers as well as training on identifying risk signs among children; and provide school-based services for children who have been exposed to violence. Income-generating projects should not only promote women's economic self-sufficiency, but also monitor for domestic violence risks and integrate human rights education into project activities.

- The **legal/justice sector** should be able to provide free or low-cost legal counselling, representation and other court support to women and girls who have been exposed to violence; review and revise laws that reinforce violence against women and girls; enforce laws that protect women and girls and punish perpetrators; monitor court cases and judicial processes; provide orders of protection and other legal safety mechanisms for survivors; and monitor perpetrators' compliance with court-ordered rehabilitation (e.g., batterer programs).

- Within the **security sector** police, military and other security personnel should be educated about violence against women and girls and be trained on how to appropriately intervene in cases of violence against women and girls. Police should have private rooms to ensure confidentiality and safety of survivors reporting a victimization; ensure same sex interviewers; institute protocols for referrals to other sectors; collect standardized and disaggregated data on incidents; and create specialized units to address violence against women and girls.

- Some of the **crosscutting functions** of each of the sectors include engagement and education of the community, safe and confidential data collection, and monitoring and evaluation. Another critical component is inter- and intra-sectoral coordination, including the creation and monitoring of reporting and referral networks, information sharing, and participation in regular meetings with representatives from the various sectors. (See information on SOPs.)

- A key principle underlying the multi-sectoral approach is that the rights and needs of survivors are pre-eminent, in terms of access to respectful and supportive services, guarantees of confidentiality and safety and the ability to determine the course of action for addressing the incident.

- Another essential element of the multi-sectoral approach is close cooperation with local women's groups. Women and girls must be included from the beginning of program design and maintain an active role throughout program monitoring, evaluation and on-going program development. (See guiding principles for more information.)

Additional Tools:

- For training on the multi-sectoral approach, see **Vann, B. 2004.** Training Manual Facilitator's Guide, *Multi-sectoral and Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict*, also available for download at www.rhrc.org.

Additional Resources:

For general information on establishing GBV programming in humanitarian contexts, see:

- **ICRC. 2004.** Addressing the Needs of Women Affected by Armed Conflict: An ICRC Guidance Document.

- **Steinberg, D. 2010.** "Working Paper on Preventing and Responding to Sexual Violence against Women Displaced by Conflict".

- **Women's Commission for Refugee Women and Children. 2006.** "Displaced Women and Girls at Risk: Risk Factors, Protection Solutions and Resource Tools".

- **USAID, 2007.** Women and Conflict. An Introductory Guide for Programming.

- **UNFPA, 2007**. Challenges and Good Practices in Support of Women in Conflict and Post-Conflict Situations

2. The Multi-level Model

- One of the limitations of the multi-sectoral model as it exists to date is that it specifies many of the sectoral responsibilities in terms of service delivery. The multi-level model, which is drawn from social development theory, is not as commonplace as the multi-sectoral model in conflict-affected settings. It was adapted for humanitarian settings as a way to provide greater clarification regarding the responsibilities of the sectors within the multi-sectoral model in terms of policy reform, infrastructure development, and direct services.

- For effective short- and long-term programming, interventions must take place across all the key sectors and at three levels, so that structural, systemic and individual protections are institutionalized. These levels are as follows (adapted from Read-Hamilton, S. "Services, Systems, Structures: A Multi-level Approach for Addressing Gender Based Violence in Conflict-affected Settings. *Forthcoming*.)

1. Structural reform, which includes measures at the broadest level to ensure rights are recognized and protected through international, statutory and traditional laws and policies. Examples include:

- Substantive and procedural law reform.
- Supporting policy development within ministries of health, social welfare, justice and security.
- Human rights education and VAWG training with policy makers and other 'duty bearer', such as traditional and community elders.

2. Systems reform, which includes systems and strategies to monitor and respond when rights are breached. Intervention at this level includes developing and building the capacity of statutory and traditional legal/justice systems, healthcare systems, social-welfare systems and community mechanisms. Examples include:

- Infrastructure development within and across key sectors, including ensuring safe and accessible facilities, adequate supplies, and ethical data collection and referral
- Development of civil society and community-based programmes to meet gaps in sectoral response and to monitor implementation of government programs
- Education and training for actors providing health, security, legal/justice and social-welfare services to women and girls.
- Technical assistance to government departments in designing and overseeing systemic capacity in their relevant sectors and leading and/or participating in coordination efforts.

3. Operational response, which includes response at the individual level through direct services to meet the needs of women and girls who have been subjected to violence. Examples include:

- Community-based education and information campaigns about VAWG as well as about the availability of services.
- Case management, referral and advocacy.
- Psychosocial counselling and support.
- Medical forensic examination, treatment and follow-up.
- Referrals to police for reporting and investigation.
- Court support through the judicial process.

- Many VAWG programmers in conflict-affected settings tend to concentrate their efforts at the operational response level because ensuring access to services is a critical priority during emergencies. Even so, by planning activities *as soon as possible* that focus on structural and systemic reform, programmers and policy makers across all sectors can begin to institute sustainable measures for comprehensive response.

Additional Resource:

- For an overview of the multi-level and multi-sectoral approaches, see USAID (United States Agency for International Development), UNICEF (United Nations International Children's Emergency Fund), UNFPA (United Nations Population Fund) and UNIFEM (United Nations Fund for Women). 2006. "Regional Strategic Framework for the Prevention of and Response to Gender-based Violence in East, Southern, and CentralAfrica."

3. Merging the Multi-sectoral and Multi-level Models for Comprehensive Response

- By merging the multi-sectoral and multi-level models it is possible to generate a matrix in which responsibilities are laid out at multiple levels and across different sectors. This sort of matrix can assist programmers in designing a comprehensive action plan for their organization, and can also be used as the basis for VWG coordination plans as well as national action plans. A matrix of these combined models provides those who are working in humanitarian settings an overarching framework to guide the development and prioritization of interventions in order to avoid the mistake of creating short-term programs that have no basis for sustainability and/or long-term impact.

- Examples for activities across the sectors at the three levels include:

	Law/Policy	**Systems**	**Operational Response/Services**
Health	Create policies ensuring health response	Training for all health care providers, standards, protocols	Screening, case management (including forensic exams), referral
Justice	Substantive and procedural law reform	Training for judiciary and lawyers	Free legal assistance to survivors
Security	Institute legal protections, develop policies for police response	Integrate GBV response into all levels of law enforcement	Ensure privacy, personal safety, and confidentiality during investigations

Social welfare	Social welfare policies with provisions for most vulnerable	Capacity build local NGOs to provide psychosocial services	Supportive counseling and case management

4. Implementation of the Framework According to Phases of the Emergency

- One benefit of the framework is to assist those working in humanitarian settings to consider how to introduce programming strategically—so that efforts are not reactive, based on emergency needs (as is often the case in humanitarian settings), but proactive, based on an overarching goal of developing a comprehensive approach to addressing VAWG.

- It is useful to consider how to prioritize the implementation of the strategic framework. In an acute emergency, the primary focus may be on operational response/ services, because the infrastructure may not exist to support systemic or structural reform. However, as situations stabilize, efforts must be expanded in order to build the capacity of systems—across all the primary sectors—to monitor VAWG and respond when an incident occurs. When governments are reinstated and there is a functioning judiciary, it is important to initiate the process of structural reform, to ensure that there is comprehensive legislation that is effectively implemented to protect women and girls from VAWG, and to punish perpetrators when an incident occurs. Policies (designed by relevant ministries) are also an important part of structural reform, because they reinforce systemic reform across all sectors (i.e. health policy that included medical management of rape as a part of all hospital services).

- The following suggests a general outline for interventions according to phases of humanitarian response. However, it is critical to recognize that every setting will be different, and the process of scaling up interventions may not fit neatly into the categories outline below. Interventions must be adapted according to local needs.

    - **Acute Emergency: Focus on Delivery of Services**
        - Direct health and psychosocial services to survivors
        - Community awareness-raising about services
        - Interagency coordination group
        - Basic SOPs
    - **Stable Phase: Add Systemic Reform**
        - Agency protocols and systems development
        - Data collection and monitoring
        - Legal Assistance and Court Processes

- **Post Conflict: Add Structural Reform**
  - Policy development for key sectors
  - Government-led coordination
  - Legislative reform

Example: Need to decide whether to use these and if so revise and get citation=- they are from UNFPA. The implementation of the project funded by CIDA in South Kivu is an illustrative example: Indeed, early in the project (which lasted four years), we focused on the provision / supply of services, including pre-positioning of PEP kits, training providers, management of medical services, and the implementation of psychosocial counseling centers. Gradually, as the situation improved, we have carried out actions in two areas: coordination and legal and judicial support. The coordination has increasingly been asserted by setting up land commissions that fight against sexual violence, and within these frameworks, in which medical providers, police, local NGOs, and traditional leaders were present, we were able to discuss approaches, gaps to be filled, etc. The legal empowerment has taken lots of time because we had to wait until the government could strengthen the judicial system, which also takes time. Currently, the project is underway to receive an extension, and we intend to strengthen government leadership and address the harmonization of the various empowerment protocols.

Example: In Zimbabwe there was the 'Operation Clean Up' which started off as an emergency and transitioned to protracted relief. During the emergency period, community awareness on GBV was conducted using drama and IEC materials. The health system was supported with PEP kits and related drugs. Psycho-social support was also offered to survivors. In the protracted relief stage, survivors and the entire community were assisted with permanent shelter and livelihoods activities. During the distribution of food and non-food items, shelter, livelihoods and health related projects awareness sessions were held. Another entry point used was during the reception of deported migrants at the border posts. Information on GBV and response services were offered in a multi sectoral way. During the 'Operation Clean Up' all affected people were relocated and assisted equally. Cases of GBV were handled in a confidential manner by training cadres at community level who assisted in referring cases the appropriated service providers.

- The checklist below, developed as tool for VAWG actors working in Northern Uganda, summarizes many of the key objectives of comprehensive response programming. A checklist such as this can be used to help local partners envisage the broad goals of multi-sectoral programming.

STANDARDS FOR GOOD QUALITY RESPONSE ACTIVITIES

GUIDING PRINCIPLES

- ❑ The guiding principles on gender-based violence are understood and used by all staff

TRAINING FOR ALL ACTORS

- ❑ Trainings and sensitizations are conducted on topics of human rights, relevant national and international laws and policies, gender, gender-based violence for actors in all sectors, all organizations
- ❑ "Refresher" workshops and activities are regularly scheduled for all actors to continue influencing knowledge, attitudes, and behavior toward gender equity, appropriate response to survivors, and prevention of gender-based violence

THE COMMUNITY

- ❑ Women and men leaders, influential community members, and any other interested people actively participate in programmed planning, monitoring, and evaluation – including decisions, activities, meetings, discussions, and training events
- ❑ The community establishes and maintains volunteer networks for crisis response, peer counseling and advocacy, community education and awareness raising. NGOs, UNHCR, and host government authorities support these efforts through regular training and ongoing assistance

HEALTH RESPONSE

- ❑ Easily accessible healthcare is provided
- ❑ Treatment is administered by trained staff using appropriate protocols and with adequate equipment, supplies, and medicine
- ❑ All patients are actively screened for gender-based violence
- ❑ Patients are referred (and provided transport) to appropriate levels of care when needed
- ❑ Follow-up care is provided to all survivors of gender-based violence
- ❑ Healthcare professionals testify in court about medical findings, if survivor chooses to pursue police action
- ❑ Healthcare professionals collaborate with traditional health practitioners in their response activities
- ❑ All data on gender-based violence is collected, documented and analyzed
- ❑ Healthcare services are continuously monitored, including access and quality of services
- ❑ The health needs of survivors are consistently monitored
- ❑ Strategies are identified and designed to address contributing factors, such as alcoholism and drug abuse
- ❑ Healthcare professionals advocate on behalf of survivors for protection, security, safety to address laws and policies that may conflict with survivor rights and/or survivor needs

- ❑ Regular collaboration, trainings and sensitizations occur among health staff, traditional practitioners, and the community

PSYCHOSOCIAL RESPONSE

- ❑ Sensitizations and awareness-raising activities are conducted on protection, human rights, gender and gender-based violence to raise awareness about assistance available
- ❑ A designated place or places are established where survivors can go to receive compassionate, caring, appropriate, and confidential assistance
- ❑ Crisis counseling for survivors and families is provided with referrals for ongoing emotional support if needed
- ❑ Traditional healing or cleansing practices that survivors perceive as helpful and useful in their recovery are used to respond to traumatic or painful events
- ❑ Advocacy and assistance for survivors is provided with healthcare, police and security forces, the legal and justice system, and other services
- ❑ Group activities are planned for survivors and other women that focus on building support networks, community reintegration, building confidence and skills, and promoting economic empowerment

LEGAL AND JUSTICE RESPONSE

- ❑ Gender-based crimes are rigorously prosecuted with minimal delays and disruptions to the process
- ❑ Legal advise and support is provided for survivors and witnesses
- ❑ Transportation, meals, overnight accommodation are provided as needed for survivor and witness attendance at court
- ❑ Court proceedings are monitored and key legal actors advocate as necessary to prevent delays and dismissals in criminal proceedings

SECURITY & SAFETY RESPONSE

- ❑ Plans, strategies, and options are in place for immediate protection of survivors
- ❑ Incident data and communication is analyzed with all actors and the community concerning security risks and issues
- ❑ Security workers are present, especially after dark and in high risk areas

If survivor chooses to report the incident to the police:

- ❑ Interviews are conducted in private space
- ❑ Investigations are immediate and alleged perpetrators apprehended as soon as possible
- ❑ Laws, policies and procedures for forwarding the case to the legal/justice system are used appropriately

CO-ORDINATION, REFERRALS, REPORTING, MONITORING & EVALUATION

- ❑ Methods for reporting and referrals among and between different actors are established and continuously reviewed.

- ❑ A Intake and Assessment Form is agreed upon and used consistently by all actors receiving referrals of cases of gender-based violence.
- ❑ Written reports, especially monitoring and evaluation reports and incident data, are shared among actors and stakeholders
- ❑ Regular meetings of key actors and stakeholders are convened to share information, analyze activities for improvement, provide guidance and assistance, problem-solve particularly complex or difficult cases, co-ordinate activities, and build shared ownership of gender-based violence programs.

5. Cross-cutting Strategic Priorities

- The framework presented above is basic, in the sense that it describes a minimum outline for scaling up response capacity from the emergency period through to recovery. It is important that programmers also bear in mind several **cross-cutting priorities** that are critical to any strategic efforts to address VAWG. These priorities are closely linked to the core guiding principles for addressing GBV. (Adapted from USAID, UNICEF, UNFPA, UNIFEM, 2006; UNDP, forthcoming)

This is for something I did for UNDP—they haven't published it yet so I don't have the citation. I think we can probably remove it if the citation doesn't come through before this is ready to post.

1. Empower women and support gender equality programming. The foundation of all promising interventions to address VAWG is attention to gender inequality and an increased understanding of VAWG as a human rights problem that is detrimental to the community as a whole. A programmatic and policy focus on gender equality and women's empowerment is essential. However, it is important for VAWG partners to understand that in humanitarian contexts broader *gender mainstreaming* efforts and VAWG programming are complementary—they are not interchangeable. Gender is a cross-cutting issue that should be maintained on the VAWG agenda as a specific component of VAWG prevention. Other actors—such as the GenCap Advisor, gender theme groups and gender focal points in agencies and organizations—should be responsible for ensuring that the responsibilities of gender mainstreaming--as articulated in the *IASC Gender Handbook in Humanitarian Action*--are fully realized across all sectors of humanitarian response. To whatever extent possible, VAWG actors should collaborate with gender experts on the ground to ensure that gender and GBV programming efforts are mutually reinforcing.

2. Promote participatory processes that engage all stakeholders. Widespread reform must be instituted from both the *top down as well as bottom up*. Activities that mobilize citizens of communities *and* engage leaders in the community and heads of institutions are especially successful in changing attitudes and behaviour. All planning and implementation of VAWG programming must include participatory processes that engage communities, including

survivors. Without support from the public sector and/or community leaders, interventions may not be taken seriously, and at times, not fully carried out. It also is important to ensure that strong alliances are formed with community-based organizations, tapping into the wealth of knowledge they have gained working against VAWG. (Also see guiding principles.)

3. Adapt programming to ensure that needs of diverse populations are addressed, particularly those who are most marginalized. It is critical that programmes take into account the special vulnerabilities of those whose needs are informed by particular contexts (ie. those living in active conflict zones, IDPs, refugees, camp vs. urban settings, returnees, etc.), as well as those who are most disadvantaged and marginalized (for example women with disabilities, adolescents, LBTI women and girls, older women, ethnic or religious minorities, etc.). All policy and programming efforts should support an analysis of the different contexts and variables that contribute to risks of violence as well as to survivor recovery. (Also see considerations for marginalized populations.)

4. Utilize vertical as well as mainstreaming approaches to programming. Vertical programming is that which operates relatively independently of other programming and its primary goal is to address VAWG. Mainstreaming is when VAWG interventions are integrated into other programs that do not focus specifically on VAWG (for example, water and sanitation projects). Not only is each approach in itself useful, but they are also mutually reinforcing. Vertical programming is crucial in supporting targeted activities requiring dedicated action. Vertical programming also fosters innovation. Mainstreaming can be useful in ensuring that VAWG is not relegated to the margins and regarded as "someone else's" problem, as it allows for a holistic approach whereby every actor/sector/cluster takes their share of responsibility in prevention of and response to VAWG.

5. Encourage coordination and partnership at all levels. Coordination is central to all efforts to design, implement and monitor VAWG interventions. Coordination must happen at the national, sub-national, and regional levels, and should also happen within and across different organizations working in the field. Coordination should not only involve those who are working on VAWG-specific programmes and/or represent key sectors in VAWG response; it is critical that government partners, human rights advocates, representatives of humanitarian sectors and others are also engaged in coordination efforts. (Also see coordination section, as well as Coordinated Response module.)

6. Undertake advocacy at all levels to promote awareness of the issue of VAWG and ensure safe, ethical and effective VAWG interventions. Advocacy provides the means to influence VAWG-related decision-making in positive directions. In view of the sensitive and often political nature of VAWG, strong and flexible advocacy plans can be particularly useful in achieving policy and other reforms. (Also see advocacy section.)

7. Work for short- and medium-term results but within a framework of a long-term strategy for the elimination of VAWG. Efforts to address VAWG in humanitarian settings are often based on assessment of emergency needs. However, it is critical that programs support a long-term perspective that is informed by a progressive theory of change so that short- and medium-term goals are regularly reviewed and adjusted according to completed objectives as well as lessons learned.

8. Monitor VAWG interventions more effectively. Without better national and local data on the impact of VAWG programmes, it is difficult to build a solid evidence base for successful approaches to addressing VAWG in humanitarian contexts. Monitoring should be a part of **all** programmes that address VAWG.

C. Framework for Prevention Programming

- Prevention programming addressing VAWG in humanitarian settings is in a nascent phase: while there are commonly recognized and applied frameworks for building coordinated *response* services, there is no similar framework to guide VAWG prevention work. As a result, prevention activities in emergency contexts tend to be improvised, relatively small-scale, and/or issue-specific. There is no collective understanding or agreement of what prevention entails, or of what kinds of prevention interventions should be prioritized within and across various stages of humanitarian intervention.

- A prevention framework can assist humanitarian actors to reflect on and prioritize prevention interventions in the settings in which they work. The framework should not serve as a 'how-to', but rather a snapshot for conceptualizing prevention activities. The framework must nevertheless attempt to address several important issues, described below. *(Note: this list is not exhaustive; VAWG actors may identify other important issues that must be accommodated in a prevention framework.)*

1. General Considerations for Designing a Prevention Framework

Sunita, you suggested cutting back some on this section on the definition—and integrating into the above section. I thought about taking out all but the last two paragraphs, butI think perhaps I'm too close to this material to do that…I'm afraid without all of the information that exists here, people won't really understand why we may not wish refer to prevention using the standard public health language?

a. Definition of Prevention

- A fundamental aspect of developing a framework for prevention is determining exactly what prevention *means* for humanitarian contexts. The most common definition for prevention used in development literature is derived from the public health field. The public health model explains different **levels** of VAWG prevention that focus on when an intervention has an effect on a specific problem and include:

  - **Primary prevention**, approaches that take place *before* violence occurs;
  - **Secondary prevention**, responses that take place *after* violence has occurred, as immediate responses to mitigate the short-term consequences of violence;
  - **Tertiary prevention**, long-term responses "to deal with the lasting consequences of violence and perpetrator treatment interventions." (CDC, 2004)

- The 'primary' level of prevention is often the default term to describe targeted prevention activities, since secondary and tertiary levels intersect with interventions that are more typically categorized under response. The goal of 'primary' prevention is to avert initial perpetration or victimization by addressing social norms and environmental factors that contribute to violence (e.g., attitudes and beliefs that condone the use of VAWG, policies and legislation, institutional practices, economic inequalities, etc.). (For more information, see the Primary Prevention module.)

- VAWG actors working in humanitarian settings have expressed concern that the language of 'primary' prevention doesn't accurately capture much of the prevention work that is/should be undertaken in the pre-emergency and emergency phases, where the focus is on risk mitigation rather than long-term social change. Moreover, there are those who are concerned that the primary prevention definition does not explicitly reinforce the important feminist and human rights perspectives that many feel are critically important in framing prevention work, especially in a humanitarian climate where the commonly used language of GBV is often stripped of its feminist roots.

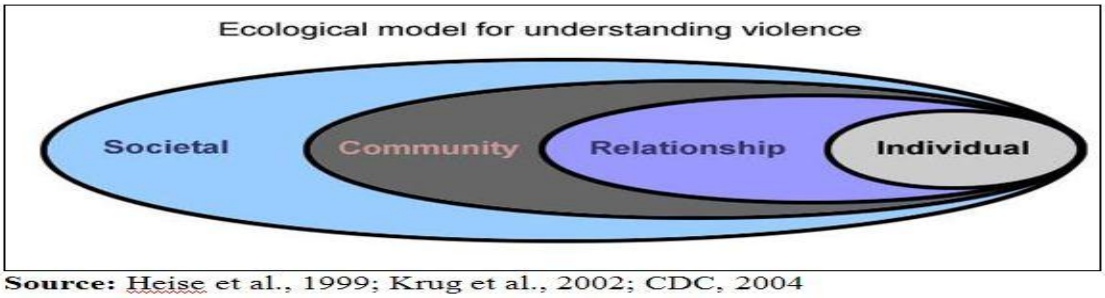
- And yet, there is no alternative, definitive definition for 'prevention' for humanitarian contexts; it remains undefined in most VAWG prevention and response resources for humanitarian settings. Even so, it has been framed in several training tools as a focus on *causes of and contributing factors to* VAWG; whereas response is focused on *impacts* of VAWG on individuals, families, and communities (see Vann, 2004). This conceptualization of prevention is useful insofar as its language implies the need to address the underlying nature of VAWG in prevention efforts through feminist and human rights-based approaches; it is also useful because it more clearly differentiates prevention and response activities than does public health language. Following from this original language used by Vann, a proposed definition is:

*Prevention includes any activities with the primary goal of eliminating the systemic conditions for violence against women and girls to occur. This includes addressing risk and protective factors that have been identified through an evidence base for victimization **and** perpetration, as well as underlying causes of VAWG related to discrimination against women and girls in patriarchal systems.*

- This definition is less restrictive than the public health definition of primary prevention because it is does not refer exclusively to activities undertaken *before* violence occurs. At the same time, it can be broadly differentiated from response activities because it articulates the primary goal of prevention as stopping violence from occurring by addressing *systemic* conditions that contribute to violence (e.g. conditions that affect more than one person), rather than conditions affecting a single person, which are more often addressed through response (e.g. referring a survivor to a safe house to protect her from further violence). This definition also makes overt the issue of discrimination as an underlying cause of VAWG. And, by explicitly referencing risk and protective factors, the above definition seeks to build upon the evidence base related to the ecological framework, described below.

b. The Ecological Framework

- The **ecological model** was introduced as a framework for understanding some of the key factors that contribute to women's and girls' risk of intimate partner violence, but it has been adapted to examine other types of violence to which women are exposed. The model is organized in terms of four levels of risk: individual, relationship, community, and society.



Source: Heise et al., 1999; Krug et al., 2002; CDC, 2004

- The ecological model underscores the fact that in order to develop strategies for reducing and/or eliminating risk through broad-based prevention programming, it is critical to develop an understanding of the complex interplay of biological, psychological, social, cultural, economic and political factors that increase women's and girl's likelihood for experiencing violence as well as men's likelihood for perpetrating violence.

Table 1: Risk Factors for Violence based on the Ecological model

Societal Broad factors that reduce inhibitions against violence	Community Neighborhood, schools and workplaces	Relationship With family, Intimate partners and friends	Individual Personal factors that influence individual behavior
■ Poverty ■ Economic, social and gender inequalities ■ Poor Social Security ■ Masculinity linked to aggression & dominance ■ Weak legal and criminal justice system ■ Perpetrators not prosecuted ■ No legal rights for victims ■ Social and cultural norms support violence ■ Small fire arms ■ Conflict or post-conflict ■ Internal displacement & ■ Refugee camps	■ High Unemployment ■ High population density ■ Social isolation of females & family ■ Lack of information ■ Inadequate victim care ■ Schools & workplaces not addressing GBV ■ Weak community sanctions against GBV ■ Poor safety in public spaces ■ Challenging traditional gender roles ■ Blaming the victim ■ Violating of victim confidentiality	■ Family dysfunction ■ Inter generational Violence Poor parenting practices ■ Parental conflict involving violence ■ Association with friends who engage in violent or delinquent behavior ■ Low socio-economic status Socio-economic stress ■ Friction over women's empowerment ■ Family honor more important than female health and safety	■ Gender, age & education ■ A family history of violence ■ Witnessing GBV. ■ Victim of child abuse or neglect ■ Lack of sufficient livelihood & personal income ■ Unemployment ■ Mental health and behavioral problems ■ Alcohol & Substance abuse ■ Prostitution ■ Refugee Internally displaced ■ Disabilities ■ Small fire arms ownership

Sources: Buvinic, Morrison and Shifter 1999; Heise and Garcia Moreno 2002; Jewkes, Sen and Garcia Moreno 2002; Krug et al 2002; *http://www.dcp2.org/pubs/DCP/40/Table/40.3*

- At the same time that it is important to reduce risk factors through, for example, interventions that target childhood abuse (individual level), exposure to parental conflict as a child (relationship level), weak community sanctions against GBV (community level), and poverty (society level), it is also critical to understand and support protective factors. Some protective factors for intimate partner violence identified through WHO's multi-country research on health and domestic violence that can inform prevention efforts:

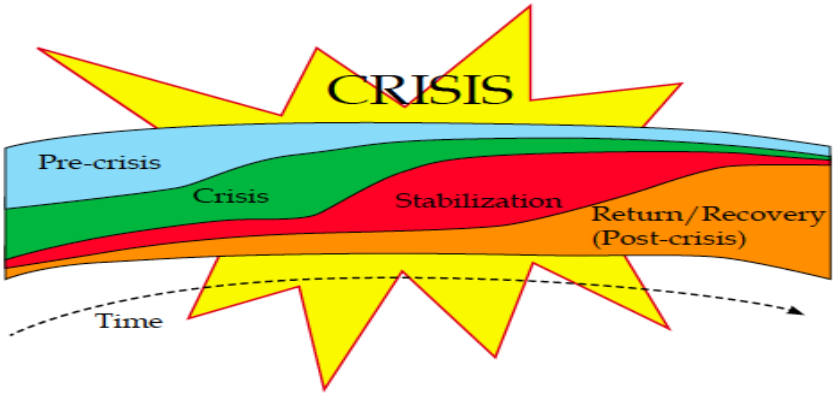
  - completion of secondary education for girls (and boys);
  - delaying age of marriage to 18;
  - women's economic autonomy and access to skills training, credit and employment;
  - social norms that promote gender equality.

For more information on the ecological model and risk and protective factors, see Programming Essentials module.

c. Stages of Emergency

- When considering how to respond to a humanitarian emergency, the focus is often on the initial outbreak. However, literature on emergencies usually considers a much broader time frame for humanitarian response, sometimes referring to the phases of an emergency as **pre-crisis** (before disaster strikes); **crisis** (when the disaster strikes and/or is at its zenith, often resulting in significant displacement); **stabilization** (when immediate emergency needs have been addressed); and **return/recovery** (when those who are displaced

are returning home and/or the focus is on rebuilding systems and structures and transitioning to development). It is important to understand that all these stages overlap, such that work during each phase involves planning for subsequent phases. In settings with cyclical disasters/conflict, early response through to recovery may involve establishing structures and networks to respond to the next crisis. Any prevention framework should address all stages of humanitarian interventions, and attempt to prioritize prevention work accordingly.



Visual from CARE, "Building Partnerships for Health in Conflict-affected Settings", May 2007, pp 9-10.

d. Various types of VAWG

- While much attention has been afforded to the problem of sexual violence--especially rape in conflict--the reality is that women and girls are exposed to many other forms of violence during and following emergencies. In addition, sub-populations of women and girls—such as those with disabilities, lesbian, bisexual and transgendered (LBT) individuals, adolescent girls, and older adult women—may experience heightened vulnerability to certain types of violence. Any prevention framework must somehow emphasize the importance of assessing vulnerabilities of different populations at different stages of humanitarian emergencies. (See marginalized populations.)

Phase	Type of Violence
During conflict/disaster, prior to flight	• Rape as a tool of war • Sexual attack/exploitation by combatants and community members • Forced prostitution • Increased domestic violence • Trafficking • Female infanticide • Early and/or forced marriage

During flight	• Sexual attack/exploitation by bandits, border guards, military • Trafficking • Forced prostitution
In the country/ community of asylum	• Sexual attack/exploitation by persons in authority including camp representatives, host country officials (i.e. police officers), humanitarian workers, foster care families • Domestic violence • Sexual attack when collecting wood, water, etc • Early/forced marriage • Trafficking • Sex for survival (ration cards, clothing, etc.)
During repatriation	• Sexual attack/exploitation of women and girls who have been separated from family • Sexual attack/exploitation by persons in power, including government officials and humanitarian workers • Sexual attack/exploitation by bandits, border guards, military
During reintegration, post-conflict/post-disaster	• Returnees may suffer sexual attack as retribution • Trafficking • Domestic violence • Sexual exploitation

(Adapted from UNFPA, *Curriculum Guide for Managing Gender-based Violence Programmes in Humanitarian Settings,* 2011)

e. Short-term Interventions for Long-term Gain

- Humanitarian actors often operate according to short funding cycles and according to the expectation that they will exit a setting when the focus shifts to development. Some INGOs have very clear exit criteria that assist them in determining when to leave. Others may leave a setting based on the absence of emergency funding and/or a shift in donors from emergency to development.

- Many international VAWG actors must adapt to this reality of being in a setting for a limited time, even though VAWG necessitates on-going work in all settings. As described in the response programming, it is commonly accepted that in the early stages of an emergency the focus is on what is identified as life-saving interventions, such as ensuring basic protections for those at risk of VAWG as well as health and psychosocial care for survivors. After the emergency wanes activities shift to a broader focus including capacity building of key systems (e.g. health, psychosocial, security and justice sectors) as well as reforms of laws and policies relevant to VAWG. A major goal of VAWG work in the post-emergency phase is often to assist in

building systems and structures that can be sustained even when an international aid agency leaves.

- In terms of prevention, it is similarly important to work for short- and medium-term results but within a framework of a long-term strategy for the elimination of VAWG. Efforts to address VAWG must support a long-term perspective that recognizes and addresses the drivers of a particular type of violence. This long-term perspective must be recognized in any prevention framework.

f. Contingency Planning

- Contingency planning can be critical to averting various forms of violence. This can be facilitated through early warning systems that attempt to analyze and address escalating risk in order to provide more effective response. (See **Shmeidl, S. and Piza-Lopez, E. 2002.** Gender and Conflict Early Warning, International Alert and the Swiss Peace Foundation).

- The following is a brief summary of early warning:

> "Early warning has been used to predict a wide range of phenomena, from natural disasters, to stock market crashes, famines, refugee flows, genocide, and violent conflict. Since the 1980s, a number of conflict-related early warning initiatives have sprung up in the academic and NGO communities, as well as throughout the United Nations system. Typically, this involves the collection and analysis of open source information to enhance prevention or early response, mainly before violence has erupted or, in the conflict and post-conflict phases, to contain the outbreak, mitigate its effects, and prevent its re-occurrence. Most early warning systems consist of networks of local monitors collecting data on context-relevant indicators, the analysis and dissemination of such information, and its linkage to possible response mechanisms. A frequent criticism of such systems has been that warnings often go unanswered, so in recent years the emphasis of some early warning systems has been on empowering local communities to better prepare themselves and respond to threats, rather than waiting for the information to trigger external intervention." (UN Action, June 2011)

This might need to be updated to reflect the latest work on early warning?

- Efforts are underway to develop early warning systems related to sexual violence in conflict. Even though this is an important initiative—and one that can be used to inform the design of early warning systems for other forms of VAWG in both conflict and disaster settings--early warning strategies are impotent if not accompanied by well-developed contingency planning for 'risk reduction.' (See **ISDR, UNDP, and IUCN, 2009**).

- Contingency planning is most commonly undertaken in settings where there are cyclical emergencies, particularly related to natural disasters. While broad gender issues have been incorporated into some contingency planning efforts, work on risk reduction specifically related to VAWG has been minimal. This is a critical area of prevention, and should be included in any prevention framework.

- A sample of draft guidelines related to prevention during contingency planning (developed by UNICEF and partners) is provided below:

Prevention *eliminates or mitigates the impact of disasters, reduces vulnerabilities and increases the resilience of communities*	
Risk Analysis	• Identify groups in the community that might be vulnerable to GBV, including survivors who are still receiving support (*always ensuring that any efforts to identify survivors will not lead to discrimination or stigmatization*). • Ensure SADD in assessments – and use a gender analysis to interpret the data • Build capacity of GBV implementing partners in conducting disaster prevention activities at the community level • Build capacity of relevant (?) DRR implementing partners in conducting GBV awareness, prevention, and referral at the community level
Early Warning (EW)	• Integrate GBV prevention and response messaging in EW systems – including on potential risks and availability of services • Use radio, SMS technology and social media platforms to increase access to life-saving GBV information
Public Awareness	• Conduct awareness-raising activities with communities – and particularly high-risk groups – on possible risks in times of disaster
Policy Framework	• Advocate for integration of GBV prevention and response in existing/future DRR policies • Advocate for integration of DRR in existing/future GBV policies/programs • Work with national disaster management structures and national gender/GBV structures to support the above policies • Provide GBV training to national disaster management structures – at national and sub-national levels
Prevention Supplies	• Where relevant, stock prevention kits or supplies in the form of radios, whistles, flashlights, lockable storage units, secure money pouches, etc. and provide guidance to those actors

	who are responsible for distribution

Additional Tools:

- Early Warning Signs of Conflict-Related Sexual Violence, Draft Background Note, June 2011. A matrix of early warning indicators for sexual violence in conflict was finalized in September 2012 by UN Action and is available on their website: www.stoprapenow.org

- PABLO MATERIALS

2. Sample Prevention Framework for Humanitarian Settings

- The sample framework below is a very preliminary draft that is meant to provide a springboard for further work on developing prevention frameworks for specific settings rather than an exhaustive summary of VAWG issues and possible prevention interventions. The prevention framework seeks to:
  - Differentiate different types of violence according to different stages of emergencies;
  - Highlight that each type of violence can be associated with particular risk and protective factors (it should be noted that, given the absence of standard data within and across settings, these are based on anecdotal evidence);
  - Reinforce the need to link prevention activities to the identified risk and protective factors for each type of violence;
  - Present a summary of some of the key prevention activities that can be introduced. Given the absence of evaluated programmes, the strategies for prevention presented below are based on emerging evidence of good practice.

- Interventions listed below with questions marks are those that may not always be possible/preferable to implement during emergency response. The priority in the emergency is to ensure that basic protections are in place and services are safe and accessible to survivors. More complex prevention programming may be more relevant in the post-emergency. With livelihoods, for example, the focus may be on financial literacy in the emergency phase, and livelihoods programming can be expanded to micro-credit schemes in the post-emergency phase. For more information about these interventions, see Section VIII: Implementing Prevention Programming.

	Common Types of Violence	Sample Risk Factors	Sample Protective Factors	Possible Interventions
Pre-Crisis	NOTE: During contingency planning actors must identify through community-based assessments the specific forms of violence that women and girls MAY be at risk of in the event of a crisis (as listed below) and associated risk and protective factors; at the same time, it is critical to put in place broad-based contingency measures for all forms of VAWG	• Poor monitoring of VAWG issues at part of contingency planning by government and humanitarian actors • Limited representation of women/female youth leaders and women's/female youth groups in contingency planning processes • Social norms related to acceptance of various forms of VAWG • Lack of reporting mechanisms for VAWG • Absence of women's and girls' support and communication networks • Lack of economic alternatives for women and girls	• Monitoring of VAWG as part of early warning systems and contingency planning • Women's leaders, female youth and women's and girls groups contribute to contingency planning process • Social norms denouncing VAWG • Reporting mechanisms in place • Women's and girls' support and communicatio n networks in place • Women and girls have diverse economic opportunities	• Ensure VAWG included in contingency plans • Establish community alert networks • Establish safe spaces for women and girls • Plan and stock supplies • Train government and humanitarian actors in VAWG prevention responsibilities • Livelihoods
Emergency Stage	Sexual attack by combatants	• Lack of adherence to rules of combat • Absence of	• Combatants adhere to international rules of	• Working with armed actors, especially NSAGs • Deployment of

		security • Absence of early warning mechanisms • Impunity • Sexual violence perceived as a way of "obtaining" power	combat • Peacekeepers have the relevant trained personnel and technical capacity to address SV • Communities can identify and escape risk • Rule of law	peacekeeping missions with mandates and resources to address SV • Early activation of contingency plans
	Sexual attack by community members	• Breakdown in community protective mechanisms • Impunity • Lack of awareness that sexual violence is a crime	• Social norms denouncing sexual violence • Activation of community-based security mechanisms • Knowledge that sexual violence is a crime • Rule of law	• Community policing/community watch • Community mobilization/social norms
	Transactional sex/forced prostitution	• Lack of economic alternatives for women/girls • Single headed households • Drivers of the sex trade, such as demand from people with power/money	• Diverse economic alternatives • Camp/shelter design ensures protections for women and girls, with understanding of needs of specific sub-groups,, e.g. single heads of households • Social norms denouncing sex trade	• PSEA/Codes of conduct • Safe spaces • Camp/shelter design • Social norms • Asset building • Livelihoods??

	Trafficking	• Lack of economic alternatives • Porous/unmonitored borders • Lack of community awareness of trafficking risks	• Diverse economic alternatives • Security monitoring in community and at checkpoints • Community awareness	• Community awareness campaigns • Community watch • Security monitoring at checkpoints • Livelihoods??
	Early and/or forced marriage	• Lack of resources for parents to provide for children (economic resources, food, and ability to protect) • Social norms reinforcing early/forced marriage	• Social norms denouncing early marriage • Diverse economic alternatives • Education	• Social norms • Safe Spaces • Asset building • Livelihoods?? • Education??
Stable Phase (focusing primarily on encamped populations and host communities)	Sexual attack/ exploitation by persons in authority including camp representatives, host country officials (i.e. police officers), humanitarian workers, foster care families	• Lack of economic resources • Lack of staff training, vetting, and monitoring • Lack of reporting mechanisms • Impunity • Lack of knowledge/awareness that humanitarian assistance if free	• Well-designed camp/shelter/ water-sanitation facilities • Gender-sensitive food distribution • Economic alternatives • Codes of conduct • Monitoring and reporting systems	• Livelihoods • PSEA/codes of conduct • Community focal points • Community reporting mechanisms • Community policing • Lifeskills for children/adolescents • Food distribution with appropriate monitoring systems as well as messages that aid is free
	Domestic violence	• Poor camp/shelter design • Social norms	• Social norms • Community sanctions • Reduced	• Camp/shelter design • Camp monitoring • Community women's and girls'

		• Lack of public protections/sanctions • Male drinking • Distribution of family resources	drinking • Equitable/gender-sensitive distribution of resources, including food distribution	groups • Safe spaces • Livelihoods • Lifeskills for couples/parents • Alcohol programmes • Food distribution • Community policing for prevention
	Sexual attack when collecting wood, water, etc	• Poor camp infrastructure • Poorly designed water and sanitation facilities • Absence of alternative fuel • Hostile host community	• Well-designed water points • Security patrols for women and girls leaving camp • Alternative fuel and fuel efficient stoves • Protective host community	• Gender- and GBV-sensitive WASH programming • SAFE programming, including alternative Fuel • Working with host communities • Security patrols
	Early/forced marriage	• Lack of resources for parents to provide for children (see above) • Social norms reinforcing early/forced marriage	• Social norms denouncing early marriage • Diverse economic alternatives • Education	• Social norms • Community women's groups/Safe Spaces • Livelihoods • Education
Recovery Phase *	Sexual Violence/ Trafficking/ Domestic Violence/ Sexual exploitation	• No home/land/ property rights for women/girls • No economic resources for women/girls • Lack of women engaged in leadership and peacebuilding	• Property rights/land tenure • Economic resources • Women's representation in local and national government,	• DDR (disarmament, demobilization, reintegration) • Leadership and peacebuilding • Small arms reduction • Social norms • Education • Security sector

		• Community-wide culture of violence • Demobilized soldiers with norms of violence • Lack of legal/policy framework • Impunity	peacebuilding • Social norms denouncing violence • Reintegration of demobilized soldiers, including women/girls associated with fighting forces • Protective legislation • Access to justice • Functioning security sector	reform • Legislative and policy reform • Justice mechanisms (national and local courts, community-based resolution mechanisms, transitional justice)

*****Note that risk/protective factors and interventions are not differentiated according to type of violence in the recovery phase section because of significant overlap and a desire not to repeat previous sections. However, when developing a prevention framework in a real setting, it is critically important to assess the various risk and protective factors for each type of violence through *all* stages of humanitarian response.

a. Key Steps in Implementing a Prevention Framework

- There are many more aspects to implementing broad-based prevention than are recognized in the draft matrix presented above. When developing a framework for a specific setting, it will be important to:
  - Conduct assessments at regular intervals to identify key forms of violence that women and girls are experiencing (or, in the case of contingency planning, will be a future risk of experiencing);
  - Understand the risk and protective factors related to those key forms of violence;
  - Determine the best setting-specific strategies for reducing risks and promoting protections;
  - Wherever possible, introduce prevention strategies that will have the most widespread effect in combatting multiple forms of violence (livelihoods programming, for example, may be helpful in reducing community-based sexual violence and sexual exploitation, as well as domestic violence and early marriage);
  - Develop strategies for ensuring the prevention interventions can be sustained when humanitarian actors withdraw;

- Attempt to link prevention activities with response programming in order to ensure that the needs of women and girls, especially those who are most vulnerable to violence, are being met (e.g. use service delivery data to inform strategies for targeting prevention programming to vulnerable groups; ensure that all prevention programmes educate participants about how to access survivor services, etc.);
- Ensure that the needs of sub-categories of women and girls are addressed (e.g. consider developing separate matrixes of types of violence/risk and protective factors for sub-groups of females such as female youth, adolescent girls, elderly women, LBT individuals, women and girls with disabilities);
- Ensure that the framework and any related prevention activities underscore the need to address discrimination of women and girls in patriarchal systems as an underlying cause of violence against women and girls.

D. Programming Considerations for Marginalized Populations

For this section, I have moved all the background information on different groups to the Intro. The information that remains is focused on programming.

- When developing programming for particularly marginalized populations, interventions need to be designed and implemented from a holistic perspective. Humanitarian actors should be sensitive to mainstreaming protections from VAWG for marginalized groups. Strong collaboration is needed between legal, health, security and social service sectors. It is also critical to work with women's organizations to ensure they are advocating for the rights of all women.

- Service providers need to be sensitised about gender, sexuality, and human rights. Service providers should also participate in targeted training on survivor-centered approaches for meeting the needs of marginalized populations.

- Knowledge and resource sharing should be encouraged among international, regional, and sub-regional actors to create a pool of expertise on best practices and strategies for addressing the needs of marginalized women and girls.

- Women's and girls' multiple identities must be taken into account when addressing their risks for violence. For example, a woman with a disability who is lesbian faces specific challenges based on her sexual orientation, disability, and gender that are different and unique from a woman who is lesbian but able-bodied.

Additional Tools:

- The Heightened Risk Identification Tool and User Guide have been developed to enhance UNHCR's effectiveness in identifying refugees at heightened risk by linking community-based / participatory assessments and individual assessment methodologies. They have been designed for use by UNHCR staff involved in community services and/or protection activities (including resettlement) and partner agencies. While as of 2012 the tool addresses the vulnerabilities of older people, children and adolescents, women and girls, and persons with disabilities, it should continue to be revised and expanded to include other populations such as LBTI, sex workers, children born of rape, indigenous people, etc.
    - User Guide available in English.
    - Tool available in English.

For more information about the relationship between GBV and particularly marginalized populations, see Special Considerations for Marginalized Populations in section one.

a. Sexual Orientation and Gender Identity

- A great deal more research is needed to understand how to respond to the needs and challenges faced by LBTI individuals in conflict-affected settings. Nevertheless, the following are basic recommendations to improve the safety and well-being of LBTI individuals:

    - Assess the particular needs of lesbian, bisexual, transgender, and intersex women/ individuals before initiating programmes to address VAWG. Be aware that not all gender and sexual minorities identify using the LBTI acronyms, and cultural-specific terminology should be understood and respected (Human Rights Watch, 2009).

    - Raise awareness and build capacity of aid organizations, relief workers, and civil society organizations through providing education and training on the issues faced by individuals based on their sexual orientation and gender identity.

Example: In Nepal, a seminar was designed by the local LBTI umbrella NGO, the Blue Diamond Society (BDS), the Disaster Risk Reduction office of USAID and the US Embassy. The US Disaster Risk Reduction (DRR) officials saw this seminar not only as an opportunity to deliver valuable information, but also as a way to bring in the community's own suggestions and views: according to the DRR director at USAID Nepal: 'findings today will not only ensure the LBTI community here in Kathmandu is better prepared for a large scale earthquake, they will inform future activities across Nepal'. The half-day programme took place in the conference room at BDS, ensuring a safe and welcoming atmosphere for LBTI community members. In advance of the seminar, DRR

officials consulted BDS to see which subjects would be relevant to the community, and the appropriate language to use in referring to the community members present. During the seminar, transgender attendees voiced concerns about male and female segregated emergency shelter, health and bathroom facilities, and asked how they should select the facility that would guarantee them safety and dignity. These concerns were noted, and the Red Cross representative – who attended to present on accessing relief services post-disaster – issued an invitation to routine first aid training sessions, as well as an offer to initiate similar sessions in BDS offices, where LBTI people felt safe in asking questions. According to one participant, a human rights officer at BDS: 'I knew about the threat of an earthquake, but I never thought about how it would affect me as a transgender man. Now I feel I know how to ask the right questions and access services like everyone else'. (Excerpted from **Knight, K. and Sollom, R. 2012.** "Making Disaster Risk Reduction and Relief Programs LGBTI-Inclusive: Examples from Nepal." Humanitarian Exchange Magazine, Issue 55, September.)

- Protect LBTI refugees from bias-motivated violence and ensure that perpetrators are prosecuted, regardless of the survivor's sexual orientation or gender identity. Develop effective referral systems to assist survivors in accessing services, including emergency hotlines and legal services (Breen, 2012).

➢ Advocate for the repeal of discriminatory laws and practices that marginalize and oppress LBTI individuals (OHCHR, 2012).

- Recognize lesbian, bisexual and transgender women as part of the larger and diverse women's movement; allocate space for all voices and foster collaboration between organizations working for LBTI rights and organizations working for women's rights (Brown, 2011).

- Provide equal and safe access for LBTI individuals to necessary services such housing, healthcare, livelihoods opportunities, and psychosocial services. Ensure survivors of violence and sexual assault have safe access to services that are non-discriminatory and sensitive to their needs (For more information on working with LGBTI persons in forced displacement, see UNHCR, 2011).

- Encourage aid organizations to expand their definition of "family unit" to include non-traditional and non-heterosexual groups of people living together (Knight & Sollom, 2012).

- Recognizing third-gender or alternative gender categories may be a step in advocating for the safety and inclusion of gender-variant individuals, although much more research is needed.

Example: The third gender in Nepal is an identity-based category for people who do not identify themselves as either male or female. This may include people who want to perform or want to be presented as a gender that is different from the one that was assigned to them at birth, based on genitalia or other criteria. It can also include people who do not feel that the male or female gender roles that their culture dictates to them match their true social, sexual, or gender-role preference (excerpted from Knight, 2012a). For more information on Nepals' third gender policy, see:

- **Knight, K. 2012a.** "Dividing by Three: Nepal Recognizes a Third Gender." Huffington Post.
- **Knight, K. 2012b.** "Nepal Flushes Out Genderism." Huffington Post.

Additional Tools:

- The *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education* was developed by the International Sexuality and HIV Curriculum Working Group. Activities 20-21 specifically focus on same-sex sexual behaviour. Special attention must be paid to cultural and political considerations addressed on pages 10-11. **Haberland, N. & Rogow, D. (Eds). 2009.** "It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education." New York: The Population Council, Inc.

- For an example of implementing international human rights law for LGBTI citizens in Kenya, see **G-Kenya Trust.** "My Way, Your Way, or the Right Way? Human Rights Law and the LGBTI Community in Kenya." American Jewish World Service (AJWS).

- **MBBC (Movement Building Bootcamp for Queer African Activists)** is an online platform and e-learning space for African Activists doing progressive work around sexuality, gender, justice and rights. It features training guides and knowledge resources organized around theoretical concepts, tools and practice, individual and collective security.

Additional Resources:

- For an article on the need for sensitivity when working with LGBTI refugees, see **Grungas, N. 2012.** "Support, Not Stereotypes, When Interviewing LGBTI Refugees." Huffington Post.

- For a guide of best practices in advancing the human rights of LGBTI individuals, see **The Danish Institute for Human Rights and World Outgames. 2009.** "Copenhagen Catalogue of Good Practices."

- For research and recommendations on working with LGBTI refugees in Kenya and Uganda, see: **Breen, D. 2012.** "The Road to Safety: Strengthening Protection for LBTI Refugees in Uganda and Kenya." Human Rights First.

- For a project addressing violence against lesbian and bisexual women in the rural areas of Sri Lanka, see: **Brown, K. 2011.** "Struggling Against Homophobic Violence and Hate Crimes." Colombo, Sri Lanka: Equal Ground.

- For research and preliminary recommendations on decreasing violence against lesbian women in Bangladesh, India, and Nepal, see: **CREA. 2012.** "Count Me In! Research Report on Violence against Disabled, Lesbian, and Sex-Working Women in Bangladesh, India, and Nepal." New Delhi: CREA.

- For additional case studies, see **ARC International. 2011.** "Rising Through the Challenge: Documenting and Analysing Best Practices for Advancing Human Rights based on Sexual Orientation and Gender Identity/Expression: Narratives of Best Practice Case Studies (English)."

International LGBTI Organizations	
ARC International	ARC International advances lesbian, gay, bisexual and transgender (LGBT) rights internationally, strengthening global networks, enhancing access to UN mechanisms, and advancing LGBT issues within the UN human rights system.
COC Netherlands	COC Nederland has been advocating the rights of lesbian women, gay men, bisexuals and transgenders since 1946, striving for equal rights, emancipation and social acceptance of LGBT's in the Netherlands and all over the world.
International Gay and Lesbian Human Rights Commission (IGLHRC)	Founded in 1990, IGLHRC is a leading international human rights organization based in New York dedicated to improving the lives of people who experience discrimination or abuse on the basis of their sexual orientation, gender identity or expression.
International Lesbian, Gay, Bisexual, Trans and Intersex Association	See the ILGA website that tracks LGBTI issues and movements globally.
Columbia Diversa	Columbia Diversa is an LGBT rights group founded in 2004 in Bogota,

	Columbia. Website provides documentation on the status of human rights in Columbia, as well as resources and learning materials (available in Spanish)
Global Action for Trans* Equality (GATE)	GATE is a trans* network coordinator, facilitator and advocate to the 'outside' world. GATE works to unite trans* movements for common goals, while developing trans* agendas on a conceptual policy level.

b. Women and Girls with Disabilities

- The Convention on the Rights of Persons with Disabilities (CRPD) requires that the protection of human rights through laws, policies, and services be extended to all persons with disabilities (Barriga, 2011; also see **International Disability Alliance, 2008**). However this is often not enforced or honored, and women and girls with disabilities continue to suffer discrimination and increased risk of violence. Special consideration must be given to women and girls with disabilities throughout all programming activities to help prevent and address violence against them. The following are recommendations to improve the safety and well-being of persons with disabilities in conflict-affected settings (adapted from Human Rights Watch, 2010; and UNHCR, 2011.)

  - Conduct full needs assessments of people with disabilities. Ensure that people with disabilities – especially children – are accounted for, registered, and provided with appropriate documents during displacement and resettlement.

  - Disseminate information about rights and available services in ways all women can access, regardless of literacy level or ability. Make information available to women who are deaf, blind, or illiterate.

  - Conduct trainings and workshops on disability issues. Raise awareness of applicable international, regional, and national law regarding the rights of persons with disabilities. Advocate for the inclusion of disabilities as a priority issue for government programmes and budgetary spending. Get caretakers and family members involved in campaigns and outreach activities.

Example: Women's Refugee Commission promotes change in practice through training and workshops with international organizations as well as with local, in-country disability organizations. These workshops have already

been successfully implemented in India, Uganda and Bangladesh, with plans to be conducted in the Philippines, Thailand and Kenya. WRC also provides ongoing technical advice to the country offices of the United Nations High Commission for Refugees (UNHCR) on including disability concerns in their programs. (Excerpted from the Women's Refugee Commission Website. See dedicated pages on Gender-based Violence and Disabilities)

- Provide outreach and training to women and girls with disabilities, their caretakers, and families on the risk of violence. Educate and raise awareness on how to recognize, prevent, avoid and report violent, abusive or exploitative situations.

- Advocate for the provision of appropriate accommodations in courtrooms, healthcare facilities, police stations and other locations where women with disabilities are denied access. These provisions include ramps, sign language interpretation, Braille and large print of documents, accessible rooms and podiums, and training of staff on how to respectfully communicate with women with disabilities.

- Monitor the adherence of hospitals, organizations and government institutions to laws and policies requiring access to individuals with disabilities.

- Scale up rehabilitation programmes for those who have been injured and disabled due to conflict and violence, such as landmine survivors.

- Aid given to women with disabilities may increase the risk of backlash from community members who view it as "special treatment." As with aid given to any marginalized population, special precautions must be considered to prevent such backlash:
  - Ensure full consultation with organizations representing people with disabilities prior to designing and implementing programmes or giving aid.
  - Consider possible consequences that aid and programmes might have on women and girls with disabilities.
  - Ensure all women the autonomy to decide their course of action, and guarantee that they are fully informed of their choices and consent to programming decision.

- Involve women and girls with disabilities in leadership and decision-making in the design, implementation and evaluation of programmes. Support and build capacity of disabled persons organizations.

- Ensure the distribution of food and non-food items in refugee and IDP camps are accessible to women and girls with disabilities, for example by providing transportation support, door-to-door distribution, and smaller

packages. Monitor distribution for exploitation, discrimination and extortion.

- Advocate for and prioritize the reunification of women and girls with disabilities with their caretakers and family members.

Example: An NGO in Kitgum includes disability issues in its education programming, in addition to having workshops on business skill-building for certain groups of persons with disabilities, such as landmine survivors (excerpted from Human Rights Watch, 2010, p. 50).

Additional Tools:

- **SOURCE: International Online Resource Centre on Disability and Inclusion.** Source is an International Online Resource Centre designed to strengthen the management, use and impact of information on disability and inclusion in development and humanitarian contexts. It is primarily intended for use by practitioners and academics.
  - See Resources for use in humanitarian settings.

- For more detailed recommendations from Human Rights Watch (specifically targeting Uganda but may be tailored to other conflict-affected areas) see **Human Rights Watch, 2010,** "'As If We Weren't Human': Discrimination and Violence against Women with Disabilities in Northern Uganda", p. 68-72.

Additional Resource:

- For research and preliminary recommendations from CREA on reducing violence against disabled women, see **CREA. 2012.** "Count Me In! Research Report on Violence against Disabled, Lesbian, and Sex-Working Women in Bangladesh, India, and Nepal." New Delhi: CREA., p. 149.

Organizations Working with Disability Rights	
International Disability Alliance	The **International Disability Alliance** was established in 1999 as a network of global and regional disabled people's organizations. Its aim is to promote the effective and full implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD) worldwide, as well as

	compliance with the CRPD within the UN system.
Handicap International	**Handicap International** is an aid organization working in situations of poverty and exclusion, conflict and disaster, to improve the living conditions or people with disabilities and promote respect for their dignity and fundamental rights.
Women's Refugee Commission	Among other areas, Women's Refugee Commission focuses multiple programs on the rights and needs of women with disabilities.
Global Disability Rights Library (GDRL)	The US International Council on Disabilities has helped to develop the (GDRL), a broad collection of critical resources for disabled people's organizations, women's rights groups, government agencies, academic institutions and others that advocate for disability rights.

c. Adolescent Girls and Female Children

- Special protection issues for adolescent girls and female children are often overlooked by programmes that group women and girls together. Viewing adolescent girls and female children as specific populations is essential to understanding their unique challenges and meeting their needs during times of conflict (Siddiqi, 2012).

- There is not yet an evidence base on best practices for addressing the needs of girls in conflict and post-conflict settings. However, the following recommendations can be taken into account when designing programmes to address and prevent VAWG against adolescent girls and female children:

    - Increase funding for programmes specifically targeting adolescent girls and female children
    - Engage girls as leaders in the assessment, design, implementation, monitoring and evaluation of all programmes aimed to meet their needs. Programmes with the best intentions will often fail to involve girls in the process, ultimately working on the girls' behalf but not *with* them (Bruce, 2011). Girls have a great deal of knowledge, experience

and expertise that are invaluable in the effective design of violence prevention and treatment programmes.

- Create and support safe spaces for girls to connect and form community, as well as share skills and experiences (Bruce, 2011).
- Provide adequate protection for dwellings of single girl-headed households (see camp management).
- Support girls' education and address barriers to attending school.
- Support girls' livelihoods and access to economic assets such as entrepreneurship opportunities, vocational skills training and financial literacy education (Paik, 2012).

Example: Working with survivors of gender-based violence in emergencies and post-conflict situations, the International Rescue Committee made broad shifts in internal policy and programming, after learning that 45 percent of survivors seeking assistance in its programs around the world were under 18 years old. Originally assuming that its women's programs were meeting the needs of adolescent girls, the organization recognized through further data analysis that its program design either unintentionally excluded them or increased their vulnerability. It began a conversation internally (in the Women's Protection and Empowerment, Child Protection, and Health units) and externally (including the Population Council, the Women's Refugee Commission, and others), which resulted in the identification of the following actions needed to improve programs for adolescent girls and ensure that the organization was doing no harm:

- Better targeting and segmenting of populations within programs
- Understanding age-appropriate needs
- Creating safe spaces and recruiting girl mentors
- Developing positive social networks with mentors
- Working with families to establish support systems for adolescent girls

Building upon this shift in approach and its significant experience in these areas, IRC then developed integrated program models to maximize its collective response to adolescent girls. (Excerpted from **Siddiqi, A. 2012.** "Missing the Emergency: Shifting the Paradigm for Relief to Adolescent Girls." The Coalition for Adolescent Girls.. p. 11.)

Additional Resources:

- The **Minimum Standards for Child Protection in Humanitarian Action** were launched in Geneva October 2012 by the Child Protection Working Group. Also see the video.

- For information on addressing and preventing violence against female youth, see

- **Amin, S. & Anderson, A. D. 2011.** "Addressing sexual and genderbased violence (SGBV) against adolescent girls," P*romoting Healthy, Safe, and Productive Transitions to Adulthood Brief*, no. 38.
- **Paik, K. 2012.** "The Path to Hope: Congolese Refugee Adolescent Girls in Nyarugusu Refugee Camp, Tanzania." New York: Women's Refugee Commission.
- **Women's Refugee Commission.** "The Untapped Potential of Displaced Youth."
- See the Adolescents and Youth module.

Organizations Working with Adolescent Girls and Female Children	
Women's Refugee Commission	**Women's Refugee Commission** provides resources, reports and programmes for displaced adolescent girls.
The Girl Effect	**The Girl Effect** hosts resources, research documents, campaigns, videos and tool kits for the purpose of empowering adolescent girls around the globe.
Adolescent Girls Legal Defense Fund (AGLDF)	Equality Now's **Adolescent Girls Legal Defense Fund (AGLDF)** has developed guidelines for better addressing violations of girls' rights and equipping legal systems to meet the needs of adolescent girls. As of 2012 they have worked on cases of rape, abduction and forced marriage in Ethiopia; rape of schoolgirls in Zambia; gang rape in Kenya; and gang rape by police in Pakistan, among others.
The Coalition for Adolescent Girls	**The Coalition for Adolescent Girls** provides a platform for sharing information, tools, and resources among more than 30 international organizations that design, implement and evaluate programs that benefit girls throughout the developing world
Together for Girls	**Together for Girls** is a global public–private partnership dedicated to eliminating sexual violence against girls. The partnership focuses on three pillars: conducting and supporting national surveys on the magnitude and impact of violence against children, particularly

	focused on sexual violence against girls; supporting coordinated program actions in response to the data; and leading global advocacy and public awareness efforts to draw attention to the problem and promote evidence-based solutions.

d. Older Women

- Programmes addressing and preventing VAWG must take into account the special considerations of older women as a specific population with unique needs and vulnerabilities. While much more research is needed, general recommendations include:

    - Conduct a full needs assessment of older women in camps and conflict-affected areas.

Checklist for Older Persons in Internally Displaced Persons Camps
This checklist has been designed in order to gain a rapid overview of the situation of older people in an IDP camp.

Demographic data

1. Is there demographic data available disaggregated by age and gender? If not could it be included in data collection?
2. What is the number of unaccompanied older people?
3. What is the number of children being cared for by older people?
4. How many older headed households are there?
5. How many housebound older people are there?

Health

1. Are there special clinic days for older people?
2. Are there outreach health services for the housebound?
3. Are there drugs available to treat the common causes of morbidity amongst older people?
4. What are main disabilities of older people? Is there a record in the camp?
5. Are mobility aids available?

Nutrition

1. Is the ration suitable for older people?
2. Have older people been screened to enter feeding programmes?

Distributions

1. Are there special provisions to avoid older people queuing for long periods of time?
2. Are there special provisions to help older people carry loads back from distribution points
3. Are NFIs appropriate for older people? Eg clothes, extra blanket etc.

Inclusion

1. Are older people represented on committees (eg health, water, women's etc)?
2. Has an older people's committee been established?
3. Are older people active participants in camp activities, eg literacy projects, life skills, agriculture etc?
4. Are older people represented as a vulnerable group at camp management level?

Social support

1. Do older people receive support from family and neighbours?
2. Who is collecting fuel and water for older people?
3. Have older people been separated from their families?

Global Action on Aging and Help Age International,August 2005.

- Collect and monitor data disaggregated by age and sex, including ages 50-59, 60-69, 70-79, and 80+. Without this data, humanitarian agencies are unable to effectively understand and respond to the priorities of older men and women.

➢ For examples see **Mazurana, D., Benelli, P., Gupta, H. and Walker, P. 2011.** "Sex & Age Matter: Improving Humanitarian Response in Emergencies." Feinstein International Center, Tufts University.

- Organizations working in the VAWG sector should provide special training for staff on the prevention of violence against older women.

- Ensure services and information regarding available services are accessible to women of all ages, taking into account age-related factors such as physical and sensorial disabilities.

- Address the security of shelters and camps, and ensure protective mechanisms within the community take into account the particular vulnerabilities of older women.

Additional Tools:

➢ **HelpAge International** provides a report and guidelines for best practices regarding the needs of older people in humanitarian crises, including a vulnerability checklist a post-disaster needs assessment. **HelpAge International. 2011.** "Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice." London: HelpAge International.
  - See **training courses** for development and humanitarian workers to ensure older people are included in their international emergencies work.
  - For a series of briefs discussing key issues on gender and ageing, produced in preparation for the Second World Assembly on Ageing in Madrid in April 2002, see the Gender and Ageing Briefs.
  - For more information and resources see HelpAge.

➢ **Global Action on Aging** advocates for the adoption of more comprehensive and internationally binding policies addressing the problems and potential contributions of older persons at all stages of an emergency situation. Their website provides information on the legal and humanitarian aspect of older persons in emergency situations, materials that Global Action on Aging has submitted to international bodies, checklists for older persons in IDP camps, and recommendations for protection of older civilians in armed conflict.

e. Children Born of Rape

- Children born of rape also face difficulties that other children do not. The stigma and shame associated with rape may isolate them from their peers, and they may be rejected from their families and communities for not having a 'legitimate' father or for being viewed as burdens. They face an increased risk of verbal and physical abuse and harassment from their communities and families. They may risk becoming street children and turning to dangerous means of earning a living, such as transactional sex. Preliminary recommendations to improve care of mothers and their children born of rape include (Liebling et. al., 2012).

    - Use of mobile clinics to increase *all* survivors' access to medical care, especially in rural areas.
    - Sensitization programmes to increase women and girls' awareness of sexual violence, health care, STDs and HIV/AIDS.
    - Social change efforts including awareness-raising, communication, community mobilization and trainings on sexual violence against women and girls to foster respect for and empowerment of rape survivors and child mothers.
    - Capacity-building of professionals and service providers to provide psychological and emotional support for rape survivors and children born of rape.
    - Increase livelihoods opportunities for mothers of children born of rape.
    - Improve survivors' access to justice, including protection and fair treatment during the process.

Additional Resources:

- For more information on addressing the needs of children born of sexual violence, see:
    - **Carpenter, R. C. 2006.** "Protecting Children Born of Sexual Violence: A New Report to the Humanitarian Sector." University of Pittsburgh Ford Institute for Human Security.
    - **Carpenter, R. C. 2007.** "Born of War: Protecting Children of Sexual Violence Survivors in Conflict Zones." Bloomfield: Kumarian Press.
    - The **Children as Legacies of War** research initiative at the University of Pittsburgh includes articles, publications, links and research on children born of war.

f. Indigenous People and Ethnic and Religious Minorities

- Article 22 of the United Nations Declaration on the Rights of Indigenous Peoples declares that: "States shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the

full protection and guarantees against all forms of violence and discrimination." (United Nations, March 2008,)

- In order to advance the protection of women and girls who are indigenous, ethnic or religious minorities from violence, their marginalized status both as female and as indigenous, ethnic or religious minorities must be recognized and addressed.

  - Conduct full assessments and situational analyses of the needs and challenges faced by indigenous women and children and ethnic and religious minorities. Consult with minority women on the particular risks and dangers that they face. Coordinate with any and all existing programmes designed to address the needs of minorities (Kostadinova et. al., 2010,).

  - Build capacity of NGO staff and relief agencies by providing trainings and raising awareness about the specific vulnerabilities and risks faced by minorities and indigenous peoples (Kostadinova et. al., 2010,).

  - Promote the participation of minorities and indigenous people in all aspects of assessment, program design, implementation, monitoring and evaluation (Kostadinova et. al., 2010,).

  - Make efforts to reach out to and include minority and indigenous women in leadership positions in their communities and governments to ensure adequate representation. Provide trainings to women and girls about their rights as indigenous people or ethnic/ religious minorities (Chapman, 2008,).

Example: The Minority Rights Group (MRG) Iraq and Somalia Programme aims to promote the human rights and fundamental freedoms of ethnic and religious minorities in Iraq and Somalia. It strengthens the capacity of civil society organizations to report and lobby on violations of minority rights in these two countries and promotes their participation in decision-making processes at local, national and international level. Ethnic and religious minorities have experienced a long history of discrimination in Iraq and Somalia, discrimination which has escalated into patterns of gross human rights violations during times of conflict. In addition to being less able to protect themselves than more powerful communities, minorities have been targeted specifically for human rights violations for ethnic or religious reasons. The programme seeks to strengthen the capacity of emerging civil society organizations and human rights activists representing vulnerable minorities in Iraq and Somalia and to promote their participation in decision-making processes. **Main activities in Iraq and Somalia include** capacity-building workshops, small grants for non-governmental organizations working with women and small minorities, publishing of thematic

reports and annual minority rights reports based on a monitoring system of human rights abuses, and national, regional and international advocacy plans.

Source: Adapted from Minority Rights Group International.

Additional Tools:

- Minority Rights Group International campaigns worldwide with around 130 partners in over 60 countries to support disadvantaged minorities and indigenous peoples through training and education, legal cases, publications and the media.
  - See guides and practical handbooks for members of minority and indigenous communities and activists working on their behalf, providing insight into the workings of international bodies such as the United Nations and the European Union.
  - See trainings aimed at minorities and those working with them, written by experts in the field.

V. Coordination as a Key Component of Addressing VAWG

- According to the principles of humanitarian aid and the international legal framework (Section II), the humanitarian community, governments, donors, peacekeepers, the UN and all others engaged in working with and for conflict-affected populations are **collectively accountable** for preventing and responding to violence against women. Ensuring effective VAWG coordination is the first step in meeting these responsibilities, in so far as coordination efforts are key to constructing a unified and coherent multi-sectoral response. As a result, **humanitarian actors have a duty to support and participate in GBV coordination** in order to strengthen and enhance the protection and care of women and children in situations of humanitarian crisis.

A. Definition and Purpose of Coordination

- The **goal** of VAWG coordination is to *provide accessible, prompt, confidential and appropriate services to survivors according to a basic set of guiding principles and to put in place mechanisms to prevent VAWG.* The **challenge** of VAWG coordination is to ensure that humanitarian actors working within and across relevant clusters/sectors achieve this goal through multi-sectoral, inter-agency action.

- Ultimately, successful coordination should result in more targeted, responsible and responsive programming. Humanitarian actors must always remember **why** they are coordinating VAWG interventions and **who** is

benefiting. Coordination processes should not only serve the actors engaged in prevention and response interventions, they should also lead to positive outcomes for the affected populations.

Additional Tools:

- **Ward, J. 2010.** *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, GBV AoR. (commonly referred to as the *GBV Coordination Handbook*). The Coordination Handbook is a quick reference tool that provides practical guidance on leadership roles, key responsibilities and specific actions to be taken when establishing and maintaining a GBV coordination mechanism in an emergency. The Coordination Handbook and associated training tools are available at http://gbvaor.net/.

- **IASC. 2005.** *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*, (commonly referred to as the *IASC GBV Guidelines*). The IASC GBV Guidelines stress the multi-sectoral approach and provide important directives for GBV coordination in any humanitarian context. The IASC GBV Guidelines and associated training tools to support roll-out of the Guidelines are available at http://gbvaor.net/

- **IASC. 2006.** *Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response*. This is the key guidance document for the use of the cluster approach, the agreed division of labour by humanitarian stakeholders. Since December 2011, the cluster approach and humanitarian coordination in general have been undergoing a reform process, also known as the IASC Principals' Transformative Agenda.

B. International, National and Local Coordination Mechanisms

- The Gender-based Violence Area of Responsibility Working Group (GBV AoR) is **the only global-level GBV-specific coordination mechanism that is focused on VAWG issues in humanitarian contexts**. UNFPA and UNICEF are the global co-leads for the GBV AoR.. The GBV AoR is a sub-cluster of the Global Protection Cluster, led by UNHCR. Membership in the GBV AoR is open; however, for organizations to have a decision-making role within the GBV AoR, they must sign letters of commitment.

- Field actors working in humanitarian settings should make use of the GBV AoR as a source of support and guidance. The GBV AoR website contains a variety of tools and guidelines, and the GBV AoR holds monthly teleconferences that are open to anyone wishing to participate.

- Responsibility for VAWG coordination at the field level will be largely determined by whether or not the cluster approach is in place in a given setting. The subsections below provide a brief overview of who is responsible for coordination in cluster and non-cluster contexts. More detailed practical advice can be found in the *GBV Coordination Handbook*.

1. Cluster Contexts

- Through the humanitarian reform process, the IASC agreed in 2006 that all countries with Humanitarian Coordinators should use the cluster approach. The IASC also agreed that the cluster approach should be used in any major 'new' emergencies requiring a multi-sectoral response. Under the cluster approach, the GBV coordination mechanism exists as an 'Area of Responsibility' under the Protection Cluster. At the international level this mechanism is known as the GBV AoR, but at the field level it can be referred to by various names (any of which are acceptable), such as 'Area of Responsibility', 'Working Group' or 'Sub-Cluster'.

- At the field level in cluster contexts, UNFPA and UNICEF are designated as the 'providers of last resort', which means they have the responsibility for ensuring VAWG coordination *if it is needed* and *if no other mechanisms exist* in consultation with the protection cluster lead and cluster members.

The "provider of last resort" concept is key to the cluster approach. It means that the global cluster lead agencies commit their utmost to ensure that the response to an emergency is adequate and appropriate and, when assuming cluster leadership at the field level, to make every effort to *address any gaps themselves* if cluster partners are unable to. In field settings where the global cluster lead is not operational and the cluster is therefore led by an agency that is different from the globally designated lead, the global lead agency is still considered the provider of last resort and therefore is responsible for ensuring the field-based lead fulfils designated cluster responsibilities.

Source: *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, pg. 34. For more information on cluster leads, including the 'provider of last resort' concept, is described in the IASC *Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response* (November 2006).

- While there is no set formula for determining which agency(ies) and which individual within that agency assumes responsibility for initiating and leading a GBV coordinating mechanism in a cluster context, general guidelines to consider are outlined below:

- **Where there is a Protection Cluster**: UNFPA and UNICEF must first determine if either or both agencies have adequate capacity to establish and assume leadership of the GBV coordination mechanisms (e.g. GBV sub-cluster or working group), including funding and staff (e.g. allocating a full-time, preferably mid- to senior-level staff person to the role of GBV Coordinator).

    - **UNICEF and/or UNFPA have the capacity to assume leadership:** One or both agencies – depending on which agency has the capacity to lead – are responsible for supporting and/or establishing an inter-agency GBV coordination body, preferably in partnership with a local entity/organization.
    - **Neither UNFPA nor UNICEF has the capacity to assume leadership:** Both UNFPA and UNICEF must work with theProtection cluster lead and in consultation with the Humanitarian Coordinator/Resident Coordinator, and , the UN Humanitarian Country Team and relevant I/NGOs, Red Cross/Red Crescent and government actors to identify and support an agency to take on a leadership role in the coordination of inter-agency VAWG interventions. This could be a UN entity, international or national NGO or the government. Local leadership should be supported wherever feasible.

- **Where there is no Protection Cluster but GBV has been identified as a priority area of concern and the cluster system is in place:** UNFPA and UNICEF should coordinate with other relevant entities and NGOs to support and/or establish an inter-agency GBV coordination body, in line with the actions outlined in the *Guidance Note on Determining Field-level Leadership of a GBV Area of Responsibility Working Group*.

Where an inter-agency group already exists to coordinate VAWG prevention and response activities, this body should always be considered first as a potential forum for coordinating VAWG in a cluster context. Parallel structures should only be established where absolutely necessary; preferably humanitarian actors can work to make an existing structure stronger and sustainable, for example where:

- A gender coordination body exists, but this forum does not allow for sufficient focus on the issue of VAWG in emergencies, and within this body are too many organizations focusing on gender more broadly. ***Possible solution:*** Creation of a VAWG Task Force that includes institutions working directly on VAWG prevention and response that reports to both the existing gender coordination body and the Protection Cluster.

- A VAWG coordination structure already exists, but the group does not specifically address the issue of VAWG in emergencies. ***Possible solution:*** Creation of a VAWG in Emergencies Sub-working Group.

- A national, government-led VAWG coordination structure already exists, but a gap analysis highlights that this group is not as effective as it could be. ***Possible solution:*** Development of a joint UN Country Team and NGO program to bolster the activities of this coordination structure.

Source: **GBV AoR**. *Guidance Note on Determining Field-level Leadership of a GBV AoR Working Group*. See Annex 7 in the *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings.*

2. Non-cluster Contexts

- Non-cluster contexts do not have a designated provider of last resort, but actors can follow the *IASC GBV Guidelines* to determine the best coordination approach.

- Typically, according to the IASC GBV Guidelines, there will be a group of organizations engaged in coordination of humanitarian response, with one organization or individual providing overall coordination and leadership. In refugee contexts, the designated lead UN agency is UNHCR.

- This coordinating group and/or its leadership should work with relevant partners (GBV specialists, gender specialists, government partners, people of concern, etc.) to:
    - Establish inter-organizational, multi-sectoral GBV working groups at the **national, regional and local levels**, made up of GBV focal points and any other key multi-sectoral actors from the community, government, UN, international and local NGOs, donors, etc.
    - The national-level GBV working group should select a coordinating agency(ies)—preferably two organizations working in a

collaborative arrangement. The organizations could be UN, international or local NGOs, or other representative bodies invested with due authority.
    - The national coordinating agency(ies) is/are responsible for ensuring that the actions described in the IASC GBV Guidelines are carried out at the national, regional and local levels.
    - The coordinating agency(ies) is/are further responsible for ensuring that the key activities described in this handbook are implemented.

- As with cluster contexts, any emergency coordination in non-cluster contexts should always attempt to build on pre-existing, inter-agency GBV coordination mechanisms (and/or work with pre-existing gender theme groups).

3. Local Coordination Mechanisms

- Establishing local coordination mechanisms and ensuring they are linked with national coordination mechanisms is a top priority for all actors working on GBV, since these coordination mechanisms often have different but mutually reinforcing responsibilities:
    - the **national coordination mechanism** may work on the 'bigger picture' (e.g., national-level advocacy, data collection and management, working with media, assisting other clusters/sectors at the national level, etc.)
    - the **field coordination mechanism** may work more on the level of operational guidance and oversight of programme implementation.

- When the national and field-based coordination mechanisms do not coordinate, their respective responsibilities are compromised. For example, the national coordination mechanism cannot adequately meet its national-level advocacy responsibilities unless it understands what is happening at the field level. Those working at the field level, in turn, cannot meet their responsibilities for providing operational guidance unless they are speaking with the same voice as the national coordination mechanism about guiding principles, best-practice models, etc.

- The table below highlights some key points in initiating local coordination mechanisms (where they do not already exist) and ensuring links between the national-level and field level/sub-national coordination mechanisms can be established.

Get started	Identify and/or develop sub-national structures as quickly as possible after the establishment of the national coordination mechanism—ideally **within the first month of emergency response** (if not part of emergency preparedness).

Identify membership	Identify—possibly while conducting rapid assessments of GBV issues and programmes in the affected area(s)-- key actors (health, psychosocial, security/protection) at the local levels, as well as people of concern, local GBV and gender experts, etc., who should participate in local-level coordination mechanisms and solicit their involvement in local coordination.
Identify leadership	Leadership of the field-level coordination mechanisms should be determined by partners at the first meeting, in the same participatory manner as is done at the national level. It may be more sustainable to identify local rather than international partners as leads and ensure they have sufficient technical and financial support to meet their responsibilities. For specific guidance on this issue, consult the *IASC GBV Guidelines* and the IASC template for Standard Operating Procedures.
Develop communication channels	In humanitarian settings where the emergency extends over a large geographic area, local coordination mechanisms should work through regional coordination mechanisms to share information with the national coordination mechanism and vice versa. Regional coordination mechanisms should also foster cross-communication amongst themselves. If regional coordination mechanisms do not exist, strategies should be developed to facilitate direct communication between national and local coordination bodies and to build communication across local coordination bodies. National coordination bodies must take into account local actors' capacity to access internet; where internet and/or computers are limited, regular communication should be facilitated through scheduled telephone contact and information-sharing through hard-copy updates.
Share information	**Information should be shared at least monthly** (and in the early stages of an emergency, even more often) among and between the national coordination mechanism and the field-based coordination mechanisms through dissemination of meeting minutes, action plans, TORs, updates on major activities and outcomes, etc.
Source: **Ward, J. 2010.** Handbook for Coordination Gender-based Violence Interventions in Humanitarian Settings, GBV AoR, Section 4.6	

Example: The GBV Sub-Cluster in Uganda addressing coordination in the conflict-affected north of the country has often been referred to as a model of good coordination because a variety of actors are involved in the coordination mechanism and because the coordination bodies at both the national and sub-national levels are strong. GBV prevention and response activities are

coordinated at four levels in Uganda: national, regional, district and sub-county. UNFPA established GBV Coordinator positions at the different levels to further promote effective coordination. A national GBV Coordinator works from Kampala, and there are regional GBV Coordinators based in Gulu district, and four district GBV Coordinators in Lira, Kitgum, Pader and Moroto. At the sub-national levels (regional, district and sub-county) the GBV Working Groups are chaired by the local government district gender officers and co-chaired by UNFPA (Ward, 2010).

- General guidance on sub-national cluster coordination can be found on the IASC Reference Module for Cluster Coordination at the Country Level.

4. Additional Coordination Mechanisms and Partners in Conflict-Affected Settings:

i. Coordination with peacekeeping missions and UN Country Teams

- In multi-dimensional UN peacekeeping operations, the UN has adopted an 'integrated approach' for all parts of the UN system that are active in that country. This means the UN peacekeeping operations and UN Country Team should work towards the same strategic vision. A Deputy Special Representative of the Secretary-General (DSRSDG)—who is sometimes the Humanitarian Coordinator/Resident Coordinator of the UN Country Team—ensures effective coordination and integration of efforts. Additionally, in emergencies where there are clusters, peacekeeping and civilian personnel sometimes (depending on the mandate of the mission and various components) participate in cluster meetings to make sure that their work is coordinated properly with the work of humanitarian actors in a manner that ensures neutrality, impartiality and independence of humanitarian operations.

- In countries with peacekeeping missions, actors working on VAWG will interact with the relevant protection actors within the mission. Improved and enhanced interaction between Protection Clusters including their AORs with UN mission is important for achieving better protection outcomes. This interaction may cover joint planning and assessment, information exchange, advocacy and border coordination. Protection Cluster members should formulate and implement common and coordinated approaches in their interaction with UN missions. A desk review of mission coordination mechanisms working on Protection of Civilians can be found here.

- UN missions can support GBV sub-clusters' activities in countries where they exist. Relatively large logistical assets, alongside the existence of advisors on Gender and/or Women's Protection and coordination mechanisms on Protection of Civilians, make missions a natural partner for GBV actors. To

date, however, much coordination between partners has been ad hoc and based on the will of partners to cooperate and share information.

- The absence of effective interaction between peacekeeping departments, the full range of UN entities and humanitarian response actors is one of the reasons why UN Action Against Sexual Violence in Conflict was launched in 2007, and this coordination between GBV actors and missions has been called for in different normative documents. For example, SCR 1888 calls for peacekeeping departments to engage with protection actors at both the global and field levels to establish a more formal relationship with humanitarian response actors. The Global Protection Cluster has developed a Guidance Diagnostic Tool to improve coordination and interaction between protection Clusters including AORs and UN missions, and can be requested at gpc@unhcr.org.

- Peacekeeping missions' use of Quick Impact Projects (QIPs) to provide seed money and targeted support for addressing VAWG has also been useful in building partnerships and facilitating coordination amongst different actors. The mission's Office of the Gender Adviser, often with the collaboration of UN agencies, regularly work with women's groups to organize trainings, meetings, and events on VAWG-related issues. Finally, the police component of the mission frequently works on prevention and response to sexual and gender-based violence with the local and national police. For this reason, the UN Police Division has developed an extensive toolkit for missions' police components' work on sexual and gender-based violence, which can be requested here. This inventory summarizes the different ways in which missions work on VAWG, mainly in collaboration with UN agencies and NGOs.

- In addition, international and local non-governmental organizations and other UN agencies, particularly those providing health and humanitarian services, may participate in mission-led Joint Protection Teams (JPTs). These teams, often deployed to remote areas to survey protection needs, issue recommendations, and take required action, typically draw members from mission staff in Political Affairs, Human Rights, Child Protection, Gender Affairs, and Public Information. A JPT may also include UN Police personnel and military observers.

Example: In DRC, from February 2009 to July 2010 around 60 Joint Protection Teams (JPT) were set up and deployed by MONUSCO to conflict-affected areas to make assessments and provide better protection to local populations. The JPTs involve civilian, police and military peacekeepers of whom, to date. Local populations, particularly women, report that JPTs have reduced the number of attacks on women when they go to the fields, markets and wells. Click here for more information.

- Protection from Sexual Exploitation and Abuse (PSEA) provides another area of common concern for mission and UNCT actors and anyone working on VAWG. Humanitarian Coordinators/Resident Coordinators are tasked with the responsibility of ensuring that an in-country network or task force on PSEA, composed of PSEA focal points, is operational and supporting the development and implementation of a country-level PSEA action plan in their respective countries. Unfortunately, there are many humanitarian settings in which there are no PSEA in-country networks. In these settings, it sometimes falls to the VAWG coordination mechanism to undertake PSEA activities.

- While the GBV coordination mechanism may opt to fill a gap in addressing PSEA in the short-term, e.g., by conducting awareness-raising amongst humanitarian staff and people of concern about the Secretary General's Bulletin on Protection from Sexual Exploitation and Abuse (SGB), PSEA responsibilities should not be a regular and/or long-term function of the GBV coordination group.

- It is nevertheless important that the GBV Coordinator knows and promotes the key principles and standards of conduct outlined in the SGB to all coordination partners. GBV Coordinators must be apprised of local reporting procedures and processes related to addressing SEA allegations, and this information should be included in any SOPs.

- Perhaps most importantly, the GBV coordination mechanism must work with the PSEA in-country network to ensure that survivors of sexual exploitation and abuse have access to services. The PSEA network has a responsibility to ensure that a 'victim assistance mechanism' is in place for those who have experienced SEA; this mechanism should build upon existing GBV services in the setting rather than create parallel SEA-specific services.

For additional information, see Section II: Protection from Sexual Exploitation and Abuse.

ii. Monitoring, Analysis, and Reporting Arrangements on Conflict-Related Sexual Violence

- Depending on the mission structure and mandate, various actors may be involved in a specific coordination mechanism for conflict-related sexual violence, which may involve the Office of the Gender Advisor and sections working on Human Rights, Rule of Law, Child Protection, HIV/AIDs, as well as the military and police components. Since the adoption of SCRs 1888, and with the appointment of the SRSG on Sexual Violence in Conflict, DPKO is putting in place a more standardized structure to coordinate mission activities in addressing sexual violence, including the deployment of women

protection advisors, as requested and reiterated in SCRs 1888, 1960, and 2106.

- In December 2010, SCR 1960 outlined specific steps for the prevention of and protection from sexual violence in conflict, including the establishment of standardized monitoring, analysis and reporting arrangements (MARA).

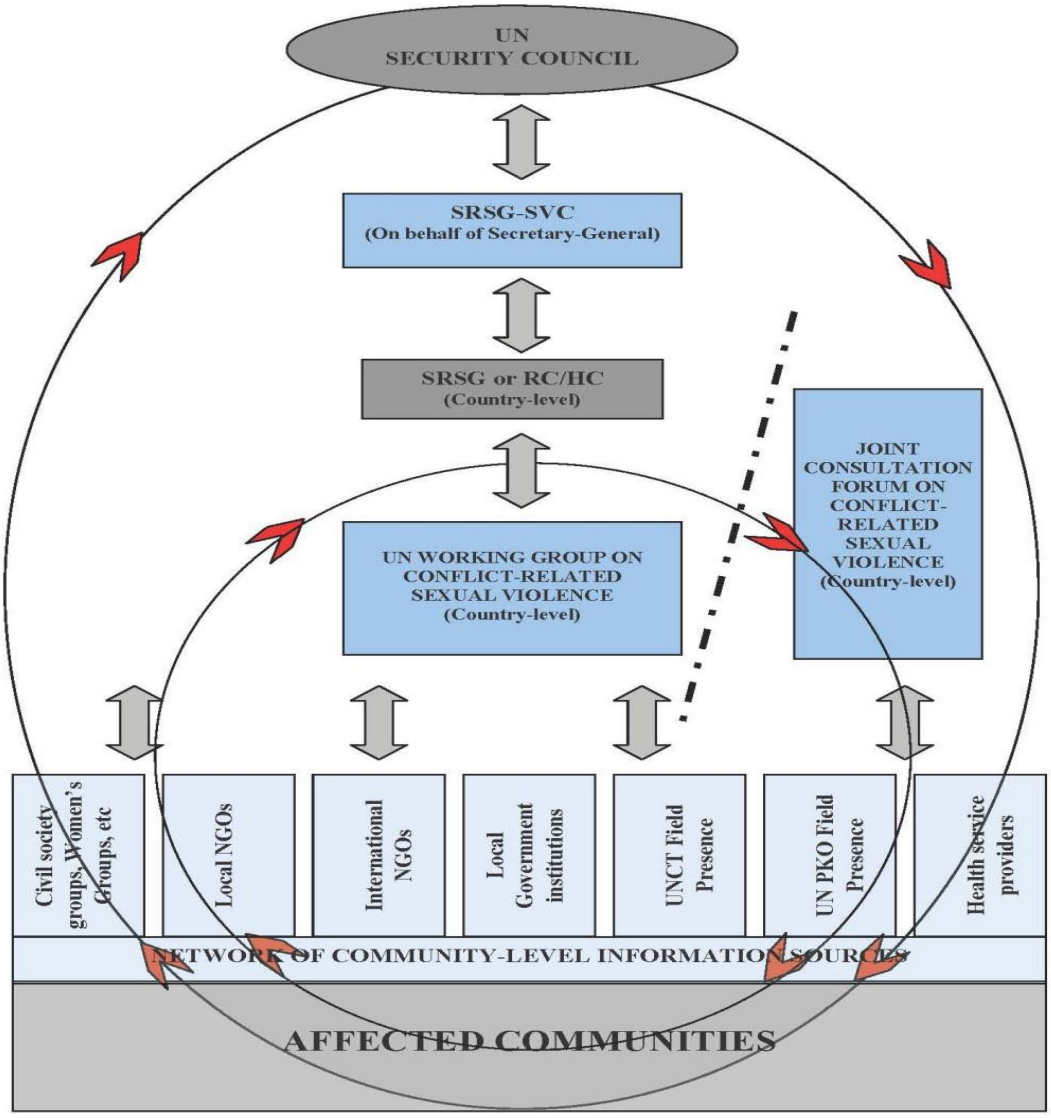
- The purpose of the MARA is to provide systematic, timely, reliable, and objective information on conflict-related sexual violence to the Security Council that will help reduce the risk of sexual violence and improve assistance to survivors. It will also serve to collect:

    - Information on patterns and trends of sexual violence in situations of conflict, post-conflict and other situations of concern to the UN Secretary-General;
    - Detailed information on parties to conflict credibly suspected of committing or being responsible for rape and other forms of conflict-related sexual violence – for the purpose of listing in the UN Secretary-General's report to the Security Council.

- At the country level, the information and data collected for the MARA will be submitted from the network of field-based organizations and networks (UN agencies, local and international NGOs and civil society organizations and service providers, such as health and psychosocial service organizations) to the UN leadership in country, through existing data collection systems which work in any given country, such as the protection cluster, the gender-based violence area of responsibility/working group/subcluster and gender theme groups. At the country-level, a variety of sources will inform the MARA, including information gathered from UN Country Team (UNCT) actors, local and international NGOs, civil society organizations, and other health and psychosocial service organizations.

- A provisional guidance note on the implementation of SCR 1960 was published in June 2011, outlining the implementation process of the monitoring and reporting mechanism:

Annex 2: Flowchart of the Monitoring Analysis and Reporting Arrangements for Conflict-Related Sexual Violence



Source: **UN Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict**. **2011.** *Provisional Guidance Note - Implementation of Security Council Resolution 1960 (2010) On Women, Peace and Security (conflict-related sexual violence)*, pg.18. Available at:

- The intention of the MARA is to use the information gathered to enhance prevention and response to conflict-related sexual violence, while promoting adherence to safe and ethical practices. The information is also intended to inform the development of comprehensive strategies to address conflict-related sexual violence, including programmatic responses for survivors at the country-level and to serve as a basis for Security Council action at the international level.

- One of the outputs of the MARA at the global level will be the contribution of information to the Annual Report of the Secretary-General on Sexual Violence in Conflict. This report raises concerns about documented incidents, patterns or trends of CRSV, describes actions taken and makes recommendations to address this issue. An Annex to the report presents a list of parties to conflict that are credibly suspected of committing or being responsible for acts of rape and other forms of sexual violence in situations of armed conflict. The Security Council may impose sanctions and other targeted measures, and to engage in structured dialogue with parties to conflict to secure protection commitments to end the use of sexual violence as a tactic of warfare.

- As articulated in the *Provisional Guidance Note – Implementation of Security Council Resolution 1960 (2010) on Women, Peace and Security (Conflict-Related Sexual Violence)*, at country level, the Special Representative of the Secretary General (SRSG) or the Resident Coordinator/Humanitarian Coordinator (RC/HC) (where there are no peacekeeping or political missions), is meant to be responsible for timely implementation of SCR 1960, with Women Protection Advisors (WPAs) being placed within missions to implement this process. WPAs are meant to support the implementation of all the Security Council resolutions on sexual violence in conflict, and are being gradually included among the staff of peacekeeping missions. When they are in place, WPAs are responsible for convening and leading a Working Group on Conflict-Related Sexual Violence which is intended to be a technical level, UN-led and UN-comprised body expected to review information, monitor and verify incidents of sexual violence, analyze data, trends and patterns, prepare reports, and build capacity to strengthen MARA.

- According to the *Provisional Guidance Note*, the SRSG or RC/HC in consultation with the UN Country Team will determine which UN entities will constitute the Working Group, based on expertise and capacity in: GBV programming; monitoring, verification and reporting of human rights violations; gender analysis; and other security/protection expertise.

- Another body, the Joint Consultation Forum on Conflict-Related Sexual Violence, has been proposed to engage a larger number of entities for consultation purposes, including relevant national institutions and NGOs. This forum is intended to build on existing arrangements for consultation and coordination on GBV in humanitarian settings and to provide additional protection of neutrality, safety, and security by acting as a buffer between actors with direct survivor contact and the information included on survivor incidents in reports that are made to the Security Council (Source: UN Action, “Guidance Note on the Intersection Between the MARA and the GBV IMS”, forthcoming).

- The paramount concern in the implementation of the MARA should be strict adherence with established ethical and safety criteria, such as security, confidentiality, anonymity, informed consent, safety and protection from retribution, and protection of the data. By late 2013, these working groups and consultation forums had not been formally established in any country or mission context, but the Secretary-General had begun to list parties credibly suspected of committing patterns of sexual violence, based on information received from the field. Examples of such lists can be found in the annexes of the 2012 report and the 2013 report, available in all UN official languages.

- Due to the highly sensitive nature of sharing information on conflict-related sexual violence, and the existing of inter-agency networks already collecting information on sexual violence, such as the Monitoring and Reporting Mechanism (MRM) on Children and Armed Conflict, which collects information on sexual violence against boys and girls, and the Gender-Based Violence Information Management System, an inter-agency, commonly endorsed mechanism for the effective and safe storage, analysis, and sharing of reported GBV incident data in humanitarian contexts, it is important to ensure coordination and complementarity of efforts to avoid duplicating, re-interviewing victims, or endangering the confidentiality of such information.

Additional tools:

- UN Action, "Guidance Note on the Intersections Between MARA and GBV IMS" (forthcoming).
- OSRSG-CAAC, UNICEF, DPKO (2010), "MRM Field Manual: Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict", available here.

iii. A note on National Action Plans on Gender-Based Violence and National Action Plans on Women, Peace and Security

- In many conflict and post-conflict contexts, coordination on gender-based violence is undertaken by a working group of government, UN, and NGO actors based on a joint strategy or action plan. These working groups on gender-based violence or violence against women may take many forms, and this handbook provides useful advice on the principles and key elements for adoption and implementation of any such national action plan.

- In other countries, coordination revolves around the development, adoption, implementation, and monitoring of a national action plan on women, peace, and security, which invariably include a pillar or sector on violence against women. An updated list of these national action plans can

be found here, as well as guidance in English, Spanish, French, and Arabic.

C. Functions of Coordination

- Too often, information sharing is perceived by coordination partners to be the primary purpose of coordination. While information sharing is one important aspect of coordination, it is certainly not the only one.

- Effective coordination is guided by **principles**—those promoted in the rights-based, survivor-centred and community-based approaches described in Section III—as well as by *activities* and *responsibilities*. Humanitarian actors implementing GBV coordination mechanisms should anticipate activities that will be required from the onset of an emergency and ensure appropriate staffing and membership of the coordination mechanism to guarantee these activities are undertaken. Some of the recommended tasks/activities of coordination are presented below; however, this information is not exhaustive: **other responsibilities will certainly arise during the coordination process**. (Also see Implementing a Coordination Mechanism.)

Coordination Activities	**What it means**	**Case examples and Additional resources**
Developing information systems for coordination	Collecting and sharing information, including: - The '3 Ws' –Who is doing What and Where - Coordination mechanism documents (Terms of reference, Strategy/Action Plan, Meeting minutes, etc.) - Rapid Assessments and other research documents prepared for public dissemination - Training Schedule and Materials - Standard Operating Procedures (SOPs) - Press releases and other information-related documents produced by the coordination mechanism	More information and examples on developing information systems for coordination can be found in the GBV Coordination Handbook, Section IS 3.1.

	- Information, Education, and Communication (IEC) Materials - Standard Resources on VAWG	
Making appeals for GBV funding	Soliciting funds to support urgent needs: - UN system pooled-funding mechanism (Flash appeals, CERF, CAP) - Emergency Response Funds (ERF), managed by OCHA - Multi-donor trust funds - Traditional donors - UN Trust Fund to End Violence Against Women See Section VI for more information on accessing funding.	Example: To help other sectors not typically engaged in GBV prevention or response to integrate gender and GBV into their 2010 CAP proposals, the GenCap in Zimbabwe provided guidance notes to clusters and advocated in the CAP planning workshop to include gender and GBV as project prioritization and selection criteria. Additional Resources: GBV Coordination Handbook, Section IS 3.2. Multi-Partner Trust Fund Office: UN Trust Fund to End Violence Against Women Interagency technical guidance on UN system funding procedures (Humanitarian Financing, CERF and CAP) Additional information on humanitarian funding: OCHA Humanitarian Appeals OCHA Humanitarian Reform OCHA Humanitarian Financing **Kerr, J,. 2007.** *The Second Fund Her Report: Financial Sustainability for Women's Movements Worldwide* (Association for Women's Rights in Development (AWID).
Working with the media	Providing journalists with accurate information about GBV	Example: The GBV Unit of Liberia's Ministry of Gender and Development (MOGD) has organized a critical

	during an emergency offers an outlet for information that can be used in strategic ways to effect positive change. Working with the media should entail monitoring media reports and, if necessary, providing training in ethical reporting. Coordination partners can also engage with the media through: press releases, press statements, press conferences and interviews.	mass of journalists working throughout the country who are willing to partner with agencies and community groups to advocate for the cessation of GBV. This group calls itself Journalists Against GBV, and all participants have been trained in ethical guidelines. A representative from the group attends every GBV coordination meeting at the MOGD. Click here for more information. Additional Resources: GBV Coordination Handbook, Section IS 3.4. **Drezin, J., (ed.), 2001**. *Picturing a Life Free of Violence: Media and Communications Strategies to End Violence Against Women* (UNIFEM). **Interpress Service and Gender Links, 2009**. "Reporting GBV: A Handbook for Journalists" **M. Phillips. 2008.** *Working with the media: notes for refugee advocates*. Forced Migration Review:8, pg 33-4.
Mainstreaming GBV into other cluster/sectors	Working with sectoral colleagues to promote multi-sectoral, interagency action to prevent and respond to GBV and to encourage accountability of cluster/sector leads in meeting their sector-specific GBV responsibilities. (See Engaging with other clusters/sectors below, as well as Section VIII on Prevention Programming Mainstreamed Through	Example: In Mozambique following the floods of 2007, the Protection Cluster was combined with the Education Cluster and there was no GBV Sub-Cluster. In order to ensure that GBV concerns were integrated in the preparedness and response strategies of all sectors, the Protection/Education Cluster leads identified GBV & HIV/AIDS Focal Points to participate in other clusters. Selected FPs attended the Child Protection & GBV in Emergencies Training (organized by Save the Children, UNFPA and UNICEF) to increase their knowledge and understanding of the issues prior to

	Key Humanitarian Clusters/Sectors)	assuming their responsibilities. They were provided specific TORs as well as checklists to assist them in monitoring sectoral activities and reported back regularly to the Protection/Education Cluster (Ward, 2010). Additional Resources: GBV Coordination Handbook, Section IS 3.5.
Supporting development of Standard Operating Procedures (SOPs)	SOPs are meant to provide operational guidance at the field level based on a multi-sectoral approach to GBV and therefore require the endorsement of multiple GBV actors and agencies. Coordination partners can support the development of SOPs at the national and local levels. Making copies of all SOPs publicly available can be useful for those working in and travelling to field locations, as well for those working at the national level. (See Section VII for more information on SOPs.)	GBV Coordination Handbook, Section IS 3.6 **IASC Gender SWG, 2008**. *Establishing Standard Operation Procedures for multi-sectoral and inter-organizational prevention and response to GBV in humanitarian settings* (SOP Guide)
Building capacity of GBV partners	Building upon the strengths of GBV partners in order to improve the skills of all members of the coordination group. This is a collaborative process in which the expertise of all members—from people	GBV Coordination Handbook, Section IS 3.7 **ARC, 2009.** *ARC Partnership Approach Guidance and Tools*. **Vann, B. 2004.** *Training Manual Facilitator's Guide: Multisectoral & Interagency Prevention and*

	of concern to international NGOs—is shared amongst coordination partners to develop a strong and effective coordination mechanism. See Section VI for more training tools in Staff Training and Capacity Building.	*Response to Gender-based Violence in Populations Affected by Armed Conflict*. RHRC/JSI Research and Training Institute. **Dipak N. and Michau L., 2004.** *Rethinking Domestic Violence: A Training Process for Community Activists* (Raising Voices). **Dipak N. and Michau L., 2003**. *Mobilizing Communities to Prevent Domestic Violence: A Resource Guide for Organizations in East and Southern Africa* (Raising Voices). **IASC, 2010**. *Different Needs - Equal Opportunities: Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men*. Online course.
Developing information, education, and communication (IEC) materials	Using participatory and community-based approaches to promote behaviors that improve health and well-being. The basic behavior-change goals of IEC related to GBV are usually two-fold: to reduce the incidence of GBV and to ensure that those who have experienced GBV are enabled to seek the care they need. See Section VIII for more information on IEC and other behavior change interventions.	Example: During the post-election violence in Kenya (2008), the GBV Sub-cluster developed an information sheet for UN, government, and I/NGO actors to educate them about GBV basics. Developing the information sheet enabled sub-cluster members to discuss and agree on key concepts and to share information with partners outside the sub-cluster in a standardized way (Ward, 2010). Additional Resources: GBV Coordination Handbook, Section IS 3.8 "Through Our Eyes: Participatory Communication for Community Empowerment and Social Change" (ARC, ongoing). **UNFPA, 1999.** *Reproductive Health*

		in Refugee Situations: An Inter-Agency Field Manual, Appendix One. **IASC, 2005.** *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*.
Conducting assessments, data collection, monitoring, and knowledge management	Safe and ethical information-gathering about the nature and scope of VAWG as well as about the availability, utilization and effectiveness of services in a given setting ensures that the priorities identified by coordination partners are evidence-based, so that project development and implementation, policy work, funding solicitation, advocacy efforts, etc., are all rooted in identified problems and related needs. See Section VI for more information on assessments and Section VII on service delivery data collection.	Example: In Uganda, the need for a rapid assessment of GBV in transit and return sites was identified by the GBV Sub- Cluster members at the district level. The national GBV Sub-Cluster organised inter-agency rapid assessments in four relevant districts, which were led by the social-welfare department of the local government. Numerous agencies contributed to the design of the assessment tool and to logistics, as well as to disseminating the results of the assessment. Because of the inter- agency nature of the research, there was significant buy-in on the findings. Therefore, many partners (including the government) shifted their priorities and programming approaches to better meet the evolving needs on the ground (Ward, 2010). Additional Resources: GBV Coordination Handbook, Section IS 3.7 **Ward, J. (ed). 2004.** *Gender-Based Violence Tools Manual*. RHRC Consortium. The GBV Area of Responsibility's collection of tools on information management. **WHO, 2007.** *Ethical and safety*

		recommendations for researching, documenting and monitoring sexual violence in emergencies. **Ellsberg, M. and Heise, L. 2005.** *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington DC: World Health Organization, PATH.
Conducting Advocacy	Advocacy is a critical responsibility of any coordination mechanism: it can be used to influence decision-makers in order to bring about changes in policies and programs that protect women and girls from violence during conflict and in post-conflict situations. (See A Note on Advocacy, below.)	For additional information on advocating in humanitarian settings, see the **International Rescue Committee**'s *GBV Emergency Response and Preparedness. Participant Handbook*. Module 5: Advocating in Emergencies (2012). GBV Coordination Handbook, Sections IS 3.2, 3.3, 3.4. **CEDPA Training Manual Series. 2000.** "Gender, Reproductive Health, and Advocacy" (Washington, DC, Sessions 9-14.) **International Alert and Women Waging Peace. 2004.** Inclusive Security, Sustainable Peace: A Toolkit for Advocacy and Action, Section 5: Protecting Vulnerable Groups, London: International Alert and Women Waging Peace. **Jane Barry (Urgent Action Fund). 2005**. *Rising Up in Response: Women's Rights Activism in Conflict*.

D. Implementing a Coordination Mechanism

- When and how a GBV coordination mechanism is launched and led in humanitarian settings will depend on a variety of factors determined by the local environment (e.g. if there is a pre-existing coordination mechanism). Where there is no pre-existing GBV coordination mechanism, ideally one will be instituted at the outset of an emergency. However, due to lack of

resources, political will, and/or other issues, this is not always the case. Actors working on GBV must remain vigilant to monitor the situation to ensure GBV issues are being addressed and, if necessary, conduct advocacy to ensure that a coordination mechanism is instituted as soon as possible.

Example: In Myanmar following Cyclone Nargis, a Women's Protection Technical Working Group (the term 'women's protection' was favoured over the term 'GBV' for political and social reasons) was originally created within a Protection of Children and Women (PCW) Cluster. Because the cluster focused primarily on children's issues (partly due to the fact that it was led by child-protection agencies), GBV issues were under-recognized. An evaluation of the PCW Cluster three months after its inception recommended that there should be a separate GBV coordination mechanism in order to more effectively coordinate women's protection efforts. The establishment of a sub-cluster dedicated to women's protection resulted in greater prioritization of women's issues, including GBV, in several key multi-sectoral initiatives, such as the Post-Nargis Response and Preparedness Plan, various donor appeals and the Myanmar Contingency Plan.

Source: excerpted from Ward, 2010.

- **When planning for a coordination mechanism, it is critical to ensure there is sufficient staffing and that leadership of the coordination mechanism has authority and experience.** Too often, GBV coordination mechanisms will be led by a single individual who may not have sufficient experience or authority to influence UN, government and INGO partners. In addition to an experienced, full-time coordination lead, it is often necessary to have secretarial and logistical support—someone to organize and announce meetings, draft and distribute minutes, facilitate communication among coordination members, share resources, develop information systems, and manage knowledge through documentation of case studies or interactive communities of practice. This support will allow the coordination lead to focus on substantive issues related to building partnerships and capacity, conducting advocacy, ensuring the implementation of action plans, etc.

- After the coordination mechanism is initiated, several key activities should be undertaken within the first month. When combined with appropriate leadership skills, these activities will help to ensure that coordination partners have the momentum to move forward.

E. Ensuring Collaborative Leadership

- Actors responsible for facilitating collaboration must work to create an enabling environment for participation, problem-solving and decision-making, so that participants – a wide variety of actors with different agendas and priorities- **share responsibility** and **feel ownership** of collective outcomes. This often requires a mental and practical shift from more typical (and sometimes easier) authoritative leadership methods to more collaborative leadership methods.

Collaborative leadership is a process through which individuals and organizations are encouraged to:

- Share resources
- Exchange information
- Search for creative solutions to emerging challenges
- Enhance capacity for mutual benefit and a common purpose by sharing risks, rewards and responsibilities
- Exchange activities
- Constructively explore differences

- Collaborative leadership aims to give the GBV Coordinator the tools necessary to maintain the momentum and the commitment of those participating in a GBV coordination mechanism by employing techniques aimed at promoting collaboration, mutual responsibility and consensus.

- Coordination sub-groups are an often under-utilized strategy in collaborative leadership. These sub-groups are essentially working groups of individuals within the coordination mechanism that are assigned specific tasks—many of which are related to the functions of a GBV coordination mechanism that are described in Section C. Coordination sub-groups are a useful way of delegating responsibility to a relatively small corps of volunteers (anywhere from four to 10 people) in order to increase efficiency of the coordination mechanism by avoiding the time-consuming process of managing all activities in a large quorum. Sub-groups are also useful because they:

  Promote ownership and accountability of those participating in the coordination mechanism.
  Provide an opportunity to exploit the specific capacities/expertise of partners.
  Facilitate capacity-building when those with less experience are encouraged to join a subgroup led by those with greater experience.

Avoid top-down leadership in which the majority of decisions are made by the GBV Coordinator(s) or coordination mechanism chair/co-chair(s).
Build cohesion among members working together for a common goal in small groups.
Increase momentum of the coordination mechanism by allowing it to work simultaneously on a number of different objectives.

Accountability

To ensure the proper functioning of the GBV coordination mechanism, participants must perform to their best ability within the agreed parameters of the coordination process. This means they must understand and act on responsibilities laid out in key operational guidance documents, such as the Terms of Reference, the Action Plan, etc. A mechanism for monitoring partners' success in meeting their responsibilities is also necessary.

The best way to encourage accountability is by example: active participation of membership is stimulated by a committed coordination leadership. That said, the coordination lead must resist pressure to assume all responsibilities related to coordination so that membership remains active and involved. The GBV Coordinator should ensure that:

- The Action Plan designates agencies, individuals or small groups for specific tasks.
- TOR for the Chair(s) are drafted at the outset.
- Meetings are efficient and action-oriented.
- Action points are included in meeting minutes.
- There is a process through which agencies, individuals and small group commitments (as recorded in the minutes) are routinely reviewed.
- Attending participants have the authority to make decisions on behalf of their designated organizations.
- The GBV Coordinator continuously acknowledges and applauds the work of partner organizations that are meeting their responsibilities.

Source: Ward, J. 2010. *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*. GBV AoR. Section Five of the Handbook focuses on practical coordination skills aimed at creating and sustaining an active coordination membership.

Additional Tool:

- IASC. No date. **Tips and resources, IASC Cluster Leadership Training – Smarter Coordination Meetings**. Available in English.

F. Common Challenges in Coordination

- Every coordination mechanism will face unique challenges that must be resolved collectively by coordination partners and through coordination leadership. Even so, there are some common coordination challenges that exist across many humanitarian settings that, if anticipated, may be averted and/or avoided.

1. Membership

- Successful GBV coordination depends on a wide variety of sectoral actors—from policy-makers to advocates to programmers to people of concern—working as partners to achieve safe, ethical and comprehensive GBV prevention and response programming. Broad participation of multi-sectoral partners can be beneficial because it:

    - Enables transfer of knowledge and problem-solving.
    - Provides greater legitimacy to the issues through wider engagement and commitment of partners.
    - Ensures coherence of standards and values.
    - Increases leverage with key stakeholders.
    - Enables strategic multi-sectoral prevention and response planning.
    - Improves advocacy efforts.
    - Increases predictability and accountability in prevention and response programming.

- Yet, evidence suggests that engaging too many partners can have a limiting effect on the coordination mechanism, as it becomes too big to handle. It is therefore important for GBV Coordinators to monitor membership, addressing gaps in membership as necessary and ensuring that individuals with decision-making capacity are present at coordination meetings. The concept of inclusive membership **should not mean indiscriminate membership**, but rather participation of a variety of partners that facilitates, rather than detracts from, the goals of the coordination mechanism.

- For a coordinator to build inclusive membership, s/he must understand the benefits of participation. A GBV Coordinator also must have the capacity to advocate for the participation of particular agencies/groups, both to partners that are already participating in the GBV coordination mechanism (to promote inclusiveness), as well as to those targeted for participation (to motivate them). The GBV Coordinator may need to pursue particular agencies/organizations/individuals, **especially in the early stages of building a coordination mechanism**. At the same time, s/he must be aware of some of the potential problems associated with including specific groups and develop strategies to avert those problems.

TARGET PARTICIPANTS	BENEFITS OF PARTICIPATION		ISSUES TO TROUBLE-SHOOT
	For the coordination mechanism	For the targeted group	
Representatives of other clusters/ sectors, gender focal points and gender theme group leads, mental health and psychosocial support focal points, mission representatives (where there are peacekeeping operations)	• Ensures that the strategies and action plans of the GBV coordination mechanism are in line with those of other clusters/ sectors and other relevant coordination bodies. • Facilitates communication about GBV problems, gaps	• Strengthens accountability with regard to GBV issues. • Provides opportunities for capacity-building and resource-sharing.	• May not understand GBV as a critical issue to their sector/ cluster/group. • May feel GBV is irrelevant, meetings are a waste of precious time.
People of concern	• Increases service coverage and opportunities for better prevention/ protection. • Limits a top-down approach to humanitarian aid and supports guiding principles of GBV programming.	• Ensures consideration of their multiple needs and rights. • Provides a forum for sharing their inputs. • Can be a means for people of concern to hold humanitarian actors accountable for delivering on promises, protecting their needs and rights.	• In settings where the government is hostile, may pose security risk to involve people of concern. • May require additional efforts in facilitation of meetings (e.g., translation) and in dissemination of information (e.g., hard copy instead of electronic). • May be

Civil society (including local NGOs, community-based organizations, etc.)	• Have a comparative advantage in early response and operational planning due to their links with local communities and authorities.	• Increases understanding of the humanitarian system. • Ensures they have a voice in what is happening and enables them to share the inputs of people of concern. • Enables networking with partners and donors in order to build programmes and access funds. • Access to	• Managing the proliferation of new NGOs when funds become available for GBV. • Managing perception that participation in GBV coordination body will lead to funding. • Security risks for local actors in settings where government is hostile and NGOs face threats/sanctions.
International NGOs	• Most often the primary implementers of GBV programmes and the major actors in the field of humanitarian response. • Have resources and expertise that differs from – and often exceeds – that of UN agencies. • Reduces	• Access to technical support and opportunities for problem-sharing/ problem-solving. • Networking opportunities with donors. • Ensures they have a voice in what is happening and enables them to share the inputs of	• Often not adequately engaged in coordination (perception of 'top– down' approach and NGO participation as tokenism). • No clear humanitarian structure for oversight and accountability of INGOs.

Government	• Primary role in the initiation, organization, coordination and implementation of humanitarian assistance. • Ultimately responsible and accountable for protecting and caring for the affected population both during and beyond the crisis period. • Increases likelihood of accountability and sustainability of	• Increases understanding of the humanitarian system. • Ensures that they have a voice in what is happening and enables them to share the inputs of their ministries and people of concern. • Provides a space for accountability when things go wrong and a forum for taking credit when things go right. • Enables networking with partners and donors. • Access to	• May be implicitly or explicitly engaged in perpetration of GBV. • May be in a position to significantly restrict access of frontline organizations to the affected population. • Ministry of Gender rarely empowered and/or given adequate funding to address GBV (sidelined issue). • Other ministries that *should* be involved may not
Donors	• Gain a better understanding of key issues related to GBV programming. • Can be advocates within their agencies for allocating funding.	• Ensures appropriate programmatic responses. • Helps them prioritize their funding. • Reduces confusion about proposals and potential for overlap. • Allows their ideas/ priorities to be	• May attempt to influence strategic frameworks/ coordination goals based on their agencies' priorities. • Can limit open dialogue among participants afraid of alienating donors.

SOURCE: **Ward, J. 2010.** Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, GBV AoR, pgs 89-91.

2. Engaging with Other Clusters/Sectors

- Another common challenge when building a broad multi-sectoral membership of a GBV coordination mechanism is engaging with, and ensuring the participation of, other clusters/sectors. And yet, engaging with other clusters/sectors can have mutually beneficial results:

Benefits for coordination mechanism	Benefits for the target group
• Ensures that the strategies and action plans of the GBV coordination mechanism are in line with those of other clusters/ sectors and other relevant coordination bodies. • Facilitates communication about GBVproblems, gaps in programming and methods to address these gaps.	• Strengthens accountability with regard to GBV issues. • Provides opportunities for capacity-building and resource-sharing.
Source: Adapted from **Ward, J. 2010.** Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, GBV AoR. Section I.S. 4.2.	

- However, sectoral actors may be somewhat reluctant to take on GBV issues because they are already overwhelmed with the more standard challenges associated with their sector. In addition, they may not see \gbv as a critical issue to their sector or feel that GBV is relevant and be reluctant to attend additional meetings. As a result GBV activities will not be fully integrated into the humanitarian responses, possibly leading to increased victimization of women and girls. Finding creative ways to engage with the clusters/sectors therefore becomes crucial; some suggestions include:

    - In an emergency context, the GBV coordination mechanism should ensure constant communication and monitoring of sectoral activities.
    - Within the network of a 'humanitarian system', actors working on violence against women should work with sectoral colleagues to promote multi-sectoral, interagency action to prevent and respond to GBV.
    - GBV actors should also encourage accountability of cluster/sector leads in meeting their sector-specific GBV responsibilities such as to mainstream GBV programming into their work. This can be done through the review and integration of GBV into sectoral needs assessments and analysis, policy and programming documents, action plans, funding appeals, etc. To engage cluster/sectors in GBV issues and activities, it is necessary to educate and motivate them about their responsibilities set out in the IASC GBV Guidelines as well as the IASC Gender Handbook.
    - The GBV coordination mechanism should encourage the participation of cluster/sector leads in the GBV coordination mechanism and assist cluster/sector leads to identify someone with

sufficient authority and commitment within their coordination group to represent their cluster/sector at all GBV coordination meetings.
    - GBV coordination representatives should make periodic presentations to cluster leads at the OCHA cluster lead meetings (typically held at the national level once a week during an emergency).
    - Identify GBV coordination members to regularly attend various cluster/sector meetings to represent GBV concerns as appropriate and report back on emerging issues at the GBV coordination meetings.

- Additionally, when both the protection cluster and GBV sub-cluster or working group are active within a given context, many important coordination functions take place at the level of the protection cluster and involving all the protection-related areas of responsibility, including not only GBV but also Child Protection, Mine Action, and Land, Housing, and Property. This type of coordination is especially undertaken for joint planning and joint reporting, especially in preparation for the Consolidated Appeals Process (CAP).

3. Clarifying Targets of Work

- Any coordination efforts should seek to establish some common understanding so that all action-planning, advocacy, training, fieldwork—and any other activities undertaken by GBV coordinating partners—is consistent in terminology, theory and practice.

- It is easy to take for granted that everyone working to end violence against women has the same core understanding of definitions, principles and programming models related to GBV. However, partners often discover well into a coordination process that there are widely divergent views on even the most fundamental theoretical and practical issues. In such cases, misunderstandings are likely to emerge over time, leading to compromised coordination efforts, but also—and even more critically—to unsafe or unethical programming. Similarly, GBV partners might have a different understanding of how sexual violence is defined, creating challenges in communication as well as in data collection and analysis.

4. Sustaining Coordination Mechanisms

- VAWG is a problem that does not end when the emergency phase ends, and in some instances, shifting from emergency to recovery and development phases can herald increased rates of certain types of GBV, especially when emergency-related programming for the most vulnerable is discontinued. In settings where women and girls have lost basic protective mechanisms as a result of the emergency (such as family, livelihoods, etc.), their vulnerability is

likely to increase when they can no longer access the benefits of humanitarian aid and must struggle to reintegrate into their communities. As a result, it is crucial that work on GBV –developing programmes, improving systems, changing policy, conducting advocacy, etc.—continues to receive the input of multi-sectoral actors and be well coordinated beyond the emergency phase.

- Therefore, one of the most critical issues for a GBV coordination mechanism to consider, especially after the initial emergency response has waned, is how to ensure that coordination mechanisms for GBV are continued after the cluster system (or other humanitarian structures) have terminated. When thinking about how to ensure the sustainability of the GBV coordination mechanisms, it is important to consider:

    - **Capacity:** Ideally, a permanent VAWG coordination mechanism at the national level should be government-led in order to ensure that VAWG is mainstreamed into national structures. Where government leadership presents political or security problems, other local agencies should be identified. With either option, it is often the case that local actors will not have the experience to coordinate programming for VAWG. Strategies should be developed for building capacity of relevant actors during the emergency by, e.g., having a government representative co- chair the coordination mechanism and, if possible, shadow the Coordinator in order to learn as much as possible about how to lead coordination post-emergency.

Example: In post-conflict Liberia, GBV coordination was led by the Ministry of Gender and Development and the GBV Joint Programme Management Team (which includes UN agencies and UNMIL). An assistant minister was designated as counterpart to the Joint Programme Advisor with a clear TOR. This shared leadership between the UN and the government enhanced monitoring, partnership and transparency and also stimulated government ownership of the coordination process (Ward, 2010).

    - **Funding:** Securing financial resources for post-emergency coordination efforts is essential for facilitating the transition of the coordination mechanism to a permanent structure. Since this funding cannot be accessed through emergency streams (such as the CAP), the coordination mechanism will have to seek out recovery and development donors in order to design a funding strategy.
    - **Advocacy:** The pressure to discontinue humanitarian-led coordination mechanisms will intensify as the crisis shifts into early recovery. At this stage, the GBV Coordinator and other partners within the GBVcoordination mechanism should be prepared to articulate the need to sustain coordination efforts and should have a plan ready for presentation to the UNCT, IASC, government, etc., about including VAWG in recovery efforts. This kind of advocacy may be done most

effectively through a coordination sub-group that is specifically tasked with developing an advocacy platform related to transitioning the coordination mechanism from the emergency phase to recovery/development.

- **Technical resources/tools:** Many of the tools that are developed during an emergency can and should be used for post-emergency work. These might include training curricula, assessment tools, data collection systems, SOPs, etc. However, they will likely need to be adapted, not only to address the shift in focus from sexual violence during an emergency to broader VAWG issues post-emergency, but also to accommodate the transition from humanitarian actors to development actors. Strategizing during the emergency phase about how to adapt existing resources and develop new tools will facilitate the eventual transition to recovery and development.

5. Monitoring Coordination Capacity

- Coordination mechanisms should be continuously monitored to ensure that coordination efforts are meeting identified objectives. The following is a tool that can be used to measure the perceived effectiveness of coordination actors in meeting specified goals. This tool can be used as a self-assessment measure by coordination partners in order to gauge how partners evaluate the work of the coordination group.

SURVEY: Structures to Coordinate GBV Interventions in Humanitarian Settings

1. Is there a GBV Coordination structure in the country where you are working? (Yes/No)

a.	Meeting Frequency (national):						
b.	Meeting Frequency (sub-national):						
c.	Membership (tick all that apply):	UN	National NGOs	Int'l NGOs	Red Cross	National Authorities	Other (list)
	National						
	Sub-National						

2. Effectiveness of GBV Working Group Activities:

Please rate each of the below activities on a scale from 1 to 5, with 1 being the lowest.

	1	2	3	4	5	N/A
a. Mapping and updating the 3 Ws (who, what, where) for GBV prevention and response actors						
b. Providing a forum for sharing of information on activities, programming challenges, to plan inter-agency activities, etc.						
c. Developing an inter-agency work plan or strategic framework to ensure cohesiveness and minimize duplication						
d. Developing Standard Operating Procedures (e.g. to formalize referral mechanisms, ensure multi-agency accountability, etc.)						
e. Defining the clear roles and responsibilities of each of the different partners (Note that this could be in the context of developing the SOPs, as applicable)						
f. Establishing a data collection system (standardizing intake forms, creating information sharing protocols, analyzing aggregate data, operationalizing the feedback loop, etc.)						
g. Developing an advocacy plan for liaising with government authorities, donors, the media, and other relevant actors						
h. Documenting and disseminating information on best practices and lessons learned for multiple agencies						
i.e., Training, providing technical support, and leading other capacity development initiatives (including alerting others to training/capacity development opportunities)						
j. Engaging in inter-agency, multi-sectoral field missions to assess programming successes and challenges and identify gaps in GBV programming						
k. Identifying resource gaps and advocating for increased funding to fill these gaps (e.g. in the context of humanitarian funding processes)						
l. Active liaising with relevant sector/cluster working groups to ensure that GBV issues are integrated into all						

humanitarian response efforts						
m. Supporting inter-agency development of IEC materials to ensure consistency of messaging and reduce duplication of effort						
n. Organizing opportunities for awareness-raising on GBV, e.g. around the 16 Days of Activism Against Violence Against Women						
o. Actively identifying and engaging partners for protection activities, such as security actors and those engaged in rule-of-law initiatives						
p. Other (please list):						

2. Quality of Partnerships/Participation:						
Please rate the quality of partnerships/participation in the GBV coordination body on a scale from 1 to 5, with 1 being the lowest.						
	1	2	3	4	5	N/A
a. Equality: Mutual respect between members irrespective of size and power						
b. Transparency: Dialogue, early consultation and regular sharing of information						
c. Results-oriented approach: Coordination is reality-based and action-oriented						
d. Responsibility: Partners commit to activities if and when they have the means and capacity						
e. Complementarity: Actions build on comparative advantages and promote local capacity						

3. What are the three (3) most significant issues (positive or negative) that have impacted the effectiveness of the GBV working group/coordination system?	1.
	2.
	3.

Source: **UNFPA, 2011.** Curriculum Guide for Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings, p 77-78.

VI. Designing and Managing VAWG Programmes

A. Overview

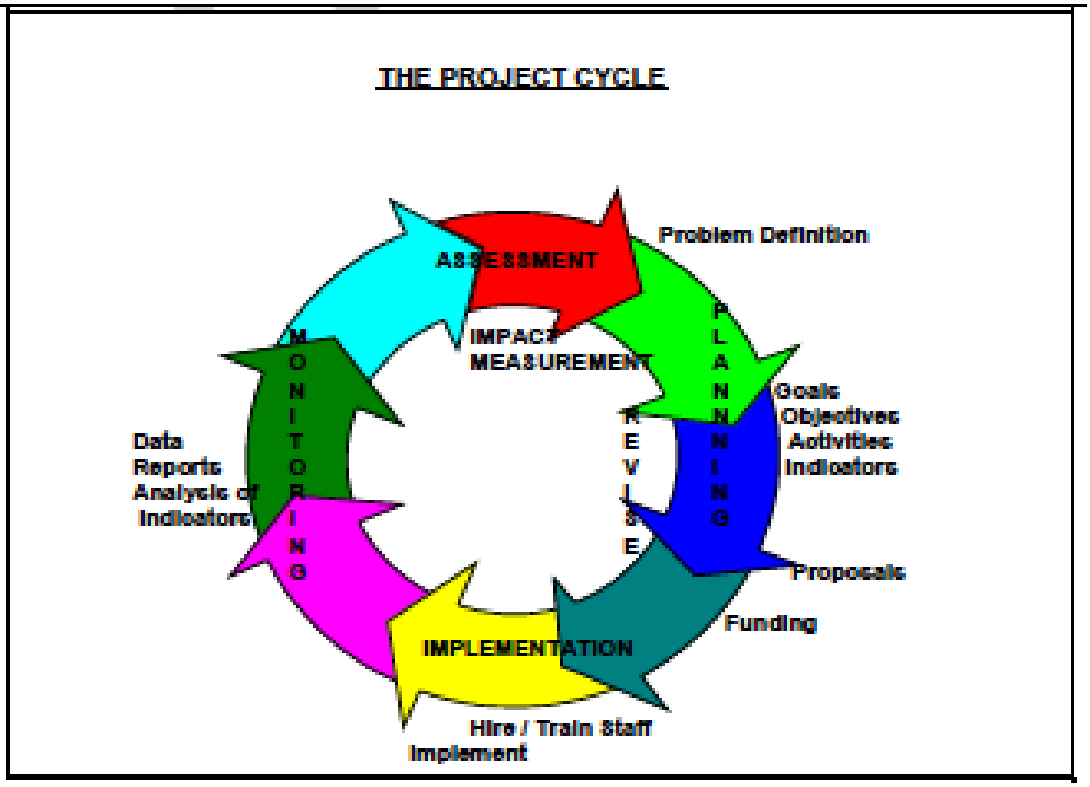
- Properly designing and managing VAWG programmes is essential to ensuring that goals and objectives will be accomplished in the most safe, ethical and effective manner (Vann, 2004). From the early stages it is important to determine priorities for programming based on an assessment of the needs and resources available, as well as what interventions are most likely to have most value. It is equally important to monitor and evaluate interventions to ensure that methods continue to meet the needs of the target beneficiaries.

- When designing programmes on VAWG in humanitarian settings, strategies should adhere to the guiding principles for addressing VAWG. Programme design should also incorporate, when relevant, the following good practices (also see cross-cutting strategic priorities in Section IV):
    - Put in place strategies to protect women's safety and ensure that basic ethics regarding confidentiality is included as a minimum standard in all interventions. Recognise that, even in emergency or conflict situations, women will have found ways to increase their safety, which need to be supported.
    - (Re)Build girls' and women's social assets and safety nets, for example through the provision of girl- and women-only safe spaces that provide social support and skills training, raise self-esteem, and help cope with crisis.
    - (Re)Strengthen informal community support networks, including by building the capacities of women leaders and women's organizations to develop support and referral networks for women experiencing violence.
    - Develop interventions based on available evidence of promising practice and sound date that use multiple strategies, rather than single-focused efforts.
    - Use multi-sector approaches, building capacity within and across sectors.
    - Ensure programmes are tailored to meet the needs of women of different ages, marital status, disability, social class, race/ethnicity, sexual orientation and other identities (adapted from DFID, 2012, pgs 9-10).
    - Ensure that interventions are guided by women's human rights and empowerment (e.g. empower women survivors to advocate for their rights, provide legal advice to women experiencing violence, use social media to tell their own stories, and lead social change as community activists).

- Engage, to the extent possible, with whole communities, including men and boys, and traditional leaders. This can help shift VAWG from the private to the public level.

B. Understanding and Incorporating the Project Cycle in Programme Design

- Planning and implementing a project, programme or intervention requires multiple interconnected and equally important steps, illustrated in the diagram below: assessment, planning, implementation, monitoring, revision/reassessment/evaluation. All of these steps must be considered from the outset of any programme design efforts, particularly monitoring and evaluation, which are historically weak elements of the project cycle in many VAWG interventions in humanitarian settings.



Source: **UNFPA, 2011.** Curriculum Guide for Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings, pg. 153.

Additional Resource:

- For more information on the project design cycle, see Module Four of **Vann, B. 2004.** "Training Manual, Facilitator's Guide: Multisectoral and Interagency Prevention and Response to Gender-based Violence in

Populations Affected by Armed Conflict." Arlington: Reproductive Health Response in Conflict Consortium, GBV Global Technical Support Project, JSI Research and Training Institute. Available in English.

1. Assessments

- Any programming aimed at ending violence against women and girls must begin with an assessment that allows the organization to understand the specific factors affecting VAWG in a given context, such as:
    - the predominant types of VAWG,
    - risk and protective factors associated with victimization,
    - risk and protective factors associated with perpetration,
    - how the types of violence and their causes and consequences are perceived by survivors and their family and community members,
    - existing available services, and any barriers or challenges to accessing those services
    - settings/locations of types of VAWG,
    - help-seeking behaviours
    - a breakdown of the range of women and girls seeking support
    - particular vulnerabilities faced by marginalized populations of women and girls, such as women with disabilities, LBTI, ethnic/religious minorities, female youth, elderly women, etc.
    - current and potential service providers, donors.

- In conflict/post-conflict settings, designing and carrying-out assessments can be prioritized to include the following essential steps, allowing for a more rapid assessment of needs, and which can be summarized as a process of determining "what we already know, what we need to know and how we get this information" (IRC, 2012, pg. 28):

    - Identify existing VAWG information and other (planned or completed) assessments by coordinating with other VAWG actors and humanitarian agencies.
    - Determine what the objectives, parameters and scope of the assessment will be, including the target population and community.
    - Determine the available human and financial resources and establish the time-line required for conducting the assessment.
    - Establish the methodology to be used, whether qualitative, quantitative or both.

a. Principles for Conducting Assessments

- All actors must take careful consideration in deciding whether or not to include children in information-gathering activities. There must be a **strong case** for initiating information-gathering activities, given children's vulnerability. The risks of harm for children are greater than for adults,

particularly in the immediate onset of an emergency. Initial information-gathering activities with children and adolescents require an extremely strong justification. This can be assessed based on the following criteria, which must also be upheld throughout the information-gathering process:

- We have determined that the benefits to gathering information outweigh the risks.
- We have put in place sufficient human and financial resources to conduct information gathering in an ethical manner.
- We know the information needed cannot be gathered elsewhere. In other words, it does not already exist in older assessments and cannot be gathered accurately by older informants (adults).
- We can uphold specific procedures for ensuring children's support and safety throughout the interview process (e.g., consideration of where to interview, what ages are appropriate to interview, appropriate questions to use, etc.).
- We can guarantee basic support and care services if a child is found to be in need.
- We have considered and sufficiently safeguarded against adverse consequences. We have consulted with community members and parents, guardians or caregivers to anticipate all possible consequences for children involved in the information gathering process.
- We have actively sought community and stakeholder concerns, and have consulted community leaders for permission to interview community members about children's protection concerns (Source: IRC GBV Emergency Response and Preparedness Participant Handbook).

- Conducting assessments on VAWG creates a unique set of challenges that must be considered and addressed *prior to the commencement of any data collection* and according to ethical and safety standards. These include:
    - Identifying safe and accessible **local services for survivors** before carrying out the assessment so that any assessment participants requiring immediate health, psychosocial, or protection assistance can be provided safe and active referrals.
    - Working in close partnership with local VAWG actors, adapt assessment templates or generic tools to the **local context**, while ensuring compliance with international standards for research on VAWG. Information collected before the assessment from partners, project records, other staff and public sources of information can help contextualize assessment tools.
    - Obtain **proper permissions and respect any protocols** with regard to the collection of information from emergency-affected communities. This may include meeting with and receiving permission from government or local authorities, camp management, and/or cluster leads, including those from the

protection cluster and the GBV sub-cluster.

- Provide **relevant and sufficient training and ongoing support to the data collection team**. This includes briefing them on relevant security protocols. The environments in which organizations operate can be volatile, and the presence of armed actors can increase the likelihood of sporadic fighting. Staff must understand how to react and protect themselves and those they are interviewing. The priority should always be to ensure the safety and well-being of interviewers and interviewees.
- Staff conducting assessments should **properly identify themselves in the settings where they are conducting research**; communities and respondents should be clear about who researchers are, who they work with, and what the focus of the research is, so that the potential interviewees can make an informed decision about their consent to participating.
- Get **informed consent** from anyone providing information and ensure that respondents know that they are under no obligation to share personal information or participate in focus groups or interviews; that any information collected will not be attributable; and names of all participants will be kept confidential.
- Establish an **environment of trust and equality** with women and girls in the targeted community and promote a safe and secure environment.
- Put **additional safeguards in place if children** (i.e., those under 18 years) are to be the subject of information gathering (adapted or excerpted from IRC, 2012 and WHO, 2007), and consult with child protection actors to determine the most appropriate age range for each context.

- Assessments and assessment teams must not perpetuate stigma by actively and visibly associating GBV with individuals or groups with whom they meet. All assessment team members must understand fully the ways in which assessments can increase violence against women and girls and must not purposefully target survivors when collecting information from community members

- In many emergencies, ethical and safety considerations may be overlooked when conducting assessments, particularly by agencies or actors who are unfamiliar with GBV programming. This inconsistency often puts women and girls and GBV staff at risk; the safety and security of women and girls should never be trumped by the need to collect and analyse information (Source: IRC GBV ERP Participant Handbook).

- The WHO recommendations are the starting point for any assessment that includes GBV components, and especially for those that are conducted as part of the initial emergency response. They are:

The eight safety and ethical recommendations addressed here are:

1. The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.
2. Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.
3. Basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.
4. The safety and security of all those involved in information gathering about sexual violence is of paramount concern and in emergency settings in particular should be continuously monitored.
5. The confidentiality of individuals who provide information about sexual violence must be protected at all times.
6. Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity.
7. All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
8. Additional safeguards must be put into place if children (i.e. those under 18 years) are to be the subject of information gathering.

Source: **WHO. 2007.** Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. Geneva, World Health Organization, pg. 9.

DOS AND DON'TS FOR COLLECTING, ANALYSING AND REPORTING ON SEXUAL VIOLENCE

A. GENERAL

- **Do seek advice from data experts** to agree on what information to collect, share and report and how to do so safely and ethically.
- **Do verify the information wherever possible**. Obtain data from at least three different sources and always inquire about the methodology used to collect this data.

B. ANALYSING DATA

- **Do examine how the data match** other information coming from the field and consider how contextual factors influence data quality.
- **Do assess the quality of the data**. Have the data been collected and analysed in methodologically sound ways? Are they generalizable to a larger population? If so, to which population?

C. REPORTING

- **Do keep in mind the audience and possible use.** If the data are being shared with the media, donors or policy-makers, make sure that guidance is offered on the interpretation of the data. Briefing notes may help.
- **Do provide the context for all data reported.** If known, and safe to do so, provide information on the camps/clinics/districts from where cases are reported. Be specific, e.g., "reported cases from x number of health facilities".
- **Do provide a comprehensive description of the incident** as long as this cannot be linked back to individual survivors (precise date and location, information on the victims and perpetrators, ethnicity, age, sex should be included when safe to do so)
- **Do provide additional information that may have contributed to changes in the number of reported cases.** For example, more services available, public information campaigns, upsurge in violent attacks. Whenever possible, information on when incidents took place should be collected and the information reported along with aggregated numbers.
- **Do label all tables, charts and maps appropriately** to avoid being taken out of context and clearly state the sources for any data cited.

- **Don't share data that may be linked back to an individual or group of individuals.**
- **Don't take data at face value:** assess original sources, including their quality/reliability.
- **Don't assume that reported data on sexual violence or trends in reports represent actual prevalence and trends in the extent of sexual violence.**

UN Action. 2008. "Reporting and Interpreting Data on Sexual Violence From Conflict-Affected Countries – "Do's and Don'ts".

b. Types of Assessments

- A variety of assessment methodologies and tools are available to better understand VAWG and to assist with the design of appropriate interventions. It is important to bear in mind that not all tools and approaches will be useful in all settings, nor relevant to specific goals of the assessment. For example, in the early stages of an emergency, multi-sectoral and rapid needs assessments are the most common ways to collect information safely and quickly (IRC, 2012). After the immediate emergency has diminished, it is possible to undertake more comprehensive situational analyses.

- No matter what the phase, it is important that those conducting assessments determine the most efficient way to collect information for the designated research purpose; every effort should be made to avoid repeated research among beneficiary communities. Similarly, every effort should be made to ensure that the research is *action-oriented*: that is, it is not undertaken without a plan in place for how to use the outcomes of the research to improve the situation for women and girls who have experienced or are at risk of VAWG.

- Recently, the humanitarian community has agreed upon the "Good Enough" standard for needs assessments, literally determined by asking "what information is good enough to facilitate informed decision making needed at this point in the crisis?" This concept recognizes that a simple approach is often the best option in a fast-moving emergency situation. However, "good enough" should not be interpreted as rushed or sloppy; rather, it means realising that, in an emergency response, adopting an overly-complicated approach is simply not practical, and could actually do more harm than good (Source: Good Enough Guide).

i. Rapid Assessments

- A rapid assessment is an opportunity to collect information prior to designing an intervention; it can also be used to supplement or refine existing data. A rapid assessment is conducted over a relatively short period and aims to answer a few specific questions. It can draw on any number of techniques including focus groups, participant observation, key informant interviews, in-depth interviews, or more participatory techniques such as mapping, pile sorts, community mapping, and seasonal calendars (Ellsberg and Heise, 2005).

- Often, in an emergency, rapid assessments:
    - Can provide information on the type(s), extent of sexual and other forms of violence experienced by the community and help identify policies, attitudes and practices of key actors (IASC GBV Guidelines, 2005).
    - Are realistic in terms of the required time and resources available to collect information.
    - Adhere to international ethical and safety standards for collecting information on sexual violence during an emergency (IRC, 2012).

- The purpose of a rapid assessment is not to provide a full, detailed account of all aspects of VAWG but to identify urgent problems, gaps in services, barriers to accessing services, and unmet 'needs' of a population which, in the early stages of an emergency, might include health, psychosocial and safety needs of women and girls, available medical and psychosocial services, the quality of these services, and general information about security risks women and girls are facing (IRC, 2012). This information can then be used by VAWG actors in the design of their interventions, and can also be used to inform other cluster/sectors actors about how to improve VAWG protections (also see Section VIII on Prevention Mainstreamed through Key Humanitarian Sectors/Clusters).

Example: In Kenya, the GBV Sub Cluster conducted a rapid assessment of the 2007 post-election violence to examine the nature and scope of sexual violence that occurred during flight, as well as within the internally displaced persons (IDP) camps and alternative settlements. The assessment evaluated the capacity of

both community and camp-based programmes to prevent and adequately respond to cases of sexual violence in order to recommend strategies for strengthening gender and GBV programming in affected areas. The results of the rapid assessment were used to advocate for camp-based and community-based programming changes. Specific issues included increased participation of women, improved lighting, segregation of latrines, and improved accessibility of health services (Ward, 2010).

See the assessment report.

Resources:

- The Global Protection Cluster's Rapid Assessment Tool includes a comprehensive guidance note, checklists of questions and steps that need to be completed, and sample data collection tools, such as population survey questionnaires, key informant questionnaires, focus group discussion sample questions, and urgent action report templates.

- The IRC has developed a GBV Rapid Assessment checklist, available here.

- Another useful checklist is available on pages 33-35 of the Good Enough Guide.

ii. Multi-Sectoral Needs Assessments

- Multi-sectoral needs assessments–sometimes referred to as rapid assessments since they are typically conducted in a few days–seek to determine: the nature and scale of a crisis and the needs of a given population; whether a particular organization should intervene and that organization's added value; and the scope and scale of an effective intervention, given existing resources (IRC, 2012). Different tools and approaches can be used to assess these needs in conflict/post-conflict settings. Typically, a team of humanitarian staff with different expertise will lead a multi-sectoral assessment when responding to an emergency to gather information on:
    - Water and Sanitation
    - Security
    - General Protection
    - Child Protection
    - Population Movements
    - Sexual Violence
    - Health/Reproductive health
    - Humanitarian Access

- In the early stages of an emergency, there may not yet be VAWG technical staff deployed who can participate in an initial multi-sectoral assessment. In

this case, other staff members should collect basic information related to VAWG in a safe and ethical manner to inform future interventions. In the absence of VAWG technical staff, multi-sectoral needs assessments often suffer from a dearth of concrete data regarding VAWG, in which case it is very important to undertake a specific VAWG rapid assessment as soon as possible (IRC, 2012).

Important points regarding GBV in multi-sectoral assessments:

1) A lack of concrete data regarding GBV, and particularly sexual violence, is to be expected in an initial multi-sectoral assessment. Regardless of the culture, religion, or geographic region, sexual violence is significantly underreported and is rarely discussed openly. Rapid multi-sectoral assessments usually cannot – and should not strive to – accurately reflect the scale and nature of sexual violence in an emergency. What they can do is highlight broader safety concerns and help identify situations where additional GBV expertise, resources and possibly a GBV-specific assessment may be needed.

2) It is possible that the population will not be familiar with the vocabulary around gender-based violence. If there is little knowledge of GBV or if the subject is socially taboo, an untrained assessor may unintentionally cause harm to survivors within a community or create a situation that jeopardizes future opportunities to gain meaningful information on GBV in a given context.

3) Even if the multi-sectoral assessment team does not include a GBV specialist, it is crucial that all assessors understand the ethical and safety concerns surrounding GBV data collection. The assessment team should also consult with GBV actors – even if this needs to be done remotely—when it comes time to analyse the data collected during the multi-sectoral assessment in order to ensure that it can inform future interventions.

(Source: ER&P Participant Handbook, p. 32).

- See provisional guidance on the IASC's Multi-Cluster/Sector Initial Rapid Assessment, or MIRA.

iii. Comprehensive Situational Analyses

- A comprehensive **situational analysis** combines a variety of assessment tools and techniques –review of existing assessments/studies, key information interviews, focus groups, site observation—in order to obtain a wide-ranging understanding of VAWG issues, needs, programmes, and programming gaps. It is used to collect and analyze both quantitative and qualitative information to develop effective action plans. It can provide a deeper understanding of the

underlying factors–cultural, political, legal, physical and socioeconomic—contributing to violence against women and girls in a given country or context. It can also serve to assess existing multi-sectoral services as well as their strengths and weaknesses.

- The process of conducting a situational analysis can itself be an intervention, by initiating a public discussion of violence and opening dialogue with key institutional actors. The situational analysis should be used as a tool to instruct as much as it is a tool to investigate. For this reason, it is strongly suggested that those using the tool are members of the local community, with a long-term and vested interest in using the knowledge gained from the situational analysis to improve GBV programming. Local researchers should not only participate in (and, wherever possible, lead) the research process, but should also be actively engaged in reviewing the results and developing action plans.

- A situational analysis should assess (excerpted from Ward, 2010, pg. 76, unless otherwise noted):
    - Security situation
    - Types and extent of GBV
    - Types and extent of multi-sectoral services
    - Policies, practices, attitudes of service providers
    - Attitudes, practices, norms in the community
    - Help-seeking behaviour
    - Legal environment (both formal and informal sectors)
    - Existing (and efficiency of) mechanisms for interagency and interdisciplinary coordination (Vann, 2002)
    - Risk and protective factors for victimization *and* perpetration

- For a situational analysis, this information and data can be obtained by collecting information from, for example:
    - Members of the community affected or at risk
    - women's organizations/groups
    - organizations/individuals representing women and girls who may be particularly marginalized
    - direct service providers and institutional administrators within and across all the key sectors
    - Government representatives of relevant ministries;
    - traditional leaders
    - youth organizations/groups
    - community leader(s)
    - and representatives of clusters/sectors in humanitarian response

- Although it would be ideal to undertake a comprehensive situational analysis in the early stages of an emergency, it is often not possible because of limited availability of VAWG technical staff to lead the research process, limited services to assess, general lack of security and access, and limited time and

resources to ensure a broad-based analysis. Thus, it is often more useful to conduct a comprehensive situational analysis a month or more into the humanitarian response. The situational analysis can be a joint project of multiple organizations that subsequently share the information with VAWG coordination partners in order to develop/refine coordination action plans. Transparency in research processes and sharing of data amongst VAWG colleagues is important in ensuring that information from assessments is used to inform local and national strategies for prevention and response.

Additional Tools:

- For Sample Situational Analysis Questions see, **Ward, J. 2010**. Handbook for Coordination Gender-based Violence in Humanitarian Settings, GBV Area of Responsibility Annex 37.

- For Situational Analysis Guidelines see **Ward, J. (ed). 2004b.** GBV Tools Manual for Assessment, Program Design and Program Monitoring and Evaluation. RHRC Consortium**.** New York, pg. 19-50.

- The **Heightened Risk Identification Tool and User Guide** have been developed to enhance UNHCR's effectiveness in identifying refugees at risk by linking community-based / participatory assessments and individual assessment methodologies. They have been designed for use by UNHCR staff involved in community services and/or protection activities (including resettlement) and partner agencies. While the tool currently addresses the vulnerabilities of older people, children and adolescents, women and girls, and persons with disabilities, it should continue to be revised and expanded to include other populations such as LBTI, sex workers, children born of rape, indigenous people, etc. See the User Guide and Tool.

- OCHA Gender Toolkit: Gender in Coordinated Needs Assessments.
- See the provisional Child Protection Rapid Assessment Toolkit (2013) of the Child Protection Area of Responsibility.
- See Section II on Assessment Tools of the GBV Manual of the Reproductive Health Response in Conflict.

Sample Assessments:

- CARE Benin. 2011. An Assessment of Gender-Based Violence in Emergencies in Southern Benin, Emergency Program.

- UNFPA. 2007a. GBV Assessment Report Kebri Beyah Refugee Camp, Somali Region, Ethiopia and Shimelba Refugee Camp, from 19 February to 6 March 2007.

- UNFPA, UNICEF, UNIFEM and CCF. 2008. A Rapid Assessment of

Gender-based Violence During the Post-Election Violence in Kenya, February 2008.

- UNICEF/UNFPA/IOM. 2009. Joint Field Mission to Zimbabwe, May 2009.
- UNICEF (United Nations International Children's Emergency Fund) / IRC (International Rescue Committee) / Christian Children's Fund and Legal Aid Project. 2004. Protected Yet Insecure: A Situation Analysis of Gender-Based Violence in the Conflict-Affected Regions of Acholiland, Teso and Lango. New York.
- For additional assessments, see the GBV AoR website, especially the section on Information Management.

c. Tools and Techniques for Assessments

- While conducting assessments, both qualitative and quantitative data can be collected, using a variety of methods. The table below outlines some of the available tools and techniques, their methods, and describes their benefits to programme design. Note that many of these tools will overlap in their objectives and strategies (e.g. community mapping and focus group discussions) and can therefore be combined to ensure the most thorough and relevant assessment process.

TOOL / TECHNIQUE	METHOD	BENEFITS	EXAMPLES
SAFETY AUDITS	• Observations in visits to emergency-affected areas (water and sanitation services, health facilities, non-food items (NFI) distributions, camp security, food distribution and access to fuel) • Compares conditions against a set of pre-selected	• Provides an opportunity to further identify gaps, risks or problems • Can be used (if necessary) on a regular basis so changes and new risks can be identified and addressed on an on-going basis • May be used to advocate with various humanitarian sectors/clusters to improve the layout	• Safety Audit Tool, in IRC, 2012, Annex 3, Part 1 • Camp Safety Audit, in Ward, 2010, Annex 36

	indicators • Typically carried out in camps or settlements but can be used to assess the safety and security in any geographic location with specific boundaries	of camps, distribution of services, security in camps, etc.	
SERVICE MAPPING; INSTITUTIONAL /AGENCY ASSESSMENTS	• Key informant interviews with individuals offering different services, including health, psychosocial, legal, etc. • Mapping of 'who is doing what and where' (often referred to as the 3 Ws) through a form that is often distributed through local and national coordination mechanisms • Review of service agency/institution documentation (e.g. policies, reports, guidance and training materials,	• Provides insight into level of service availability and accessibility • Helps to determine the capacity of partner institutions and agency to engage in VAWG prevention and response • Can also be used to identify attitudes and beliefs of service providers • Provides an opportunity to identify service delivery gaps, risks or problems • Institutional/agency assessment are especially important for initiatives that focus directly on engaging institutions through, for example, training support, institutional policy development, technical advice for	• Situational Analysis Tool, Ward (ed.), 2004b, pg 19-50. • Sample 3Ws form, Ward, 2010, pg. 53 and Annex 8. • Key Informant Interview Guides: GBV, in Ward, 2010, Annex 39 • For an example of questions to ask during an institutional assessment see the security sector.

	records)	programme development, etc.	
COMMUNITY MAPPING	• Group interviews with members of the community • Community mapping techniques can be included in the focus group discussions.	• Designed to enable the community to participate in identifying its own needs. Community members identify geographic, demographic, historic, cultural, economic, and other factors within their communities that may exacerbate VAWG. • Allows community members to collectively determine their most significant VAWG-related problems or issues through a systematic listing and graphing exercise. By obtaining information about how communities rank VAWG problems, programs are better equipped to prioritize prevention and response strategies.	• Community Mapping Guidelines, in Ward (ed.), 2004b, pg. 61 • Pair Wise Ranking in Ward (ed.), 2004b • Causal Flow Analysis, in Ward (ed.), 2004b, pg. 65
FOCUS GROUPS	• Discussions based on key topics, such as access to healthcare, safety and basic needs • Small groups of people (10-	• As a method of more in-depth qualitative research, focus groups provide a means to obtain greater insights into the settings and contexts in which	• Focus Group Discussion Tool, in IRC, 2012, Annex 3, Part 4 • Focus Group

	12 people) from similar backgrounds, for example, gender, age, ethnicity or profession	violence occurs, the dynamics of abuse, and how women, children, and communities are affected by this violence. Additionally, research on men can provide important insights into the causes of violence, as well as into the most effective strategies for preventing violence (Debus, 1991, in Ward, 2004). • Focus groups also assist in determining the survival mechanisms that women employ to deal with GBVAWG, both on their own, and with the help of their families and friends, especially those women for whom there is an absence of formal services. Understanding survivors' pathways to recovery can improve clinical interventions and public education campaigns (WHO, 1999, in Ward, 2004).	Discussion Guides, in Ward, 2010, Annex 38 • Focus Group Guidelines, in Ward (ed), 2004b, pg. 51
INDIVIDUAL INTERVIEWS;	• Based on a set of pre-	• Allows for more in-depth examination	• Individual Interview, in

KNOWLEDGE, ATTITUDE AND PRACTICES (KAP) SURVEYS	determined questions, typically in-depth or technical in nature • Compare and contrast responses from different respondents	of issues raised in focus group discussions • Provides an opportunity to verify and further identify gaps, risks or problems • Aims to identify what people (communities, service providers) know about certain topics, how they feel, and how they behave	IRC, 2012, Annex 3, Part 3 • Sample Surveys in Gumucio, 2011
RECORD REVIEWS	• Service provider records, statistics or other data and information • Protection monitoring reports in camp-settings	• Provides a sense of issues that are documented or being reported by populations • Provides an opportunity to further identify gaps, risks or problems	• Random Record Review Protocol (health sector), in Bott et al, 2010, pg. 217
REVIEW OF EXISTING DATA	• National statistics offices • Data from camp management, UN agencies, cluster leads	• Provides a description of population • Helps identify vulnerable groups within a population and potential risks of violence	

Adapted from **IRC. 2012.** GBV Emergency Response and Preparedness: Participant's Handbook, pgs. 34-35, unless otherwise noted.

Additional Tools:

- **Gumucio, S. 2011.** Data collection. Quantitative methods. The KAP survey model (Knowledge, Attitude & Practices). Médecins du Monde. The aim of this paper is to present the different steps and rules for the **preparation and implementation of quantitative surveys** which must be rigorously implemented in order to make full use of the results.

- **Ellsberg, M. and Heise, L. 2005.** *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington DC: World Health Organization, PATH. The WHO Multi-country Study on Women's Health and Domestic Violence against Women presents a model for research that is methodologically rigorous and yields information that can be directly applied to violence-prevention activities. Each course is adapted to take into account ongoing local research as well as the specific training needs of local partners. The course is designed to enable groups to monitor their own programs and to collect evidence to support local advocacy efforts.

- For an overview of the Participative Ranking Methodology, see **Ager, A., Stark, S. and Potts, A. 2010.** Participative Ranking Methodology: A Brief Guide: Version 1.1. Programme on Forced Migration & Health, Mailman School of Public Health, Columbia University. Participative Ranking Methodology is a "mixed method" approach to data collection, in which a group of knowledgeable participants are guided in generating responses to a specific question or sets of questions. It draws on both quantitative and qualitative methodologies to generate rich, contextualized data that can nonetheless be counted, ranked, and compared across or within groups.

- See a comprehensive research agenda prepared by WHO and the Sexual Violence Research Initiative on conflict-related sexual violence.

- See a discussion paper on research gaps on sexual and gender-based violence in emergency settings, prepared for the Gender Based Violence Area of Responsibility.

- See UN Action's literature review on conflict-related sexual violence.

- Also see section on Research in Programming Essentials.

d. Conducting Prevalence Research

- Conducting prevalence research typically involves the use of a questionnaire to carry out structured interviews with a sample of a population; the results of the interviews are then used to represent information about the circumstances of an entire population. Prevalence research on VAWG can be a valuable method for better understanding the nature and scope of VAWG once programmes are established enough to provide support and referrals services to participants. The methodology used for conducting the research should be informed by previously developed techniques –and follow ethical standards and recommendations such as those developed by the World Health Organization for conducting research on VAWG— in order to reduce the

potential for danger to participants and researchers and increase the potential for positive outcomes (Ward, 2004b).

- However, conducting prevalence research raises numerous ethical considerations, such as assuring the security and safety of the participants and the researchers as well as maintaining the privacy and confidentiality of survivors. (See Principles for Conducting Assessments.) In addition, dedicated population-based surveys are often time-intensive and require a larger amount of financial and technical resources, including superior technical competence for their design and implementation. However, it is particularly challenging in conflict or emergency contexts because of the lack of necessary infrastructure, or the availability of even a reliable census to develop a sampling frame, further complicated by population movement and displacement. Prevalence research is therefore not recommended as a method for collecting data on VAWG at the early stages of emergency response, especially in settings where few services (and thus, few referrals for research participants) exist.

Additional Resources:

- For more information about prevalence surveys in humanitarian contexts see Ward, J. (Ed). 2004b. GBV Tools Manual for Assessment, Program Design and Program Monitoring and Evaluation. RHRC Consortium. New York, p. 129.

- Alliance DARC. 2006. Documenting Sexual Violence In Conflict: Data And Methods – An Annotated Bibliography.

- Johnson et al/American Medical Association. 2010. Association of Sexual Violence and Human Rights Violations With Physical and Mental Health in Territories of the Eastern Democratic Republic of the Congo.

- Françoise Roth, Tamy Guberek, and Amelia Hoover Green. Using Quantitative Data to Assess Conflict-Related Sexual Violence in Colombia: Challenges and Opportunities. A report by the Benetech Human Rights Program and Corporación Punto de Vista. 22 March 2011.

- Tia Palermo and Amber Peterman, "Undercounting, overcounting, and the longevity of flawed estimates: statistics on sexual violence in conflict". Bulletin of the World Health Organization (2011).

- Also see section on Research in Programming Essentials.

C. Advocacy

- Advocacy is an important tool that can be used to influence decision-makers in order to bring about changes and developments in policies and programs that protect women and girls from violence during conflict and post-conflict situations. A GBV coordination mechanism is particularly well-suited to undertake advocacy because it is comprised of multiple organizations and individuals who can speak with one voice on a particular issue, particularly those that are controversial or difficult.

- Advocacy is often misunderstood as being same as awareness-raising—an approach used in community mobilization, Information Education Communication (IEC), and/or Behavior Change Communication (BCC) activities. While raising awareness may be an important step the advocacy process, it is not the ultimate goal (adapted from IRC, 2011 and Ward, 2010).

Type of approach	Aim	Target groups
Community mobilization	Raise awareness, empower community, build community capacity to address the problem	General public, specific groups of people
BCC/IEC	Raise awareness, change behavior	General public, specific groups of people
Advocacy	Raise awareness, use decision- and policy-making to change the social environment	Specific groups of influential people

Source: **Ward, J. 2010.** Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, GBV AoR, pg 59.

- Advocacy is "the deliberate and strategic use of information – by individuals or groups of individuals – to bring about change. Advocacy work includes employing strategies to influence decision makers and policies, to changing attitudes, power relations, social relations and institutional functioning to improve the situation for groups of individuals who share similar problems" (IRC, pg. 93).

- Depending on the context, advocacy strategies might be most appropriately targeted at one or a combination of three levels of interventions (excerpted from IRC, pgs. 94-95):
    - **Local Level:** Seeks to directly address the needs of and support affected communities and involves working closely with local decision makers. Depending on the setting, local decision makers may include service providers, refugee or IDP camp management, community leaders, other humanitarian staff, coordinating bodies, local government leaders, security personnel or civil society organizations.

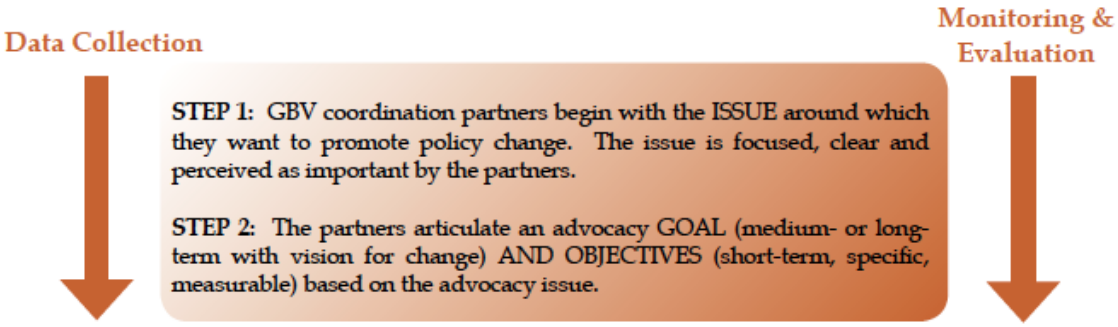
- **District or National Levels:** Seeks to change the systems in place to support women and girls in emergencies. Key targets might include district-level or national-level government officials, national-level coordinating bodies, donors based in-country, or national-level offices of humanitarian agencies.
- **International Level:** Seeks to mobilize resources, increase awareness of an emergency and make structural-level changes to improve support for women and girls. Decision makers at this level might include UN staff in New York or Geneva, international governmental aid agencies, regional coordination bodies, and other international coalitions, alliances and NGOs.

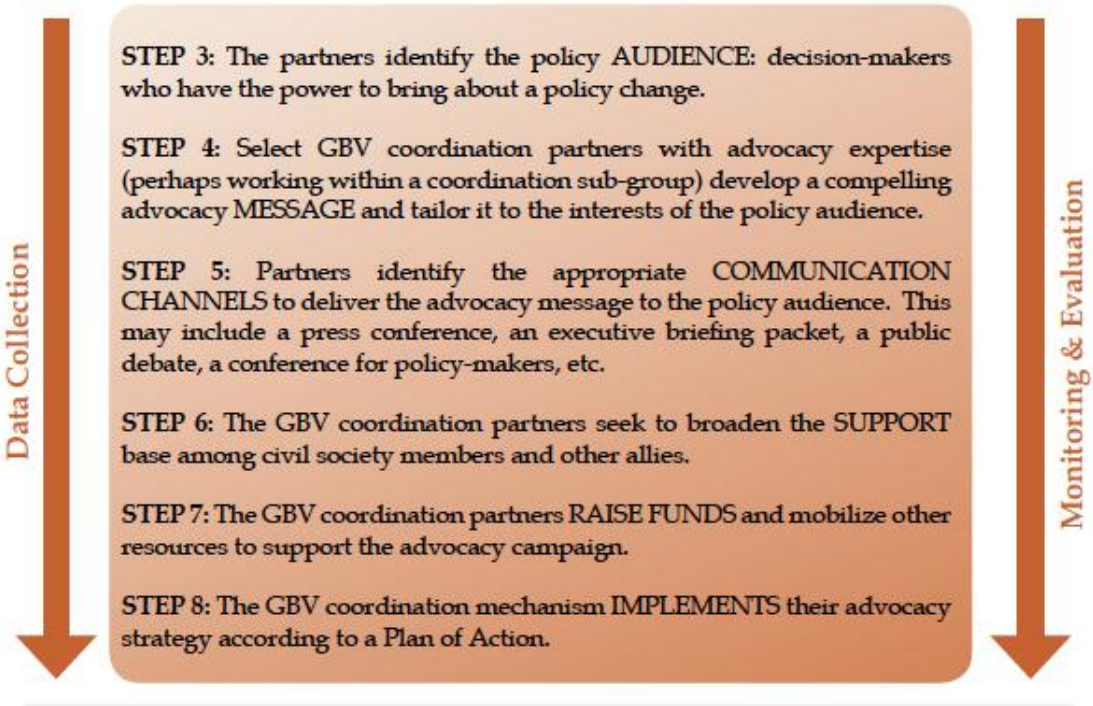
Examples of advocacy may include:

LOCAL LEVEL	NATIONAL LEVEL	INTERNATIONAL LEVEL
Working with local leaders to gain support for sexual violence programming and to encourage them to take specific actions to help women and girls in their community access to services related to sexual violence.	Meeting with health actors to standardize treatment for rape survivors by adapting and implementing a national protocol for the clinical management of rape.	Meeting with private or government donors to keep them informed of the needs of women and girls in a specific country and ensure that funding for GBV programming remains a priority.

Source: **IRC, 2011.** GBV Emergency Response and Preparedness Participant Handbook, pg. 95.

- Advocacy generally involves the following steps, which are supported by ongoing data collection and monitoring and evaluation:





Source: **Ward, J. 2010.** Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, GBV AoR, pgs 50-60.

- In conflict and post-conflict situations, governments may be resistant to acknowledging VAW and/or active conflict makes exposing the problem of VAW dangerous. In these settings, security issues must be taken into account when developing advocacy strategies. Below are some useful alternatives or 'back-door' advocacy approaches. However, even using these 'back-door' approaches, consideration should be given to whether any information, even if anonymous, can identify organizations (i.e. if there are limited agencies providing GBV services in the area being discussed) or individuals, thereby putting them in danger. Advocacy through a coordination mechanism is useful when there are security issues because working as a group can mitigate risks. Below are some suggestions:

  Develop strategic partnerships **with trusted advocacy organizations/individuals** to **confidentially** (i.e., no mention of the agency/individual nor possibility to track down the source of information) channel sensitive in-country information to the international arena. Information and insight from service-delivery agencies on the ground is highly valuable to advocacy-based organizations. Advocacy-based organizations (such as international human rights organizations) and individuals (such as Special Rapporteurs) are in a better position to speak loudly and publicly on sensitive issues because they do not have an on-the-ground service delivery element.

  Compile **existing information** that has been already published by credible

organizations.

Confidentially provide **journalists** with accurate information about GBV during an emergency. Ideally the GBV coordination mechanism will provide recommendations to GBV partners on working with journalists.

Make educating **international donor organizations** an ongoing priority for the GBV coordination mechanism. Provide recommendations on how and where donor funds can be most effective improves emergency response. In addition, donor agencies have significant influence at the highest international decision-making levels.

Work with **the Humanitarian Coordinator/Resident Coordinator** to ensure that s/he is apprised of strategic and policy-level issues for which the UN can facilitate advocacy and, when appropriate, lead the UN Country Team in joint advocacy action. Work with the protection cluster lead in country and the global protection cluster to amplify/complement messages.

- As a preventative advocacy approach, communities can be mobilized to:
  - Strengthen support for legal reform related to VAWG and women's rights.
  - Strengthen public pressure for gender equality.
  - Increase awareness of women's legal rights among the general population, and in particular, key stakeholders in the community.
  - Publicly support women's civil rights, such as property, land, and marriage rights that are protective factors against violence.
  - Target the responses of police, health, social services, schools, and other institutions to VAWG. Support collaboration between these institutions.
  - Target members of parliament or other government officials, and advocate for their commitment to public policy on the prevention of VAWG (Miedema, 2011).

Example: In Timor-Leste, the multi-sectoral coordination mechanism (the "Rede-Referral") operates within the Timor-Leste Constitution and the Law against Domestic Violence. The Rede-Referral is composed of 2 working groups: the Service Providers Working Group, led by the Ministry of Social Solidarity, with technical support from UNFPA; and the Strategy and Advocacy Working Group, led by the Secretariat of State for the Promotion of Equality (SEPI). Members include national NGOs, UN agencies and focal points from the Ministry of Health, Ministry of Education, Ministry of Justice, Secretary of State for Civil Security (PNTL/VPU) and the Prosecutor's General Office. The Strategy and Advocacy Working Group has found that individual meetings help engage other sectors and ministries in GBV coordination and encourages them to provide input on GBV issues. When used as a pre-cursor to a working group meeting, individual meetings build the support of the other line ministries and

draw attention to the importance of the issue. In the context of Timor-Leste – where receiving instructions and directives are a motivating factor and can help move things forward—arranging for other line ministries to meet with the focal point of a higher authority, such as the Secretary of State of the Ministry of Social Solidarity, also encourages these other ministries to put GBV on their agenda. Matters are taken seriously and prioritized where there is inter-ministerial agreement or documents that outline the directives that comes from the highest authority. This essential component of the operationalisation of responses and coordination is moved forward through the work of the Strategy and Advocacy Working Group.

For additional information, see Advocacy in the Campaigns Module.

- See also additional information on working with media on violence against women in emergency settings, such as media guidelines and a handbook for journalists.

- For examples of brief advocacy notes issued by the Gender-Based Violence Area of Responsibility in the context of emergencies, see notes on Syria, Philippines, and Central African Republic.

- For additional information on conducting advocacy, working with the media, issuing appeals for GBV funding, developing IEC materials, and other advocacy-related tasks, see Section 3 of the GBV Coordination Handbook.

VII. Implementing Response Programming

A. Basic Elements for Response Programming Within Key Sectors

Overview

- The basic elements of programming for VAWG response during and following an emergency should be based on the multi-sectoral and multi-level approaches. The priorities for response intervention are generally focused on the health, psychosocial, legal/justice and security sectors.

- In the initial stages of an emergency, the main programming concerns are related to guaranteeing basic services for survivors, particularly health and psychosocial care, and ensuring that the security sector is supported to provide basic protections through, for example, security patrols and ethical and efficient investigations of security incidents. It may not be possible to provide legal services if there is no functioning judiciary.

- When the emergency has waned and there is more infrastructure, it is possible to start focusing on (re)building the capacity of the various sectors by

(re)establishing infrastructure (i.e. supporting the (re)building of facilities and improving the supply chain), providing more extensive training to service providers than might be possible in the emergency phase, working with administrators to develop broad-based service delivery procedures and policies, building the capacity of civil society to meet gaps in services delivery, etc. As rule of law returns, VAWG actors can assist in facilitating the drafting and implementing of sectoral policies that ensure a system-wide response to VAWG and working on the capacity of the court system to ethically and efficiently prosecute VAWG cases.

- However, as described in Section IV: Overview of Basic Approaches to VAWG Response and Prevention in Conflict/Post-conflict Settings, the evolution of programming from the emergency phase through to recovery must be context-specific. Therefore, the information presented below is not meant to be overly prescriptive, nor is it exhaustive; instead it highlights some of the key points for considerations when developing and/or supporting programming within each of the service delivery sectors in order to assist VAWG actors to consider actions necessary to build capacity of all the key sectors *as soon as possible*.

1. Health Response

Overview

- Emergencies often disrupt health care services. Lack of coordination, overcrowding, security constraints, lack of financial and human resources and competing priorities can further decrease available and accessible health services, especially for women and children (IASC, 2005). As such, the range of health services may be limited and it is important for the health sector to prioritize interventions according to the context in the field during each stage of an emergency. The primary role of health care providers in a conflict or post-conflict setting is to ensure all survivors have access to quality basic health services and to prevent and manage the health consequences of violence against women and girls (UNFPA, 2012).

- Many survivors of VAWG do not disclose the abuse due to fear or repercussions, social stigma, rejection from partners/families, and other reasons. Women who are further marginalized due to another aspect of their identity (for example, women with disabilities, elderly women, LBTI women, ethnic or religious minorities) are even less likely to disclose abuse due to increased risk of repercussions. However, survivors are much more likely to seek out support and services if health care is physically and geographically accessible, confidential, sensitive, and of good quality (IRC, 2012).

a. Health Response in the Early Stages of an Emergency

Overview

- The IASC GBV Guidelines outline actions that apply to organizations implementing health programs in the early stages of an emergency, and specify the importance of appointing GBV focal points from the health sector to participate in GBV coordination. **Key actions related to ensuring access to basic health services are extremely relevant for GBV staff, which should work closely with health actors and should support the establishment of services and any related advocacy.** These actions are:

    - Implement the MISP.
    - Conduct or participate in rapid situational analyses of health services. This should address the accessibility, availability and capacity of health services to respond to the needs of women and girls. (See assessment section.)
    - Ensure health services are available to all women and girls, including LBT women, women and girls with disabilities, and other marginalized women and girls. This means ensuring appropriate access points for adult, adolescent and child survivors; and providing access to same-sex, same-language health workers, as outlined in the MISP.
    - Motivate and support staff. This includes ensuring that health staff has access to appropriate technical and material resources.
    - Involve and inform the community. This means involving women in decision-making, and making the community – both women and men – aware of available services and the negative consequences of GBV.
    - Establish an agreed-upon protocol for care for survivors of sexual violence, and ensure that all health care providers are trained in the use of the protocol. **GBV staff can advocate for quality services, in line with established protocols; and promote and support training for medical personnel** (Excerpted from IRC, 2012).

i. Minimum Initial Service Package (MISP)

- During the acute phase of an emergency the priority is to provide a Minimum Initial Service Package (MISP) to ensure that basic health needs are met (including basic counselling) and in order to mitigate negative long-term effects of violence on survivors. Once the acute stage has passed and the emergency moves into the post-conflict/recovery phase programs can shift focus to more sustainable solutions through the capacity building of the health sector for a comprehensive approach to responding to violence against women and girls.

- The MISP is a coordinated series of priority actions designed to prevent and manage the consequences of sexual violence against women and girls, prevent reproductive health-related morbidity and mortality, reduce HIV transmission and plan for comprehensive reproductive health services in the early phase of emergency situations (IASC, 2005; Women's Refugee Commission, 2006, revised 2011).

- The MISP forms the basis for sexual and reproductive health programming in conflict and post-conflict settings. It should be implemented at the onset of an emergency and should be sustained and built upon with comprehensive sexual and reproductive health services throughout protracted crises and recovery phases (Inter-Agency Working Group on Reproductive Health in Crises, 2009). The MISP includes the implementation of life saving activities and actions that prevent illness, trauma and disability, especially among women and girls. As a result, the MISP meets the life- saving criteria for the Central Emergency Response Fund (CERF) (Inter-Agency Working Group on Reproductive Health in Crises, 2009).

- The MISP can be implemented without conducting new needs assessments due to existing documented evidence that justifies its use. That said, the implementation of the MISP must be conducted by trained staff using a coordinated approach (Women's Refugee Commission, 2003).

- It is important that the MISP implementation include targeted programme interventions for adolescents and vulnerable sub-groups such as, orphans, separated adolescents, adolescent heads of household, marginalized adolescents, and children associated with armed forces and armed groups (UNFPA and Save the Children, 2009). MISP-targeted programme interventions for adolescents should include basic prevention activities, multi-sector coordination with adolescent participation and adolescent-friendly services (UNFPA and Save the Children, 2009).

- MISP implementation must also include targeted programme interventions for women and girls who are marginalized based on their sexual orientation, gender identity, age, ethnicity, or religion. For example, transgender women around the world are not only subject to sexual and physical assault because of their gender identify, they may also be refused services available to other women survivors (OHCHR, 2011).

- The following objectives and activities form the basis of the implementation process:

Objective	***Activities***
Identify an organisation(s) and individual(s) to facilitate the coordination and implementation of the MISP.	• Ensure a reproductive health coordinator is in place and functioning under the health coordination team; • Ensure that camps and implementing agencies have assigned health focal points; • Make guidance material for MISP implementation available and ensure its use.

Prevent violence against women and girls and provide appropriate assistance to survivors.	• Ensure that protection systems and mechanisms are in place to protect displaced populations from violence against women and girls. • Ensure a standard medical response to survivors of violence against women and girls is available, This should include the option of emergency contraception, preventative treatments for STIs, post-exposure prophylaxis for prevention of transmission of HIV, and tetanus and hepatitis B vaccinations and wound care as appropriate. • Ensure privacy and confidentiality of the survivor. • Ensure the presence of same-sex, same-language health worker or chaperone and, if the survivor wishes, a friend or family member, present for any medical examination.
Reduce HIV transmission	• Enforce respect for universal precautions against HIV and AIDS; • Guarantee the availability of free condoms; • Ensure that blood for transfusion is safe.
Prevent excess neonatal and maternal morbidity and mortality	• Provide clean delivery kits to all pregnant women and birth attendants to promote clean home deliveries; • Provide midwife delivery kits (UNICEF or equivalent) to facilitate clean and safe deliveries at the health facilities; • Initiate the establishment of a referral system to manage obstetric emergencies.
Plan for the **provision of comprehensive reproductive health services**, integrated into primary healthcare	• Collect basic background information; • Indentify sites for the future delivery of comprehensive reproductive health services; • Assess staff and identify training protocols.

Excerpted/Adapted from: **IASC. 2005.** "Guidelines for Gender-based Violence Interventions in Humanitarian Settings," pg. 63 & **IRC. 2012**. "GBV Emergency Response & Preparedness: Participant Handbook," pgs. 46-47. [In folder]

- Monitoring the implementation of the MISP is essential. Even if VAWG partners are not directly responsible for monitoring activities, they should be familiar with key monitoring components, summarized in the following tool:

Monitoring of MISP Implementation

The reproductive health (RH) Officer implements the MISP checklist to monitor service provision in each humanitarian setting as part of overall health sector/cluster monitoring and evaluation. In some cases this might be done by verbal report from RH managers and/or through observation visits. At the onset of the humanitarian response, monitoring is done weekly and reports should be shared and discussed with the overall health sector/cluster. Once services are fully established, monthly monitoring is sufficient. Discuss gaps and overlaps in service coverage within the RH stakeholder meetings and at the health sector/cluster coordination mechanism to find and implement solutions.

MISP Checklist

Geographic area:	Reporting time period:	Start date of health response:	Reported by:

		YES	NO
1. RH lead agency and RH Officer			
1.1	Lead RH agency identified and RH Officer functioning within the health sector/cluster: Lead agency_____ RH Officer_____	☐	☐
1.2	RH stakeholder meetings established and meeting regularly:		
	◗ National MONTHLY	☐	☐
	◗ Sub-national/district BI-MONTHLY	☐	☐
	◗ Local WEEKLY	☐	☐
2. Demographics			
2.1	Total population:		
2.2	Number of women of reproductive age (ages 15 to 49, estimated at 25% of population):		
2.3	Number of sexually active men (estimated at 20% of population):		
2.4	Crude birth rate (estimated at 4% of the population):		
3. Prevent sexual violence and respond to the needs of survivors			
3.1	Multisectoral coordinated mechanism to prevent sexual violence is in place	☐	☐
	Confidential health services to manage survivors of sexual violence are available for:		
	◗ Emergency contraception	☐	☐
	◗ Post-exposure prophylaxis (PEP)	☐	☐
	◗ Antibiotics to prevent and treat STIs	☐	☐
	◗ Tetanus toxoid/Tetanus immunoglobulin	☐	☐
	◗ Hepatitis B vaccine	☐	☐
	◗ Referral to health, psychological and social support services	☐	☐

		YES	NO
3.2	Number of incidents of sexual violence reported to health services:	_____	
3.3	Information on post-rape care and access to services disseminated to community.	☐	☐
4. Reduce the transmission of HIV			
4.1	Safe and rational blood transfusion protocols in place	☐	☐
4.2	Units of blood screened /all units of blood donated X 100:	_____	
4.3	Sufficient materials and checklists to ensure standard precautions in place	☐	☐
4.4	Condoms available free of charge at:		
	◗ Health facilities	☐	☐
	◗ Community level	☐	☐
4.5	Approximate number of condoms taken this period:	_____	
4.6	Number of condoms replenished in distribution sites this period (specific locations):		
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
5. Prevent excess maternal and newborn morbidity and mortality			
5.1	**Health center** (to ensure basic EmONC 24/7) has:		
	◗ One qualified health worker on duty per 50 outpatient consultations per day	☐	☐
	◗ Midwife supplies, including newborn supplies, available	☐	☐
	Hospital (to ensure comprehensive EmONC 24/7) has:		
	◗ One qualified service provider on duty per 20-30 inpatient beds for the obstetric wards	☐	☐
	◗ One team of doctor/nurse/midwife/anesthetist on duty	☐	☐
	◗ Adequate drugs and supplies to support comprehensive EmONC 24/7	☐	☐
5.2	Referral system for obstetric and newborn emergencies functioning 24 hours per day/7days per week (24/7) including		
	◗ Means of communication (radios, mobile phones)	☐	☐
	◗ Transport from community to health center available 24/7	☐	☐
	◗ Transport from health center to hospital available 24/7	☐	☐
5.3	Functioning cold chain (for oxytocin, blood screening tests) in place	☐	☐
5.4	Number of caesarean deliveries / number of births x 100:	_____	
5.5	Number of clean delivery kits distributed / Estimated number of pregnant women x 100:	_____	
6. Planning for transition to comprehensive RH services			
6.1	Sites identified for future delivery of comprehensive RH services (e.g., family planning, STI management, adolescent RH):	☐	☐
	_____		
	_____		
	_____		

		YES	NO
6.2	Staff training needs (for FP provision, STI management, etc) assessed and training tools identified:	☐	☐
6.3	RH commodities consumption (medicines and renewable supplies) monitored	☐	☐
6.4	Procurement channels identified: _____ _____ _____		
7. Special notes			
7.1	Basic contraceptives available to meet demand	☐	☐
7.2	ARV available for patients on ART, including PMTCT	☐	☐
7.3	STI treatment available at health facilities	☐	☐
7.4	Hygiene kits distributed	☐	☐

8. Actions (For the "No" checks, explain barriers and proposed activities to resolve them.)

Number	Barrier	Proposed solution

Example: Clinic staff in North Darfur distributed emergency contraception (EC) to village midwives in addition to a flyer (in Arabic) developed by the MISP Coordinator on why and where women and girls can access care for rape. African Union (AU) commanders in North Darfur were informed by the MISP Coordinator to refer all rape survivors to a local clinic for treatment. The AU civilian police (CIVPOL) patrol also distributed information flyers (in Arabic) on the benefits and availability of care for survivors of sexual violence after an attack. In North Darfur, the MISP Coordinator conducted meetings with CIVPOL members about the importance of the clinical management of rape survivors. In West Darfur, midwives were identified as sexual violence protection focal points and internally displaced women could approach these focal points confidentially; the focal points referred women to receive medical care. In North Darfur, traditional birth attendants (TBAs) delivered messages on sexual violence to the community. In South Darfur, women's health teams conducted community outreach to survivors of sexual violence. Some agencies immediately established women's centers in camps which provide a safe place for women and girls and provide a space for survivors of sexual violence to receive confidential, holistic care in an environment that minimizes the social stigma.

Key strategies that made this programme so effective and could be adapted by other programs are:
- Information about emergency contraception was distributed by known healthcare providers in local language
- Police were engaged in referring rape survivors early
- Education about sexual violence and the care available was distributed by an authoritative staff
Different focal points were identified based on who was respected and accessible in the community
Source: Excerpted from the Women's Commission field team from work conducted in 2005 to 2006. Women's Commission for Refugee Women and Children, 2006 in the Minimum Initial Services Package: A Distance Learning Module, revised 2011)

Additional Tools:

- For comprehensive information on the MISP, see the Women's Refugee Commission website.
- See also case studies related to implementing the MISP.
- For training material on the MISP, see: Women's Refugee Commission. 2006 (revised 2011). "Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Module."
- See the Emergency Toolkit for GBV Responders (International Rescue Committee). Available in multiple languages.
- See UNFPA and Save the Children. 2009. "Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings," MISP: Adolescent and Sexual Violence Fact Sheet.

ii. Clinical Management of Sexual Assault Survivors

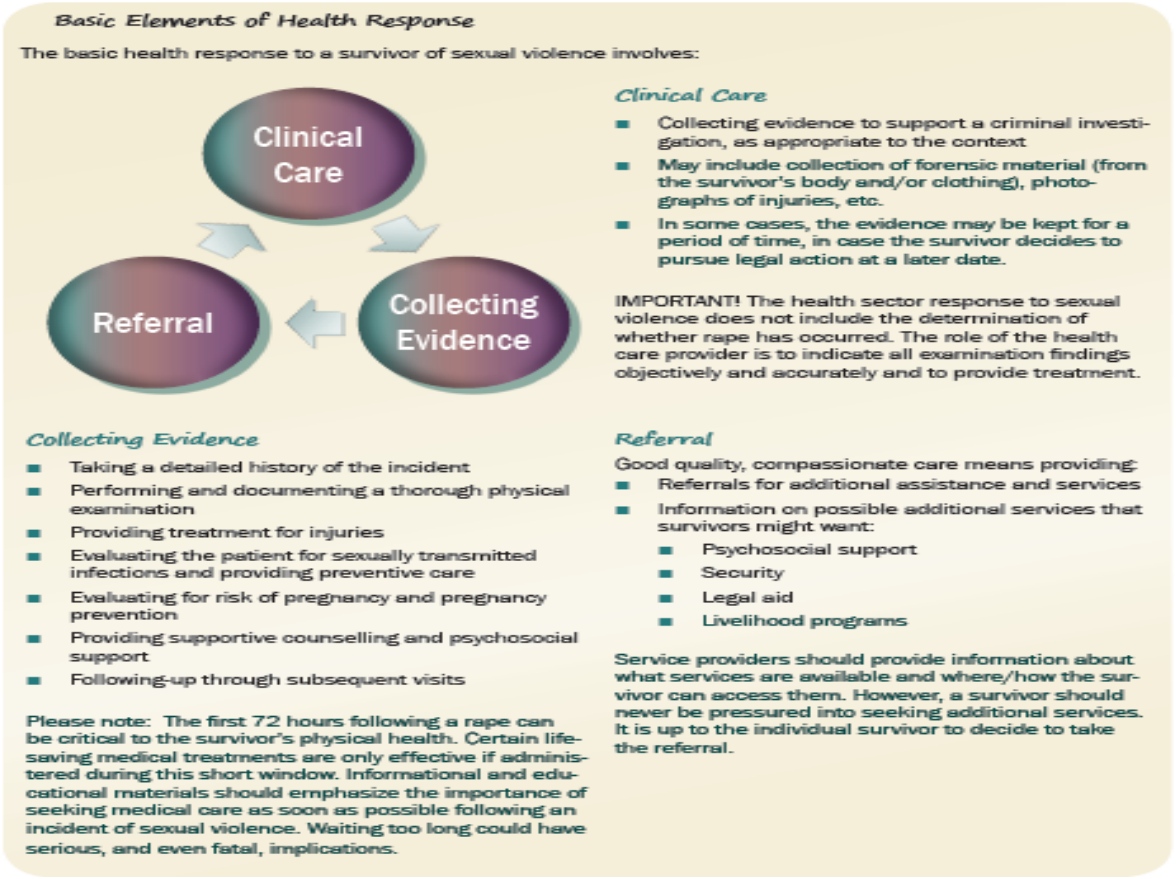
- As with the MISP, clinical care for rape survivors should be available from the earliest onset of an emergency. It is the responsibility of health actors to ensure that health staff is trained and health facilities are equipped to provide care to survivors. This includes having a clinical management of rape protocol in place (IRC, 2012).
- It is the role of those working on VAWG to provide support to the health actors in sensitizing medical and non-medical personnel to the diverse needs of survivors, and promoting compassionate care. VAWG actors also facilitate coordination with health and other sectors to ensure survivors receive all needed services. VAWG actors without a medical background ***do not*** provide any direct health services, procure or dispense drugs, or supervise health staff (IRC, 2012).

- Health and VAWG actors should also work in concert to ensure that all actors on the ground are informed of existing national guidelines and protocols for the clinical management of rape, to ensure that all actors are providing appropriate health responses to survivors of rape (IRC, 2012).

HEALTHCARE PROVIDERS	GBV WORKERS
• Provide appropriate healthcare • Record the details of the history, the physical examination, and other relevant information • Collect any forensic evidence that might be needed in a subsequent legal action (with the patient's consent)	• Advocate to ensure an adequate health response is in place • Provide technical support, as needed, including training on psychosocial support and care for survivors • Work with health team to ensure follow-up and referral of cases
BOTH HEALTHCARE & GBV ACTORS	
• Work with communities to increase awareness about the availability of services • Ensure ethical, safe, and appropriate data collection methods are in place	

Excerpted from **IRC. 2012**. "GBV Emergency Response & Preparedness: Participant Handbook," pg.57. [In folder]

- Key elements of health response for survivors of sexual violence include:



Excerpted from UNFPA. 2011. Managing Gender-based Violence in Emergencies: E-Learning Companion Guide, pg. 80.

- Additional elements of clinical management are outlined below (adapted from WHO, UNFPA, UNHCR, 2004; IASC, 2005). All those working on VAWG should understand the basic process of an exam and the responsibilities of the health care provider. It should be noted that when designing clinical management programs in conflict and post-conflict settings it is necessary to adapt to each situation in the field, taking into account national policies and practices and availability of supplies, staff, and other resources.

1. Ensure preparations have been made

- Health care providers should be trained to provide comprehensive and compassionate care to all survivors, irrespective of age, class, sexual orientation, race, ethnicity, gender identity, ability, religion, or other aspects of identity. Provide health care providers with sensitivity trainings around issues of diversity when possible.
- Priority should be given to training "same language" female health care providers.
- Health care facilities should have the necessary equipment and supplies in order to provide quality basic health care services, as identified in the checklist below.

Checklist of Supplies

1. Protocol	**Available**
• Written medical protocol in language of provider	
2. Personnel	**Available**
• Trained (local) health care professionals (on call 24 hours a day)	
• A "same language" female health worker or companion in the room during examination	
3. Furniture/Setting	**Available**
• Room (private, quiet, accessible, with access to a toilet or latrine)	
• Examination table	
• Light, preferably fixed (a torch may be threatening for children)	
• Access to an autoclave to sterilise equipment	
4. Supplies	**Available**
• "Rape Kit" for collection of forensic evidence, including:	
✓ Speculum	
✓ Tape measure for measuring the size of bruises, lacerations, etc.	
✓ Paper bags for collection of evidence	
✓ Paper tape for sealing and labeling	
• Set of replacement clothes	
• Resuscitation equipment for anaphylactic reactions	
• Sterile medical instruments (kit) for repair of tears, and suture material	
• Needles, syringes	
• Cover (gown, cloth, sheet) to cover the survivor during the examination	
• Sanitary supplies (pads or local cloths)	
5. Drugs	**Available**
• For treatment of STIs as per country protocol	
• PEP drugs, where appropriate	
• Emergency contraceptive pills and/or IUD	
• For pain relief (e.g. paracetamol)	
• Local anaesthetic for suturing	
• Antibiotics for wound care	
6. Administrative supplies	**Available**
• Medical chart with pictograms	
• Consent forms	
• Information pamphlets for post-rape care (for survivor)	
• Safe, locked filing space to keep confidential records	

Source: **IASC. 2005**. "Guidelines for HIV/AIDS Interventions in Emergency Settings," pg. 82.

2. Prepare the survivor and take the history

- Introduce yourself and explain the key procedures about to take place.
- Reassure the survivor that she is in control of the pace of the examination and that she has the right to refuse any aspect of the examination she does not wish to undergo. The survivor should have the option to have a specific support person present.
- When taking the history maintain a calm tone of voice and allow survivors to answer all questions at their own pace, allowing sufficient time to collect all necessary information. Avoid asking questions which have already been asked and documented by others involved in the case.
- Explain that the findings are confidential. Written, informed consent should be obtained from the survivor or a parent or guardian if the survivor is a minor.

Though keep in mind that there is always a possibility that the parent or guardian is the perpetrator.

- See **tool below** for an example of a medical history and examination form which can be used as a guide when treating survivors of violence against women and girls. (For more information on data collection related to VAWG services, see service delivery data collection.)

Annex 5 • Sample history and examination form

CONFIDENTIAL CODE:

Medical History and Examination Form – Sexual Violence

1. GENERAL INFORMATION

First Name		Last Name
Address		
Sex	Date of birth (dd/mm/yy)	Age
Date / time of examination /		In the presence of

In case of a child include: name of school, name of parents or guardian

2. THE INCIDENT

Date of incident:	**Time of incident:**
Description of incident (survivor's description)	

Physical violence	**Yes**	**No**	**Describe type and location on body**
Type (beating, biting, pulling hair, etc.)			
Use of restraints			
Use of weapon(s)			
Drugs/alcohol involved			

Penetration	**Yes**	**No**	**Not sure**	**Describe (oral, vaginal, anal, type of object)**
Penis				
Finger				
Other (describe)				

	Yes	**No**	**Not sure**	**Location (oral, vaginal, anal, other)**
Ejaculation				
Condom used				

If the survivor is a child, also ask: Has this happened before? When was the first time? How long has it been happening? Who did it? Is the person still a threat? Also ask about bleeding from the vagina or the rectum, pain on walking, dysuria, pain on passing stool, signs of discharge, any other sign or symptom.

3. MEDICAL HISTORY

After the incident, did the survivor	Yes	No		Yes	No
Vomit?			Rinse mouth?		
Urinate?			Change clothing?		
Defecate?			Wash or bath?		
Brush teeth?			Use tampon or pad?		

Contraception use					
Pill		IUD		Sterilisation	
Injectable		Condom		Other	

Menstrual/obstetric history	
Last menstrual period (dd/mm/yy)	Menstruation at time of event Yes ☐ No ☐
Evidence of pregnancy Yes ☐ No ☐	Number of weeks pregnant _____ weeks
Obstetric history	

History of consenting intercourse (only if samples have been taken for DNA analysis)		
Last consenting intercourse within a week prior to the assault	Date (dd/mm/yy)	Name of individual:

Existing health problems
History of female genital mutilation, type
Allergies
Current medication

Vaccination status	Vaccinated	Not vaccinated	Unknown	Comments
Tetanus				
Hepatitis B				
HIV/AIDS status	Known		Unknown	

4. MEDICAL EXAMINATION

Appearance (clothing, hair, obvious physical or mental disability)			
Mental state (calm, crying, anxious, cooperative, depressed, other)			
Weight:	Height:	Pubertal stage (pre-pubertal, pubertal, mature):	
Pulse rate:	Blood pressure:	Respiratory rate:	Temperature:

Physical findings
Describe systematically, and draw on the attached body pictograms, the exact location of all wounds, bruises, petechiae, marks, etc. Document type, size, colour, form and other particulars. Be descriptive, do not interpret the findings.

Head and face	*Mouth and nose*
Eyes and ears	*Neck*
Chest	*Back*
Abdomen	*Buttocks*
Arms and hands	*Legs and feet*

5. GENITAL AND ANAL EXAMINATION

Vulva/scrotum	*Introitus and hymen*	Anus
Vagina/penis	Cervix	*Bimanual/rectovaginal examination*
Position of patient (supine, prone, knee-chest, lateral, mother's lap)		
For genital examination:	For anal examination:	

6. INVESTIGATIONS DONE

Type and location	Examined/sent to laboratory	Result

7. EVIDENCE TAKEN

Type and location	Sent to.../stored	Collected by/date

8. TREATMENTS PRESCRIBED

Treatment	Yes	No	Type and Comments
STI prevention/treatment			
Emergency contraception			
Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccination			
Post-exposure prophylaxis for HIV			
Other			

9. COUNSELLING, REFERRALS, FOLLOW-UP

General psychological status	
Survivor plans to report to police OR has already made report Yes ☐ No ☐	
Survivor has a safe place to go to Yes ☐ No ☐	Has someone to accompany her/him Yes ☐ No ☐
Counselling provided:	
Referrals	
Follow-up required Date of next visit	

Name of health worker conducting examination/interview: _____

Title: _____ ***Signature:*** _____ ***Date:*** _____

Source: **WHO, UNFPA, UNHCR. 2004.** "Clinical Management of Rape Survivors: Developing Protocols for use with Refugees and Internally Displaced Persons- Revised Edition," pgs. 44-47.

3. Perform the examination

- At the time of the examination, explain to survivors that experiencing somatic symptoms of panic or anxiety (ex. dizziness, shortness of breath, palpitations etc) is common amongst people who are afraid after having experienced a traumatic event. Explain that these reactions are not due to disease or injury; rather, that they are part of experiencing strong emotions, and will go away over time when emotion becomes less.
- A medical examination should only be conducted after receiving consent and should be conducted in a compassionate, confidential, systematic, and complete manner, following an agreed upon protocol.
- Examinations should follow the guiding principles in providing health services to survivors. For more information see the Health Module.

4. Collect minimum forensic evidence

- Where possible, forensic evidence may be collected in order to assist the survivor in pursuing legal action.
- Local legal requirements and laboratory facilities determine if and what evidence should be collected. Do not collect evidence that cannot be processed or that will not be used.
- The collection of forensic evidence should be the choice of a survivor. Respect this choice and do not pressure in any way.
- For more information on collecting forensic evidence see the Health Module.

5. Provide compassionate and confidential treatment

- Treatment of life threatening complications and referral if appropriate.
- Make referrals, with survivor's consent, to other services such as social and emotional support, security, shelter, etc.
- Discuss immediate safety issues and make a safety plan
- Prescribe relevant treatment in relation to how soon after the incident the survivor seeks treatment.
    - Within 72hrs treatment should be prescribed for the following:
        i. Prevention of sexually transmitted infections (STIs)
        ii. Prevention of HIV Transmission
        iii. Prevention of Pregnancy through emergency contraception
        iv. Wound care
        v. Prevention of Tetanus and Hepatitis B
        vi. Mental health care
    - After 72hrs treatment should be prescribed for the following:
        i. STIs
        ii. HIV Transmission
        iii. Pregnancy
        iv. Bruises, wounds and scars
        v. Tetanus and Hepatitis B
        vi. Mental health care

6. Counsel the survivor

- See Psychosocial section

7. Address follow-up care of the survivor

During the emergency phase of a humanitarian crisis it is possible that a survivor will not or cannot come back for a follow-up visit. As such, it is important to provide maximum input during the first visit.

- See the Post-exposure Prophylaxis to Prevent HIV Infection Joint WHO/ILO Guidelines.

- For additional information on how to provide follow-up care when the emergency phase permits, see "Clinical Management of Rape Survivors: Developing Protocols for use with Refugees and Internally Displaced Persons- Revised Edition" (WHO, UNFPA, UNHCR, 2004).

Example: In Hagadera Refugee Camp in Dadaab, Kenya, IRC implements health services. An assessment of health facility capacity to respond to survivors revealed many issues: no private setting, no trained staff, lack of supplies, and poor organization of service delivery. In tracing the survivor's route through this health facility, it was discovered that a survivor had to make six stops to receive care, causing threats to her confidentiality and privacy, and secondary traumatization at having to retell her story several times. The team in Dadaab, Kenya, created an action plan after this assessment. They trained all staff, both clinical and non-clinical, including the security guards, to protect patient confidentiality, increase awareness about sexual assault and improve attitudes towards survivors and increase technical knowledge of direct patient care. They also gathered all missing resources, including consent forms, supplies for the exam, and patient-information materials. They developed a referral database and appointment cards. Finally, they had a staff member and target date devoted to each piece of the plan, to ensure it was carried out. All resources were obtained and organized by integrating clinical and psychosocial services into one private center. The survivor no longer has to travel through many places within the hospital and receive care. She now receives all services in one private and confidential place. All resources are organized effectively within this center. Protocols are available and on display. A trained staff doctor is on-call. A private and safe room with necessary equipment is available 24 hours to receive survivors. Medicines and supplies are gathered in one place, so the patient is not traveling between different places in the health facility to receive tests or treatments. A locked filing cabinet for records is available so that the patient information is kept confidential. And finally, counseling is provided in the same center through IRC GBV, and a referral network for other psychosocial and legal services is defined and contacts are posted.
Source: Smith Transcript, Johns Hopkins Training Series, 2011.

- All clinical care providers must abide by the guiding principles of survivor-centered care. It is also important that providers understand and meet the needs of survivors with special needs:

    - **Elderly Women:** Following menopause women experience decreased hormonal levels which result in reduced vaginal lubrication and a thinner more fragile vaginal wall. As such, elderly women who have experienced sexual violence in the form of vaginal rape have are especially at risk of vaginal tears and injury and the transmission of STIs and HIV. When examining this population, health providers should use a thin speculum for genital examination and if the only purpose of the examination is the collection of evidence or to screen for STIs, health care providers should consider inserting swabs only without the use of a speculum (adapted from: WHO, UNFPA, UNHCR. 2004).

    - **Transgender and intersex women:** Women whose biological sex differs from their gender identity require different needs for medical care than most cisgendered women (women who identify with the sex/gender they were assigned at birth). Education and sensitization of health actors is essential in adequately meeting the needs of transgender and intersex women who have survived sexual assault (OHCHR, 2011; Grant et. al., 2011).

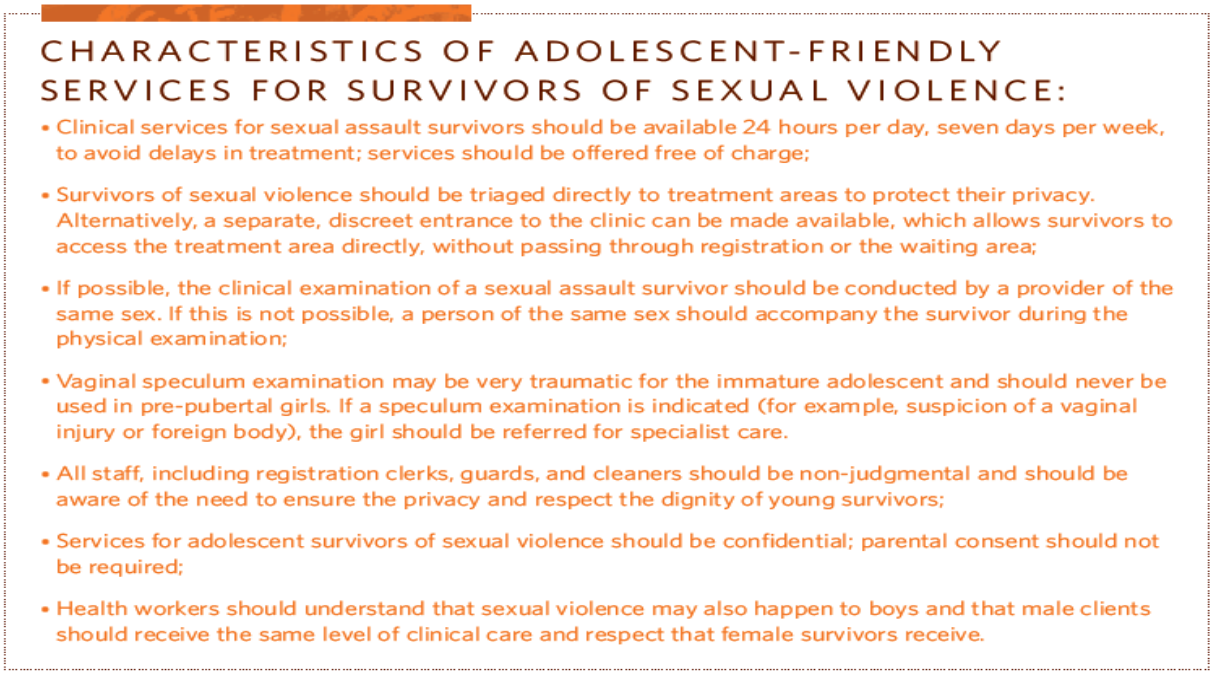
    - **Lesbian and bisexual women:** It should not be assumed that all women are in heterosexual relationships. In addition, research from around the world indicates lesbian and bisexual women can be specifically targeted by men for rape (OHCHR, 2011). When providing health services to survivors, safe space should be provided for women to confidentially disclose same-sex relationships and possible bias-motivated crimes (OHCHR, 2011).

    - **Women with disabilities:** Special consideration must be given to the specific health and medical needs of women with disabilities, as well as the physical accessibility of these services. Those with hearing or visual impairments must be provided with appropriate means of communication (Human Rights Watch, 2010).

    - **Children:** When providing health services to child survivors of sexual violence in conflict and post-conflict humanitarian settings it is important to ensure a safe, caring and child-friendly environment. It is also important that health care providers modify the medical examination and medical treatments as necessary. Health care facilities should ensure that health care providers are familiar with child development and anatomy and are trained and comfortable treating child survivors. Health care providers should also be familiar with local

referral networks and the procedures for communicating with child support agencies and other social services. It is also important that all those working in health care facilities with children survivors understand national child abuse laws as well as local police and court procedures (adapted from IRC, 2009).

- **Adolescents:** Adolescent populations face an increased vulnerability to violence in conflict and post conflict settings. Adolescents may be coerced into providing sex in exchange for basic necessities such as food, shelter and security due to poverty, displacement and separation from their families and communities (UNFPA and Save the Children, 2009). Furthermore, unaccompanied adolescents as well as those who have the responsibility for caring for younger family members are at a heightened risk of sexual exploitation and abuse due to their dependence on others for survival and their limited decision making power and limited abilities to protect themselves (IASC, 2005 as cited by UNFPA and Save the Children, 2009). When providing health care services for adolescent survivors of violence against women and girls is important to modify services to address their special needs.



Excerpted from: **UNFPA & Save the Children. 2009.** "Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings," MISP: Adolescent and Sexual Violence Fact Sheet, pg. 30.

Additional Tools:

- **Clinical Management of Rape e-Learning Programme** (UNHCR/UNFPA/WHO, 2010). Available in English and French. The course is a self-instructional, interactive e-learning programme based on

the content of the WHO/UNHCR guidance on *Clinical Management of Rape Survivors*, and the training materials used by UNHCR and UNFPA in field-based face-to-face training sessions.

- Clinical Care for Sexual Assault Survivors (IRC, 2009). The goal of this training tool is to improve the clinical care of sexual assault survivors in low resource settings by encouraging compassionate, competent, and confidential care in keeping with international standards. It is intended for all clinic workers who interact with sexual assault survivors, with a separate section specifically for non-medical staff.

- **Trainer's Manual on Clinical Care for Survivors of Sexual Violence** (van Houten, Helen, and Keta Tom (eds.)/ Ministry of Health, Kenya, 2007). This manual is a resource for health care providers. The manual aims to support standardized management of post-rape care for survivors of violence. The guidance covers both medico-legal issues and post-rape services for a 3-day training that should be used in its entirety. The modules include forensic examination, specimen collection, analysis and documentation and clinical management, including basic counseling. Available in English; 89 pages.

- **GBV Emergency Response & Preparedness: Participant Handbook** (IRC, 2012) [In folder]

- **Caring for Survivors Training Pack** (UNICEF, 2010). Available in English. This Training Pack can be used to develop multi-sectoral skills (e.g. health, psychosocial, legal/justice and security) and is designed for professional health care providers, as well as for members of the legal professionals, police, women's groups and other concerned community members, such as community workers, teachers and religious workers. The training includes a facilitator guide for medical management of sexual assault.

- Clinical Management of Rape Survivors: Developing Protocols for use with Refugees and Internally Displaced Persons (WHO, UNFPA, UNHCR. 2004). This guide includes detailed guidance on the clinical management of women, men and children who have been raped. It is intended for use by qualified health-care providers in developing protocols for the management of rape survivors in emergencies, taking into account available resources, materials, and drugs, and national policies and procedures. It can also be used in planning health-care services and training health-care providers.

- Guidelines for medico-legal care of victims of sexual violence (World Health Organization, 2003). The aim of these guidelines is to improve professional health services for all individuals (women, men and children) who have been victims of sexual violence by providing: health care workers with the knowledge and skills that are necessary for the

management of victims of sexual violence; standards for the provision of both health care and forensic services to victims of sexual violence; and guidance on the establishment of health and forensic services for victims of sexual violence.

- For a collection and review of existing trainings for healthcare workers, see **Gender-Based Violence Training Modules: A Collection and Review of Existing Materials for Training Health Workers** (Murphy, C., Mahoney, C., Ellsberg, M. and Newman, C./The Capacity Project and USAID, 2006). Available in English.

iii. Integrating Survivor Support into Other Health Programming

- The MISP and clinical care for sexual assault survivors are critical elements of basic health services that should be available in all primary health care facilities. In addition, services for survivors and/or those who may be vulnerable to violence should be available through additional health programming, particularly reproductive and maternal health care and HIV services. Integrating VAWG services should start from the outset of the emergency through partnerships with relevant health programmers.

1. Reproductive Health Programming

- United Nations Security Council Resolution 1889 states the need to ensure women and girls' access to sexual and reproductive health services and to improve reproductive rights to achieve positive socio-economic conditions in post-conflict situations (IAWG-RHC as cited by RHRC website: *General Reproductive Health: Key Messages*.
- Reproductive health is a cross-cutting issue and in order to provide effective services a multi-sectoral integrated approach must be put in place. The planning and delivery of reproductive health services should include actors from various sectors including protection, health, nutrition, education and community service (Inter-agency Working Group on Reproductive Health in Crises, 2010).

- In the acute stage of a humanitarian emergency reproductive health services are often *limited* or *non-existent* (Raise Initiative, 2007), and reproductive health services are not often seen as a priority. These factors along with security restrictions and lack of access can make reproductive health programming a challenge.

- The lack of sufficient reproductive health services during the acute stage of a humanitarian emergency can have serious health implications for women and girls, including the following:

    - Unplanned pregnancy due to lack of family planning and lack of emergency contraception following rape.

- Disease, disability and severe medical conditions (such as fistula) due to unwanted pregnancy, obstetric complications and lack of emergency obstetric care.
- Life-threatening complications from unsafe abortions.
- Risk of HIV infection and reproductive disorders.
- Increased vulnerability to violence against women and girls (adapted from IWAG-RHC, 2010 & Raise Initiative, 2007).

- It is important that women and girls receive basic reproductive health services during the acute stage of a humanitarian emergency in order to ensure that their basic health needs are met and in order prevent reproductive health related morbidity and mortality. As such, a Minimum Initial Service Package (MISP) should be available.

- When implementing reproductive health programs in conflict or post-conflict settings it is important to apply the following principles (adapted from IWAG-RHC, 2010):
  1. Coordination
     - In order for reproductive health services to be effective and efficient it is important to ensure information sharing, compromise and collaborative action amongst all actors and relevant stakeholders.
     - Furthermore, at the onset of the emergency, an agency to lead reproductive health within the health cluster (or relevant health coordination mechanism) should be identified by the coordination lead.
  2. Quality of care
     - Reproductive health services should be complete and accessible and discrimination free.
  3. Communication
     - Communication tools (such as community-wide or targeted information campaigns) should be used to ensure that vulnerable populations and communities receive the information they need, when then need it, in a comprehensible way that allows them to make practical decisions.
  4. Community Participation
     - To assure the appropriateness, acceptability and sustainability of all reproductive health activities and programs, key stakeholders from the community must be involved in all aspects of the programme cycle including assessment, design, implementation, and the monitoring and evaluation.
  5. Technical and managerial capacity-building
     - Technical and managerial capacity within local, national, regional and international organizations should be supported and built in order to improve the coverage, quality and sustainability of reproductive health services.

6. Accountability
    - Health care providers and organizations responsible for reproductive health programs should be held accountable to set standards and principles. Relevant standards and principles should include fiscal responsibility, humanitarian principles, professional standards, local and international laws and the principles.
7. Human rights
    - Reproductive health programs should apply a rights-based approach and health service providers should be familiar with international, regional and national (as well as customary) laws and treaties which effect human rights in the country they are working in.
8. Advocacy
    - Reproductive health programs should include advocacy components to ensure that laws, policies, practices and social norms enable women and girls to enjoy their right to reproductive health.

Example: An organization in Sierra Leone called the Women in Crisis Movement (WICM), supported by the UNFPA, developed a post-conflict comprehensive programme called "Empowering Adolescents and Young Girls Affected by the War through Reproductive Health Services, HIV/AIDS Prevention and Reintegration Opportunities." The project targets 2,300 women and girls between the ages of 15 and 38 who have suffered abduction, abuse, exploitation and other forms of violence at the hands of warring factions; many of them have resorted to commercial sex work as a means of survival both during and after the war. Besides empowering young women through economic opportunities as alternatives to commercial sex work, the project offers sexual and reproductive health services. The project activities specific to the health sector include:

- Free medical care to all the participants and to host communities through six satellite mother-and-child health clinics with voluntary mass treatment of sexually transmitted infections and regular family planning and child-care programs;
- Adult literacy classes for the women and their partners with a component developed by UNFPA on reproductive health, family planning, prevention of HIV infection, nutrition, sanitation, personal hygiene, sexually transmitted infections; and Occupational options;
- Free condom supplies;
- Counseling and psychosocial support, which has been extended to more than 800 girls and young women.

Since the inception of the project, knowledge about HIV and other STIs have increased, condom use has increased, and the prevalence of HIV has declined. Women have also been granted a new right to inherit property when their husbands die.
Source: FROM UNFPA CASE STUDIES, NEED CITATION FROM ERIN.

Additional Tools:

- For comprehensive information and additional tools on Reproductive Health in conflict and post-conflict humanitarian settings see the **Reproductive Health Response in Crises (RHRC) Consortium** website.

- **Inter-agency Field Manual on Reproductive Health in Humanitarian Settings** (Inter-agency Working Group on Reproductive Health in Crises. 2010). Available in English.

- **Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings** (UNFPA and Save the Children, 2009). Available in English. This Toolkit is intended to guide humanitarian programme managers and healthcare providers to ensure that sexual and reproductive health interventions put into place both during and after a crisis are responsive to the unique needs of adolescents. It provides user-friendly tools for assessing the impact of a crisis on adolescents, implementing an

adolescent-friendly *Minimum Initial Service Package* , and ensuring that adolescents can participate in the development and implementation of humanitarian programmes. Other tools are specifically designed for healthcare providers to help them be more effective in providing and tracking services for adolescents at the clinic and community levels.

- **Inter-Agency Reproductive Health Kits for Crisis Situations** (Fourth edition) (Inter-Agency Working Group (IAWG) on Reproductive Health in Crises, 2008). The essential drugs, equipment and supplies to implement the MISP have been assembled into a set of specially designed prepackaged kits, the Inter-Agency Reproductive Health Kits. The kits complement the objectives laid out in Reproductive Health in Humanitarian Settings: An Inter-agency Field Manual. The resource is also available in French and Spanish.

- **Ensuring Privacy and Confidentiality in Reproductive Health Services: A Training Module and Guide for Service Providers** (PATH and Global Health Council, 2003). This manual contains tools, resources and guidelines on the role of health care workers in addressing violence; guidance to help health workers and managers set up programs; and tools for assessment, monitoring and evaluation and screening. Available in English.

2. HIV Programming

- While conflict may not typically result in immediate population-based increases in HIV (due to decreased exposure opportunities), conflict may *lay the ground for transmission* by increasing overall risk of HIV through such mechanisms described below, some of which are indirectly or directly related to GBV:
    - Increased interaction among military and civilians;
    - Increased levels of commercial or casual sex;
    - Decreased availability and/or utilization of reproductive health and other health services;
    - Increased levels of malnutrition;
    - Decreased means to prevent HIV transmission (knowledge level and condom use are quiet low in conflict affected countries, reflecting the failure of media, education, and literacy and clinic-based education during and following conflict);
    - Increased population missing following large internal or regional population movements (exchange of rural/urban populations undermines traditional norms governing sexual activity in rural areas);
    - Emergence of norms of sexual predation and violence;
    - Fragmentation of families and resultant vulnerable household structures (adapted from Mock et al, 2004).

HIV Vulnerability and Exposure Opportunity in Relation to Conflict Phase

Conflict Phase			
		During Conflict	Post-Conflict
		→ →	
HIV Risk Determinants	Vulnerability	• High levels of poverty • Poor Health • Low information/knowledge • Norms of violence/predation	• Expansion of grey economy • Fragmented households • Weak health systems
	Exposure Opportunity	• Isolation • Sporadic disassortive mixing • Population displacement	• Reconnection to the outside world; increased trade, transport • Increased mobility • Resettlement, reintegration

Source: Ward, J 2008 and adapted from Mock, N.B. et al. 2004. Conflict and HIV: A Framework for risk assessment to prevent HIV in conflict-affected settings in Africa, Emerging Themes in Epidemiology, 1:6, pg. 5.

- Given that conflict and post-conflict settings can lay the ground for increased HIV vulnerability and exposure opportunity, it is important to address HIV and AIDS within response programs. A failure to do so can cause the impacts of HIV and AIDS to persist and grow beyond the conflict setting and influence the outcomes of the response as well as post-conflict recovery (IASC, 2010).

HIV Transmission in Conflict-affected Settings: Issues for Consideration

Much has been written about the increased risks for HIV transmission associated with armed conflict, particularly as a result of civilians' exposure to sexual violence and exploitation. In 2000, the UN Secretary-General concluded, "Armed conflicts […] increasingly serve as vectors for the HIV pandemic, which follows closely on the heels of armed troops and in the corridors of conflict" (UNICEF, 2005). In an oft-quoted study of more than 1,000 genocide widows undertaken in Rwanda in 2001, 70 percent of rape survivors were found to be HIV-positive (AI, 2004). One study in eastern DRC suggested that increased infections in that region were a direct result of massive sexual violence.

Despite wide-scale violence against women and girls in many countries, limited data currently exists to show that this violence has increased prevalence of HIV infection at the *population* level (Speigel et al, 2007). This may be related to decreased exposure opportunity resulting at least in part from relative isolation and limited population movement (Mock et al, 2004). In the acute emergency stage of conflict mass killings, displacement and hiding may also reduce the incidence of infection through consensual exposure and reduce the social networks where individuals might otherwise be exposed to HIV (Spiegel et al, 2007).

Nevertheless, it should be noted that a high rate of transmission of HIV among survivors of sexual assault might not lead to a significant increase in overall HIV prevalence at the population level. In addition, it is important to consider the challenges of monitoring and evaluating HIV prevalence in conflict-affected settings when drawing conclusions from available data. Data collection is undermined by the absence of health clinics in which to undertake sentinel surveillance, as well as issues of insecurity, restricted access, lack of trained health personnel (Bayard, 2004).

- It is also important for VAWG actors working in humanitarian settings to understand who is accountable for addressing HIV issues: within the cluster approach, HIV is not considered an activity specific to any cluster or sub-cluster; it has instead been identified by the IASC as a cross-cutting issue that should be mainstreamed within all the clusters.

Key Clusters Addressing GBV and HIV	**Potential Sub-clusters Addressing GBV and HIV**
Health led by WHO	Reproductive Health (RH) sub-cluster may be formed under the health cluster, of which addressing GBV and HIV are components.
Protection led by UNHCR	GBV sub-cluster may be formed under the protection cluster, which can include activities to address linkages between GBV and HIV.

Source: Ward, J**. 2008** "Designing Programming to Address GBV and HIV in East, Central, and Southern Africa: A Framework for Action", Draft Working Paper, UNFPA, Nairobi.

- In addition to the key actors above, other stakeholders must be enjoined to plan and implement strong HIV/GBV prevention and response activities reaching vulnerable at-risk populations. Activities should be integrated into emergency preparedness and response plans of multiple sectors including: Protection, Water and sanitation, Food security and nutrition, Shelter and site planning, Health, and Education. Experience has shown that military forces, peacekeepers and other armed groups can play a role in increased transmission of HIV. As such, when working in conflict and post conflict humanitarian settings these groups should also be integrated into HIV prevention and response activities (IASC, 2010).

- In a regional consultation held in Kenya in 2009 and facilitated by UNFPA, a basic framework was proposed for addressing GBV and HIV in humanitarian settings. The framework can serve as a supplement the IASC HIV Guidelines and the IASC GBV Guidelines. In general (and recognizing that different contexts may require different approaches), implementation of the framework might proceed according to the following phases:

Acute Emergency: Focus on Provision of Direct Services and Basic Prevention	*Stable Phase: Add Capacity Building of Key Sectors to Monitor, Detect, and Address GBV/HIV*	*Post Conflict: Add Addressing Laws and Policies to Improve Rights of Women and Girls*
•Ensure direct services to survivors according to the IASC Guidelines • Provide community education about services •Institute interagency working group(s) on GBV and HIV •Conduct targeted community mobilization to affected communities on GBV and HIV prevention, including mobilization of men and boys •Ensure codes of conduct for all humanitarian personnel	•Develop training across key sectors, including health, psychosocial, legal/justice and security •Implement standardized approaches to addressing GBV and/or HIV across all sectors •Implement standardized data collection and monitoring •Conduct widespread media campaigns/advocacy •Support programming with boys and men to promote gender equality	•Target reform of laws and policies to address gender, human rights, GBV and HIV •Consider methods of reparation for survivors of sexual violence in conflict •Conduct mobilization of national and traditional leaders

Source: Ward, J**.** 2008 "Designing Programming to Address GBV and HIV in East, Central, and Southern Africa: A Framework for Action", Draft Working Paper, UNFPA, Nairobi.

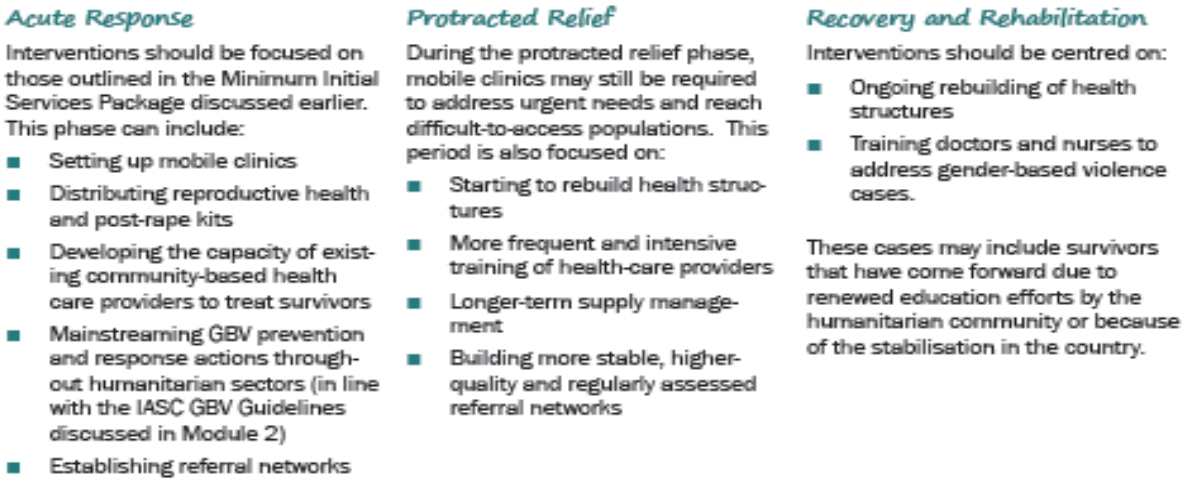
Additional Tools:

- For more information about integrating VAWG and HIV services, see the HIV section in the Health Module.
- See the guidelines for addressing HIV in humanitarian settings (IASC, 2010).
- Addressing Violence against Women and HIV/AIDS: What Works? (WHO and UNAIDS, 2010). *This report summarizes the presentations, discussions, and recommendations from a 2009 meeting of expert* researchers, policy-makers, and practitioners regarding interventions and strategies to address the intersections of violence against women (VAW) and human immunodeficiency virus (HIV).
- HIV/AIDS Prevention and Control: A Short course for humanitarian worker. Facilitator's Manual (Women's Refugee Commission on behalf of the Reproductive Health Response in Conflict Consortium, 2004). This 5-day course on HIV/AIDS prevention and control aims to assist humanitarian workers to deepen their individual understanding of the complexities of HIV/AIDS and to equip participants with the knowledge and skills needed to improve HIV/AIDS programme design and implementation in their communities. Two CD-Roms accompany the facilitator's manual, containing PowerPoint presentations, posters, handouts and additional resources for use both during the course and for supplemental research. Also included are audio interviews with a group of HIV-positive students from South Africa who share their stories, allowing course participants to personalize the HIV/AIDS issue.
- Refugees and AIDS: What should the humanitarian community do? (Women's Refugee Commission, 2002). This resource was produced by the Women's Refugee Commission to provide user-friendly guidance and mobilize humanitarian actors working in refugee settings to address HIV/AIDS. The document aims to stimulate policy makers, managers and implementers to strengthen their response to HIV/AIDS.
- Gender Equality and HIV/AIDS Web Portal (UNWOMEN and UNAIDS) This online resource provides up-to-date information on the gender equality dimensions of the HIV/AIDS epidemic. The site aims to promote understanding, knowledge sharing, and action on HIV/AIDS as a gender and human rights issue.
- What Works for Women and Girls: Evidence for HIV/AIDS Interventions *(web portal)(PEPFAR/USAID and OSI).* The purpose of *What Works for Women and Girls: Evidence for HIV/AIDS Interventions* is to provide the

evidence necessary to inform country-level programming. What Works is a comprehensive review, spanning 2,500 articles and reports with data close to 100 countries, that has uncovered a number of interventions for which there is substantial evidence of success: from prevention, treatment, care and support to strengthening the enabling environment for policies and programming.

b. Health Programming in the Post-conflict/Recovery Phase

- The nature of health interventions should evolve as capacity develops. Once the initial stage of the emergency has passed, more comprehensive services can be provided:



Acute Response

Interventions should be focused on those outlined in the Minimum Initial Services Package discussed earlier. This phase can include:

- Setting up mobile clinics
- Distributing reproductive health and post-rape kits
- Developing the capacity of existing community-based health care providers to treat survivors
- Mainstreaming GBV prevention and response actions throughout humanitarian sectors (in line with the IASC GBV Guidelines discussed in Module 2)
- Establishing referral networks

Protracted Relief

During the protracted relief phase, mobile clinics may still be required to address urgent needs and reach difficult-to-access populations. This period is also focused on:

- Starting to rebuild health structures
- More frequent and intensive training of health-care providers
- Longer-term supply management
- Building more stable, higher-quality and regularly assessed referral networks

Recovery and Rehabilitation

Interventions should be centred on:

- Ongoing rebuilding of health structures
- Training doctors and nurses to address gender-based violence cases.

These cases may include survivors that have come forward due to renewed education efforts by the humanitarian community or because of the stabilisation in the country.

Excerpted from **UNFPA. 2012.** *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, pg. 82.

- The post-emergency phase offers an opportunity to expand service delivery, to increase the quality and availability of services, and to improve policies and guidelines related to addressing VAWG in the health sector. The IASC GBV Guidelines recommend the following actions in the post-emergency phase:
  - Expand medical care for survivors
  - Establish or improve protocols for medico-legal evidence collection
  - Integrate VAWG medical management into health system structures, national policies, programmes and curricula
  - Conduct ongoing training and supportive supervision of health staff
  - Conduct regular assessments on quality of care (IASC, 2005).

- Two potential approaches to improving health sector response in the post-conflict/recovery phase are described below: one-stop centres and screening.

Emerging issues

i. One-Stop Centres (OSC)

Name of Response	Originating Country	Originating Sector	Description	Primary Aims
Sexual Assault Response Team (SART)	USA	Multi-sector in the sense that SARTs often have their own premises	SART started in the 1970s in parallel with SANE (see below) and in many US jurisdictions, SART combines with SANE, but it may also rely on general hospital staff. A team consists of a nurse or doctor, a police officer, and a victim advocate (sometimes, a prosecutor is also involved). Typically, SART has its own premises; a victim is escorted there by a police officer or victim advocate. All team members attend the SART office where the victim is interviewed, the medical examination conducted, and support (counselling and referrals) is offered to the victim.	1. Make reporting easier for victims 2. Make medical examination easier for victims 3. Coordinate investigation and support services.
Sexual Assualt Referral Centre (SARC)	England/ Wales	Usually located in hospitals	SARCs are the English version of SARTs, first established in 1986. Most are joint ventures between the police and the health sector, with involvement of the voluntary sector. They are usually located in a hospital. Victims receive medical care by a specialised health practitioner; they receive counselling and legal advice, are interviewed by police, and undergo a forensic examination. The service is available 24 hours a day. Victims may self-refer or be referred by police, but are not obliged to report the assault. They can talk informally to a police officer, before deciding whether to report or not. SARCs also offer victims follow-up medical and psychological care for up to 6 months	1. Make reporting easier for victims 2. Make medical examination easier for victims 3. Coordinate investigation and support services.
One Stop Centres/ Shops	Originating in Malaysia now in several countries in South Asia and	Usually located in health facilities	One-Stop Centers provide multi-sectoral case management for survivors, including health, welfare, counselling, and legal services in one location. They are linked as well to the police through referral pathways. These crisis centres are typically located in health facilities, including the emergency	1. Make reporting easier for victims 2. Make medical examination

	Africa		departments of hospitals, or as stand-alone facilities near a collaborating hospital. These centres can be staffed with specialists 24 hours or can maintain a core group of staff with specialists on call. Unlike SARTs and SARCs that focus on sexual violence, one-stop centers may focus their services on the issue of domestic violence, or they may address both domestic violence and sexual violence.	easier for victims 3. Coordinate investigation and support services.
Rape Crisis Centres	Various	Typically a community-based NGO	Rape crisis centres are usually NGO-run facilities that provide support to victims (e.g., counselling, telephone helpline) and information about the legal system. Staff and volunteers often participate in multi-disciplinary response to sexual assault such as one-stop shops, SARC, or SART. They may also assist victims during forensic examination or when reporting to police.	1. Assist and support victim 2. Provide information and counselling to victim
Centres Against Sexual Assault (CASA)	Australia	NGO Sector, now linked to multi-sectoral services with autonomy	CASAs provide support to victims (counselling, telephone helpline) and legal information. CASA staff members participate in multi-disciplinary response to sexual assault and in community and professional education. They seek to inform government policy, advocate for law reform, and facilitate research.	1. Integrate responses to sexual assault
Sexual Assault Nurse Examiner Programs (SANE)	USA	Health sector	Nurses are specially trained in examining victims, collecting forensic evidence, and victim care. SANEs not only conduct the forensic examination, they also provide medical care such as pregnancy prevention, STD testing, and referral to counselling. Typically, SANEs are part of a team response to sexual assault (see SART), but they also work as specialist nurses in general emergency wards.	1. Improve collection of forensic evidence 2. Make medical examination easier for victims 3. Provide medical care to victims
Project Saphire	England	Security/ Police	Project Sapphire was initiated in 2001 and consists of dedicated sexual offences investigation teams--officers trained in first-response to sexual assault and an inspector whose only duty is the investigation of serious sexual offences. A male or female	1. Make reporting easier for victims 2. Provide

			“chaperone” officer contacts the victim within one hour of reporting. The chaperone is not involved in the investigation but offers support to the victim, organises the medical examination, contacts support groups, and friends and relatives, and organises protection for the victim if required. The chaperone is also responsible for keeping the victim informed of the development of the case. An officer is available 24 hours a day. All front desk staff are trained in speaking and responding to victims.	better victim care 3. Improve quality of investigation
Sexual Assault and Child Abuse Team (SACAT)	Australia	Security/ Police	Established in 1988, SACAT is a specialist police unit for sexual assault of adults and children. It aims to minimise further trauma for victims and to increase their confidence to participate in the legal process. Staff members are specially trained in dealing sensitively with victims. Initially located in its own premises, SACAT is now within a suburban police station, which also houses other specialist units. It provides an integrated environment for victims, including a medical suite, bedroom, lounge room, play area for child victims, and an interview room with video-recording facilities. A Sexual Assault Victim Liaison Officer maintains contact with victims, informing them of developments in their case. SACAT detectives receive special training in investigating sexual assault.	1. Make reporting easier for victims 2. Improve quality of investigation
Victim Support Units	Zambia	Security/ Police	The Victim Support Unit leads work gender-based violence, providing victims with counseling and support (including administration of PEP and EC), in addition to dealing with perpetrators. The units were established in 1994 and became fully operational in 1998 with presence in every province of the country today.	
Victim Protection Units	East Timor	Security/ Police	The Victim Protection Units These units take complaints and have authority to investigate cases such as rape, attempted rape, domestic violence, child abuse, child neglect, missing persons, paternity and sexual harassment. The Units were first established with UN support in 2000 and are found in	

			each of the 13 provinces.	

- In recent years, the 'one stop centre' (OSC) model for attending to survivors of violence against women and girls has garnered attention in development settings as an exemplary approach to facilitating comprehensive and ethical care for survivors. Not surprisingly, the humanitarian community's interest in OSCs also appears to have accelerated as a method for scaling up quality services during post-conflict reconstruction and recovery. While there are many positive benefits for survivors, one-stop centres may not always be the most feasible method for providing such services, especially in low prevalence or low population density areas.

- During the emergency phase of conflict, it is expected that a minimum initial service package (MISP) be available to survivors. Once the emergency has abated, programmers can begin to consider more comprehensive and sustainable approaches to coordinated care for survivors such as through the establishment of OSCs.

- To determine whether an OSC is the right option for improving survivor services in a particular conflict or post-conflict humanitarian setting, it is important to know what the term refers to (and thus what OSC programming entails), as well as what some of the other approaches are for responding to the needs of survivors. Any decisions regarding the appropriateness of different types of interventions will also be informed by local needs, financial and other resources, and human resource capacities.

- In general, coordinated care models (such as the OSC) seek to optimize a multi-sectoral approach and ensure consistency in the application of core guiding principles in all service delivery efforts. Coordinated care can refer to survivor services that link sectoral responses within stand-alone programs (where health, psychosocial, police and legal assistance are available in one location), or that link sectoral responses through standardized referral pathways across programs (where health care providers, for example, provide a full array of response services within a health setting and then refer the survivor elsewhere for police and legal assistance).

- Although the OSC model has received a significant amount of attention from programmers and donors in various development and humanitarian settings, the term is often used differently across settings to describe different types of multi-disciplinary responses. In order to provide some clarity around terminology as well as around different levels of services, the list below attempts to outline some of the coordinated care approaches (including OSCs) that have emerged globally in the last twenty to thirty years.

These summaries are taken from: **Daly, K. and Bouhours, B. 2011.** *Appendix: Inventory of Responses to sexual violence, in "Conventional and Innovative Justice Responses to Sexual Violence."* Australia Institute of Family Studies.

- The term 'one-stop' as it is applied in many development contexts is often a misnomer if 'one-stop' is taken to mean a single setting where the full complement of multi-sectoral responses can be accessed by a survivor. Unlike the SART and SARC approaches where police and legal aid workers are a standard part of the on-site response team, many comprehensive care models in development and post-conflict contexts focus on medical care and referral, with some providing additional on-site psychosocial care and/or legal advice. In the absence of on-site police personnel, some OSCs may be creatively linked to police (i.e. next door to police precincts or have police officers on call through cell phones).

- Even though these models are often referred to as 'one-stops' they may more accurately reflect an **integrated approach** (for more information, see Commonwealth Secretariat**, 2003**)**.** Integration refers to targeting various types of existing health providers (e.g. emergency rooms, clinics, sexual and reproductive health services, etc.) and determining how violence-related services can be incorporated to ensure that survivors presenting for care receive the necessary assistance related to their exposure to violence as quickly as possible. Three basic models of integration include:

Level of Integration	**Approach**	**Example**
Provider-level integration	The same provider offers a range of services during the same consultation.	A nurse in accident and emergency is trained and resourced to screen for domestic violence, treat her client's injury, provide counseling and refer her to external sources of legal advice.
Facility-level integration	A range of services is available at one facility but not necessarily from the same provider.	A nurse in accident and emergency may be able to treat a woman's injury, but may not be able to counsel a woman who discloses domestic violence, and may need instead to refer the woman to the hospital medical social worker for counseling.
Systems-level integration	There is a facility-level integration as well as a coherent referral system between facilities in order to ensure the client is able to access a broad range of services in their community.	A family-planning client who discloses violence can be referred to a different facility (possibly at a different level) for counseling and treatment. This type of integration is multi-site.

Adapted from Colombini, C., Mayhew, S. and Watts, C. 2008**.** "Health-sector Responses to Intimate Partner Violence in Low- and Middle-income Settings: A Review of Current Models, Challenges and Opportunities." *Bulletin of the World Health Organization* 86 (8): 635-642.

- Integrated approaches to medical (and psychosocial) care and referral may be a more realistic alternative to initiating coordinated care in humanitarian settings than the resource-intensive SART/SARC-type approaches used in Western contexts that require a corps of specialized staff operating in a dedicated structure.

- Integrated approaches can offer an improved standard of treatment but are not as expensive, and they do not rely as heavily on the capacities of the police and legal/justice systems in order to function effectively. Services initiated within the health sector may also attract more survivors than forensic-based services (i.e. where medical examiners are linked to the police and/or situated in criminal justice offices), especially in settings where engaging the criminal justice sector is highly stigmatizing or presents security risks (such as when police investigations are undertaken without the consent the survivor and impunity for perpetrators is the norm; or where the security sector is responsible for the abuse).

- Still, these programs *do* require the commitment of administrators in order to be effective, as well as training and support for all staff working within the particular health setting, and the establishment of strong linkages with other sectors, especially the police. In post-confict settings, where infrastructure is often even more limited than in development settings, programmers must anticipate the considerable outlay of resources that will be required to introduce integrated models of health care.

- When considering the most appropriate methods for coordinated care for survivors in a given setting, it is important to take into account the human, financial, and other resources that are available, and weigh them against strategies that allow for greatest access to safe and ethical services for survivors. No matter how exemplary, a single one-stop center based in a metropolitan area is bound not to produce significant benefits across a population because the vast majority of survivors living outside the urban center will not be able to access that service.

- Programming experience in multiple settings suggests the following **basic actions** are critical to establishing and maintaining effective services for survivors:

    1. Identify the service-delivery needs of the target population (establish the nature of violence and related help-seeking behavior and conduct a service mapping).
    2. Understand the obstacles to coordinated care (assess facilities and personnel within and across key sectors and calculate costs of existing and /or proposed programming).
    3. Create institutional buy-in of key stakeholders (from national level policy-makers to institutional administrators and service providers).

4. Ensure supportive national and facility-level policy frameworks to enable integration and cross-sectoral linkages (with costing analysis and funding strategies included).
5. Ensure facility infrastructure can support integration and cross-sectoral linkages in a sustainable manner (i.e. proper space for services and transport to other services where necessary).
6. Define roles of service providers through inter-and intra-sectoral standard operating procedures.
7. Ensure on-going coordination within facilities and across sectors through active coordination networks.
8. Ensure on-going capacity development of service providers.
9. Build safe and ethical data collection and monitoring systems (adapted from Askew and Kim, unpublished).

- The integration of these models by local governments into their systems can be the most challenging part of this process even in stable environments. As such it is important to include programming strategies that will build sustainable capacity and infrastructure of key sectors at the national and local levels. Many settings seeking to scale up services have benefited from engaging with other countries/partners where lessons have already been generated about the challenges of implementing coordinated care approaches.

Example: Rwanda's police-managed ISANGE One Stop Centre: The One Stop Centre for Survivors of Child, Domestic and Gender-Based Violence, established in 2009, is based in the Kacyiru Police Hospital, Kigali. ISANGE (meaning feel welcome and free in Kinyarwanda) was initiated through a partnership between the Rwanda National Police Health Services and the United Nations in Rwanda, with support from UNIFEM (now UN Women), UNFPA and UNICEF. The first integrated centre in Rwanda, the model offers a range of services, including protection from further violence, crime investigation, medical testing and court referrals as well as treatment for physical and psychological trauma, in comfortable and confidential facilities. Toward expanding integrated services, the Ministry of Health has made a commitment to provide offices in all government-run hospitals for police to follow up on cases of gender-based violence, which will also support a ministerial order passed that survivors of rape must be medically examined within 72 hours after an incident. Another centre was built on this model, in the Rusizi District in western Rwanda (UNIFEM, 2009).

- For additional examples of one-stop crisis centers and integrated approaches in Thailand, Bangladesh, Kenya, and South Africa, see:
    - **Grisurapong, S. 2002.** "Establishing a One-stop Crises Center for Women Suffering Violence in Khonkaen, Thailand." *International Journal of Gynecology and Obstetrics* 78 (Supplement 1): S27-S38.

- **Haque, Y. and Clarke, J. 2002.** "The Woman Friendly Hospital Initiative in Bangladesh Setting: Standards for the Care of Women Subject to Violence." *International Journal of Gynecology and Obstetrics* 78 (Supplement 1): S45-S49.

- **Keesbury, J. and Askew, I. 2010.** *Comprehensive responses to gender based violence in low-resource settings: Lessons learned from implementation.* Population Council.

- **Kilonzo, N. and Taegtmeyer, M. 2005.** "Comprehensive Post-Rape Care Services in Resource-Poor Settings: Lessons learnt from Kenya, Liverpool VCT, Policy Briefings for Health Sector Reform."

- **Kilonzo, N., S.J. Theobald, E. Nyamato, C. Ajema, H. Muchela, J. Kibaru, E. Rogena and M. Taegtmeyer. 2009.** "Delivering post-rape care services: Kenya's experience in developing integrated services." *Bulletin World Health Organization* 87 (7): 555-9.

- **Vaz, P. 2008.** "Sexual Violence and HIV/AIDS Services: Thuthuzela Care Centres in South Africa: Presentation to Office of The US Global AIDS Coordinator." Washington, D.C.

- Coordination is critical to ensuring the success of one-stop centres. For more information, see the Coordinated Responses module.

  - See additional information on one-stop centres in the health module.

ii. Screening

- Screening is "asking women about experiences of violence/abuse, whether or not they have any *signs or symptoms*" (Bott et al, 2004). Without screening, health services mainly respond when survivors take the initiative to disclose. (from Health Module)

- When done appropriately, screening creates a record of the main violence issues for the survivor, which in turn determines what care and support she needs from the provider doing the screening, and from others in the facility or the community. Routine screening increases the likelihood that providers can ensure appropriate care for survivors. (from Health Module)

- In recent years, there has been an interest in developing screening capacity of health care providers working in conflict-affected settings. By screening for violence against women and girls in humanitarian settings, health care providers have the potential to provide life saving services and counteract the negative long term affects which can minimize the long term affects on survivors (Ciampi NEED CITATION).

- However, there are widespread concerns about the risks of routine screening, particularly in resource-poor settings where there is limited training to prepare providers to conduct screening (Garcia Moreno, 2002b) and/or lack of support to providers who routinely screen clients. Routine screening may harm women in settings where providers are insensitive to violence issues or are otherwise not equipped to respond appropriately, where privacy and confidentiality cannot be ensured, and where adequate referral services do not exist. Poorly implemented routine screening can put women at additional risk of violence (Bott et al, 2004). (from Health Module)

- When operating in conflict and post-conflict humanitarian settings where both financial and human resources are often overstretched, health care providers may consider screening for violence against women and girls to be an added burden and feel torn between providing quality health care services and fulfilling productivity targets (Stevens, 2004 as cited by Ciampi NEED CITATION).

- Furthermore, working in conflict and post-conflict humanitarian settings often includes added pressures on health providers such as harsh living and working conditions, isolation, lack of privacy, limited communication with usual support systems, regular turnover of expatriate staff and possible threats to personal safety by perpetrators and their families or the authorities (WHO, 1998 & Women's Commission for Refugee Women and Children, 2002 as cited by Ciampi NEED CITATION).

- Any initiatives to introduce screening for violence against women and girls within the health sector requires caution and must be implemented paying special attention to safety, privacy and confidentiality (WHO, 1998 and Lapidus et al, 2002 as cited by Ciampi NEED CITATION). And yet, it can be a challenge in conflict and post-conflict humanitarian settings to ensure safety and privacy due to lack of resources and facilities.

- When considering whether to implement screening, providers should first understand the four basic approaches to screening: **Universal screening**, **Selected integration, High risk screening** and **Selective screening** (For more comprehensive general information on screening and screening tools, please see Health Module)

Additional Resources:

- Responding to Intimate Partner Violence and Sexual Violence against Women: WHO Clinical and Policy Guidelines (World Health Organization, 2013). Available in English (pages 17-19).

- The Screening Section of the Health Module. Available in English, French and Spanish.

2. Psychosocial Response

The term "psychosocial" is used to explain the links between our psychological and emotional well-being and our relationships and functioning in society.

Source: **UNFPA. 2012.** *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, pg. 83.

- Violence against women and girls can have long-lasting psychological and social effects. Psychological and mental health problems for a survivor can include: non-pathological distress (such as fear, sadness, anger, self-blame, shame, sadness or guilt), depression, anxiety disorders (including posttraumatic stress disorder), eating disorders, psychotic disorders and alcohol and other substance use disorders, as well as suicidal ideation and self-harm (excerpted/adapted from UNFPA, 2012; WHO, 2012). Social consequences for survivors can include stigma, social exclusion, discrimination, rejection by family and community--all of which can lead to further poverty (WHO, 2012). While some survivors may be able to recover through personal coping mechanisms, many survivors may require additional support. Psychosocial support can benefit survivors by facilitating recovery and allowing survivors to resume social functioning (UNFPA, 2012).

- All efforts to assist survivors to manage the personal effects of their exposure to violence should acknowledge and address the fact that VAWG is a social and cultural problem, and that how women and girls are treated in a society may not only contribute to the risk of exposure for violence, but also to challenges in managing the effects of that exposure. (See Astbury, 2006)

- Overall, psychosocial interventions addressing violence against women and girls in conflict and post-conflict settings should seek to promote:

    - ***Healing*** *at an individual, family, and community levels by rebuilding trust and coping mechanisms.*
    - ***Empowerment*** *by realistically and safely working to increase women's role in decision-making and their access to economic opportunities.*
    - ***Acceptance*** *by ensuring survivors and their children are included and supported by their communities* (excerpted from IRC, 2012).

- The following framework illustrates some of the key interventions that should be considered.

Table 1. Examples of community and person-focused interventions for mental health and psychosocial support for survivors of sexual violence in conflict-affected settings, categorized according to mental health and psychosocial support 4W activity code.

	MHPSS 4W activity code	Examples of supports for conflict-related sexual violence
COMMUNITY-FOCUSED	1. Information dissemination to the community at large	• Information on sexual violence, protection efforts, or available services and supports • Messages on positive coping
	2. Facilitation of conditions for community mobilization, community organization, community ownership or community control over emergency relief in general	• Support for sexual violence response that is initiated by the community • Support for communal spaces/meetings to discuss, problem-solve and plan action by community members to respond to problems, including sexual violence • Community mobilization to build protective environment • Anti-stigma community mobilization
	3. Strengthening of community and family support	• Support for social support activities that are initiated by the community • Strengthening of parenting/family supports • Facilitation of community supports to vulnerable persons, including sexual violence survivors • Structured social activities (e.g. group activities) • Structured recreational or creative activities • Early childhood development (ECD) activities • Facilitation of conditions for indigenous traditional, spiritual or religious supports, including communal healing practices
	4. Safe spaces	• Child friendly spaces • Safe houses • Other safe spaces
	5. Psychosocial support in education	• Sexual violence-related psychosocial support to teachers / other personnel at schools/learning places • Sexual violence-related psychosocial support to classes/groups of children at schools/learning places
	6. Supporting the inclusion of social/psychosocial considerations in protection, health services, nutrition, food aid, shelter, site planning or water and sanitation	• Orientation of or advocacy with aid workers/agencies on including social/ psychosocial considerations in sexual violence programming • Orientation of or advocacy with aid workers/agencies on sexual violence considerations in aid programming
PERSON–FOCUSED	7.(Person-focused) psychosocial work	• Psychological first aid • Linking vulnerable individuals, including sexual violence survivors and their families, to resources (e.g., health services, livelihoods assistance, community resources, legal assistance etc) and follow-up to see if support is provided
	8.Psychological intervention	• Basic counselling for individuals • Basic counselling for groups or families • Interventions for alcohol/substance use problems (e.g., Brief Intervention) • Psychotherapy (e.g., Cognitive Behavioural Therapy, Interpersonal Therapy)
	9.Clinical management of mental disorders in sexual violence survivors by non-specialized health care providers (e.g. PHC, post-surgery wards, women's wellness centres)	• Non-pharmacological management of mental disorder by non-specialized health care providers • Pharmacological management of mental disorder by non-specialized health care providers • Action by community workers to identify and refer people with mental disorders and to follow-up on them to ensure adherence to clinical treatment
	10. Clinical management of mental disorders in sexual violence survivors by specialized mental health care providers (e.g. psychiatrists, psychiatric nurses and psychologists working at PHC/general health facilities/mental health/women's wellness facilities)	• Non-pharmacological management of mental disorder by specialized mental health care providers • Pharmacological management of mental disorder by specialized health care • In-patient mental health care

Source: Adapted from IASC Reference Group on Mental Health and Psychosocial Support (2012). PHC = Primary Health Care

Excerpted from **WHO. 2012.** "Mental Health and Psychosocial Support for Conflict-Related Sexual Violence: Principles and Interventions."

a. Principles of Psychosocial Care

- When implementing psychosocial programs for survivors of violence against women and girls in conflict and post-conflict settings it is imperative to include the following Core Principles which are outlined in the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (adapted from IASC, 2007, pgs. 9-13, unless otherwise indicated):

1. Human Rights and Equality
    - Promote and protect the human rights of all affected person, especially vulnerable groups such as women and girls.
    - Promote equity and non-discrimination, ensuring that mental health and psychosocial support services are available to all affected people regardless of gender, age religion, ethnicity etc.
    - Apply guiding principles using survivor-centred skills for caring for survivors. The respect and protection of the survivors' interests and choices should be the priority and all services should ensure the principles of confidentiality, safety and security, respect and non-discrimination (WHO, 2012).

Principles	**Survivor-centred Skills**
Ensure the physical safety of the victim(s) / survivor(s).	*Consider the safety of the survivor:* • Always be aware of the security risks a survivor might be exposed to after sexual violence. Hold all conversations, assessments and interviews in a safe setting. Try, as much as the context and your position allow you, to assess the safety of the survivor (Does the survivor has a safe place to go to? Will the survivor be confronted with the perpetrator? …). Inform yourself about all options for referral available to the survivor. If possible, take action to ensure the safety of the survivor.
Guarantee confidentiality.	*Ensure Confidentiality:* • Do not share the story of the survivor with others. This can be especially important in cases of biased-motivated crimes. If you need to share information with professionals, for instance to organize a referral, you can only do so if the survivor understands what this implies and has given his/her informed consent beforehand.
Respect the wishes, the rights, and the dignity of	*Respect the wishes, needs and capacities of the survivor:* • Every action you take should be guided by the wishes, needs and capacities of the survivor.

the victim(s)/ survivor(s) and consider the best interests of the child, when making any decision on the most appropriate course of action to prevent or respond to an incident of gender-based violence.	Ensure attention for all needs of the survivor: medical and psychosocial needs as well as material needs and the need for justice. Respect the strength and capacities of the survivor to cope with what happened to her/him. After the survivor is informed about all options for support and referral, **s/he has the right to make the choices s/he wants**. *For children, the best interests of the child should be a primary consideration and children should be able to participate in decisions relating to their lives. However, adults must take into account the child's age and capacities when determining the weight that should be given to their wishes.* *Treat the survivor with dignity:* • Show that you believe the survivor, that you don't question the story or blame the survivor and that you respect her/his privacy. *Assure a supportive attitude:* • Provide emotional support to the survivor. Show sensitivity, understanding and willingness to listen to the concerns and story of the survivor. Retain a caring attitude, regardless of the type of intervention you make. *Provide information and manage expectations* • Provide the survivor with information about available services and their quality to enable them to make a choice about the care and support s/he wants. Check whether the survivor fully understands all the information, and, if necessary, adapt the presentation of the information to the capacity of the survivor at that time. • Be aware of the fact that when a survivor discloses her/his story to you, s/he trusts you and might have high expectations about what you can do to help. Always be clear about your role and about the type of support and assistance you can offer to a survivor. Never make promises that you

	can't keep. Always refer the survivor to the appropriate services. Respect also the limitations of what you can do (see as well Module 8). • Provide information on safety planning. *Ensure referral and accompaniment:* • Make sure you are well-informed about the options for referral (medical, psychosocial, economic, judicial) and available services, along with their quality and safety. Inform the survivor about these options. Ensure that the survivor has access to the appropriate services s/he would like to consult. • Consider the possibility of accompaniment of the survivor throughout the process – that is, having a supportive, trusted person who is informed about the process accompany the survivor to different services
Ensure non-discrimination.	*Treat every survivor in a dignified way, independent of her/his sex, background, race, ethnicity, sexual orientation, gender identity, ability status, religion, or the circumstances of the incident(s).* • Treat all survivors equally. Do not make assumptions about the history or background of the survivor. Be aware of your own prejudices and opinions about sexual violence and do not let them influence the way you treat a survivor.

Source: **UNICEF. 2010**. Caring for Survivors Training Pack, pg. 53.

2. Participation
    - From the on-set of an emergency involve local communities and local stakeholders (including vulnerable populations and NGOs representing the LGBTI community, women with disabilities, etc., as much as possible) in all steps of programming, including the assessment, design, implementation, and monitoring and evaluation stages.

3. Do no harm
    - Mental health and psychosocial support programs have a high potential to cause harm because they deal with highly sensitive issues.

As such, it is extremely important to ensure that such programs do no harm.

- Remain alert to possible adverse effects during programme planning. In addition, measure and record unintended negative consequences through programme monitoring and evaluation. Such unintended consequences might include: cultural, economic, political, psychological, security and social issues (adapted from WHO, 2012).
- Reduce the risk of harm in various ways, such as:
    - Participate in coordination groups to learn from others and to minimize duplication and gaps in response;
    - Design interventions on the basis of sufficient information;
    - Commit to evaluation, openness to scrutiny and external review;
    - Develop cultural sensitivity and competence in the areas in which you intervene/work;
    - Remain updated on the evidence base regarding effective practices;
    - Develop an understanding of, and consistently reflect on, universal human rights, power relations between outsiders and emergency-affected people, and the value of participatory approaches.

4. Build on available resources and capacities
    - Build local capacities, supporting self-help and strengthening the resources already present. Externally driven and implemented programmes often lead to inappropriate mental health and psychosocial support and often the sustainability is limited.

5. Integrated support systems
    - Focusing on stand-alone services, for example those dealing only with people with specific diagnoses, such as post-traumatic stress disorder, can create a highly fragmented care system. In order to avoid this, ensure that interventions and programming are as integrated as possible.
    - Integrate psychosocial support programs and activities into wider systems such as: *existing community support mechanisms, formal/non-formal school systems, general health services, general mental health services, social services, etc*., as well as well as other services and community support which address violence against women and girls, such as: *reproductive health, antenatal care, infant and young child nutrition, child protection, microfinance initiatives, and existing community-support mechanisms, such as women's support groups* (adapted from WHO, 2012). This will ensure that psychosocial support programs reach a wider population and carry less stigma. Experience has also shown that integration often increases programme sustainability.

6. Multi-layered supports
    - In conflict and post-conflict humanitarian settings, people are often affected in different ways and as such require different kinds of support.
    - Organize mental health and psychosocial support response programs by developing a layered system of complementary services (e.g. basic amenities for women and children, such as food) that meet the specific needs of different groups.

7. Non-stigmatizing services
    - When implementing mental health and psychosocial support programs, include--but do not specifically target--survivors of violence against women and girls. Specifically targeting survivors can risk creating additional problems for these women and girls such as stigma, discrimination and violence (adapted from WHO, 2012).

Psychosocial support for survivors of violence against women and girls in conflict-affected settings: The Do's and Don'ts

While implementing mental health and psychosocial response programs addressing violence against women and girls in conflict and post-conflict requires context specific interventions, WHO recommends the following universal "do's and don'ts":

Do...

Assessment

- Coordinate with other stakeholders to gather existing information and identify gaps in response.
- Conduct an assessment to inform programming ensuring that assessment is action-oriented and conducted according the WHO Safety and Ethical Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.

Programme Planning and Implementation

- Provide survivors with useful, accurate information on available services that is easily understood, presented in the relevant local language, and delivered with compassion.
- Design programmes that offer survivors and other vulnerable women and girls the opportunity to participate in nonstigmatizing community-based activities that reduce their isolation.
- Consider establishing or supporting safe spaces for women, girls, and boys to promote interaction, education, and referral to relevant services (including clinical referral services).
- Work with communities to spread anti-stigma messages and ensure that all relevant actors in the community know what their specific role and responsibilities are in ensuring that their particular interventions are implemented in a manner that protects the safety and security of women and children.

Don't...

Assessment

- Conduct unnecessary or duplicate assessments.
- Accept preliminary data in an uncritical manner, or assume that assessment information is not needed.
- Undertake assessments that could increase stigma or endanger the respondents or researchers.

Programme Planning and Implementation

- Assume that all survivors have the same psychological and social needs following violence against women and girls.
- Set up new social interventions and supports without considering how they link with and build on existing community groups and processes.
- Design, deliver, and evaluate psychosocial interventions without consulting those affected by, and at risk of, sexual violence.
- Focus only on survivors' identified problems while disregarding their strengths and capacities (e.g. assets, coping and resilience).
- Set up supports for survivors of sexual violence associated with the armed conflict that exclude people suffering from inter-personal violence or other forms of abuse not related to armed conflict.
    - Raise expectations by providing referrals to support programmes that may be unsustainable (e.g. unsustainable livelihood activities) or ineffective.

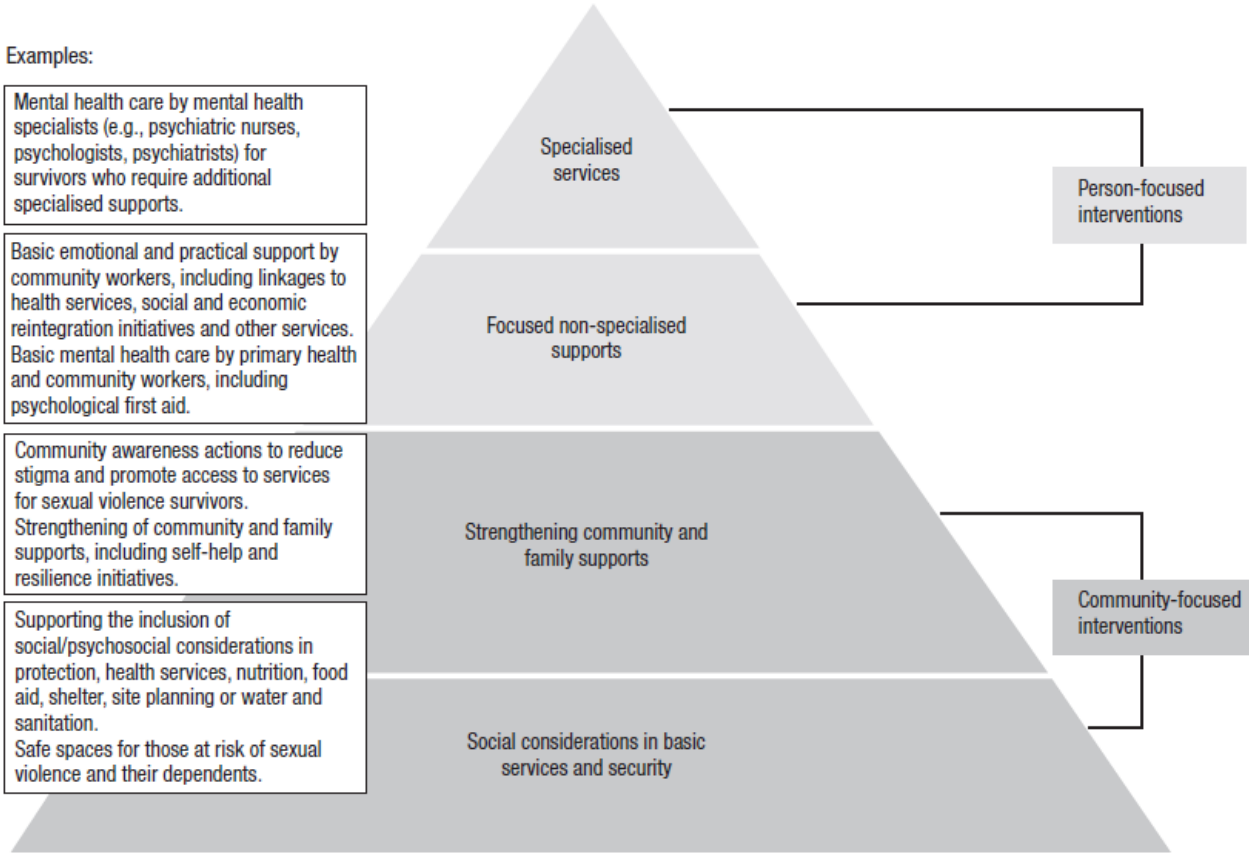
Complete list available in: *WHO, 2012 Do's and don'ts in community-based psychosocial support for sexual violence survivors in conflict-affected settings*.

b. Levels of intervention

Overview

- Individual survivors and groups at risk of violence against women and girls in conflict and post-conflict settings require multiple types of services and support programs in order to address their needs and support their mental health and psychosocial well-being (UNFPA, 2012). Experience has shown that in order to comprehensively address violence against women and girls though mental health and psychosocial interventions, the response must take a multilevel approach and interventions must target both individuals and communities. This multilevel approach should consist of complementary support interventions that meet the needs of different target groups. These interventions should ideally be implemented in a concurrent manner (IASC, 2007).

Different levels of psychosocial and mental health intervention for survivors of conflict-related sexual violence. (Adapted from Inter-Agency Standing Committee, 2007).



Source: **WHO. 2012.** "Mental Health and Psychosocial Support for Conflict-Related Sexual Violence: Principles and Interventions," pg. 4.

i. Community-based Interventions

Overview

- The consequences of conflict, much like the consequences of violence against women and girls, are many and can impact communities over many years. These consequences can affect the physical, material and economic resources of a community and erode a community's psychosocial well-being (IRC, 2012). As such, community-based interventions are essential and must be included in mental health and psychosocial response programs which address violence against women and girls in conflict and post-conflict settings. Community-based interventions include basic services and security and well as community and family support activities. Community-based interventions must also work towards the elimination of attitudes, beliefs and practices that condone VAWG and/or 'blame the victim.'

1. Basic Services and Security

- As outlined in the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, "the well-being of all conflict-affected populations should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases). These basic services should be established in participatory, safe and socially appropriate ways that protect local people's dignity, strengthen local social supports and mobilise community networks" (IASC, 2007, pg. 11).

    - ***Target Population:*** All populations effected
    - ***Suggested Actions and Activities:***
        - Establish security and protection interventions for survivors and their dependents, such as safe shelters for women who are experiencing violence.
        - Promote security and protection actions to identify and address environmental and situational risks to violence against women and girls (UNFPA, 2012).
        - For more information see Security section.

2. Community and Family Supports

- Conflict-affected communities experience significant disruptions of family and community networks due to death, family separation and displacement, as well as general feelings of fear and distrust amongst communities. Even when family and community networks remain intact, communities affected by conflict can and will benefit from strengthening access to community and family support (IASC, 2007).

    - ***Target Population:*** All populations affected
    - ***Suggested Actions and Activities:***

- Implement community support mechanisms and activate social networks such as women's and men's support groups, dialogue groups and community education and advocacy.
- Conduct awareness raising and advocacy campaigns. These should promote constructive coping methods, help reduce stigma attached to violence against women and girls and promote the acceptance of survivors.
- Consider specific challenges faced by LBT women and girls who are rejected by their families and communities for their sexual orientation or gender identity (OHCHR, 2011). Additional research is needed to determine how best to support these women and girls in societies that criminalize people based on their sexual orientation and gender identity, and care must be taken in highly politicized areas.
- Ensure that community self-help and resilience strategies to support survivors and those vulnerable to violence against women and girls are in place.
- Support survivor-centered traditional healing and cleansing ceremonies.
- Support survivor-centered restorative justice processes.
- Develop supportive parenting programmes.
- Implement formal and non-formal educational activities.
- Implement livelihood and socioeconomic-empowerment initiatives.
- Ensure that all interventions are socially inclusive and engage local leadership (women, men and young people) (adapted from UNFPA, 2012; IASC, 2007; and WHO, 2012).

- Experiences in the field have identified the following community-based interventions as highly relevant:

  a. Safe spaces (adapted from IRC, 2012 and WHO, 2012)

  - Safes spaces are places where women and girls can go to receive compassionate, appropriate and confidential services while also providing a safe place to gather and socialize. Safe spaces can be established within a physical space such as a community centre or a women's centre, or can be an ad hoc social space. Examples include women's activity groups, wellness centres, support groups, drop-in centres, and child-friendly spaces. Safe spaces can be used for a number of activities and services such as:
    - Individual counseling and emotional support for survivors of violence against women and girls.
    - Open dialogue and information-sharing sessions on specific topics relevant to women and girls, such as health and sanitation, violence or childcare;

- Skill- and knowledge-building activities, including literacy and numeracy, health education, or sewing classes; and
- Recreational activities such as sports, dancing, drama, arts and crafts, or story-telling.

- While in some cases existing centers or structures may exist, in many humanitarian settings they do not. However, at the onset of an emergency it may be challenging to establish permanent or temporary structures to host safe spaces. When implementing psychosocial response programs there should be a focus on the establishment of temporary safe spaces during the onset of an emergency with a focus on transitioning these spaces into sustainable structures once the humanitarian setting stabilizes (IRC, 2012).

Example*: The International Rescue Committee (IRC) Women's Centres in Darfur.* The International Rescue Committee (IRC) operates ten Women's Centres in Darfur to try to meet their needs. These Centres – in South, North and West Darfur – allow women to access the resources, support and referral processes vital for survivors of sexual violence. In situations where rape is used as a weapon of war, the actual experience of rape and other forms of sexual violence is one that is shared collectively. Women are often attacked in groups. Yet without recognised and accessible safe spaces – environments where disclosure and sharing are encouraged and facilitated – survivors will often not talk about their collective experience of violation. The Women's Centres try to create an environment where survivors feel welcome and safe. As women share their individual stories, the barriers to seeking assistance – shame, fear of being ostracised, fear of being singled out – break down as women realise that they are not alone in their experience. Each Centre has a team of facilitators to explain the services available and provide immediate counselling if necessary. Trained case workers are available to listen to a survivor's story and concerns, map out her choices and help her access the resources and services she needs. The Women's Centres also provide activities to help build skills and foster greater self-reliance. Each centre offers a range of activities such as literacy classes, skills-building classes, emotional support activities and opportunities for social interaction such as dancing, drumming and singing. The Women's Centres regularly offer information sessions on topics – requested by the women – such as reproductive health, legal rights, childcare, camp management and education. Women's Centres play a vital role in facilitating information exchange, providing women with access to resources and promoting direct linkages between the women and other actors who have the power to influence the physical environment and quality of life for IDP women and their families.
Source: excerpted from: **Lowry C. 2007.** Women's centres: spaces of empowerment in Darfur. In: Sexual violence: Weapon of war, impediment to peace. Forced Migration Review. 27: pp. 43 (UNFPA)

Example***: MSF Safe Space in Burundi***.

In response to rape and conflict-related violence against women and girls, MSF opened Seruka health centre for women in Bujumbura, Burundi, in 2004. Starting such a project was not easy in a country where the term 'rape' itself does not exist in the local language. To avoid stigmatisation, the centre offers a range of women's health services, including family planning, care for sexually transmitted infections and care for victims of violence against women and girls. Patients receive medical follow-up for six months, as well as psychosocial support. MSF's social workers refer patients to other NGOs and local community groups who can provide ongoing assistance and guide victims through legal proceedings and contacts with the authorities. Every month more than 100 women overcome the taboos surrounding sexual violence to make their way to the clinic. MSF found that these types of centres and programs addressing violence against women and girls seem to work best in post-conflict or non-conflict contexts. For example, the above project in Burundi gained significant momentum once the civil war began to subside. MSF found that during a conflict, victims of violence agains women and girls have additional concerns about security or repercussions in a chaotic environment characterized by violence and impunity.

Source: adapted from Lebrun, C. and Derderian, K., 2007, pgs. 50-51.

Example***: The Al-Bureij Women's Health Centre- Al-Bureij Refugee Camp, Gaza Strip, Occupied Palestinian Territory.***
The UNFPA supported Al-Bureij Women's Health Centre was established in 1995 by the Culture and Free Thought Association, with technical assistance from AIDOS - the Italian Association for Women in Development. It provides a wide array of services including ante- and post-natal care, family planning, legal and psychosocial counselling, health education, physiotherapy, exercise classes and lab services. The centre also has a Male Intervention Unit which conducts a "man to man" programme and group counseling which address domestic violence. The centre offers specialized services for nominal fees, and organizes health fairs to provide free services for impoverished or marginalized families and individuals
Source: adapted from UNFPA, 2005.

b. Skill-building and Social Activities & Socioeconomic-Empowerment

- Once the onset of an emergency humanitarian setting has passed, service providers addressing violence against women and girls can begin to work with local women's and girl's groups to initiate skill-building (e.g. literacy and numeracy classes) and culturally appropriate social activities for women and girls (IRC, 2012). Such activities serve to:
    - Reduce stigma attached to survivor-only services or interventions;
    - Increase access to skill-building and support activities for survivors to promote self-sufficiency and empowerment to survivors;

- Provide an additional entry point for survivors to receive services and information at their own pace.
- Provide an outlet for group emotional and healing activities for survivors that may not require more individualized or intensive support (excerpted from IRC, 2012, pg. 66).

- While skill-building and social activities are sometimes referred to as socioeconomic or income generating activities, in emergency settings the priority of such activities is psychosocial and not economic. Despite the proof that economic disadvantage is a key contributor to vulnerability, establishing income-generating activities during the onset of an emergency can be a challenge. The priority in an emergency should be ensuring that survivors of violence against women and girls (and those vulnerable to violence) have access to lifesaving support. Once the security situation stabilizes, opportunities to establish longer-term income generating activities, such as village savings and loans activities (VSLA), may arise (adapted from IRC, 2012). Experience has shown that such socioeconomic-empowerment initiatives can support the mental health and psychosocial well-being of survivors of violence against women and girls and potentially reduce stigma (IRC, 2012 & WHO, 2012). Furthermore, when the humanitarian setting allows, elements from skill-building and social activities and socio-economic-empowerment initiatives can be combined for maximum support. (See a case study on women's social and economic empowerment in Burundi, see IRC, n.d.,. Also, see the Livelihoods section.)

Example: ***Measuring Impact: Survivors' Social, Psychological and Economic Wellbeing in DRC***

In the DRC, the IRC has been training and supporting case managers from local NGOs to provide psychosocial services to survivors. This has been successful; however, case managers report the need for more skills to address the large number of clients, their multiple needs and to provide viable options for referring clients in need of more specialized care. In addition, the IRC has identified increased access to economic resources as a need for survivors because of their frequent alienation from friends and family. To address the economic and psychosocial needs of survivors in DRC, the IRC has introduced two new and innovative programs in South Kivu, Eastern DRC: one economic programme centred on Village Savings and Loan Associations (VSLA) and one mental health programme centred on a type of group therapy called Group Cognitive Processing Therapy (GCPT). The programs are targeted at survivors who have difficulty completing day-to-day activities and have high symptoms of distress. Ultimately, the IRC aims to identify cost-effective, scalable interventions that improve the psychological, social, and economic well-being of survivors of sexual violence living in Eastern DRC.

Economic Programme: The Village Savings and Loan Associations (VSLA) model was developed to provide a system of community savings for people who cannot access banks or microfinance institutions. Self-selected groups of 15-25 members form independent associations where each member saves and contributes to a common pool of money. Members can apply for loans from the pool and pay back with interest. At the end of a cycle (usually about 1 year), group members cash out and receive their savings plus interest earned. IRC has implemented VSLAs in several programs and have found the results promising. A model based on trust among the members, IRC sees VSLAs as an important tool with which to promote solidarity and social cohesion amongst women and contribute to the social reintegration of survivors.

Mental Health Programme: Group Cognitive Processing Therapy (CPT), a structured group therapy that research has shown to be effective used to assist trauma survivors and can improve a variety of symptoms related to depression, anxiety and posttraumatic stress disorder, was adapted to fit the cultural context. Local Psychosocial Assistants (PSAs) were trained by expert US-based CPT trainers and provide the therapy to groups of 6-8 women. The PSAs are provided with direct supervision and assistance with problem solving as issues arise, with remote supervision and quality assurance provided by the US-based CPT trainers.

See the Programme Evaluation available in English.

Source: **Excerpted from IRC, NEED FULL CITATION FROM THEM, AS WELL AS EXAMPLES OF TOOLS**

ii. Individual-based Interventions

- Individual-based interventions offer more specialized care for the survivor and the survivor's immediate family and social network. These types of interventions include psychological first aid and should offer referral services to link survivors with other services, psychological interventions (such as talking therapies), and, where available, specialist mental health care (adapted from WHO, 2012).

1. Focused, Non-specialised Supports

- Focused, non-specialised interventions are necessary for a smaller number of people who require additional, more focused care by trained and supervised care providers who may not have years of specialized care training (IASC, 2007). (See more information about non-specialised supports in case management.)
    - ***Target Population:*** Survivors who come forward for help and require individual or group support.
    - ***Suggested Actions and Activities:***
        - Case management for individualized service delivery and assistance.

- Appropriate post-incident health care, including psychological first aid and basic mental health care by primary health care workers.
- Livelihood and other social or economic reintegration interventions.
- Culturally appropriate supportive counseling (UNFPA, 2012).
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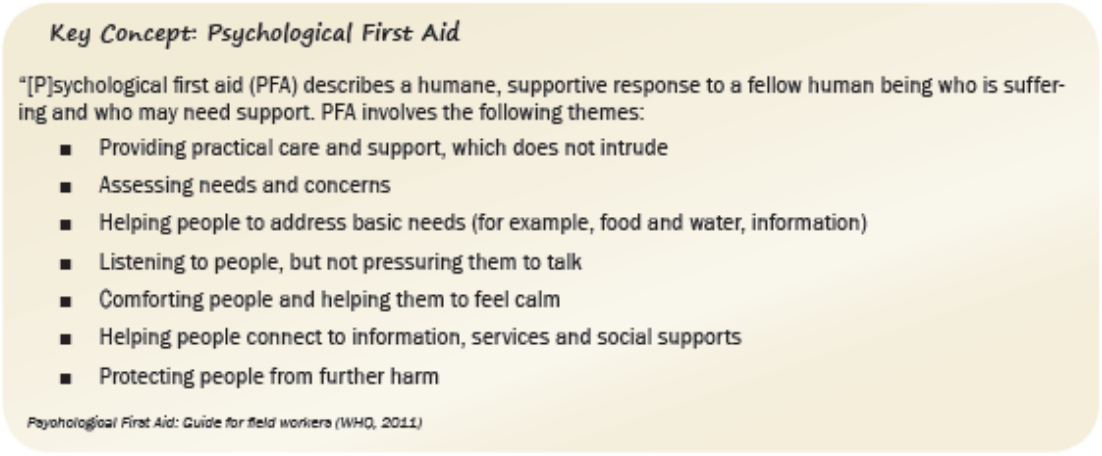


Source: **UNFPA. 2012.** *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, pg. 86.

2. Case Management

- A Case Management approach to survivor care is a: "collaborative, multidisciplinary process which assesses, plans, implements, coordinates, monitors and evaluates options and services to meet an individual's needs through communication and available resources to promote quality, effective outcomes" (Case Management Society of Australia, 1998, as cited by IRC, 2012, pg.70).

- The four principles of case management are:
  - Individualized service-delivery based on the choices of the survivor
  - Comprehensive assessment that is used to identify the survivor's needs
  - Participatory development of a service plan that meets survivor's needs and is developed with her
  - Good coordination of service delivery (adapted from IRC, 2012).

Case Management steps to follow:

1. Assess: Carrying out an assessment involves getting information. Why has the survivor come for help? What has happened? How does the survivor see the situation? What needs does the survivor have? What supports does the client have? Listen to the survivor's story, help her to identify her needs, and carefully and confidentially document information. Active listening is one of the most powerful elements of psychosocial care.

2. Plan: What does the survivor want to happen next? To help a survivor plan how to meet those needs and solve problems, we give relevant information about available services. We help a survivor identify her options and help her make informed decisions about what she wants to do.

3. Implement the Plan: How can we help a survivor achieve her goals? This step means putting the plan into action. This involves direct service delivery, referral for services not provided, advocacy on behalf of the survivor and supporting her throughout the process. The action plan is just a road map. When implementing a plan, consider a car with a driver and a navigator. The survivor has drawn up a map and is driving the car, determining how fast to go, where to turn and when to stop. The caseworker is the navigator, helping the survivor maneuver through the steps in her plan or road map.

4. Follow-up and review: This step includes following-up to make sure the survivor is getting the help and services she needs to improve her situation and solve her problems. Is the situation better? Has the help been effective? It involves monitoring and evaluating the consequences for the survivor and identifying barriers to achieving outcomes. In your follow-up, you might identify additional needs and actions points and should therefore plan accordingly with the survivor. The plan of action should be time-framed and based on the survivor's needs.

5. Case closure: This usually happens when the client's needs are met and/or her own support systems are functioning.

Adapted from **IRC. 2012.** *GBV Emergency Response & Preparedness: Participant Handbook,* pgs. 70-7.

- Case management and psychosocial support differ in that the primary focus of case management is on the spectrum of immediate needs related to the incident of violence while psychosocial support focuses more broadly on caring for the overall welfare the individual. Despite the differences there are important linkages and when implementing response programs case management and psychosocial support can complement one and other. For instance, psychosocial support can be provided as part of the case management process and, by using a case management approach, service

providers can help survivors to consider and manage the psychosocial consequences of violence against women and girls (adapted from IRC, 2012, pg. 72).

3. Specialised Services

- Specialised services are necessary for the small percentage of the population who, despite the other support interventions, experience mental and emotional pain which is intolerable, and/or develop mental disorders and may have difficulty managing basic day-to-day functioning. These interventions should include psychological or psychiatric support services for individuals whose needs surpass the capacities and services of existing primary health programs. It must be noted that while specialized services are only needed for a small percentage of the population, in most large conflict or post-conflict humanitarian settings this group can total to thousands of individuals (adapted from IASC, 2007).
    - ***Target Population:*** Small percentage of the population who experience mental and emotional pain that is intolerable and/or develop mental disorders and may have difficulty managing basic day-to-day functioning.
    - ***Suggested Actions and Activities:***
        - Conduct psychological or psychiatric evaluations
        - Provide treatment and care by trained professionals
        - Conduct training in specialized care for primary health care providers

          (adapted from UNFPA, 2012).

Example: Heartland Alliance for Human Needs & Human Rights "Sikia" program- Democratic Republic of Congo. Heartland Alliance for Human Needs & Human Rights is currently implementing a programme called Sikia ("to listen" in Kiswahili), to strengthen the capacity of community level mental health workers (CMHW) providing psychosocial support to survivors of VAWG in Uvira Territory, South Kivu Province, DRC. This innovative training project was developed in cooperation with the United Nations High Commission for Refugees and DRC host-country nationals to improve community-level mental health services for survivors in post-conflict South Kivu Province. A two-year training plan has been designed and will be implemented in seven distinct week-long training seminars covering such topics as clinical care and referrals, effects of trauma, community engagement, and stress reduction. In addition the project will be:

- Working in partnership with a number of international mental health consultants, who will serve as expert trainers and will provide CMHWs with clinical oversight and referral options, basing a Mental Health Program Manager in Uvira town
- Building the operational capacity of local associations to provide front-line care to SGBV victims by providing local partners' associations with funds for staff salaries, rent and vehicles; launching two new *maisons d'écoute* in the Haute Plateau Health Zone of Uvira Territory
- Training and supporting grassroots-level mental health workers, creating a cadre of local providers capable of providing a range of individual and community-level services around SGBV response.

For more information see the Heartland Alliance International website.

c. Psychosocial Programming according to Emergency Phase and Context

- When implementing mental health and psychosocial response programs which address violence against women and girls in conflict and post-conflict settings, the type of interventions will depend on the context and emergency phase in the field. The context will determine the pre-existing knowledge and services available and how the problem is understood and responded to by the community (UNFPA, 2012). The emergency phase will determine which services are relevant and possible given priorities in the field and access issues related to security constraints. The information below should serve as a general outline, which can be adapted according the setting.

- During the ***Acute Response*** phase, mental health and psychosocial interventions for those affected by violence against women and girls should focus on:
    - ***Basic services and security*** that improve general protection through the (re)establishment of security, adequate governance, and services that address basic needs in participatory, safe and socially appropriate ways.

- ***Community and family support level*** interventions could include: family tracing and reunification in instances when family reunification would be helpful for the survivor, mass communication to connect survivors to services and minimise the stigma associated with VAWG, formal and non-formal educational activities, livelihood activities and the activation of social networks, such as through women's groups and youth clubs.
- ***Focused, non-specialised supports level*** interventions are for individual survivors who may need a mixture of emotional and livelihood support from service providers, as well as psychological first aid and basic mental health care by primary health care providers (adapted from UNFPA, 2012, pg. 86).

- During an acute emergency providing case management is usually not possible. In such settings, priorities should focus on establishing minimum essential health and psychosocial services, and it may not be possible to train caseworkers and establish a complete case management system. In emergencies characterized by the disruption and displacement of local communities and large population movements, it might also be unlikely that service providers see a survivor more than once, making follow up care unrealistic (IRC, 2012).

- Despite the challenges posed by an acute emergency setting, there are several measures that can be taken to ensure that survivors receive the critical care and information they need, and to set the groundwork for the establishment of case management services once the situation stabilizes and other essential services are in place. For example:
  - Provision of training for psychosocial and medical responders addressing the principles of case management, with particular emphasis on empowering the client and informing her of her choices and services available.
    - Psychosocial staff should understand all steps of case management and the principles of survivor-centered care.
    - When to begin maintaining case files will depend on the specific context and your ability to ensure safe, confidential storage of all client information. As soon as a system is in place, you should introduce a basic intake tool and consent form, accompanied by a more comprehensive case management tool.

- Where case management services existed prior to the emergency, these service providers should be consulted and should inform any tool development. While emergency responders may need to support case management service providers to cope with increased client loads, their role should be to support and reinforce the quality of services (IRC, 2012).

- During the ***Protracted Relief*** phase, mental health and psychosocial interventions for survivors and those affected by violence against women and

girls should consist of all activities listed at each level in the multilevel approach for psychosocial interventions. Activities should focus on the integration of mental health services into health sector and social service structures available as well as on capacity building and support to service providers. The comprehensiveness of services may vary according to context and level of recovery efforts (UNFPA, 2012).

- During the ***Recovery and Rehabilitation*** phase interventions can focus on capacity building and support of national legal, policy and service delivery systems in order to achieve more sustainable solutions (UNFPA, 2012). For guidance, see the Health Module.

Additional Tools:

- **Mental Health and Psychosocial Support for Conflict-Related Sexual Violence: Principles and Interventions** (WHO, 2012). This is a summary of the report from a meeting on *Responding to the psychosocial and mental health needs of sexual violence survivors in conflict-affected settings,* organized by the World Health Organization (WHO), with United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), on behalf of United Nations Action against Sexual Violence in Conflict (UNAction), on 28–30 November 2011 in Ferney-Voltaire, France. Available in English.

- **GBV Emergency Response & Preparedness: Participant Handbook** (IRC, 2012)

- **Communication Skills in Working with Survivors of Gender-based Violence,** (Ward, J./Reproductive Health Response in Conflict Consortium, 2004a). The GBV Communication Skills Manual curriculum represents a collaboration between Family Health International (FHI), the RHRC Consortium, and the IRC. The manual includes a training outline, a list of materials needed, an in-depth training curriculum, and all transparencies, handouts, and activity sheets necessary to conduct a training. The training is designed so that all the materials used can be shared with participants at the end of the workshop, which will allow for subsequent trainings on topics relevant to their context. Available in English.

- **IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings** (Inter-Agency Standing Committee (IASC), 2007). The Guidelines include a matrix, with guidance for emergency planning, actions to be taken in the early stages of an emergency and comprehensive responses needed in the recovery and rehabilitation phases. The matrix is a valuable tool for use in coordination, collaboration and advocacy efforts. It provides a framework for mapping the extent to which essential first responses are being implemented during an emergency. The Guidelines include a companion CD-ROM, which

contains the full Guidelines and also resource documents in electronic format. Specific action sheets offer useful guidance on mental health and psychosocial support, and cover the following areas: Coordination, Assessment, Monitoring and Evaluation, Protection and Human Rights Standards, Human Resources, Community Mobilisation and Support, Health Services, Education, Dissemination of Information, Food Security and Nutrition, Shelter and Site Planning and Water and Sanitation. Available in Arabic,English, French, Nepali, Spanish.

- **Caring for Survivors Training Pack** (UNICEF, 2010). The 'Caring for Survivors' training provides information and skills development in basic communication and engagement with sexual violence survivors in conflict-affected countries or complex emergencies. Available in English.

- **Psychosocial counseling and social work with clients and their families in the Somali Context: A Facilitator's Guide** (UNHCR and GRT, 2009). The handbook is designed to be used as training support handbook for helping professionals in the Somali context. The focus is on psychosocial needs for the rehabilitation of persons with trauma, mental health related forms of distress and those who have experienced gender based violence and gender related abuses. The guidelines, developed within a UNHCR funded programme in Somalia, are intended to assist staffs, who are concerned with providing protection and assistance to refugees and IDP. Available in English.

- **Psychosocial Care for Women in Shelter Homes** (UNODC, 2011). UNODC in collaboration with the Ministry of Women and Child Development, Government of India implemented a victim support project to address the psycho-social needs of women in shelter care homes in selected states of India. In this context, UNODC in collaboration with the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore developed this manual for care givers of shelter homes. Available in English.

- **Violence against Women in War: Handbook for Professionals Working with Traumatized Women** (Mabuse, Verlag: Suchergebnisse/Medica Mondiale, 2005). This handbook, compiled by *medica mondiale*, represents the first comprehensive, multidisciplinary overview of the subject of "war-related sexualised violence and trauma". The articles in it describe various working approaches which have proved valuable in working with traumatised women in areas of political crisis as well as with women refugees in countries of exile. Available for purchase.

- **IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. 2012.** Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support: Manual with Activity Codes (field test-version). Geneva. This manual outlines the 4Ws with regard to mental health and psychosocial support for humanitarian actors with

MHPSS coordinating responsibilities. The tool exists in two parts: a 4Ws data collection spreadsheets application (in excel online) and this manual which describes how to collect the data.

- ***Counseling Guidelines on Domestic Violence (2001)*** **Southern African AIDS Training Programme, Harare, Zimbabwe.** This guide, developed by CIDA and the Southern Africa AIDS Training Programme is for professional and volunteer counselors and other service providers with limited counselling experience in the context of HIV. Part of a series of counselling booklets, the guidelines are based on the experience of domestic violence counsellors from Southern Africa. The guidelines cover issues including: an overview of domestic violence, its link with sexually transmitted diseases and HIV, the nature of effective counselling generally, counselling domestic violence survivors, and survivors living with AIDS, as well as a summary of the opportunities and consequences for action against domestic violence. Available in English.

- ***The Power to Change: How to set up and run support groups for victims and survivors of domestic violence*** (Daphne Project 2008) (with a Portuguese translation). This manual outlines some of the practical and organisational considerations required to set up support groups for survivors of domestic violence in a way that enhances their safety and self-esteem. Available in English.

- Mental Health and Psychosocial Support Network The MHPSS Network is a growing global platform for connecting people, networks and organizations, for sharing resources and for building knowledge related to mental health and psychosocial support both in emergency settings and in situations of adversity.

Additional Resources:

- **Mollica, R., Lopes Cardozo, B., Osofsky, H., Raphael, B., Ager, A. & Salama, P. 2004.** Mental health in complex emergencies. Lancet, 364: 2058–67.

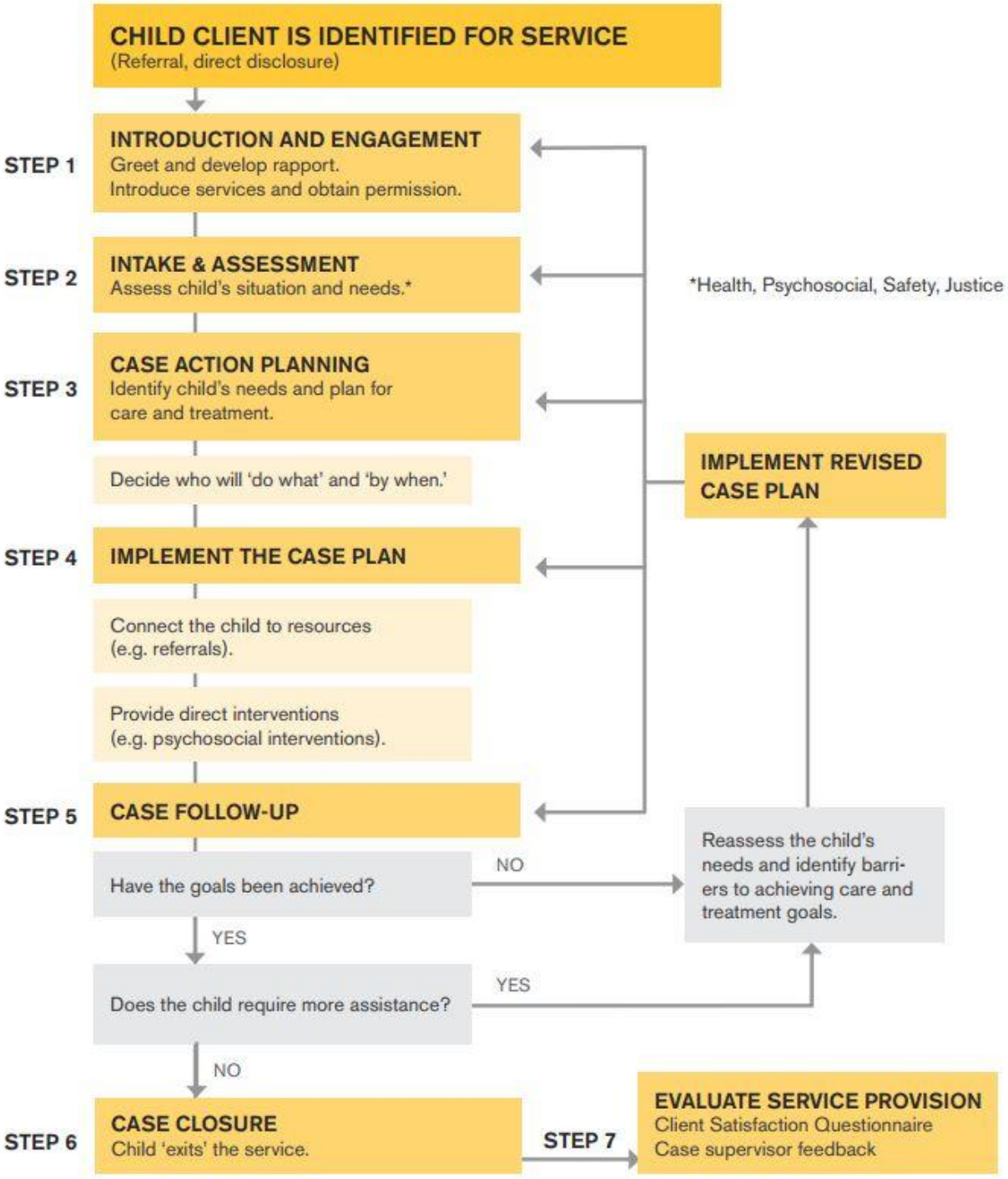
- **The Psychosocial Working Group. 2003.** Psychosocial Intervention in Complex Emergencies: A Conceptual Framework. Available in English.

d. Working with Children

i. Case Management

- Case management for child survivors of violence against women and girls is similar to that for adults in that the main focus is meeting the child survivor's health, safety, psychosocial and legal needs following the incident(s).

Caseworkers follow standard case management steps adapted to meet children's needs (IRC & UNICEF, 2012):



Source: **IRC & UNICEF. 2012.** *Caring for Child Survivors of Sexual Abuse*, pg. 109.

- IRC and UNICEF have developed several case management tools to be used for each step of case management with child survivors. An explanation of these tools can be found below. For more information on case management for child survivors and to access the tools listed, see: IRC & UNICEF, 2012, *Caring for Child Survivors of Sexual* Abuse, Chapter 5.

CASE MANAGEMENT STEP	CASE MANAGEMENT TOOLS
STEP 1: INTRODUCTION AND ENGAGEMENT	Sample Informed Consent/Confidentiality Statement
STEP 2: INTAKE AND ASSESSMENT	Child Needs Assessment and Case Action Plan Form The Child Needs Assessment and Case Action Plan form is meant to document the assessment summary outlining the child's main needs and the required actions needed. This form is meant to accompany a standard intake and assessment form used by case management service providers in the field.[60]
STEP 3: CASE ACTION PLANNING	Child Needs Assessment and Case Action Plan Form This form is used in conjunction with the intake and assessment step. This form includes a section to document each care and treatment needed and planned action (e.g., referral and/or safety plan).
STEP 4: IMPLEMENTATION OF THE ACTION PLAN	No specific tool provided
STEP 5: CASE FOLLOW-UP	Child Case Follow-Up Form This form is used during follow-up visits with the child/caregiver to assess progress made toward care and treatment goals; it is also used to re-assess the child's safety and other actions required to help the child.
STEP 6: CASE CLOSURE	Child Case Closure Form This form is used to formerly document the reasons why the case has been closed, and reviews a checklist of actions to take prior to closing the case. Case closure should always be discussed with the case supervisor, and the case supervisor's signature should be documented on the case closure form.

CASE MANAGEMENT STEP	CASE MANAGEMENT TOOLS
STEP 7: SERVICE EVALUATION	Child Client Satisfaction Questionnaire This is an optional tool which can be used in settings that are more stable (e.g., protracted refugee camp contexts and post-conflict settings). Following guidelines, this tool is provided to children and caregivers in order to evaluate their satisfaction with services received from case management and other service providers. CCS Case Management Skills Assessment Tool (CCS-CMA) This tool is used to assess the knowledge and skills of individual caseworkers. It should be used following training on how to provide case management for child survivors to ensure the individual possesses adequate knowledge/skills to work independently with child survivors. This is a capacity-building tool. CCS Case Management Checklist Supervisors use this tool in conjunction with caseworkers to review their performance in child sexual abuse case management. The checklist is used to reflect with the caseworker the successes and challenges of providing case services to individual child clients. This is a capacity-building tool.

Source: **IRC & UNICEF. 2012.** *Caring for Child Survivors of Sexual Abuse*, pgs. 110-111.

ii. Psychosocial Care for Child Survivors

- Prior to conducting any mental health or psychosocial interventions with child survivors it is important to conduct an in-depth child and family needs assessment. Conducting this assessment will allow service providers to identify the specialized needs of the survivor in order to inform service provision.

- The following tool has been developed to be used when conducting an in-depth child and family needs assessment. For more information on this tool see IRC & UNICEF, 2012, *Caring for Child Survivors of Sexual Abuse*, Chapter 6.

Survivor Code:	Incident ID:

Child and Family Psychosocial Assessment

Caseworker code	Date	Time

Part II: Main Problems/Worries

For this section, case workers should use questions and/or drawing activities with children get a sense of what their main problems and concerns are following the experience of abuse. In this box, case workers should write down the current status of the child based on his or her own words.

PART III: Family, Social & Spiritual Context

Family & Living Situation: *Guidance for assessment: where does the child live (sleeps, eats, hangs around); who lives in the house and visits frequently; number of siblings, does the child appear happy in the home? Is the child able to play freely and where? Does the child appear afraid and/or not close to with parents/guardians, siblings; Is the child treated differently to other children in the family?*

Social Support *(friendships, school, participation in social and community life)*	**Spiritual/religious:**

Other Notes: *(e.g. safety risks identified, etc)*

Survivor Code:	Incident ID:

PART IV: Child Functioning Assessment

DIRECTIONS: The caseworker should ask the child survivor these questions in a private, confidential room. Say: I'm going to read some sentences. Please tell me how TRUE these sentences are about you. Think about how true these things are since _____ [describe abusive event…e.g., you were raped]

There can only be the X mark in one column.	YES	NO	COMMENTS
1. I don't see my friends as much as I used to.			
2. I have stopped my daily activity (e.g. school).			
3. I am having fights with people more than I used to.			
4. I am having a hard time going to sleep or staying asleep.			
5. I am having body aches, stomachache, headache or other aches.			
6. I worry that something bad is going to happen.			
7. I am feeling sad and hopeless.			

PART V: Caregiver Assessment (if possible)

What is your understanding about the abuse and what happened?	
What are your feelings about the abuse and what happened?	
What changes have you noticed with your child since the abuse?	
What do you think will help your child right now?	
What are your main worries and needs right now?	

PART VI: Child & Family Strengths

Survivor Code:	Incident ID:

Child Strengths/Protective Factors (things the child enjoys going, positive relationships to caregivers, people they trust and who support them, able to solve problems, feel hopeful, laugh, etc	Caregiver & Family Strengths/Protective Factors (strong and positive relationship with their child, other family members; able to cope with stress; social and community support; job/income)

PART VII: Psychosocial Evaluation & Action Planning

(for the caseworker to complete only)

Assessment Questions	Yes	No	N/A	Action Plan for Intervention (include, what is the action, who is responsible and timeframe)
1. Did the child report having problems functioning (See functioning items 1-3). If yes: interventions required: 1. Problem solving 2. Healing education 3. Relaxation training				
2. Did the child report feeling anxious or worried (See Functioning items 4-6). If yes: interventions required: 1. Relaxation training 2. Healing education Problem solving (if needed)				
3. Did the child report having negative feelings (See Functioning items 7-8). If yes: interventions required: 1. 3-Step Coping 2. Healing education 3. Relaxation training				

Survivor Code:	Incident ID:

List the strengths (child and family) that can support the child's healing.
(school, activities, sense of humor, etc).

Other areas of need identified during the assessment that require intervention (direct and/or referral)
(if not addressed above)

Identified Need:	**Action Plan** (include what action, who will do what, and timeframe).

Next Follow Up Appointment scheduled for (date/time)_____

Source: **IRC & UNICEF. 2012.** *Caring for Child Survivors of Sexual Abuse*, pgs. 110-111.

- Once an in-depth child and family needs assessment has been conducted the implementation of mental health and psychosocial interventions can begin. Interventions should aim to help child survivors:
    - Understand and manage reactions to the abuse;
    - Develop skills for managing anxiety and stress;
    - Learn new skills for coping with negative reactions, and;
    - Acquire new skills for solving problems (excerpted from IRC & UNICEF, 2012 pg. 188).

- The following tool is a guide to the core psychosocial interventions for addressing sexual abuse with children. For more information on these interventions and for additional tools see IRC & UNICEF, 2012, *Caring for Child Survivors of Sexual Abuse*, Chapter 6.

SET OF CORE PSYCHOSOCIAL INTERVENTIONS FOR SEXUAL ABUSE

The following psychosocial interventions can be applied in cases of child sexual abuse. In addition, healing education and relaxation training can be helpful for child clients even if they do not express psychosocial difficulties following sexual abuse. The psychosocial interventions include:

INTERVENTION 1: PROVIDING HEALING EDUCATION

Providing children and families with accurate information about sexual abuse helps them understand and manage the impact of abuse. The intervention aims to:

a. Provide children and caregivers with an accurate understanding of sexual abuse and its associated impacts.

b. Ensure that children and caregivers can identify signs and symptoms of trauma.

INTERVENTION 2: RELAXATION TRAINING

Children often experience anxiety and/or psychosomatic complaints (racing heart, sweating, shaking) that result from anxiety and stress. Teaching skills for managing anxiety can help children feel more in control of their bodies and calm their minds. This intervention aims to:

a. Ensure that children and caregivers sleep and eat regularly.

b. Ensure that children and caregivers manage stress-related symptoms on their own.

INTERVENTION 3: TEACHING COPING SKILLS

Children may have negative feelings after sexual abuse. Coping skills help children learn to help themselves. This intervention aims to:

a. Help children recognize their feelings, positive and negative.

b. Help children increase their capacity to cope with difficult emotions.

INTERVENTION 4: PROBLEM SOLVING

Children have ideas and knowledge about how to solve their problems. Caseworkers can help children develop "problem solving plans" to address their main problems. This intervention aims to:

a. Teach children and caregivers to identify everyday problems.

b. Empower children and caregivers to think through solutions to their day-to-day problems.

Source: **IRC & UNICEF. 2012.** *Caring for Child Survivors of Sexual Abuse*, pg. 200.

Additional Tools:

- ARC Resource Pack (Action for the Rights of the Child (ARC). N.d). This resource pack is a capacity-building tool for child protection in and after emergencies.

- Gender-Based Violence: Care and Protection of Children in Emergencies: A Field Guide (Benjamin, J.A. and Murchison, L./ Save the Children Federation, 2004). This field guide to Gender-Based Violence Programs in Emergencies provides useful strategies to build Save the Children's

capacity in this challenging area of emergency response, whether as an integrated component of sectoral work or as a stand-alone approach. As such, it provides a valuable complement to the other field guides in this series.

- For information about the global **Child Protection Working Group** and related resources, see the website.

3. Security Response

Overview

- The **security sector** is comprised of all institutions and other entities with a role in ensuring the security of the state and its people. These include state security actors (e.g. police, armed forces, and intelligence services) as well as management and oversight bodies (e.g. ministries of the interior and defense). Non-state security actors can include traditional authorities and civilians who are working for private security companies. In conflict settings where there are peacekeeping missions, security actors also comprise peacekeepers and those deployed to provide support to civilian police.

- It is the nature of conflict that the capacity of the government to protect its people is severely compromised. Thus, in the early stages of humanitarian intervention, the objective of VAWG and other humanitarian actors is often focused on finding immediate and practical security solutions to the protection needs of women and girls. Once a reasonable degree of peace has been restored, the focus can be on more extensive measures targeted at building the capacity of the entire security sector to prevent and respond to VAWG, as outlined below.

- Security Council Resolutions on Women, Peace and Security have underscored the responsibility of actors within the security sector to prevent and respond to violence against women and girls in conflict and post-conflict settings. However, experience from conflicts across the world has shown that perpetrators of violence against women and girls can include members of the security sector, such as official armed and security forces, paramilitary groups, non-state armed groups, humanitarian and peacekeeping personnel, and civilians working in private security companies (Bastick et al, 2007). Sensitizing security sector actors on VAWG and ensuring systems of accountability for perpetrators can therefore be a critical strategy for reducing risks to VAWG in conflict-affected settings.

a. Security Sector Response in the Early Stages of an Emergency

i. Ensure Basic Security Oversight

- The IASC GBV Guidelines outline actions relevant to the security sector in the early stages of an emergency, and specify the importance of appointing focal points from the security sector to participate in VAWG coordination mechanisms. Even in the early stages of humanitarian response, VAWG experts can begin to work with security actors to support the establishment of safe and ethical services and to undertake advocacy with relevant leaders to improve security sector capacity.

- During an emergency, the priority is to ensure that there are sufficient security actors on the ground monitoring the safety of affected populations. Key responsibilities outlined in the IASC GBV Guidelines include:

1. Encourage authorities to strengthen security, as well as law and order arrangements, in the affected areas:
    - Ensure there are adequate numbers of properly trained police and security personnel who are accountable for their actions.
    - Establish short-term security objectives and indicators for minimum prevention and response to violence against women and girls.
    - Develop strategies for monitoring security to identify high-risk areas and other security issues.
    - Where necessary, address capacity-building needs in terms of training of security personnel in basic human rights and VAWG issues, as well as in responding to incidents.

2. Establish community-based strategies for improving security, combining a targeted, proactive presence around specific “hotspots” with a less routine, widespread, and mobile presence that gives protected persons and potential violators a sense that someone is “always around.” Tactics might include:
    - Community watch programmes and/or security groups;
    - Security patrols;
    - Community centres/women’s centres/safe shelters;
    - Regular and frequent presence of international protection staff in communities (camps, villages).

3. Promote confidence-building between police/security forces and the community by:
    - Increasing the numbers of female police;
    - Facilitating meetings and information sharing between security personnel and the community.

4. Coordinate with all security partners to disseminate information on the availability and value of sexual violence response services.

5. Provide security when survivors report incidents to police and/or other security personnel.

- Always respect the confidentiality, rights, choices, dignity, and confidentiality of the survivor, ensuring that she is involved in any decisions or action to be taken regarding her protection.
- Conduct interviews in private spaces and, preferably, with female interviewers.
- Ensure protocols are in place for referrals to other sectors, including for safe shelter.
- Work in conjunction with cultural leaders, authorities, and women's groups to counter victim-blaming and stigmatization.

6. Establish mechanisms to maximize safety and security of all who provide help and assistance to survivors, including humanitarian actors and community members.

7. Provide guidance to the GBV coordination mechanism on how to prevent future incidents of sexual violence. This requires monitoring and analyzing security through a network of contacts, anecdotal information, and data compiled about reported incidents of sexual violence.

ii. Provide Emergency Safe Shelter

- There may be instances in the early stages of an emergency when a survivor requires safe shelter. Most often, these shelters are not pre-existing. Thus it is critical to identify shelter options for women at risk. The first step is to mobilize the community in order to establish a system where survivors of VAWG can access shelter if it is not safe to return to their place of residence. This includes:

    - Working with women in the community to form action groups to monitor the safety needs of women and girls and identify community-based alternatives for women and girls who require emergency shelter;
    - Consulting with community leaders about shelter strategies;
    - Setting up safe and confidential systems so that survivors can stay with a family member or community leader or at other undisclosed locations (e.g. faith-based institutions, educational facilities, hospitals/clinics, etc.)

- When family- or community-based solutions cannot be found for temporary housing, building a short-term safe house may be the only option. 'Safe houses' should be considered as a last resort because they are difficult to manage, especially in the early stages of an emergency. If building a safe house is the only option, key actions include:
    - Establishing confidential referral systems.
    - Planning for the safety and security for the family/individual/staff providing or managing the safe house.

- Developing clear guidelines and rules for managing safe houses to prevent misuse and security problems. All referral plans for women accessing safe houses should include strategies for addressing longer-term solutions.
- Coordinating with all key VAWG response actors, especially psychosocial workers and security/protection staff.
- Liaising with camp management and/or shelter organizations to develop longer-term shelter allocation plans for women and girls living in safe houses.
- Ensuring that survivors have access to their food and non-food rations while they live in the safe house.
- Ensuring that survivors can be accommodated with their children in the safe house if they so wish.
- Ensuring that all efforts are made to keep child survivors with their families and, when this is not possible, ensuring that child survivors receive extra attention and care at safe houses.
- Establishing and ensuring safe spaces for transgender women and gender-variant survivors of violence, who may be otherwise rejected from women's circles in the community.

- The following is an example of a protocol used in refugee camps in Ethiopia to guide VAWG service providers in how to resolve the shelter needs of women unable to return to their current homes.

Protocols for Temporary Shelter				
(GBV protection cases only)				
	Contingency	**Procedure**	**Duration**	**Comments**
Woman has been sexually assaulted and feels unsafe to return to home (no impending danger)				
1	Identify other safe alternative living situations. (i.e. living with friends and family, sharing living quarters other single women)	• SW will work with client to identify friends, family or other safe alternative living situations. • Police are informed of new living arrangement to monitor situation • Police make plans to patrol area, if needed.	1 week	If women does not have access to ration, meals can be prepared until she is able to get food ration.

		• ARRA verifies that the systems are established for the client to move.		
2	Find an unused house (Client has no other alternative living situation, but safe to live in a different zone of the camp.)	• SW will work with client to identify other safe alternative living situations. Work with client to see what is needed to make it livable. • Police are informed of new living arrangement to monitor situation • Police make plans to patrol area, if needed. • ARRA verifies that the systems are established for the client to move.	1 week	• If possible and/or needed IRC will provide wooden poles and metal sheeting for roof
3	Construct a new shelter (Client has no other alternative living situation, but safe to live in a different zone of the camp.)	• SW and GBV officer will contact Youth programme to build shelter • GBV officer will provide wooden poles and metal sheeting for roof • Police are informed of new living arrangement to monitor situation • Police make	2 week	

		plans to patrol area, if needed. • ARRA verifies that the systems are established for the client to move.		
4	Unsafe to live in camp but has options in other locations (relatives live in other camps or towns and are willing to support individual)	• SW will work with client to identify other safe alternative living situations • UNHCR / ARRA verifies that family is available and responsive to requests to live with individual • ARRA approves transfer	3 weeks	
Woman was beaten by husband and has been seriously injured or has decided she no longer wants to live with her husband				
1	Identify other safe alternative living situations. (i.e. living with friends and family, sharing living quarters other single women)	• SW will work with client to identify friends, family or other safe alternative living situations. • Police are informed of new living arrangement to monitor situation • Police make plans to patrol area, if needed. • ARRA verifies that the systems are established for the client to move.	1 week	• If women does not have access to ration, meals can be prepared until she is able to get food ration.

2	Find an unused house (Client has no other alternative living situation, but safe to live in a different zone of the camp.)	• SW will work with client to identify other safe alternative living situations • Police are informed of new living arrangement to monitor situation. • Plans are made for police to patrol area, if needed.	1 week	If possible and/or needed IRC will provide wooden poles and metal sheeting for roof
3	Construct a new shelter (Client has no other alternative living situation, but safe to live in a different zone of the camp.)	• SW and GBV officer will contact Youth programme to build shelter • GBV officer will provide wooden poles and metal sheeting for roof • Plans are made for police to patrol area, if needed.	2 week	
4	Unsafe to live in camp but has options in other locations (relatives live in other camps or towns and are willing to support individual)	• SW will work with client to identify other safe alternative living situations • UNHCR verifies that family/friend is available and responsive to requests to live with individual • ARRA approves transfer	3 weeks	

Woman was beaten and/or sexually abused (actual or attempted abuse) and feels she has immediate threat to life and body (ie suspected perpetrator is still in the area, or has been released from jail, or his relatives has threatened harm, etc.)				
1	Identify other safe alternative living situations. (i.e. living with friends and family, sharing living quarters other single women)	• SW will work with client to identify friends, family or other safe alternative living situations.	1 week	If women does not have access to ration, meals can be prepared until she is able to get food ration.
2	Find an unused house (Client has no other alternative living situation, but safe to live in a different zone of the camp.)	• SW will work with client to identify other safe alternative living situations.	1 week	If possible and/or needed IRC will provide wooden poles and metal sheeting for roof
3	Construct a new shelter (Client has no other alternative living situation, but safe to live in a different zone of the camp.)	• SW and GBV officer will contact Youth programme to build shelter • GBV officer will provide wooden poles and metal sheeting for roof	2 week	
4	Unsafe to live in camp but has options in other locations (relatives live in other camps or towns and are willing to support individual)	• SW will work with client to identify other safe alternative living situations • UNHCR verifies that family is available and responsive to requests to live with individual • ARRA approves transfer	3 weeks	

Case Study: Safe Haven - Sheltering Displaced Persons from Sexual and Gender-Based Violence (Colombia, Haiti, Kenya and Thailand)

Women and girls displaced by an emergency situation, natural or conflict-related are at greater risk of experiencing sexual and gender-based violence, due to a number of destabilizing factors (e.g. family dissolution, breakdown of the community and support structures within the community, challenges in accessing resources, limited security, inadequate housing and often a disintegration of traditional gender roles.

In response, the humanitarian community has continually improved knowledge and practice to reduce vulnerability, prevent SGBV (primarily through protection), and expand access to services (primarily related to health). However, evidence-based information on safe shelter models for displaced individuals has been lacking.

UNHCR commissioned the Sexual Violence Programme at the Human Rights Center, University of California, Berkeley, School of Law to undertake a four country study to *identify and describe models of temporary physical shelter available to displaced persons in humanitarian settings; shed light on challenges and strategies relevant to the provision of safe shelter to members of displaced communities; and to identify critical protection gaps.*

The team produced individual country case studies in Colombia, Haiti, Kenya and Thailand, in addition to an analytical comparative report identifying common themes, practices and lessons learned in sheltering displaced persons at varying stages: 1) Finding Shelter; 2) Shelter Residence and Operation; and 3) Departure.

The comparative report found (as extracted and in some instances slightly modified):

Finding Shelter

- Despite a general scarcity of safe shelters, there were a number of models used, including: traditional safe houses, private apartments, the homes of community volunteers, secret spaces in offices or community centers, and designated clusters of huts in enclosed sections of refugee camps.
- The quality of a shelter's relationships with the outside community could impact survivors' willingness to enter the shelter programme and could have positive or negative security implications for those living or working there.
- Access to shelters proved difficult for a number of reasons, including: stigma; separation from loved ones; fear of retaliation by perpetrators; lack of referral pathways (if camp management did not focus on SGBV); and the potential long distance location away from families. For those trying to access mainstream or traditional shelters, additional barriers existed, such as cultural and linguistic differences, fear of leaving one's community and fear of deportation or arrest due to one's insecure legal status.
- Shelters focused on protecting women and girls with few programs available to male survivors, persons with serious health conditions, and members of certain ethnic, religious, or sexual minorities. In some cases, political or funding priorities exacerbated protection gaps, shifting focus to certain harms or groups at the exclusion of others.

- Support needs of safe shelter residents called for: increased psychosocial counseling, access to medical care, education for accompanying children in long-term programs, and either vocational training or income-generation opportunities. Shelter staff also expressed tremendous need for support given the emotional impact of managing serious cases of SGBV, threats from perpetrators and challenges of providing care with limited resources.
- Most safe shelter programs had developed their own connections to critical support services (particularly health care and counseling) for their residents, though coordination among safe shelter providers was generally weak due to: physical distance between shelters and communities, political differences, distinctions between populations served, competition for funding, or lack of time to reach out to other programs.

Departure

- Exit strategies varied widely and included: resettlement abroad; residents' reintegration into the surrounding community; relocation of refugees to other camps in-country or to distant urban or rural areas; or provision of training, income-generating opportunities, ongoing access to in-house counseling, and rent money to ease residents' transitions back into the community.
- Some residents had to leave shelter before they were ready; others were not free to leave at will.
- Some programs were able to assess the welfare of former residents by conducting periodic check-ins via home visits or phone calls. Other programs invited former residents to continue to participate in trainings and counseling activities even after they had left the shelter. However, most programs did not have clear mechanisms by which the longer-term safety and welfare of former residents could be evaluated.

Recommendations in Brief

- ✓ Promote community buy-in, especially in camp settings.
- ✓ Ensure the security of both residents and staff.
- ✓ Provide support for both residents and staff.
- ✓ Consider appropriate placement and exit strategies from the beginning.
- ✓ Explore and develop a diversity of shelter options.
- ✓ Conduct shelter mapping, coordination, and exchange.
- ✓ Identify and close protection gaps.
- ✓ Assess macro-level barriers to, and implications of, safe shelter protection in displacement settings.
- ✓ Evaluate programme impacts.
- ✓ Support or conduct further research.

Resources:

- **SAFE HAVEN Sheltering Displaced Persons from Sexual and Gender-Based Violence: Comparative Report** (Human Rights Center, University of California, Berkeley and UNHCR, 2013). Available in English.
- **SAFE HAVEN Colombia Report.** Available in English and Spanish.
- **SAFE HAVEN Haiti Report.** Available in English and French.
- **SAFE HAVEN Kenya Report.** Available in English.
- **SAFE HAVEN Thailand Report.** Available in English and summaries in Burmese, Karen and Thai.

Source: Extracted from Kim Thuy Seelinger and Julie Freccero. Human Rights Center Sexual Violence Program, *University of California, Berkeley, School of Law and UNHCR.* 2013. SAFE HAVEN: Shelt*ering Displaced Persons from Sexual and Gender-Based Violence- Comparative Report*

- For more information also see the Shelter module, guidance on humanitarian settings.

iii. Engage Peacekeepers in Security Monitoring

- Mandated with the protection of civilians, peacekeepers can play an important role in prevention of and response to violence against women and girls during armed conflict. That said, the ability of peacekeeping missions to understand and address VAWG is sometimes limited and, in some cases, peacekeepers themselves commit violence against women and girls. In order to mobilize peacekeepers to meet their VAWG-related responsibilities, programs must include initiatives to strengthen their capacity (and gender representation) in the contexts in which they are deployed.
- Peacekeepers should be trained to recognise and respond to symptoms of trauma, and to operate according to survivor-centered principles. These principles should be reflected in all peacekeepers' interactions with the community, including in protocols for conducting searches, at checkpoints and in consultation processes. Sensitivity to violence against women and girls is essential to ensuring good relations between peacekeepers and host communities.
- Peacekeeping missions should coordinate and collaborate closely with civil society organizations, including women's groups. These groups can assist in

identifying and addressing women's and girls' security needs and inform peacekeepers about particular areas of risk.

- Peacekeeping missions should have the mandate, funds and expertise to support local civil society organisations that provide assistance and protection services to and advocate on behalf of survivors. Peacekeeping missions must ensure a 'zero tolerance policy' for sexual exploitation and abuse and create measures for enforcement (adapted from Bastick et al, 2007).

- In addition, emphasis should be placed on the full and equal participation of women in peacekeeping forces. Experience in the field has shown that the inclusion of female peacekeepers is critical to improving the capacity of peacekeeping operations, because female peacekeepers can provide critical on-the-ground services, including: screening of female ex-combatants; contributing to intelligence gathering; performing the cordon and search of women; and assisting in the aftermath of sexual violence. The presence of women peacekeepers can also set a positive precedent for women's inclusion in security forces, thus encouraging greater numbers of local women to join the security sector in the aftermath of conflict. Women peacekeepers may be better able to gain the trust of civilians, especially women, who would be more likely to report abuse (adapted from Valasek, 2008).

- Peacekeepers can be important resources in terms of security monitoring in the early stages of emergency response. In some settings, peacekeepers have been responsible for establishing security patrols for firewood collection that have improved security and generated lessons learned. Some of these lessons include:

    - In order to build transparency and trust, form "**firewood patrol committees**" consisting of leaders from the participant groups (such as IDP women leaders), representatives from the patrolling forces (female wherever possible) and an intermediary, such as a UN agency or NGO. Committees should together develop guidelines on timing, frequency, route selection, distance, and the details of how the patrols will be carried out. They should also meet regularly to address any concerns that arise during the patrols.
    - A clear **protection mandate** of the patrolling force, whether soldiers, civilian police or local authorities, must be established and agreed upon by all parties before the patrols begin. In particular, the role of the host government's security forces (in refugee settings) and the local government's security forces (in IDP settings) must be clarified before the patrols begin.
    - Where necessary, a **translator** – female wherever possible – should accompany all patrols in order to facilitate communication between community members and patrollers.
    - The **commander of the patrolling force** must be supportive of the firewood patrols, committed to following the guidelines and willing to

conduct patrols on a regular and predictable basis (excerpted from Bastick et al, 2007, pg. 170).

- Despite the positive evidence for engaging peacekeepers in security monitoring, it is important that all actors understand and anticipate potential risks. In camp settings, for example, an increase of peacekeepers may increase the presence of other armed actors or increase the militarization of the camps. Any military personnel carrying out patrols must adhere to international best practices and guidelines in peacekeeping and civilian protection (IRC, 2012, pg. 87).

Example: ***African Union firewood patrols in Darfur***. For displaced women and girls in some conflict-affected contexts, collecting firewood puts them at particular risk of rape, abduction and murder. To protect women collecting firewood in Darfur, African Union Civilian Police and Ceasefire Committee (CFC: the African Union protection force in Darfur) soldiers began firewood patrols, primarily in the western and southern regions. Generally, the patrols consisted of two or three large pickup trucks that followed approximately 100-200 metres behind a group of women along a predetermined route to a firewood collection location. The trucks carried a patrol force comprising 3 to 5 civilian police personnel up front and 6 to 8 noticeably heavily-armed CFC soldiers riding open air in the back of the vehicle. The Women's Commission for Refugee Women and Children reported that the firewood patrols proved highly effective (excerpted from Bastick et al, Box 5, p. 170).

Additional Tool:

- **Security Sector Reform and Gender** (Bastick, M & Valasek, K. (eds.) *Gender and Security Sector Reform Toolkit.* Geneva: DCAF, OSCE/ODIHR, and UN-INSTRAW, 2008) This Practice Note is based on a longer tool, and both are part of the *Gender and SSR Toolkit.* Designed to provide an introduction to gender issues for SSR practitioners andpolicymakers, the Toolkit includes 12 Tools with corresponding Practice Notes. Available in English.

Additional Resource:

- Addressing Conflict-Related Sexual Violence: An Analytical Inventory of Peacekeeping Practice (UNIFEM & UNDPKO. 2010). Available in English.

b. Post-Emergency: Build the Capacity of the Security Sector

Overview

- When the emergency has waned it is possible to start focusing on more sustainable long-term interventions that address VAWG within the security sector through security sector reform. **Security sector reform (SSR)** means transforming the security sector/system, "which includes all the actors, their roles, responsibilities and actions – working together to manage and operate the system in a manner that is more consistent with democratic norms and sound principles of good governance, and thus contributes to a well-functioning security framework" (OECD DAC, 2005 as cited by Valasek, 2008; also see Nill, 2011, and GTZ, 2007).

- Depending on the context, SSR can involve either the reform of existing security institutions or building entirely new security sector institutions. While SSR reform involves targeted activities focused specifically on the capacity of security actors, in post-conflict settings there are also other important opportunities to link SSR with related initiatives, including the negotiation and implementation of peace agreements; disarmament, demobilisation and reintegration (DDR); transitional justice and small arms control (Valasek, 2008). In addition, post-conflict environments can create important gateways for integrating women in security institutions and in security decision-making.

- National action plans on SCR 1325 [should we pull out illustrative indicators for M&E section?] also provide an opportunity to advocate for the inclusion of a clear mandate for the security sector to address violence against women with specific objectives and a strong monitoring and evaluation framework, including indicators to measure progress in SSR.

- Developing sustainable strategies for reform of the security sector entails a broad approach that addresses the capacity of a number of actors, not just those providing direct services related to violence against women and girls:

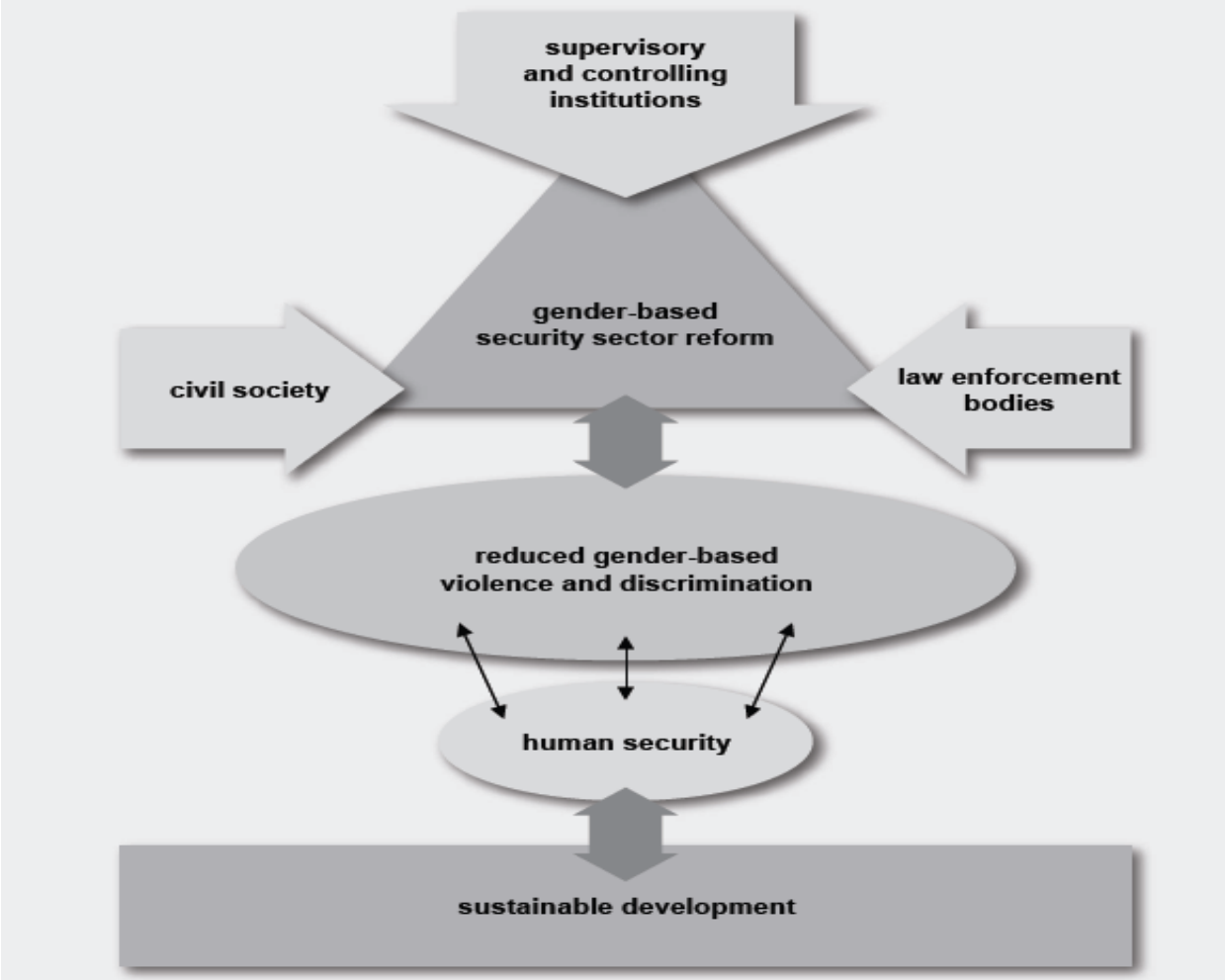


Illustration 1: Gender-sensitive approaches to security sector reform as a contribution to combating gender-based violence and discrimination

Source: **GTZ. 2007.** Security Sector Reform and Gender: Concept and Points of Entry for Development Cooperation.

- Specifically, security reform involves:

    i. Establishing a strong legal and policy framework, which mandates the sector to address violence against women and girls.
    ii. Developing institutional capacities of security institutions and competencies of personnel.
    iii. Improving service delivery to survivors of violence and women and girls at risk.
    iv. Establishing governance and oversight mechanisms that hold the sector accountable.

i. Establish a Strong Legal and Policy Framework

- A legal and policy framework is essential to holding security actors accountable for addressing VAWG. Developing such a framework entails securing political commitment from the highest levels of leadership and management within the sector to implement strategies and polices related to prevention of and response to VAWG. This commitment can then be actualized by:
    - Putting in place national laws with specific measures for police and other uniformed personnel to uphold women's and girls' right to live free of violence.
    - Instituting national policies, strategies and action plans that set out roles and responsibilities of different security actors and are budgeted for implementation.
    - Developing institutional policies, operational policies and codes of conduct to promote zero tolerance for violence against women and guide the work of police and other uniformed personnel in areas such as incident response, protection of survivors, investigation, and referrals.

- Depending upon the specific context and type of policy, a broad range of actors can be involved in policy-making, including international, regional, national and local stakeholders. Different types of policies and agreements which address SSR and provide an opportunity for response to VAWG in conflict and post-conflict settings include:
    - National security policies (including National policies on UN SCR 1325)
      Examples: Securing an Open Society: Canada's National Security Policy, National Security Concept of Georgia
    - Peace agreements (while not 'SSR policies', they serve as a framework for SSR in many post-conflict contexts)
      Examples: Liberian Comprehensive Peace Agreement, Guatemalan Peace Accords
    - National, regional and international codes of conduct
      Examples: OSCE Code of Conduct on Politico- Military Aspects of Security, UN Code of Conduct for Law Enforcement Officials
    - Donor policies and strategies
      Examples: Security Sector Reform: Towards a Dutch Approach, The Norwegian Government's Action Plan for the Implementation of UN Security Council Resolution 1325 (2000)
    - International and regional organisations' policy frameworks
      Examples: OECD DAC Ministerial Statement: Key Policy and Operational Commitments from the Implementation Framework for Security System Reform, Commission of the European Communities' A Concept for European Union Support for Security Sector Reform
    - Institutional and municipal level policies
    - White papers (government policy papers that often precede the development of legislation) on security, defence, intelligence, police

    - Local citizen security plans (adapted from Valasek, 2008).

- When developing legal and policy frameworks which mandate the security sector to address violence against women and girls, it can be useful to conduct an initial assessment to determine gaps in existing frameworks. It is also critical to monitor implementation of policy(ies) and conduct on-going impact assessments (Valasek, 2008).

Box 11	Gender impact assessment of security policy [62]
Steps:	*Questions to ask:*
Step 1: Define issues and goals	■ What is the policy trying to achieve, and who will it benefit? ■ Does the policy meet the different security needs of men, women, boys and girls? Are GBV issues, such as domestic violence and human trafficking, being addressed? Is prevention included? ■ Is the emphasis on national or human security? ■ Is the policy in line with international, regional and national mandates on gender issues? ■ Is the policy meant to overcome gender inequalities or eliminate barriers and, if so, should there be a gender equality objective? ■ Is gender-specific and gender-sensitive language included? ■ What do men and women, including gender/women's CSOs or the Ministry of Women, say about the issues and outcomes?
Step 2: Collect data	■ How are stakeholders and different groups of women and men going to be consulted? ■ Do representative organisations truly reflect the voice of the men and women expected to benefit from the policy? If not, what is the strategy for reaching them? ■ What is the gender make-up of the people affected by the policy? ■ How can data and statistical information be collected by sex, ethnicity, disability, age, religion and sexual orientation? ■ What other information apart from sex-disaggregated data is needed to understand the issue? ■ What are the risks of early consultation – how are expectations and conflicting interests going to be managed?
Step 3: Develop options	■ How does the recommendation or each option impact positively or negatively on women and men? ■ Do the recommendations or any of the options reinforce or challenge traditional or stereotyped perceptions of women and men? ■ Which option gives men and women real choice and an opportunity to achieve their full potential in society? ■ Is there a need to consider mitigation where there will be a negative impact on one group over another, and what action can be taken to reduce the impact or to create a more gender-balanced policy?
Step 4: Communicate	■ What message needs to be communicated? ■ How will the message reach different groups of women and men? ■ Are separate approaches necessary? ■ How does the policy reflect the government's commitment to equality and is a specific message about equality to be included? ■ Have gender-sensitive language, symbols and examples been used in the materials communicating the policy? ■ How will you communicate with women and men who speak other languages or who are illiterate?
Step 5: Implement	■ Will the policy or service be experienced or accessed differently by a woman or man, and will the difference be affected by ethnicity, disability, age, religion or sexual orientation? What arrangements are in place to reach those who may be excluded? ■ Can the service be delivered jointly – i.e. can other government departments, locally, nationally and internationally-based organisations help deliver the service to the women and men targeted? ■ Do those implementing/delivering the policy or service represent the diversity of the community being served? Are women equally involved in implementation? ■ Have specific and sufficient resources (financial and human) been allocated to enable the achievement of gender equality objectives? ■ Are the implementers gender-responsive and aware of the specific gender issues?
Step 6: Monitor	■ Do female and male beneficiaries participate equally in the monitoring process? ■ Do monitoring requirements include a measure for gender equality, a measure for customer satisfaction, and do they reveal the extent to which the policy is successfully addressing the different needs of women and men? ■ How can external organisations representing different groups in the community help in monitoring the policy outcomes? ■ Are measures in place to initiate an investigation or to change the policy if it is not delivering either the equality objective defined at the outset of the project or equality of opportunity for women or men?
Step 7: Evaluate	■ Is the policy promoting and delivering equality of opportunity for women and men? Have the objectives been met for women and men? ■ Did one group receive greater benefit than others – if so how will the imbalance be addressed? Were inputs allocated equitably? ■ What was the overall impact on the status and quality of life for women and men? ■ Did the process involve women and men? Did it seek out and value their views equally? ■ Is there a need for additional data collection and do targets and indicators need adjusting in the light of experience? ■ What lessons are there for improving future policies and services, who needs to be informed and how is the information to be presented?

Source: **Valasek, K. 2008.** "Security Sector Reform and Gender." In Bastick, M & Valasek, K. (eds.) *Gender and Security Sector Reform Toolkit*, pg. 13. Geneva: DCAF, OSCE/ODIHR, and UN-INSTRAW.

Example: ***Implementing SCR 1325 through National Actions Plans.*** Côte d'Ivoire has been experiencing political and military crises since September 2002. Its five-year 1325 NAP, covering the period 2008 – 2012, was designed under the lead of the Ministry of Family, Women and Social Affairs (MFWSA), with the collaboration of various other relevant ministries. In January 2007, UNDP, UNFPA, the Gender Unit of the UN Operation in Côte d'Ivoire, UNIFEM and the government of Norway launched a project to provide technical and financial support to the drafting and implementation process and to support civil society organisations involved in gender issues to participate in the 1325 NAP process. Under this project, training on SCR 1325 was conducted for government officials, locally elected representatives—especially mayors and general counsellors--and civil society organisations.

Côte d'Ivoire's 1325 NAP contains a detailed overview of the gender-based insecurities that women and girls in Côte d'Ivoire face, including internal and external displacement, prostitution, sexual violence and assault. It also acknowledges that security sector institutions face problems such as corruption and politicisation of the judicial environment, and that there is a lack of training for the police and the gendarmerie to deal effectively with victims of sexual violence. These problems are impeding efforts to effectively address the gender-based insecurities of women and girls. Recognizing the importance of addressing women's needs and including women in all development sectors, the 1325 NAP states that the implementation of SCR 1325 is a national priority. As such the 1325 NAP constitutes a consensual framework for reconstruction, reconciliation and sustainable peace in the country.

The overall objective of Côte d'Ivoire's 1325 NAP is to "integrate the gender approach in the peace policy in order to reduce significantly inequalities and discriminations". To accomplish this aim, the 1325 NAP identifies four priority areas:

- Protection of women and girls' rights against sexual violence, including female genital mutilation
- Inclusion of gender issues in development policies and programmes
- Participation of women and men in national peace and reconstruction processes
- Strengthening of women's participation in political decision-making and the political process

A prominent feature of Côte d'Ivoire's 1325 NAP is that it sets out a logical framework of indicators for a chain of results linked to each of its four priority areas (see pages 27-33), offering a platform for monitoring and evaluation of progress. Each priority area includes 6 -12 actions and three different types of results - "strategic results", "effect results"; and "output results". For each of the actions, a responsible party and a reporting method are identified. The logical framework also identifies risks and defines output indicators, verification sources and verification means for each of the desired results. Moreover, the 1325 NAP includes a five-year budget plan broken down by activity

Source: adapted from DCAF, 2011, pgs. 68-70.

Example: Post conflict needs assessment in Liberia. In Liberia, the post-conflict needs assessment (PCNA) started after the Security Council deployed the United Nations Mission in Liberia (UNMIL) on 19 September 2003. The newly installed National Transitional Government of Liberia and the Special Representative of the Secretary-General agreed that an assessment of Liberia's needs during the official "transition period"—from 14 October 2003 to 31 December 2005—was required to secure both donor engagement and funding. The PCNA, known as the "Joint Needs Assessment", identified human rights, protection, and gender as cross-cutting themes. To assist integration of gender into each priority area, the UN Office of the Special Adviser on Gender Issues and the Advancement of Women prepared a "Gender Checklist for Liberia." The underlying idea was that determining the differences in how women, men, boys and girls experience conflict would help the assessment team to identify their respective needs and priorities. In particular, understanding the role women play in all sectors of activity (economic, social, cultural, political, etc.) would help ensure that reconstruction activities were planned in a way that would not reinforce past discrimination, and would help women to gain equal access and control over resources and decision-making processes. The focus on gender in the Joint Needs Assessment highlighted how Liberian women have unequal access to areas such as education, public administration, the justice and political systems, and development and post-conflict peace building efforts more broadly and called for specific actions to be taken to address the problem. That gender was integrated into the PCNA in Liberia from its inception allowed gender-related issues and concerns to be raised during the Liberia Reconstruction Conference, with calls for donors' acknowledgement of and attention to the gendered dimensions of the Liberian conflict and post-conflict reconstruction efforts. Furthermore, the findings of the PCNA process in Liberia influenced, at least in part, the integration of gender into the security sector reform process

Source: adapted from DCAF, 2011, pgs. 86-91.

Additional Tools:

- ***Gender and Security Sector Reform: Examples from the Ground*** (The Geneva Center for the Democratic Control of Armed Forces (DCAF), 2011). Concrete illustrations of ways in which a gender perspective has been integrated in different security sector institutions and security processes around the world. They can help policymakers, trainers and educators better understand and demonstrate the linkages between gender and SSR. Available in English.

- ***Gender and Security Sector Reform Training Resource Package*** (The Geneva Center for the Democratic Control of Armed Forces (DCAF), 2009). This Training package provides practical training materials on

Gender and Security Sector Reform. A companion to the SSR and Gender Toolkit, the Training Package is designed to help SSR trainers and educators present material on gender and SSR in an interesting and interactive manner. It contains a wide range of exercises, discussion topics and examples from the ground that can be adapted and integrated into other SSR trainings. Available in English.

- See also the Legislation Module.

ii. Develop Institutional Capacities of Security Institutions and Competencies of Police Personnel

- To ensure that the security sector has the operational ability to effectively respond to violence against women and girls, system-wide investments in institutional capacities, structures and processes are required, including improving skills and knowledge of personnel to respond to incidents, protect victims, and investigate and refer cases.

- Police have a critical role to play in addressing VAWG in terms of creating secure environments, responding to complaints, conducting confidential and survivor-centered interviews with alleged victims, undertaking investigations and, in some settings, appearing in court. However, poor infrastructure, lack of skills and knowledge related to VAWG among security actors, absence of sector-wide policies and protocols for addressing VAWG, and poor accountability within and across the security sector often contribute to weak capacity. In post-conflict settings there often exists an urgent need for systematic reform of the police, especially to prevent VAWG (Denham, 2008).

- Police reform is a central component to SSR. In post-conflict settings police reform should focus on how police services can better prevent and investigate crimes of violence against women and girls, provide support to survivors, and establish effective mechanisms to prevent and punish such abuses committed by police personnel (Bastick et al, 2007). Police reform strategies should aim to make the police service as a whole more gender representative, gender sensitive and more responsive to violence against women and girls.

- When implementing police sector reform related to VAWG, it can be useful to use the following guidelines and recommendations (adapted from Denham, 2008, pgs. 2 & 3, unless otherwise noted):

1. Conduct assessments and develop and monitor operational strategies

- Conduct gender-responsive assessments or audits of police services that focus specifically on gender issues related to VAWG, such as

women's recruitment in police forces, rates of sexual harassment within police forces and responses to multiple forms of VAWG.

2. Ensure gender-sensitive policies, protocols and procedure

- Develop operational protocols and procedures for assisting and supporting survivors of violence against women and girls. These should include protocols for interviewing survivors and investigating VAWG crimes, for documenting VAWG, and for referrals to health, psychosocial and legal services (Bastick et al, 2007).
- Establish gender-responsive codes of conduct and policies on discrimination, sexual harassment and violence perpetrated by police personnel. Codes of conduct and policies should be implemented with proper training, and internal (police reporting on police) and external (civilians reporting on police) accountability and oversight mechanisms should be established (Bastick et al, 2007).
- Create incentive structures to award gender-responsive policing along with respect for human rights.
- Review operational frameworks, protocols, and procedures with:
    - Existing women's police associations and other police personnel associations to identify the current situation and reforms required.
    - Community policing boards, civil society organisations, including women's groups and survivors of violence, to identify needed reforms and to ensure that protocols and procedures are responsive to community needs.
- Determine whether special measures are needed for particular groups (Bastick et al. 2007).
- Consider establishing adequately resourced women's police stations (WPS) or specialized units on VAWG in order to encourage more victims to file complaints and improve police responses to VAWG.
    - Institutionalize units as part of a system-wide approach (which includes the community level) and support them through adequate long-term investment in training and professional resources.
    - Consider establishing a national governing body for the design and implementation of programmes to improve the quality of service and create standards for women's police stations procedures and service.
    - Ensure that the units are interlinked with other sectors and the overall system.
    - Ensure that female officers receive proper training.

Example: *Modernisation of the National Police Force of Nicaragua.* The modernisation of the National Police Force of Nicaragua demonstrates the beneficial impact of initiatives to mainstream gender and increase the participation of women. A broad range of gender reforms of the Nicaraguan police were initiated in the 1990s, following pressure from the Nicaraguan women's movement and from women within the police. As part of a project backed by the German development organisation (GTZ), specific initiatives were undertaken including:

- Training modules on GBV within the police academies
- Women's police stations
- Reform of recruitment criteria including female-specific physical training and the adaptation of height and physical exercise requirements for women
- Transparent promotion requirements
- Family-friendly human resource policies
- Establishment of a *Consejo Consultivo de Género* as a forum for discussion and investigation into the working conditions of female officers

As of 2008, 26% of Nicaraguan police officers were women, the highest proportion of female police officers of any police force in the world at that time. Nicaragua's police service has been described as the most 'women-friendly' in the region, and is hailed for its successful initiatives to address sexual violence. Nicaragua's modernisation programme has set an example for other state institutions, and a number of police forces in the region are seeking to replicate it. The reforms have helped the police gain legitimacy and credibility in the eyes of the general public: in a recent 'image ranking' of Nicaraguan institutions the police came in second, far ahead of the Catholic Church

Source: excerpted from Valasek, 2008, pg. 5.

Example: ***Sierra Leone Family Support Units (FSUs).*** Sierra Leone went through a decade-long conflict where GBV was used as a strategy of war. Women and girls were subjected to abduction, exploitation, rape, mutilation and torture. In addition to crimes of war, a study by Human Rights Watch for the period of 1998 to 2000 indicated that 70% of the women interviewed reported having been beaten by their male partner, with 50% having been forced to have sexual intercourse. As the culture of secrecy began to be broken, there was a growing recognition that survivors needed access to the police to report crimes, protection in temporary shelters, treatment including medical and psychological services, and legal assistance. However, police attitudes to survivors of sexual violence were not supportive, resulting in many women not wanting to report the crimes to the police. In response, the government established the first Family Support Unit (FSU) in 2001 to deal with physical assault, sexual assault and cruelty to children. In addition, training was provided to police officers on how to handle domestic and sexual violence

Source***:*** excerpted from Denham, 2008, pg. 18.

Example: ***Measures to counter human trafficking- Kosovo.*** Human trafficking and prostitution exploded in Kosovo after the 1999 war. Women primarily from the former Soviet bloc countries of Moldova, Romania, Ukraine, Bulgaria and Russia were tricked and/or forced into becoming sex slaves in brothels run by various organised crime families. The presence of international peacekeeping forces, as well as other international personnel, contributed to the demand for trafficked women. Some international personnel were directly implicated in trafficking rings. The Kosovo Police Service (KPS), which was formed with the support of the UN and the OSCE, has been characterised by a high degree of gender-sensitivity. The KPS targeted women and ethnic minority applicants for recruitment. As of January 2010 women comprised 14.77 percent of the KPS. In 2009, 75 sergeants, 27 lieutenants, five captains, four majors, two lieutenant colonels, two colonels and one departmental general director were women. NATO and UN police were initially responsible for anti-trafficking, but the KPS gradually took over this responsibility. KPS officers, who received specialised training from UN counterparts such as the International Organisation for Migration (IOM), started to participate in intelligence gathering, investigations, raids and counter-trafficking operations. An Anti-Trafficking Unit focuses on prevention, protection and prosecution, and has officers in all six regional headquarters and at headquarters. The Anti-Trafficking Unit, in collaboration with the Domestic Violence Unit, has created proactive mechanisms to combat trafficking and has ensured that anti-trafficking is a priority item on police and political agendas

Source: adapted from DCAF, 2011, *Gender and Security Sector Reform Examples from the Ground*, pgs. 7 & 8.

3. **Ensure a mechanism is in place to vet security personnel for histories of VAWG, including domestic violence**
    - Establish a vetting mechanism in order to ensure that police, military, and judicial personnel against whom allegations have been made of having perpetrated acts of VAWG – including domestic violence - and other serious crimes, cannot be recruited into the security forces. Vetting mechanisms have the following potential positive impact:
        - (Re)-establishment of civic trust
        - (Re)-legitimization of public institutions
        - Facilitation of criminal prosecutions, truth telling, reparations for survivors, and other forms of institutional reform
        - Enabling condition of other transitional justice measures
        - May fill the impunity gap by providing a partial measure of non-criminal accountability
        - Deterring acts of sexual violence by members of the security sector.

(Adapted from International Center for Transitional Justice)

- Vetting mechanisms will differ depending on the country and context. Consider the following questions when designing a vetting mechanism in post-conflict settings:

Box 3: Designing a Vetting Process

There currently exists no single process for vetting former police officers, and countries have experimented with a variety of forms to address their specific context. The design of a vetting process, however, must consider a number of important questions concerning both the desired method for the process as well as their anticipated outcomes. According to Roger Duthie, they are:

1. Targets: What are the institutions and positions to be vetted?
2. Criteria: What misconduct is being screened for?
3. Sanctions: What happens to positively vetted individuals?
4. Design: What are the type, structure, and procedures of the vetting process?
5. Scope: How many people are screened? How many people are sanctioned?
6. Timing and Duration: When does vetting occur and how long does it last?
7. Rationale: How is vetting justified? What are the reasons for vetting?
8. Coherence: How does the vetting relate to other measures of institutional reform? How does it relate to other transitional justice measures?[24]

Source: Kumar, S. and Behlendorf. B. 2010. "Policing Best Practices in Conflict / Post-Conflict Areas," p. 17.

- Consider *capacity* and *integrity* as key qualities required of police personnel to fulfill the technical requirements of their work and to act in accordance with human rights, professional, ethical and rule-of law standards. The Capacity and Integrity Framework (CIF) below can provide a basis for considering these key qualities for new recruits (UNHCHR, 2006):

Capacity and integrity framework

	Personnel	*Organization*
Capacity	• Education • Experience • Aptitude	• Resources • Infrastructure • Management
Integrity	• Background • Conduct • Incorruptibility	• Accountability • Service • Representation

Source: The framework is presented, for example, in Office of the High Commissioner for Human Rights *Rule of Law Tools for Post-Conflict States: Vetting: An Operational Framework*, 15–16, http://www.ohchr.org/Documents/Publications/RuleoflawVettingen.pdf

- Ensure that special attention is paid to seniority in rank and responsibility and to individuals publicly known to have committed gross violations of human rights. It will be important to single out those whose authority might influence the implementation of a personnel reform process. (MONUSCO, 2009.

"Concept Note and Plan of Action Security Sector Reform (SSR) and Sexual Violence.")

Example: Vetting of Police Personnel in Liberia. The 2003 Accra Comprehensive Peace Agreement that facilitated the end of the conflict in Liberia made provisions in Article VIII for the reform of the Liberian National Police (LNP) and other security services. A number of LNP officers were selected to assist the international team with the assessment of 'vettees', in particular guiding international staff around neighbourhoods of Monrovia and provincial towns to validate individual records and collect complaints against, or endorsements for, those applying to join the new police force. Around 3,000 personnel were vetted. Of these, around 2,200 failed on the basis that they lacked the required educational qualifications, were too old, were physically unfit, were dead, and/or had committed human rights violations during the conflict, possessed criminal records, or simply did not exist. Retraining began for the remaining 800, a core that would be boosted by a major recruitment drive to raise the number of LNP personnel to 3,500.

The public was directly engaged in the vetting process through the media, ongoing public debates, and the publication of candidates' photographs. The public was also encouraged to make complaints against individuals deemed to be unsuitable for police service. The vetting process took two years and has received mixed reviews. There is some concern that now that the vetting and recruitment process has come to an end, the original vetting functions will be abandoned. Indeed, achieving durability of systems in Liberia has proved a difficult task in all sectors. In addition, observers note the existence of major problems within the LNP, such as endemic corruption, poor leadership, and lack of knowledge on how operations should be based on human rights requirements and Liberian law. Moreover, there continue to be allegations that a number of police officers within the retrained force of 800 are implicated in human rights violations.

There are fears that no allegations surfaced during the vetting process because members of the public were afraid of possible retaliation as a consequence of weak measures for the protection of the identity of informants. Lessons learned from Liberia illustrate the complexity of the vetting process. Planning a vetting programme needs to take into account the structure of the vetting procedure to ensure a long-term legacy that *inter alia*:

- Improves integrity within the police system,
- Protects original vetting decisions, and
- Ensures the maintenance of professional standards

Source: adapted from International Centre for Transitional Justice (ICTJ): *The Legacy of Four Vetting Programs: An Empirical Review* (2009).

Additional Tools:

- ***Justice as Prevention: Vetting Public Employees in Transitional Societies*** (Mayer-Rieckh, A. and de Greiff, P.(eds.) for International Centre for Transitional Justice (ICTJ). 2007). New York: Social Science Research Council. This is a collection of essays systematically exploring vetting practices in a variety of countries and contexts. Avaialble in English.

- ***Rule-of-Law, Tools for Post-conflict states – Vetting: An Operational Framework*** (Office of the UN High Commissioner for Human Rights (OHCHR). 2006) This tool includes the development of vetting mechanisms for state institutions. Available in English.

- ***Policing Best Practices in Conflict / Post-Conflict Areas*** (Kumar, S. and Behlendorf, B., 2010). Strategies adopted to counter seven key policing problems faced by Afghanistan. This study addresses many of the policing challenges currently facing Afghanistan, and highlights broad solutions drawn from other contexts to reform and re-legitimize the police. Available in English.

4. Ensure training on gender and issues related to VAWG for all security sector personnel

- Integrate gender training and issues related to VAWG – including sexual harassment – into basic training and into the curriculum of in-service training for active duty police personnel involving all levels of police officers, and including civilian staff. The aim of gender training is to enable the participants to understand the different roles and needs of women and men and to challenge discriminatory behaviour in their daily work. Gender training can enhance the capacity of security sector personnel to respond to the needs of

the entire community but most specifically to provide them with the awareness, knowledge, practical skills and techniques required to prevent and respond to VAWG (DCAF, OSCE/ODIHR, UN-INSTRAW, 2008, p. 1).

- Where possible, consult with local LGBTI NGOs to explore and identify methods of integrating issues of gender identity and sexual orientation into gender trainings and issues related to VAWG. The aim of including this perspective in gender trainings is to enable participants to understand, challenge, and more effectively respond to instances of discrimination and violence against sexual and gender minorities.

- Training on VAWG should aim to increase knowledge and raise social awareness, create attitudinal change and build capacity to respond to VAWG. The curriculum will vary according to participants' prior exposure to gender issues, operational needs and context. It is important to target senior ranking officers as well since changing attitudes must be done institutionally to be effective and sustainable (DCAF, OSCE/ODIHR, UN-INSTRAW, 2008, p. 2). Topics might include:

Training on VAWG	
Aim	**Potential Topic**

Increase knowledge and social awareness raising	• The role of the police and law enforcement
	• Definitions and overview:
	  ○ What is gender and gender equality
	  ○ What is VAWG (including domestic abuse)
	  ○ What is the link to HIV/AIDS and the importance of PEP
	• International human rights norms and standards
	• National and local legislation on gender and VAWG
	• The socio-cultural context in which VAWG occurs
	• Understanding the needs of survivors and required services
	• Inter-agency collaboration and support
	• Characteristics of Offenders
	• Do no harm" principles and ensuring a survivor-centered approach

Police attitudinal change and sensitization	• Self-awareness • Life skills • Awareness of VAWG, gender and sexuality
Capacity building for response to VAWG	• General investigative process: victims, suspects, crime scene, witnesses, evidence collection, writing

	reports
	• Understanding local laws, institutional codes of conduct and policies on discrimination and sexual harassment
	• Protocols and practices on:
	  ○ Domestic violence
	  ○ Rape
	  ○ Sexual assault
	  ○ Stalking
	  ○ Human trafficking
	  ○ Anti-gay violence
	  ○ Child abuse
	• Specialized communication and interview skills
	• Service provision for victims and families
	• Risk Assessment and Safety Planning
	• Risk reduction and prevention activities
	• Techniques for handling survivors: giving options not advice
	• Community based services available for survivors and families
	• Caring for populations with special needs (children, disabilities etc)
	• Referral mechanisms
	• Monitoring progress of investigation

- Consider establishing new training and educational units that can play a pivotal role in strengthening weak police organizational structures in post-conflict settings.

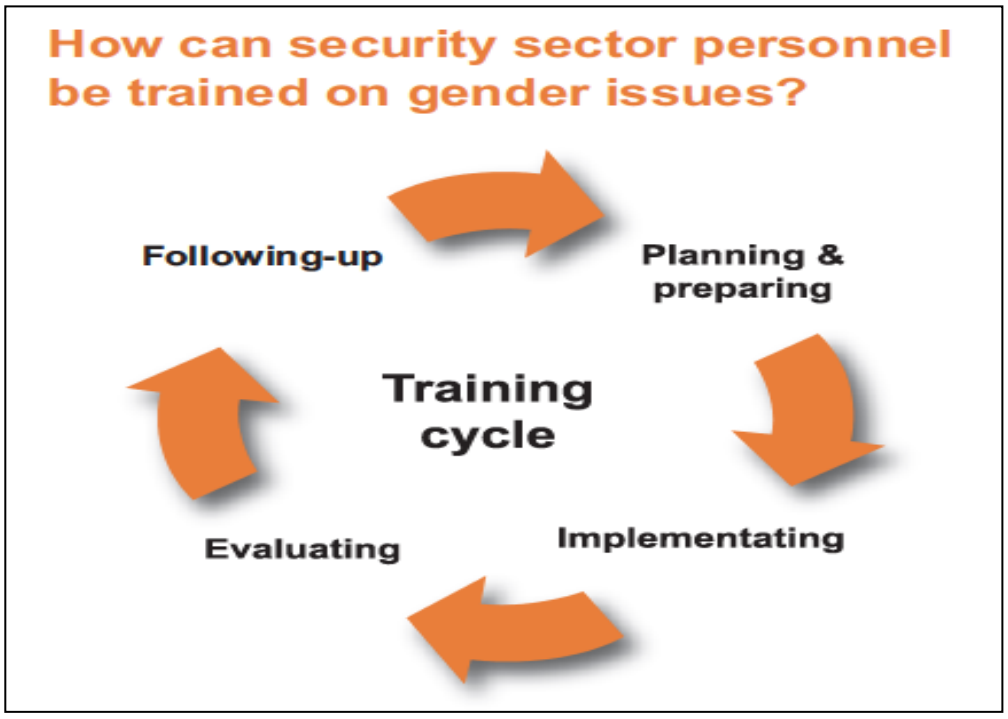
- Ensure that the trainers and facilitators are qualified and well prepared:

  - Consider involving women's civil society organizations in gender training activities for police personnel both in the design and implementation. These organizations may bring specific technical expertise to gender training and their involvement in police training can help to build trust between the community and the police (adapted from Bastick et al, 2007).

- Reach out to experts such as **United Nations Police Officers** (UNPOL) who are deployed at the same time as military personnel in most peacekeeping operations or as advisers to UN special missions. UN Police Officers help promote peace and security in many countries by supporting the reform, restructuring and rebuilding of domestic police and other law enforcement agencies through training and advising. They develop community policing in refugee or internally-displaced persons

camps, they mentor and in some cases train national police officers, they provide specialization in different types of investigations and in a number of countries they help law enforcement agents to address transnational crime. In some missions, UN Police Officers are directly responsible for all policing and other law enforcement functions and have a clear authority and responsibility for the maintenance of law and order. As a result, they have become highly specialized and continue to develop tools and trainings relevant to policing in post-conflict settings. (United Nations Policing).

- Monitor and evaluate trainings, and use the results to improve future training and resources, as shown in the diagram below. Changing the culture of an institution requires long-term goals and planning: 'one-off' trainings will not change the culture of an institution. Ongoing and specialized trainings are required. (For information on basic training tools on gender and VAWG, see Section VI: Staff Training and Capacity Building.)



Source: **DCAF, OSCE/ODIHR & UN-INSTRAW. 2008.** "Gender Training for Security Sector Personnel (Practice Note 12)," pg. 3. Eds: Megan Bastick, Kristin Valasek.

Example: ***Gender dimensions of establishing the PNTL – East Timor***. The Policia Nacíonal de Timor-Leste (PNTL) was established by the United Nations on 10 August 2001. The United Nations Transitional Administration in East Timor (UNTAET) was initially given the mandate to "develop a credible, professional and impartial police service". UNTAET focused largely on personnel recruitment and training. Following the UNTAET phase, the UN extended the scope of the reform to include capacity building in human resources management, finances, community relations and field training. From the outset, gender concerns were on the agenda in developing the PNTL. One of the first requirements established, for example, was that at least 20 percent of PNTL recruits were to be women. Addressing gender-based violence was identified early on as an urgent need. UN police statistics in December 2001 counted gender-based violence as the most commonly recorded crime in Timor-Leste.

During the initial period of the development of the PNTL, UNTAET elaborated standard operating procedures for domestic and gender-based violence cases. Building the capacity of police officers to interview victims of sexual abuse received priority attention. The PNTL training programme lasts for three months (in the Police Academy) and is followed by a three to six month long Field Training Program. UN agencies (including UNIFEM, UNDP and the Gender Affairs Unit of the UN mission) and external trainers conduct training on human rights, gender, children's rights and gender based violence. UNTAET set up a Vulnerable Persons Unit (VPU) in March 2001, which eventually became a network of VPUs, one in each of the 13 districts.

The VPUs are part of the PNTL Criminal Investigations Unit and mandated to deal with issues of rape, attempted rape, domestic abuse (emotional, verbal and physical), child abuse, child neglect, missing persons, paternity and sexual harassment. The VPUs represent an effort to bring such crimes into the realm of the formal justice system rather than the traditional justice system. VPUs are staffed by both PNTL and UN police. VPU officers receive 17 days of additional training to fulfil their special role. Sustained efforts have been made to include female police officers in all VPUs to interview female victims, as well as female UN police officers to support the VPUs. The VPUs have also received support from the respective Gender Affairs Units of the UN missions and other UN agencies, and have co-operated with East Timorese women's organisations and the Association of Men Against Violence (adapted from DCAF, 2011, pgs. 7 & 8).

Additional Tools:

- For more information on training tools, see the Security Module.

Also see:

- **United Nations Criminal Justice Standards for United Nations Police** (United Nations Office on Drugs and Crime (UNODC) and United Nations Department of Peacekeeping Operations, 2010) This handbook collates the main human rights standards applicable to policing. Available in English.

- **Training Curriculum of Effective Police Responses to Violence against Women** (UNODC and Department of Peacekeeping Operations, 2010). The present training curriculum is designed to help develop within local and national police the knowledge and skills required to respond in an effective and appropriate manner to violence against women—specifically violence within intimate relationships. Available in English.

- **The Family Support Unit Training Manual**. See in particular "Module 6: Domestic And Gender Based Violence (Sierra Leone Police/Ministry of Social Welfare, Gender and Children's Affairs, 2008). This ten-module training manual is an improved version of the training manual on Joint Investigation of Sexual and Physical Abuse in Sierra Leone that had been originally developed by the FSU. It provides an overview of the requisite professional skills applicable to the work of the Sierra Leone Police and personnel of the Ministry of Social Welfare, Gender, and Children's Affairs [MSWGCA] who happen to be core partners within the FSU. Available in English.

- **Responding to Violence Against Women: A Training Manual for Uganda Police Force**. (Alal, Y./Kampala: Centre for Domestic Violence Prevention (CEDOVIP), 2009). The handbook is co-published by Center for Domestic Violence Prevention (CEDOVIP) and The Uganda Police Force (UPF), and provides background information on the problem of domestic violence as an abuse of human rights within our communities and provides guidelines on how to interview the victims, children who are affected by domestic violence as both victims and witnesses, and the perpetuators of domestic violence. Available in English.

5. Ensure recruitment, retention and advancement of female personnel

- Develop an organisational culture that promotes gender equality within security services (Bastick et al. 2007)
- Consider establishing strategic targets for female recruitment and retention

- Update recruitment policies and practices to ensure they are attracting a full range of qualified individuals, including from under-represented groups.
- Update job descriptions to accurately reflect the skills required in modern policing.
- Revise and adapt human resources policies to ensure they are non-discriminatory, gender-sensitive and family-friendly.
- Establish female police associations and mentor programmes.
- Review job assessment standards and promotion criteria for discrimination. Implement performance-based assessment reviews.
- Ensure equal access to job training for career advancement (excerpted from OSCE/ODIHR, INSTRAW, DCAF, 2008, p. 3).

Box 8 Strategies to recruit and retain women

Recruitment campaign	Recruitment team	Training academies
■ Recruitment policies and selection criteria regularly evaluated to eliminate bias. ■ Develop targets accompanied with clear strategies for recruitment – Beijing Platform: 30% female representation. ■ Develop gender-sensitive materials – brochures and posters depicting women and men carrying out various tasks. ■ Distribute information on job opportunities in places that women congregate such as grocery stores, gyms, etc. ■ Training programmes for certain groups to ensure they meet entry requirements (e.g. physical training for women). ■ Survey current officers from the target population to learn how they were recruited, what they find most satisfying as a police officer, and use this information in recruitment campaigns. ■ Incentive programmes for serving police officers who attract new qualified recruits from target communities. ■ Lateral entry schemes to encourage qualified individuals from under-represented groups to enter at higher positions. ■ Public information campaigns targeting under-represented groups, including career fairs.	■ Select individuals who understand and support new recruitment policies. ■ Train officers on gender and diversity issues. ■ Ensure team has male and female officers. ■ Team members are friendly and easy to talk to. ■ Ensure team is able to answer questions on family-friendly policies. ■ Include appropriately skilled members from the community and female officers on interview panels. ■ Establish set questions and rating system for interview panel reflective of new job description, and monitor team members to see if one member consistently rates certain groups lower.	■ Male and female trainers. ■ Joint training of male and female recruits. ■ Ensure that training is compatible with family responsibilities. ■ Female only training where culturally appropriate. ■ Specific facilities for women in training venues. ■ Physical tests reflective of actual police duties – test current police officers to establish standard of performance. ■ Ensure women are not isolated in live-in academies, which increase drop-out rates. ■ Focus on building confidence of recruits on how to deal with physical confrontations rather than just physical strength. ■ Increase confidence in training areas that certain groups are not traditionally familiar with (e.g. women's firearms training). ■ Move away from culture of 'tear them down – build them up' which is based on humiliation and shunning as it may lead to sexual harassment and fear of reporting these incidents. ■ Establish training committees to review all training material and ensure it is gender-responsive.

Excerpted from **Denham, T. 2008.** "Police Reform and Gender," pg. 12. In Bastick, M. and Kristin, V. (eds.) *Gender and Security Sector Reform Toolkit*. Geneva: DCAF, OSCE/ODIHR, and UN-INSTRAW.

Example: ***The Liberian National Police's female recruitment programme***. The rebuilding of the Liberian National Police (LNP) commenced in 2005, after

the end of Liberia's fourteen-year-long, devastating war. During the war, the LNP had committed serious human rights violations and thus acquired a poor reputation among the population. The United Nations Mission in Liberia (UNMIL) designed a "vetting/de-activisation programme" to purge the LNP of its most brutal elements, which led to the enrolment of a new crop of police recruits. In addition, UNMIL developed a Gender Policy as part of the reform and restructuring of the LNP, the first such policy in UN peace operations.

UNMIL set a 20 per cent quota for women's inclusion in the police and armed forces, and the LNP established a Female Recruitment Programme. The lack of educational qualifications among potential female recruits posed a challenge. The Programme selected 150 women to attend classes to receive their high school diplomas. These women, in return, promised to join and serve in the LNP for a minimum number of years.

Affirmative action of this kind expanded the pool of female police recruits without having to lower essential qualifications. A boost to recruitment of women in the Liberian police has also come from India. In January 2007, the UN's first all-female peacekeeping contingent, made up of 103 Indian policewomen, was deployed in Liberia. During the month following their deployment, the LNP received three times the usual number of female applicants.

See a video.

Source: adapted from DCAF, 2011, *Gender and Security Sector Reform Examples from the Ground*, pgs. 7-8).

- For additional information on recruitment, see the Security Module.

iii. Improve Security Sector Service Delivery to Survivors of Violence

- In conflict/post-conflict settings, security sector personnel play a crucial role in the response to victims of violence. This may include: rescue operations, arrest and apprehension of perpetrators, conduct of interviews and investigations, conduct of forensic interview and medico-legal examination, enforcement of protection orders (where applicable), and recording/reporting in a confidential manner details of the crime. (Philippine National Police (PNP), National Commission on the Role of Filipino Women, and UNFPA, 2008.) Services provided in response to allegations of violence must be gender responsive from the outset to protect victims from further harm and facilitate redress for the crimes committed against them. This can prevent re-victimization of women and girls in the immediate response to an incident or during the investigation process. An appropriate response can ensure that victims receive the wider medical, legal and socio-economic assistance to which they are entitled and facilitate the prosecution of the perpetrators

of violence (adapted from Security Module).

- Gender responsive policing can however be hindered by many challenges in conflict/post-conflict settings:
  - Broad community security issues;
  - VAWG cases are not reported;
  - Impossibility of properly collecting evidence;
  - Difficulties in locating and identifying suspects;
  - Lack of safety and security for witnesses and survivors;
  - Harassment resulting in retracting or hostile witnesses;
  - Weak legal/justice sector;
  - Ineffectual referral system due to the destruction or displacement of networks and support services;
  - Too few female members of the police force (excerpted from UNDP/NEPAL, 2010, p. 6).

- Despite these challenges, security sector personnel providing police services to victims of violence in conflict/post-conflict settings should consider the following approaches to improve service-delivery (adapted from Security Module):

1. **Promote systematic and appropriate responses to incidents of violence**
   - Develop detailed guidelines and protocols and procedures to guide officers receiving the initial call for assistance or arriving at the scene of the incident.
   - Institutionalize and systematically apply technical standards and quality of service across all police stations or relevant security force units.
   - Tailor the protocols and procedures to the specific context and foster ownership among those using or affected by them.
   - Implement specific operational procedures and codes of conduct (related to deployment, patrolling patterns) to better protect women and girls.
   - Research has shown that women with certain identities (e.g. migrants, those from ethnic minorities, etc.) may face additional discrimination, harassment and even violence from police when they seek help. Some states have sought to sensitize police officers by incorporated trainings on violence against individuals at greater risk.

2. **Establish procedures for the effective investigation and documentation of cases of VAWG**
   - Ensure that techniques do not degrade or further traumatize the survivors and that minimize intrusion into their lives.
   - Ensure that the investigation maintains standards for evidence collection that can contribute to future prosecution of cases, if the woman or girl chooses to pursue legal recourse.

3. **Ensure that the response is survivor-centred and occurs in an environment that**
    - Promotes the dignity of the survivor.
    - Ensures their physical and emotional safety.
    - Does not blame or judge the survivor.
    - Does not minimize their experience or question the truthfulness of their allegations (Sierra Leone Police/Ministry of Social Welfare, Gender and Children's Affairs, 2008).

4. **Strengthen community-level coordination as part of a multisectoral referral network**
    - (Re)develop effective referral systems established through cooperation and coordination with other sectors as these provide essential services to survivors of VAWG in conflict such as medical care and psychological counselling, protection and shelter, socio-economic support and legal advice. Security sector actors should also coordinate and collaborate with each other in their efforts to prevent and respond to VAWG (adapted from Bastick et al, 2007). In deciding what kinds of referrals to make, it is important to balance:
        - Victim safety: What is the risk to the victim/survivors? (See below: Handouts: Risk Assessment and Safety Planning Questions)
        - Victim preferences: What does the victim/survivor feel comfortable to do? What sorts of services does the victim/survivor think will help her/him?
        - Prosecution of perpetrators: What interventions will help you to bring the offender to justice? (Sierra Leone Police/Ministry of Social Welfare, Gender and Children's Affairs, 2008)

Handout: Risk Assessment[3]

Please ask the survivor the following questions. Any questions answered 'yes' increases the risk for that survivor.

1. Serious Injury: Have you ever been seriously injured? Please describe what happened and when it happened. (Strangulation, life threatening injuries, or ones that require hospitalization or extended medical care, etc are the highest risk.)
2. Abuse to children: Do you have children? If yes, do they also experience violence from the perpetuator?
3. Weapons: Does the suspect have any weapons e.g. a gun, big stick, knife, spear, bow and arrow? If yes, can you tell me what type of weapon the suspect have? Has the suspect ever used or threatened to use the weapon as part of the abuse?
4. Threats of killing or serious harm: Has the suspect ever threatened to kill or hurt you? If yes, when did the suspect threaten you last? How did the suspect threaten you?
5. History of Violence: Does the suspect have a history of violence with others? If yes, can you give some examples of the suspect's violence?
6. Frequency of Violence: How frequent is the violence? (The more violence, the more severe)
7. Isolation: Has the suspect prevented or stopped you from going out or associating with other people? Does the suspect get very upset if you talk with other men or accuse you of having affairs—even when it makes no sense for him to suspect you?
8. Sexual Assault: Has the suspect ever forced you to have sex when you did not want to?
9. Substance Abuse: Does the suspect drink alcohol or use any other drugs? If yes, does the suspect become violent when they are drunk (or on drugs)?
10. Abuse of animals: Has the suspect ever abused pets or livestock?

Follow up with the following questions, again taking into consideration the level of risk involved.

- How do you believe the suspect will react if/when he finds out you have come to the police? Is there danger from the suspect or from his family/ others? It is good that you came for help, and we also want to help if you think you might be in increased danger after reporting the violence.
- Is there any other information you would like the police to know about the danger you may be in? (An event, a specific threat, a feeling you may have?)

Note to police officer: Let the survivor know the level of risk you think she is under, and compare it with what she thinks. Do whatever is necessary such as referring her to other services for abused women, apprehend the suspect, find alternative housing, etc.

Handout: Safety Planning: Guiding Questions[4]

1. Are there certain signs you can see in your partner's behavior that alert you to the possibility of violence? Can you get out of the house before the violence starts or send a message to someone for help?
2. Are there neighbors who you could talk to about the violence and they could help you in emergency situations?
3. Is there a signal you could create to alert neighbors that you need help?
4. If the violence begins, can you move into a room where you could escape or others could hear you? Or that might be safer (e.g., not kitchens to avoid kerosene, knives, etc)?
5. Are there weapons in the house? Where? Can you remove or hide them?
6. Are there places where you could go in an emergency (relative, neighbor, local leader, etc)?
7. Can you keep a bag hidden (either at home or at a friend's/family member's home) for emergencies filled with a change of clothes, some money, set of keys and copies of any telephone numbers or important documents in case you need to leave quickly. What items could you pack that are important and useful to you?

Source:

5. **Improve community-level security and partnerships**

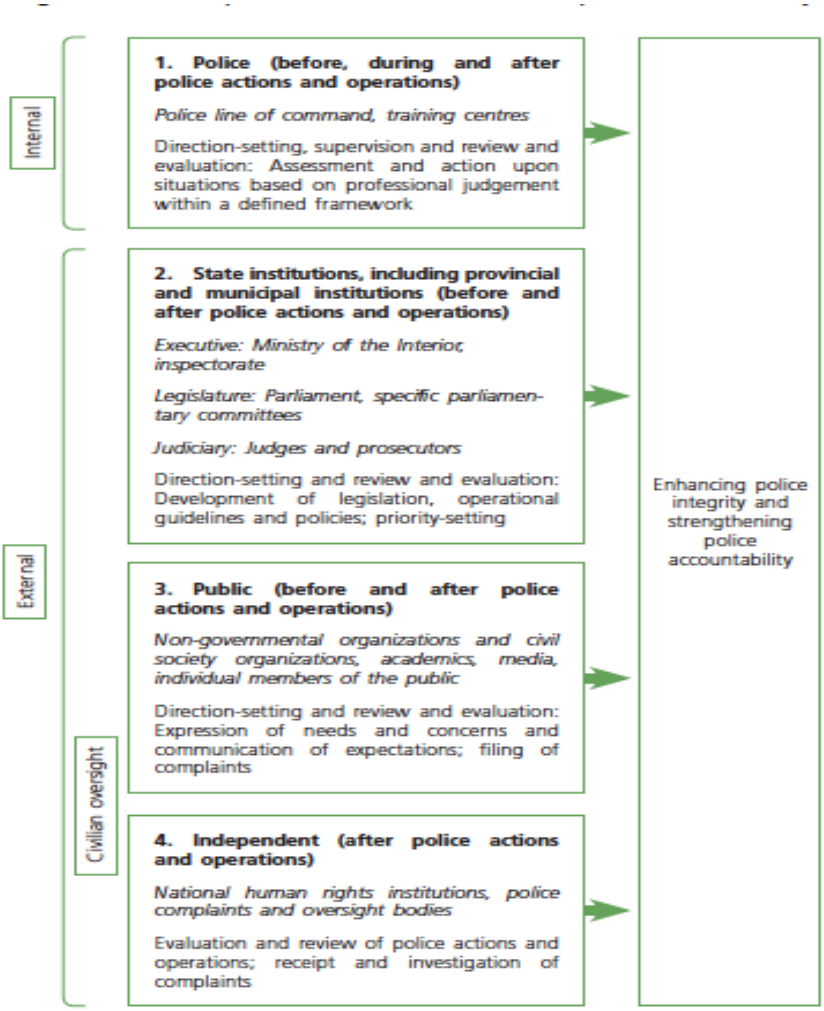
- Strengthen community trust, collaboration and engagement with security actors, raise awareness of and to promote zero tolerance for violence against women and girls through community-based policing and coordination with informal security providers and alternative mechanisms.

iv. Establish Governance and Oversight Mechanisms that Hold the Security Sector Accountable

- Effective governance and accountability of the security sector in conflict/post-conflict settings is needed to prevent security sector actors from misusing their powers, political authorities from misusing their control over the security sector actors, and most importantly, to enhance public confidence and (re-)establish legitimacy in the sector (UNODC, 2011). For this to occur, security sector actors must accept that their decisions and actions might be questioned, and that any misconduct could lead to consequences such as sanctions or compensation for the victims. Without such accountability and transparency, corruption and other forms of misconduct may thrive (UNODC, 2011).

- Both internal and external mechanisms can provide oversight and improve the security sector's accountability including (summarized from OECD, 2009; UN Secretary General, 2008, cited in Security Module):
  - **Internal governance and control** (involving military police, disciplinary committees, behaviour/conduct units, human resources, military tribunals) including staff supervision and performance monitoring, as well as disciplinary systems for reporting, responding and tracking complaints of abuses by police, military and other security personnel.
  - **Executive control** (involving head of state, ministries of defense and interior, national security advisory and co-ordinating bodies) through measures that demonstrate high-level commitment to the issue.
  - **Legislative/parliamentary oversight** (involving Parliamentarians and oversight bodies)
  - **Oversight by independent bodies** (e.g. ombudpersons offices, national human rights institutions, independent review boards, audit offices, public complaints commissions).
  - **Civil society oversight** of the sector (involving think tanks, non-governmental/ civil society organizations, women's groups, media).

- As demonstrated in the chart below, using the police as an example, various actors share responsibilities for oversight at different stages of police actions and operations and may complement each other or overlap. Not all mechanisms will be in place in every country at once.



Source: **UNODC. 2011**. Handbook on police accountability, oversight and integrity, pg. 18. UN: New York. Available in English.

- Ensuring the full participation of women's organizations in both internal and external mechanisms will provide a better opportunity to address gender issues, and can make these mechanisms more participatory and comprehensive (Barnes and Albrecht, 2008). Keeping the public informed about the conduct and misconduct of security sector actors can increase their faith in the police and assist women in identifying whether and where it is safe to report to police.

Example: ***Accountability and oversight in Haiti***. In Haiti in 1994-1995, an energetic general of the new Haitian National Police disciplined, suspended, and even turned over for prosecution misbehaving and abusive police officers. The revolutionary development sent a clear signal to both the police and the population: Impunity is over—you can lose your job and even go to prison if you violate the law and the police code of ethics. Around this time, the inspector general's office of the new police force began to give a weekly press conference, announcing the number of complaints made against the police, actions taken—including the referral of serious cases for criminal prosecution—and updates on the status of earlier cases. This openness encouraged the population to work with the police to provide information and tips, identify suspects, and prevent crime

Source: excerpted from UNODC and United States Institute of Peace, 2011, p. 77.

- In a conflict/post-conflict setting it is equally important to ensure that security sector reforms – and the impact of police performance – are measured systematically. While this can be a challenging task some tools are available, one of which was developed by the United Nations Police (UNPOL). PRIME (Police Reform Indicators and Measurement Evaluation) is a diagnostic tool of 16 core indicators divided into four main pillars of outcomes that is designed to provide UNPOL and the donor community a more comprehensive and systematic way to assess police reform outcomes in post-conflict environments. PRIME can be used to establish a baseline assessment of a police service against which to compare future progress as well as take a snapshot of police performance at a given moment in time. Local police services themselves can use PRIME as an internal accountability and planning mechanism (Bajraktari et al, 2006).

Performance Effectiveness

Considers the extent and quality of the police service's efforts to produce law and order and respond to all levels of crime

Capacity

Adequate manpower, training, and equipment to currently be effective

Authority and Reach

Political/legal authority to enforce internal security throughout the territory

Crime

Collection and use of crime statistics to set and achieve crime-fighting and crime prevention goals

Coordination

External coordination with criminal justice system (e.g. prisons, courts)

Management and Oversight

Assesses the police service's basic management structure for carrying out operations and being accountable to the community

Mission and Procedures

Clearly defined and understood mission, code of conduct, operational procedures, and chain of command

Strategic Planning and Monitoring

Existence of goals and performance measures that regulate current and future professional conduct

Oversight and Accountability

Presence and strength of external and internal oversight mechanisms that ensure accountability

Personnel

Transparent and merit-based recruitment and promotion systems and level of retention rates

Source: Bajraktari et al. 2006. The PRIME System: Measuring the Success of Post-Conflict Police Reform, pgs. 7-8.

- When developing mechanisms to ensure compliance and accountability of personnel:
  - Set performance standards to monitor the police handling of cases.
  - Implement monitoring processes to measure progress in meeting performance targets.

- Ensure that individual job descriptions include accountability for upholding the rights of women and girls, with specific references to violence.
- Monitor public perception of services as a way to ensure that responses are both comprehensive and ethical. Regular monitoring can also help identify gaps in services and opportunities for increased capacity building (Philippine National Police, 2008).

Example: **Public perception studies as part of police reform in Kosovo.** An important initiative in police reform was pioneered by UNDP in Kosovo: the first comprehensive opinion survey examining public perceptions of the police and gauging the general sense of security, or lack thereof, across Kosovo's 30 municipalities. The UNDP survey (*Light Blue: Perceptions of Security and Police Performance in Kosovo*. *2004. Pristina: Kosovo)* sought to understand what the population, the primary client of the police, thought of the police's performance in preventing crime and providing security. It clarified what the public knew about the Kosovo Police Service (KPS)—it's training, deployments, and activities—and measured the public's perception of the KPS's "professionalism". The survey asked 6,000 people a range of questions including:

- How many police officers are assigned to the station in your area, and how often do you see them on foot patrol?
- How often do you encounter a KPS office and what is the nature and quality of the interaction?
- Do you see the KPS as effective partners, working to help the community?
- Do KPS officers treat people with respect?
- How quickly do KPs officers respond when called for in emergencies?
- Do you feel safer now than you did one year ago?
- Is crime increasing or decreasing in your municipality?

The results of the survey provided an empirical basis for evaluating and reformulating professional development priorities, operations guidelines, and policy planning. The main finding was that a majority of Kosovars "now perceives the police as a trusted and credible institution," and that the KPS "must further broaden public trust and engage communities through regular dialogue about steps to jointly improve current levels of safety and security. The very process of conducting the survey, done largely by Kosovars, built local expertise in security-sector reform, creating a core of local experts capable of conducting similar initiatives in the future. The survey also promoted widespread awareness of public security issues, prompting constructive discussion and debate in a society not used to such open discourse.

Source: excerpted from UNODC and United States Institute of Peace, 2011, p. 80.

Additional Tools:

- For more information on methods for improving the sector's accountability see Security Module.

- **Gender Self- Assessment Guide for the Police, Armed Forces and Justice Sector** (The Geneva Center for the Democratic Control of Armed Forces (DCAF). 2011). A guide designed for use by police services, armed forces and justice sector institutions, and those working with them. The self-assessment guide leads the user through an eight-stage process to conduct an assessment of a security sector institution, create an action plan to move the organisation forward, and monitor and evaluate the plan's implementation. Available in English.

- **People friendly Police, Karnataka: A police trainer's guide and resource manual for the initial aspects of gender sensitization** (UNICEF. 2003). This manual has been designed with the active participation and suggestions of over 500 Karnataka police personnel, and is intended to be a trainer's guide and resource manual for the initial aspects of gender sensitiation. Available in English.

- **Performance Standards and Assessment Tool for police Services Addressing Cases of Violence against Women** (Philippine National Police (PNP), National Commission on the Role of Filipino Women, and UNFPA. 2008). This tool is also designed to generate data for the monitoring and evaluation of the service provider's level of compliance to the anti-VAW policies of the Philippine Government. Data generated can also be used as a tool in setting priorities in planning, particularly in the use of the GAD Budget. Available in English.

4. Legal/Justice Response

Overview

- The legal/justice sector is composed of a number of interconnected formal and non-formal, state and non-state institutions and procedures. It includes many actors such as traditional and, in some contexts, religious leaders, national judiciaries, lawyers, forensic service providers, and survivor advocacy groups who work together to protect people's rights and ensure access to justice.

- **Access to justice** refers to "the ability of an individual to have his or her grievances heard, to receive proper treatment of those grievances in accordance with national and international laws, and to obtain a just and effective remedy to protect his or her rights on the basis of gender equality and without discrimination of any kind". In countries with plural legal systems, this means being able to access both formal and traditional justice mechanisms (and combinations of the two). (UNHCR- Pablo to provide reference.)

- In peaceful times, survivors of VAWG can face significant economic, educational and socio-cultural barriers in gaining access to justice:
    - **Cultural barriers**: the marginalized role of women in their families and a social stigma attached to survivors of sexual violence;
    - **Legal barriers:** formal and customary laws, discriminatory judicial processes, and legal procedures that discriminate against women and afford them few legal rights;
    - **Systemic barriers:** a lack of infrastructure, government resources, and personnel (excerpted from Allard K. Lowenstein International Human Rights Clinic at Yale Law School, n.d., p. 2).

- These barriers are greatly increased during conflict and post-conflict. In fact, during an acute emergency, it may not be possible to provide legal services if there is no functioning judiciary. However, it remains important to ensure that the foundations for improved access to justice are laid by ensuring the availability of quality health and psychosocial services and by establishing safe and ethical data collection, case management and referral systems (IRC, 2012). There may also be opportunities to engage traditional or non-state justice mechanisms, in contexts where they are still functioning, for specific training and local advocacy efforts.

- After the acute emergency has passed, there may be important opportunities to rebuild the legal/justice sector in order to ensure that survivors have access to justice. These strategies not only include improving state and non-state justice mechanisms to respond to on-going incidents of VAWG, but also, in some settings, supporting the creation of international and internationalized mechanisms to address VAWG committed during conflict.

a. State Justice Mechanisms

Overview

- Improving access to justice at the national level in a conflict/post-conflict setting requires long-term commitment on the part of all stakeholders. Those within the legal/justice sector must coordinate amongst themselves as well as engage with actors in other sectors to protect and promote the rights and needs of survivors. Facilitating justice sector interventions should never be seen as a stand-alone activity, but rather part of a larger framework for multi-sectoral response.

- VAWG actors must consider the specific context and needs of survivors—as well as the particular challenges survivors may confront in accessing justice—in order to identify strategies to ensure full implementation of VAWG protections. Examples of challenges to accessing justice in post-conflict settings include:

- Dearth of laws and policies protecting survivors.
- No functioning police force, courts or survivor advocates.
- Pursuing prosecution may put survivors at greater risk of violence due to lack of protections from the perpetrator, his family and the community.
- Victims/witnesses may not appear for scheduled court appearances due to lack of information, lack of subpoenas, witness intimidation, lack or transportation, childcare responsibilities, re-victimization in court, or any number of other factors; cases may be dismissed or repeatedly postponed if witnesses are not present.
- Absence of court staff or insufficient knowledge among judges and lawyers of laws/policies related to VAWG may result in cases being mishandled or dismissed.
- Insufficient resources for legal systems may result in long delays in legal processes for any type of criminal matter; in cases of VAWG, victims are likely to become discouraged and (especially without adequate emotional support and legal support) withdraw their participation in the proceedings.
- Women who face multiple forms of discrimination (e.g., on the basis of race, sexual orientation, gender identity, ethnicity, disability, age) may find it even more difficult to access justice and therefore require targeted assistance
- VAWG may not be prioritized among other conflict-related atrocities. (adapted from UNDP, 2010).

- An assessment of the justice/legal sector will reveal the particular challenges in a given context and can assist with planning and guiding sector-wide reform activities and strategies. It is important to assess the various components of the sector both individually and in terms of how they work together and examine a number of facets:
    - **Physical capacity**: Buildings, along with their infrastructure, internal hardware, furnishings, and accessibility to all bodies; equipment (e.g., weapons and cars)
    - **Human capacity**: Staffing of the institutions in terms of numbers and qualifications, particularly in terms of understanding how to handle VAWG cases
    - **Mandates, policies, and procedures**: Governing laws, regulations, and internal policies that define the duties and powers of the institutions as well as accountability mechanisms and reporting procedures
    - **Budgetary support**: Financial and in-kind support that is officially designated to the institutions (UNODC and United States Institute of Peace, 2011, p. 21).

- Some useful questions are listed below to help guide an assessment of the legal/justice sector. These questions are directly applicable to assessing

access to justice, are applicable to both state and non-state mechanisms, and can be adapted to focus specifically on the capacity of the legal/justice sector to address VAWG. The questions are divided according to 6 key topics, or 'elements': Legal Framework, Legal Knowledge, Advice and Representation, Access to a Justice Institution, Fair Procedure, and Enforceable Solution (American Bar Association, 2012).

1. Legal Framework

USEFUL QUESTIONS FOR ELEMENT 1 ASSESSMENT

When conducting the assessment for Element 1, you should consider the following general areas of inquiry:

- What state laws, if any, exist that create clear legal rights for citizens within the formal justice system?
- What customary laws and practices, if any, exist that create clear legal rights for citizens within the informal justice system?
- Are they simple and easy to understand?
- Are they consistently enforced and applied?
- What mechanisms does the law provide to citizens to allow them to enforce their rights?
- Are informal justice institutions given the power, by law, to solve justice problems or provide a remedy?

Please note, however, that you do not need to limit the assessment to these particular questions.

2. Legal Knowledge

USEFUL QUESTIONS FOR ELEMENT 2 ASSESSMENT

When conducting the assessment for Element 2, you should consider the following general areas of inquiry:

- How would you rate citizens' level of familiarity (i.e., good, average, not good, do not know) with:
  - how to access legal information?
  - functions of the formal justice system?
  - functions of the informal justice system?
  - functions of lawyers?
  - functions of paralegals?
  - functions of the court?
  - functions of the prosecutor?
- What are the amount and quality of legal information available to citizens?
- What is the extent to which legal information is produced in local languages?
- What activities do state and non-state actors undertake to enhance legal knowledge among citizens?
- How would you rate the level of information dissemination by the state (i.e., good, average, not good, do not know)?
- What media are used to communicate legal awareness messages?
- What are the main obstacles to raising legal awareness of citizens?

Please note, however, that you do not need to limit the assessment to these particular questions.

3. Advice and Representation

USEFUL QUESTIONS FOR ELEMENT 3 ASSESSMENT

When conducting the assessment for Element 3, you should consider the following general areas of inquiry:

- What is the availability of lawyers offering legal advice and representation to citizens?
- What is the availability of lawyers' services that are free of charge?
- What is the availability of services by paralegals and non-lawyers?
- How would you assess the quality of the above (i.e., quality service, low quality because it is free of charge/from a non-lawyer, unsatisfactory, cannon make assessment)?
- What roles do paralegals play in resolving justice problems?

Please note, however, that you do not need to limit the assessment to these particular questions.

4. Access to a Justice Institution

USEFUL QUESTIONS FOR ELEMENT 4 ASSESSMENT

When conducting the assessment for Element 4, you should consider the following general areas of inquiry:

- In your opinion, what justice institutions do citizens use in resolving disputes, and why?
- What is the approximate time citizens take to travel to and return from the justice institution?
- What are the costs of accessing the justice institution?
- How quickly are justice problems resolved?
- What obstacles prevent citizens from bringing justice institutions before the justice institution?
- What activities are state or non-state actors undertaking to make access to the justice institution easier?

Please note, however, that you do not need to limit the assessment to these particular questions.

5. Fair Procedure

USEFUL QUESTIONS FOR ELEMENT 5 ASSESSMENT

When conducting the assessment for Element 5, you should consider the following general areas of inquiry:

- What is the extent to which citizens can present arguments and call witnesses before the justice institution?
- What are the procedures for presenting arguments and calling witnesses?
- What is the extent to which laws give citizens a right to a reasoned decision that can be reviewed by a higher tribunal?
- How much must a party pay to lodge an appeal?
- What is the average time taken for an appeal to be heard?
- What activities are state or non-state actors undertaking to address problems in the procedure used by the justice institution to resolve justice problems?

Please note, however, that you do not need to limit the assessment to these particular questions.

6. Enforceable Solution

USEFUL QUESTIONS FOR ELEMENT 6 ASSESSMENT

When conducting the assessment for Element 6, you should consider the following general areas of inquiry:

- What procedures, if any, exist, established by law, to provide for decisions to be enforced?
- What is the amount of costs a party must pay to enforce a decision?
- To what extent does corruption affect whether decisions are enforced?
- What obstacles prevent a decision from being enforced?
- What activities are state or non-state actors undertaking to make decisions easier to enforce?

Please note, however, that you do not need to limit the assessment to these particular questions.

Excerpted from **American Bar Association**. **2012.** *Rule of Law Initiative's Access to Justice Assessment Tool*, pp. 7-40.

- Once an assessment has been conducted, project design and activities can be developed to improve the legal/justice sector and involves:
    - Establishing a strong legal and policy framework, which mandates

the sector to address violence against women and girls.
- Developing institutional capacities of justice/legal sector institutions and competencies of personnel.
- Improving service delivery to survivors of violence and women and girls at risk.
- Establishing governance and oversight mechanisms that hold the sector accountable.

Additional Tools:

- For more information on access to justice assessments see American Bar Association, Rule of Law Initiative. 2012. "**Access to Justice Assessment Tool. A guide to analysing access to justice for civil society organizations.**" This manual is a comprehensive guide to access to justice research for novice and experienced researchers. It concentrates on explaining the basic skills and concepts necessary for research to be useful and reliable. Available in English.

- Another example of a thorough assessment tool can also be found at: Bureau for International Narcotics and Law Enforcement Affairs, United States Department of State. No date. "**Criminal Justice Sector Assessment Rating Tool. A U.S. Government Inter-agency Project to Assess the Capacity of International Criminal Justice Systems**." Available in English.

- The situational analysis tool by in the Gender-based Violence Tools Manual for Assessment & Program Design, Monitoring and Evaluation (RHRC, 2004) includes basic assessment questions for the legal/justice sector: Available in English.

Additional Resource:

- **Gender-Based Violence in Southern Sudan: Justice for Women Long Overdue**. (Allard K. and Lowenstein International Human Rights Clinic at Yale Law School. No date.) A Study for the Enough Project that examines the extent and sources of gender-based violence in southern Sudan and analyzes the ability of survivors of violence to secure justice. Available in English.

i. Establish a Strong Legal and Policy Framework

- In many countries, legislation is still not comprehensive and where it is, procedures for prosecuting crimes of VAWG often discriminate against the survivors, exposing them to further humiliation and re-victimisation (adapted from Bastick et al, 2007).

- Post-conflict settings can offer a unique opportunity for a country to revise and redraft constitutions and legislation, which have long-term effects on peace, security and the status of different groups within society, including women. During this process it is important to address the legacy of VAWG during the conflict and build on existing legislation to increase the protection of survivors and the criminalization of VAWG. National laws and policies should meet international human rights standards, as well as the needs of the community (adapted from Bastick et al, 2007).

- The first aim of law reform is to ensure that laws comply with basic rule of law principles. New laws must:
    - Hold all persons and institutions, public and private, accountable to the law and maintain separation of powers (including judicial independence);
    - Adhere to international human rights norms and standards;
    - Be precise and clear, and accessible to the public, meaning that the public must understand what behaviors are legal or illegal (excerpted from UNODC and United States Institute of Peace, 2011, p. 60). For more information, see **UN Secretary-General. 2004.** *Report of the Secretary-General: The rule of law and transitional justice in conflict and post-conflict societies*. (S/2004/616). The report provides a definition of the rule of law.

- In post-conflict settings, the following are considered best practice standards for establishing a strong legal framework:
    - Support the development of an overall law reform strategy for the sector
    - Coordinate with other law reform actors and sectors
    - Recognize that every sound law reform process begins with a sound assessment of the existing laws
    - Have clarity in choosing an appropriate law solution, as well as political buy-in
    - Carefully consider the timing and speed of law reform
    - Support the development of a nationally owned law reform strategy
    - Set an achievable timetable for reform
    - Ensure that new laws comply with international human rights norms and standards
    - Choose expert national and outside legal drafters wisely for crafting the text of news laws
    - Make law reform inclusive and foster widespread public participation. Make consultation and participation as a component to drafting laws
    - Ensure the use of national actors in drafting laws so that legal concepts included conform to domestic laws.
    - Ensure comprehensive training for all actors who are part of the

justice system—judges, prosecutors, police, defense counsel, and court administrators—and inform them about new or amended legislation (excerpted from UNODC and United States Institute of Peace, 201, pp. 60-68).

- Table 1 below identifies some objectives and strategies related to improving laws and policies on VAWG.

Table 1. Objectives and strategies to improve laws and policies on VAWG

Objectives	Strategies
• To strengthen women's rights • To strengthen and better implement criminal sanctions for perpetrators • To ensure protection for survivors (privacy and security) by police and judicial institutions • To require a multi-disciplinary and comprehensive response to survivors • To improve criminal law procedures	• Develop national plans or strategies to combat VAWG • Undertake national and international advocacy campaigns • Ratify international human rights agreements and—where ratified—improve implementation • Ensure specific legislation on family, domestic or sexual violence, as well as resources required for its implementation • Develop legal tools such as protection orders • Revise relevant provisions of the civil, family and criminal code

Source: **Bott, S., Ellsberg, M. and Morrison, A. 2004.** Addressing Gender-Based Violence in the Latin American and Caribbean Region: A Critical Review of Interventions. Available in English.

- Experience has shown that women have used post-conflict settings to reshape their roles in society and advance women's rights. For example, some of the most significant changes with respect to women's rights in sub-Saharan Africa have taken place when there were opportunities for legislation reform, often after major civil conflicts. Of the countries that have passed legislation on women's land rights in recent years, five out of seven did so as part of post-conflict reform: Mozambique, Namibia, Rwanda, South Africa and Uganda. Similarly, many of the countries with more than 30 percent women's representation in parliament in sub-Saharan Africa have come out of conflicts, including Angola, Burundi, Mozambique, Rwanda, South Africa and Uganda. In all cases, as mandated by CEDAW, temporary special measures, including quotas, have been used to boost women's representation (see figure below).

[add constitutional review?]

Source: UNWOMEN. 2011. "Progress of the World's Women 2011-2012: In Pursuit of Justice" pg. 100.

- Some guiding principles for developing and monitoring national legislation are presented below. Essentially, it is important to ensure that the legislation:
    - Has a well-defined goal.
    - Is based on reliable evidence.
    - Is based on international and regional human rights frameworks for legislation on VAWG.
    - Is based on specific guiding principles.
    - Contains specific implementation mechanisms.
    - Provides equal application to all women.
    - Includes measures to address multiple discrimination.
    - Formalizes the relationship between the formal justice system and customary/informal justice mechanisms.

- Amends and/or removes conflicting legal provisions (DAW/DESA, 2010).

Additional Tools:

- For more information on drafting, advocating for, implementing and monitoring national legislation see Legislation module.

- **The United Nations Rule of Law Indicators. Implementation Guide and Project Tools** (The United Nations Department of Peacekeeping Operations (DPKO) and Office of the High Commissioner for Human Rights (OHCHR), 2011). Pre-tested instrument that monitors changes in the performance and fundamental characteristics of criminal justice institutions in conflict and post-conflict situations. Available in English.

- **Model Strategies and Practical Measures on the Elimination of Violence Against Women in the Field of Crime Prevention and Criminal Justice: Resource Manual** (International Centre for Criminal Law Reform and Criminal Justice Policy, 1999). Available in English and French. Original Strategies and Practical Measures (1999) available in English; Updated (2009) available in English.

- **Handbook for Legislation on Violence Against Women** (United Nations Division for the Advancement of Women in the Department of Economic and Social Affairs (DAW/DESA), 2010). This handbook provides detailed guidance to support the adoption and effective implementation of legislation that prevents violence against women, punishes perpetrators, and ensures the rights of survivors everywhere. Available in English.

Additional Resources:

- **Struggling for Justice…Best Practices Compiled by Gender Justice & Protection Project to Curb Violence Against Women** (UNDP Pakistan & UNOPS. 2011). Available in English.

- **Achieving Justice for Victims of Rape and Advancing Women' s Rights: A Comparative Study of Legal Reform** (Thomas Reuters Foundation (for MADRE), 2011) Available in English.

- **Sexual violence legislation in sub-Saharan Africa: the need for strengthened medicolegal linkages** (Kilonzo, N., Ndung'u, N., Nathanburi, N., Ajema, C. Taegtmeyer, M. & Theobald, S., 2009). Available in English.

ii. Develop Institutional Capacities of Legal/Justice Sector Institutions and Competencies of Personnel

- Amending and passing new legislation and policies are not of themselves sufficient to address VAWG in any country. Whether working within formal or informal justice systems, gaps in the capacity to administer justice will have to be identified and addressed. Justice sector actors must become accountable to survivors and their communities and pursue perpetrators consistently and systematically. In order for this to happen, governments and their partners must have zero tolerance for corruption as well as technical expertise and equipment within key institutions (police, judiciary, forensic, medicine and public sector legal aid) and knowledge of and appreciation for the rights of survivors (Ndinga-Muvumba, 2012,).

- Strengthening the institutional response of the justice sector and increasing the capacity of actors to ensure access to justice to survivors can reduce bias and mistreatment and improve the legal protections for women in danger. When implementing legal/justice reform related to VAWG, the following recommendations should serve as a guide:

1. **Develop policies, procedures and protocols to improve the response of police, judges, forensic doctors, and other professionals.**
    - Specialized procedures can guarantee security, privacy and confidentiality for victims before, during and after trials, for example with witness protection and resettlement packages. Survivors of VAWG should be provided with legal, medical and psychosocial support, as well as **emergency safe shelters**, when necessary (Bastick et al, 2007).

2. **Invest in appropriate infrastructure:**
    - Properly managed and staffed court houses, and mobile courts that bring justice to remote areas can enable the justice/legal sector to respond rapidly and investigate and prosecute cases of VAWG in areas where survivors might not otherwise have access to justice (UNWOMEN, 2011). For more information on mobile courts see Improve physical access to justice for women and girls in Justice Module.
    - Women's police stations, cells, or specialized units on VAWG can encourage more victims to file complaints and improve responses to VAWG.
    - Increasing access to modern forensic services provided by forensic nurses and doctors specially trained in VAWG helps build stronger cases and focuses on the victims.
    - Specialized courts that only handle cases of VAWG and special procedures for cases of VAWG can positively change the way cases

are handled. (For more information see Specialized courts and procedures positively change the way cases are handled and how-to Develop or modify court infrastructure).

3. **Ensure training for all legal/justice sector personnel including on gender and issues related to VAWG:**
    - Training for judges, prosecutors, and informal sector actors about dynamics of violence against women and how it differs from other crimes that are not based on gender. These trainings should include attention to issues of diversity and the additional risks faced by some women and girls based on their age, ability status, sexual orientation, gender identity, ethnicity, race or religion.
    - Technical assistance, consultation, and training for justice sector actors on effective protection and resolution of VAWG cases.
    - Training for informal sector actors about laws and process in the formal sector and vice versa.
    - Introducing law students to informal justice systems.
    - Increasing technical, managerial, financial, and administrative skills of civil society groups that interact with formal and informal sector.
    - Training paralegals on how and when to bridge the formal and informal sectors. With proper training, paralegals – and women's legal rights organizations – can "publicize domestic violence laws locally, disseminate information to help women access their rights, and providing advice and support to enable women to navigate legal processes" (DFID, 2012).
    - Developing infrastructure and record-keeping capacity.
    - Developing adequate capacity to provide the requisite follow-up supports. For more information see Staff Training and Capacity Building.

4. **Improve coordination among all justice sector operators (state attorneys, public defenders, prosecutors, and police) and between multiple sectors**
    - As outlined in the IASC GBV Guidelines, successful legal prosecution of VAWG relies heavily on the involvement and participation of survivors. As such, it is important to ensure that services for survivors are comprehensive and well-coordinated between multi-sectoral actors (for example health care, psychosocial support and legal advisors) to support any judicial process. Experience has shown that when appropriate, compassionate and respectful response services are in place, survivors are more likely to seek legal redress and follow through with necessary action. Conversely, without the proper support services in place, the majority of survivors will avoid pursuing legal action (adapted from IASC, 2005, pg. 36).

Example: ***Legal Aid Centres- Sudan***. In the Sudan, UNDP has worked with partners to provide 12 legal aid centres across Darfur, Kassala and the Three

Areas (Abyei, Blue Nile and South Kordofan). Raising awareness of GBV has been prioritized and each centre runs women-only legal advice sessions. Displaced women have been trained as paralegals, empowering them with new skills and providing legal advice to many others. A legal aid network, made up of 61 Darfurian lawyers, was established to take on cases referred by the legal aid centres. In 2007, they took on 550 new cases, achieving convictions for rape and murder, acquittals of women charged with zina (extramarital sex) and the release of people arbitrarily detained. A third of the cases were related to GBV (excerpted from UNWOMEN, 2011, pg. 92).

Example: ***Gender training for judges***. The International Association of Women Judges brings together more than 4,000 judges from 87 countries. In 1997, it launched a 3-year human rights training programme for judges and allied professionals in five South American countries on the application of international and regional human rights conventions to cases arising in domestic courts involving discrimination or violence against women. Since 2000, its Jurisprudence of Equality Programme (JEP) has expanded to Central America, East Africa and Southern Africa. In total, more than 1,300 judges, male and female, have taken part in JEP training in 12 countries. JEP workshops and seminars bring judges together to focus on the concrete meaning of abstract guarantees of equal protection and nondiscrimination. Through case studies and problem-solving exercises, judges share insights with colleagues and deepen their understanding of international law as applied to domestic contexts. The JEP has:

- Developed an international human rights judicial community. JEP-trained jurists now form the nucleus of regional networks that can support one another and encourage their colleagues to follow suit.
- Changed points of view and practices. Many JEP-trained judges credit the programme with alerting them to the nature and scope of domestic violence and gender discrimination; to hidden biases – their own and those of others – and stereotypes that sustain these biases; and to more effective and sensitive ways to question witnesses.
- Adapted their curriculum to non-judicial contexts. JEP participants have incorporated JEP materials in curricula they use for teaching students, at secondary and tertiary levels, as well as for training programmes for police, lawyers, social workers, physicians and other professionals.
- Garnered support from courts, government agencies and the judiciary. In Kenya, Uganda and Tanzania, for example, the Chief Justices publicly announced support for the JEP and adopted the programme as an official offering of their judicial training institutes

Source: excerpted from Valasek, 2008 pg. 20.

Example: *ARC International's GBV Legal Aid Clinics.*

ARC International's GBV Legal Aid Clinics (based in Guinea) work only with refugees and specifically refugee survivors of GBV from Liberia and Sierra Leone. The clinics prosecute cases of physical and sexual violence, domestic abuse, sexual exploitation, child prostitution and the pimping of children, forced prostitution, threats, paternity suits, and child custody/kidnapping. Throughout the legal aid process, survivors continue to have access to psychosocial support from ARC and other organizations in Guinea. In addition to conducting advocacy, the Clinics provide three primary services:

- education on the legal rights of women and children,
- confidential advice to women and children regarding their legal rights and options under the law, and
- legal representation of women and children whose rights have been violated.

ARC's programme in Guinea embarked on legal aid *after* the minimum GBV prevention and response services were in place and trust had been gained from the community. Given this approach—legal aid was instituted at the appropriate time and as a part of a comprehensive programme—the clinics were successful in aiding survivors to maintain their safety and to obtain justice.

Resources:

- An Overview of the Fern Holland Legal Aid Clinic in Guinea, West Africa.
- Gender-Based Violence Legal Aid: A Participatory Toolkit

Additional Tools:

- **Gender-Based Violence Legal Aid: A Participatory Tool Kit** (American Refugee Committee International, 2005). Gender-Based Violence in Conflict-Affected Settings. Minneapolis, MN. One of three documents in a series designed to assist communities and humanitarian workers assess the situation in their particular setting and to determine the needs and next steps to implementing comprehensive and multi-sectoral programs to address GBV. The Tool Kit includes a "GBV Legal Aid Matrix" and participatory exercises to aid in the design of programs to address gender-based violence. Available in English.

- **Stop violence against women: How to use international criminal law to campaign for gender-sensitive law reform** (Amnesty International, 2005). This tool was created for Amnesty International and other non-governmental organizations, in particular women's groups, to campaign for national legal reform on the criminalization of violence against women that

meets the highest standards of international practice. It aims to provide greater detail in the area of criminal law. Available in English.

Additional Resources:

UNHCR. "Access to justice and sexual and gender-based violence: UNHCR's call for more concerted action"[Pablo to provide reference.]

- **Sexual Violence Beyond Conflict Termination: Impunity for Past Violations as a Recipe for New Ones?** (Lindgreen, M./ ACCORD Policy & Practice Brief, Issue 015, November 2011). Available in English.
- **This is What We Demand, Justice! Impunity for Sexual Violence against Women in Colombia's Armed Conflict** (Amnesty International, 2011). Available in English.
- **Justice for Women: Seeking Accountability for Sexual Crimes in Post-Conflict Situations** (FRIDE, 2008) Available in English.
- **Access to Justice for Victims of Sexual Violence** (UNHCR, 2005). Available in English.

iii. Improve Legal/Justice Service Delivery to Survivors of Violence

- To improve service delivery to victims of VAWG, the justice/legal sector should ensure the following:

1. Develop and implement gender-responsive standards, procedures and checklists to ensure confidentiality and proper documentation of cases. The following checklist provides a practical example on issues related to facilitating access to justice for victims of sexual violence.

9.1 Incident-Related Judicial Information:

☐ Date of incident
☐ Incident
(Description of sexual assault, coercive environment)
☐ Other survivor(s) involved in the incident

Survivor-related Judicial Information:
☐ Affiliation/occupation of the survivor:
☐ Ethnic affiliation of the survivors:
☐ Age of the survivors
☐ Examine whether particular vulnerabilities are applicable.

☐ Legal assistance available:
(Check the possibility of access to judicial assistance)
☐ Legal assistance and organisation
(*Name of the organisation and/or individual)*
☐ Legal assistance free of charge
(legal aid programme)
☐ Security situation of the individual
(risk to survivor and survivor's family in the light of judicial follow up)
☐ Security situation of witness or witnesses
☐ Security situation for those providing assistance
(security situation of parties providing assistance to the survivors, both intermediaries, para-legal and legal)
☐ Indicate type(s) of breaches to security:
(Threats physical/moral, risks of retaliation(s) act following statement, act(s) of intimidation(s), and other precise)
☐ Retraction of complaint by the survivor
(Due to threats and intimidation, social environment pressure husband, parents etc, weak financial situation, geographical distance with judicial authorities, amicable arrangement, corruption, political/security services interferences)

9.2 Alleged Perpetrator(s)–related Judicial Information:

☐ Affiliation/occupation of the alleged perpetrator(s):
(civilian, police, army, demobilised etc)
☐ Ethnic affiliation of the alleged perpetrator(s):
☐ Age of the alleged perpetrator(s):
☐ Legal Assistance of the alleged perpetrator(s) availability
☐ Organisation/individual providing legal assistance
☐ Legal assistance free of charge*)*
☐ Temporary release Liberty granted: yes or no
☐ Temporary release: Date
(The date when the alleged perpetrator was granted temporary release)
☐ Temporary release: Authority
(judicial body that granted the alleged perpetrator temporary release)
☐ Grounds for granting temporary release
(Procedural, corruption, interferences)

9.3 Administration of Evidence:

☐ Witness(s) availability
(existence of direct/indirect witness(es) and availability to testify)

Availability of Medico-Legal (forensic) evidence upon survivor's consent:
- ☐ Availability of medico-legal certificate
- ☐ ADN examination
- ☐ Other laboratory examinations
- ☐ Written certification of mental health

☐ Availability of expert witness(s):
(medico-legal, clinical psychologists, qualitative & quantitative evidence, anthropologists, other)

☐ Material evidence:
(letters, items, videos, photos, emails, phone exchange any other material evidence of a relevance)

☐ Irregularities related to the administration of evidence:
(corruption, high fees on evidence obtained, reporting channels between medical-judicial bodies, qualified weak, non admissible evidence)

9.4 Judicial Process Related Judicial Information:

☐ Complaint: Date
(the date when the complaint was lodged by the alleged survivor against the alleged perpetrator)

☐ Complaint: Receiving Judicial Authority:
(police, judicial police, military police, civilian and military prosecutor and direct citation to champers)

☐ Measure: Authority
(this is the judicial body that imposed a judicial measure)

☐ Indicate the investigative body and the date of the opening of investigations:
(Opening of Investigation within ½ days)

☐ Measure: measure
(opening of preliminary investigation, arrests warrant, preventive, provisional detention)

☐ Obstruction to Justice
(corruption, threats, imposing illegal fees, political/security service/other interference, threats)

☐ Register number
(The registry number assigned to the case)

☐ Third Party (*partie civile*) representing the interest of the survivor
(If applicable indicate the organization, and file in relation to réparation)
☐ Action taken by the investigative body:
(transfer of file to chambers, closed/dismissed, imposition of fees etc)
☐ Indicate period/procedural delay between the opening of the investigation and the beginning of trial proceedings
☐ Period / length of the trial
☐ *Amicus Curiae*
(Presenting the views, urge to amend charges)
☐ Judicial proceeding conducted in close session hearings upon demand
(of the civil party if applicable, prosecution, defence, judges, in close-session hearings non accepted)
☐ Interpretation of coercive environment/possible survivors' consent during the judicial proceedings
(Quality of valid consent, silence and lack of resistance to the sexual action, anterior sexual history of the survivor, other precise)
☐ Decision: date
(date of delivery of the decision)
☐ Decision: Decision
(Judgement type, years of imprisonment, acquittal, in absentia condemnation)
☐ Decision type
(Procedural, pre-trial, trial, appeals)

☐ Infraction:
(Sexual violence, rape, sexual assault, harassment in relation with the complaint made and the prosecution charges)
☐ Aggravating Circumstance(s) demanded/granted in the judgement:
(Captivity, coercive environment type, extent of physical/mental harm caused, public sexual intimidation)
☐ Reparation: Demanded
(Indicate whether that reparation was demanded)
☐ Reparation: amount
(Amount and type of reparation demanded)
☐ Reparation: granted
(Type and amount of reparation granted)
☐ Condemnation executed (or not)
(Evasion/protection of perpetrator, serve sentence, payment of judicial fees and compensation to survivor, execution of other form of reparation)
☐ Observation/Commentary

Source:

2. Ensure that the response is survivor-centered and occurs in an environment that promotes the dignity of the survivor and ensures her physical and emotional safety. Support services should be made available, such as referrals, childcare support, translation and access to staff knowledgeable about and sensitized to

diverse populations and VAWG issues.

3. Make justice affordable.

- Establish and expand legal assistance programmes for women and girls order to ensure that free or low-cost legal counseling and representation is available to survivors of VAWG (for more information see Justice Module).
- Consider fee waivers and reductions.
- Review costs associated for making a claim, including both "direct" (fees that must be paid to use the justice institution such as a charge to file a case, or a bribe), and "opportunity" (the income that a person can lose bringing a case to justice) costs. Work to find innovative ways to decrease or eliminate these costs (American Bar Association, 2012).

4. Ensure that victims of VAWG have physical access to state and non-state justice institutions. The further a victim has to travel to seek assistance, the less likely it is that they will lay a claim (American Bar Association, 2012).

- Support the establishment of justice institutions in remote areas where survivors might not otherwise have access to justice (UN WOMEN, 2011). Consider supporting the establishment of mobile or traveling courts for rural and remote areas. (For more information on mobile courts see Improve physical access to justice for women and girls.)
- Ensure buildings are physically accessible to women and girls with disabilities (Human Rights Watch, 2012).
- Consider specialized courts for violence against women and girls.
- Use civic education programs to combat fear of public institutions and negative attitudes.
- Support court accompaniment programmes involving trained advocates to assist victims in accessing courts and understanding rules and procedures.
- Address other issues that might impact accessibility include the transportation infrastructure, insecurity and restrictions on travel, and the threatening nature of the legal/justice system (American Bar Association, 2012).

5. Work to improve the timely resolution of cases.

- Support efforts to lower caseloads and improved case management procedures (American Bar Association, 2012).
- Increase training of and use of paralegal personnel to assist victims. (See Service delivery and access).

6. Increase community mobilization in defense of women's rights.

- Community support for survivors VAWG and collaboration with justice mechanisms is an important part of the justice sector's response to VAWG. In particular, communities can play a crucial role by recognizing and promoting women's right to a life free of violence, and by providing community support to women seeking justice through the formal or informal system (Bott ,Ellsberg and Morrison. 2004). Strategies to increase community mobilization include (excerpted from Bott, Ellsberg and Morrison, 2004, unless otherwise noted):

- Provide legal literacy training for key groups and stakeholders
- Support NGOs who provide legal aid and social/psychological services
- Include civil society participation in efforts to monitor the justice system
- Raise awareness of and build support for new/revised legislation among the general population using culturally appropriate methods tailored to communities, such as radio programmes, drama and dramatization, and IEC materials
- Support human rights promoters and community based paralegals who play a key role in ensuring that survivors know their rights, can access the formal system, and are able to negotiate both formal and informal plural legal avenues (DFID, 2012). (Also see **JUSTICE MODULE**)
- Strengthen non-state justice mechanisms and community-based alternative resolution, where appropriate.

Example: ***Care International in Eritrea***. In 2001, Care International and Haben, a local NGO, developed a GBV prevention and response programme in two rural areas of the country: Gashbarka and Senafe. In Senafe, the programme targets war-affected populations which either fled conflict or remained in enemy-occupied territories during the recent war. In Gashbarka, the programme targets returnees from Sudan most of who are moving into newly established villages in remote areas. Currently, the project focuses on communities in Gashbarka, bringing the National Union of Eritrean Youth and Students (NUEYS) into the partnership. Using a multi-sectoral, community-based approach, the project raises community awareness on gender-based violence, increases community knowledge of human rights, particularly women's understanding of their rights, and contributes to the sustainable development of appropriate responses for survivors of gender-based violence

Source: excerpted from Raising Voices and Safer Cities Programme, 2004, pg. 24.

TEXT BOX

Case Study: ***Access to Justice for Refugee Women and Girls in Tanzania***. From 2008-11, the Women's Legal Aid Centre (WLAC) implemented a project in Mtabila and Nyarugusu refugee camps in western Tanzania. The project assisted refugee women and girls to access justice and strengthened the capacity of refugee communities to respond to high rates of violence against women and girls. WLAC educates women refugees about their rights and supports them to claim them through legal assistance and counselling. The project worked at several different levels:

- Establishing paralegal units in the camps and training refugee paralegals to provide free legal aid services to survivors of violence.
- Provision of legal and human rights education for refugees via

dissemination of educational materials, use of drama and folk music, and radio programmes on refugee rights with information on where and how to access justice.

- Roundtable discussions with community leaders.
- Building the capacity of law enforcers to respond to violence against women and girls including police, immigration officers, social welfare and community development officers, magistrates and camp settlement officers.
- Working with a refugee police force, elected by refugees. WLAC trained refugee police in Tanzanian law and women's rights, and linked them up with paralegals who provided legal advice and support.
- Working with host communities to encourage them to respect the rights of refugees.

The baseline survey conducted by WLAC showed women were reluctant to report violence against women and girls cases because police referred the cases back to be handled by families. It also showed that women were discouraged by the community from reporting cases. The final evaluation report revealed significant changes:

- Refugee communities have become vigilant on violence against women and girls issues and rally behind women who seek justice after experiencing violence. Community leaders and others in the community accompany women to report violence and are no longer ashamed to associate with them.
- Camp Leaders and Local Tribunal members who administer customary laws in the camps now refer violence against women and girls cases to the police, WLAC or paralegals rather than handling them themselves.
- Refugees, particularly women and girls, have more knowledge about their rights and are accessing them. There has been an increase in the number of cases reported to the police –from a negligible number prior to 2008, to 400-500 cases a year by 2011.
- Women report being taken more seriously by the police and there have been successful cases where perpetrators have been convicted

➢ See the training materials.

(adapted from DFID, 2012, pgs. 24-25).

iv. Establish Governance and Oversight Mechanisms

- Effective governance and accountability of the legal/justice sector may include:
    - Establishing specific national or regional bodies, such as gender ombudsman offices, national equality councils, working groups on gender, or ministries of gender and family to monitor and report on

gender issues in the justice sector
- National or regional collaboration of civil society groups to work as an observatory on the justice sector response to violence against women
- Engaging international partners to assist in monitoring justice sector response to violence against women and to raise the profile of critical issues on the international stage
- Training survivors and other women (and women's organizations) to carry out monitoring of informal and formal justice mechanisms
- Promoting an increase of targeted research on the justice sector, particularly regarding the informal justice sector
- Monitoring the implementation of laws on violence against women and girls to ensure that the laws, policies, and protocols are effective in protecting women and girls, and to determine if amendments or reforms are needed. (DAW/DESA, 2010; and Legislation Module.)

b. Non-State Justice Systems

- In many countries, a majority of disputes are dealt with through a variety of non-state, traditional, customary, religious and informal systems, and alternative dispute resolution systems. Estimates suggest that in many developing countries approximately 80% of cases are resolved through such mechanisms (UN Rule of Law website and Governance and Social Development Resource Centre (GSDRC) "Non-state justice and security systems"). As a result, strengthening the legal/justice sector in post-conflict settings means not only working with the formal justice systems but also working with non-state justice systems to end impunity and promote long-term peace and stability. It is important to explore and respond to the expressed needs of survivors in developing justice responses—in some cases, survivors may wish to access non-formal justice structures, but it is critical that these structures are designed in such as way as to limit the risk of stigmatization and/or harm to survivors.

- These non-state justice systems often take place at the community level and derive their authority from community structures and social groups. They do not necessarily distinguish between criminal and civil wrongs; they come into play when a wrong of any sort is committed that disrupts the social order in the community (UNODC and United States Institute of Peace, 2011; UNODC. 2010; UNWOMEN, 2011). Leaders who are governed by religious, cultural, and/or tribal practices make the decisions.

- In post-conflict settings (including IDP areas and refugee camps) VAWG crimes are habitually dealt with through these non-state justice systems because it is often the only form of justice available. Even in non-conflict settings, the WHO multi-country study on domestic violence against women

found an estimated 60-90% of survivors never sought help from any formal institution after the assault (WHO, 2005). Survivors are much more likely to approach informal channels for support, and depending on what response they receive, may never reach out again for support. While there are often significant challenges in securing justice for survivors through traditional mechanisms, in many contexts they are a reality to be addressed, and in some conflict-affect settings may be easier to influence (in terms of building support for survivors-centered approaches) than the formal justice sector. Restorative justice techniques for domestic violence have begun to be explored as supplementary systems to work alongside the legal justice sector.

- Any decisions about working through mediation and other restorative justice mechanisms must consider the frequent failure of these systems to actually stop the violence the survivor is experiencing, in part due to:
    - Victim blaming and other attitudes on the part of traditional mediators or participants in the traditional justice mechanism;
    - Incorrect assumptions for joint responsibility for the violence in many traditional mediation techniques (i.e. each side gives up something to meet in the middle), which are not appropriate for domestic violence dynamics;
    - Incorrect assumptions that the survivor and perpetrator have equal power to create change and express the problem;
    - The potential for reconciliatory forms of restorative justice to play into the “sorry phase” of the cycle of violence, making the survivor vulnerable to further violence
    - Risk of women giving up their individual rights so as to preserve harmony within a social group.
    - The failure of many forms of mediation to address the root cause of the violence as the power imbalance between women and men in the community and the couple, focusing instead on an incident that triggered a particular episode of violence.

- Nevertheless, and especially in cultures with strong traditions of restorative justice, there may be benefits to working with and through these systems:

    - Greater cultural appropriateness of some restorative justice models,
    - Examples of success of these mechanisms holding perpetrators responsible for the violence,
    - Community support for proposed solutions,
    - Far greater accessibility of the systems to survivors, particularly during conflict and post conflict-settings,
    - The absence of access to formal justice mechanisms,
    - The lack of women’s economic empowerment and alternative safe housing in most areas that would allow survivors the possibility to cut relations with the perpetrator without some form of agreed upon

community support, and
    - The fact that mediation is still used by many police officers, social service agencies, non-governmental organizations, elders, and other community-based, informal referral points for cases of domestic violence—whether survivor advocates agree with it or not.

- Non-state justice systems may be preferred because they can be:
    - less costly
    - quick and convenient
    - familiar to local populations
    - culturally relevant
    - responsive to poor people's concerns (DFID, 2004).

- Alternative forms of justice resolution can complement both the formal and non-state legal systems since they can provide a basis for the informal resolution of civil matters and minor offences at the community level. They can also be a way to ensure that traditional and valuable restorative justice practices are not lost to the increasing influence of retributive forms of punishment.

- Traditional leaders can be important allies: as "custodians of culture" they have the authority to positively influence a change in customs and traditions in favor of those that uphold women's rights (DFID, 2012, p. 26). Outlawing VAWG-related non-state justice mechanisms without public education and awareness is the least effective means of reform in the informal sector. Changing the law in combination with ongoing education and provision of alternatives is a preferable strategy. It is therefore important to work with these systems and make them more gender-responsive by building their capacity to incorporate international human rights standards and increase the choices available to women who are seeking remedy outside state justice systems.

- Key strategies to improve non-state justice mechanisms should aim to identify and build on the strength of the systems and include:
    - increasing the participation of women in the mechanisms,
    - providing comprehensive training to all participants in the mechanisms
    - increasing and strengthening non-governmental organization's engagement with non-state mechanisms to alter power inequities,
    - changing the types of remedies that are proscribed through non-state systems,
    - creating entirely new justice mechanisms,
    - improving links with the formal justice system (UNODC and United States Institute of Peace, 2011; UNODC, 2010).

- The table below presents illustrative examples of strategies to work with non-state justice and security systems ("NSJS"). These strategies should be

explored alongside other innovative strategies, complemented with strong monitoring and evaluation. Strategies should also be undertaken with wider community engagement, rather than limiting work to CSOs dedicated to non-state justice and security systems.

Table 2: Options for engagement by civil society organisations

Direct Provision	CSOs may conduct or help establish alternative NSJS systems, such as informal dispute resolution mechanisms or security committees.
Capacity building	CSOs may train NSJS systems' personnel on procedural or substantive issues, or may train them as paralegals to advise or represent parties to a dispute. They can also offer resources to support the operations of NSJS systems.
Human Rights monitoring	CSOs may monitor the activities of NSJS systems, report on human rights abuses, and help ensure fairer outcomes. They may assist NSJS systems to become more responsive to the needs of marginalised groups, such as minorities and women.
Awareness-raising	CSOs and the media can inform users about the options available to them, as well as inform judges / lawyers / police about NSJS systems and their formal linkages. They can engage in advocacy and lobbying as part of the policy-making process, and raise awareness of relevant human rights issues.

Source: **DFID. 2004.** *Non-state Justice and Security Systems. Briefing Note* p.12.

- While there have been many attempts to engage traditional and local justice mechanisms in order to maximize benefits and minimize negative and/or dangerous consequences, there has been a dearth of formal evaluations of these interventions. Evaluations of and information sharing between creative restorative justice interventions that have strong monitoring mechanisms—ones that have procedures in place to stop the intervention if it should be found to put the survivor in danger--should be encouraged and shared widely.

  - For more information and a detailed list of strategies, see the informal justice mechanisms section of the Justice Module.

Additional Tool:

- **Handbook on Restorative Justice Programmes** (UNODC, 2006). This is one in a series of handbooks created by UNODC. It provides an overview of restorative justice concepts and focuses on a range of programmes (including case studies) that provide a more participatory approach to criminal justice. Available in English and French.

Additional Resources

- **Sharing Experience in Access to Justice: Engaging with Non-State Justice Systems and Conducting Access to Justice Assessments** (UNDP, 2012). Available in English.

- **Here to Stay: Traditional Leaders' Role in Justice and Crime Prevention** (Tshehla, B./*SA Crime Quartlery* 11: 15-20, 2005). Available in English.

- **Restorative Justice in Post-war Contexts** (Stovel, L./paper presented at the Restorative justice conference, Vancouver, June 1-4, 2003). Available in English.

- **Rule of Law Reform in Post-Conflict Countries. Operational Initiatives and Lessons Learnt** (Samuels, K. *Social Development Papers. Conflict Prevention and Reconstruction*, Paper No. 37/ October 2006). Available in English.

c. Transitional Justice, International and Internationalized Mechanisms to Address VAWG Committed During Conflict

Overview

- Working to improve access to justice is not only about rebuilding the justice sector to address current and future incidents of violence, but also about ensuring access to justice for survivors of **conflict-related VAWG**. Past experience shows however that in post-conflict settings national authorities often fail to investigate and prosecute violence that occurred during conflict due to (excerpted from Amnesty International, n.d., unless otherwise noted):
    - A lack of political will
    - Political decisions made to establish amnesties protecting the perpetrators
    - The collapse of the national legal system
    - Inadequate national laws criminalizing the crimes
    - Other legal obstacles to justice, including statutes of limitations and immunities
    - State authorities themselves being implicated in these crimes (OHCHR, 2006, pg. 29-32).

- In these cases, where accountability through the national justice system is impractical or impossible, other mechanisms, such as transitional justice, international and internationalized justice mechanisms should be considered. It is crucial that VAWG actors in post-conflict settings understand the different types of mechanisms available so they can advocate for them where appropriate, monitor them, and provide support to survivors in accessing them. VAWG actors should consider the following strategies and interventions (excerpted from UNHCR, 2006 and Samuels, 2006, unless otherwise noted):
    - Ensure that elements of internationalized courts statutes and rules are consistent with the highest standards of international justice

- Advocate for the prosecution of all cases
- Advocate for cooperation with other states
- Advocate for financial contribution to the courts from other states – and own state
- Support the creation of appropriate mechanisms
- Conduct advocacy and education to inform survivors of their rights in regard to these mechanisms
- Ensure that mandates specifically include gender justice as a human rights violation as well as an inclusive definition of VAWG (for example, the Rome Statute definition of sexual violence which is the most inclusive definition in international law)
- Monitor the mechanisms for compliance with human rights, inclusion of gender responsive procedures
- Ensure that rules and procedures are in place to protect witnesses
- Provide capacity training of staff, and technical assistance for actors involved
- Assist the justice mechanisms to foster a culture of accountability and address impunity
- Assist governments to understand their obligations under international human rights standards regarding women
- Support the participation of women from the outset in forming and shaping justice mechanisms (UNWOMEN, 2011)
- Develop programmes that allow victims to prepare adequately and participate meaningfully in the prosecution process
- Work with prosecution teams, truth commissioners and other actors to develop an approach that addresses a number of key issues, such as risk assessment, realistic expectations, prosecutorial strategy, the role of witnesses, the rights of victims, and what to expect from the prosecuting authorities in terms of treatment, communication and transparency
- Ensure that local actors are consulted from the outset so that approaches are not perceived as being a foreign imposition.

Working with victims: Some basic guidelines can assist in making the pursuit of justice a more manageable experience for victims:

• ***Managing expectations***. Those dealing with victims should manage expectations honestly. The risks of participating in trials, and the prospects for success, should be discussed honestly and not disguised. There is no long-term value in misleading victims simply to ensure the provision of testimony.

• ***Regular communications.*** Communication is central to a respectful relationship with victims; even a simple leaflet that outlines the process and gives contacts for further information can be invaluable. Communications policies should reflect and respect local customs and dynamics. For example, village farmers should not be called to day-long meetings or interviews during sowing or harvest times unless it is absolutely unavoidable. Such matters are most easily addressed if there is a process that allows victims to explain what would work for them and when. This in itself can be seen as part of the process of restoring their dignity.

• ***Education***. Many victims may have no real knowledge of what a legal process involves, so an educational programme is essential. Victim liaison teams, guided by legal personnel, can provide basic information as long as they are adequately trained and properly briefed. This kind of information should take into account illiteracy rates among local populations.

• ***Staff awareness training.*** Many jurisdictions will benefit from some form of awareness training that deals with respectful treatment of sensitive gender, sexual orientation, or race issues. This presents special difficulties in domestic proceedings, especially where there is general denial about discrimination.

• ***Information prior to trial.*** Prior to trials, victims and witnesses should be familiar with the trial process and the courtroom itself. They should understand both the defence's right to challenge the prosecution's version of events and their own right to be treated with respect and dignity.

Source: Excerpted from **OHCHR. 2006.** *Rule of Law Tools for Post-Conflict States. Prosecution initiatives*, pp. 18-19.

ii. Mechanisms

- Transitional justice mechanisms refer to a range of judicial and non-judicial approaches that societies undertake to address the legacy of widespread human rights abuses, as they move from a period of conflict and violence towards peace, democracy, and the rule of law (Bastick et al, 2007; UNFPA

2012). The main objectives of transitional justice are: (i) to introduce processes of accountability and acknowledgment that can reconcile all parties to the conflict and the affected populations; and (ii) to prevent and dissuade reoccurrence of conflict in an effort to creating an atmosphere of sustainable peace (Mobekk, 2006 as cited by Bastick et al, 2007).

- For post-conflict settings, a transitional justice policy may contain many interrelated elements, such as:
    - **Criminal prosecutions**, particularly those that address perpetrators considered to be the most responsible. However, these cases are rarely prosecuted nationally. As a result, international and internationalized mechanisms driven by external agencies, including the UN, international humanitarian and human rights actor, may be created.
    - **Reparations**, through which governments recognize and take steps to address the harms suffered. Such initiatives often have material elements (such as cash payments or health services) as well as symbolic aspects (such as public apologies or days of remembrance).
    - **Institutional reform** of abusive state institutions such as armed forces, police and courts, to dismantle—by appropriate means—the structural machinery of abuses and prevent recurrence of serious human rights abuses and impunity.
    - **Truth commissions** or other means to investigate and report on systematic patterns of abuse, recommend changes and help understand the underlying causes of serious human rights violations (Adapted from ICTJ website.

- Transitional justice can be practiced through a combination of temporary, specifically created bodies and a state's permanent justice mechanisms. Some transitional justice systems can have broad jurisdiction while others are much smaller and targeted (adapted from Bastick et al. 2007; IASC, 2011). Experience has shown that beyond offering redress for the specific crimes women have survived, transitional justice mechanisms have the opportunity to bring about transformative change in the lives of survivors (UNWOMEN, 2011).

Example: ***Timor-Leste*** - After years of conflict in Timor-Leste, elements of customary justice were incorporated into transitional justice processes, in order to localize justice and accountability at the community level. In addition to the Serious Crimes Process, the Commission for Reception, Truth and Reconciliation (Comissão de Acolhimento, Verdade e Reconciliação – CAVR) was created to hear testimonies and document a range of conflict-related crimes. Serious crimes were referred to the courts for prosecution while offences considered less serious, such as looting and burning of property were dealt with through community-level reintegration and reconciliation processes implemented by the Commission. Among the CAVR's activities was a community reconciliation

programme based on the customary practice of nahe biti boot (spread out the big mat). It involved the public confession and apology of perpetrators who came forward. A local panel moderated the process and facilitated the negotiation of an act of reconciliation acceptable to the victim, such as community service, reparation, or other forms of compensation. After the session was concluded, a community reconciliation agreement was registered with the appropriate district court and once it had been fulfilled, the accused were granted immunity from criminal and civil liability.

Women's representation was mandatory on the arbitration panels to ensure that they had a role in shaping them. The women who participated stated that it took time to build trust among the male elders and to convince them that women could be involved in conflict resolution. Gradually however, acceptance of their participation grew and the women became respected in these new roles

Source: excerpted from UNWOMEN, 2011, pg. 94.

Additional Tools:

- **The Prosecution of Gender-based Sexualized Violence in War: A Resource Manual** (Medica Mondiale. 2009). This is the third revised and suplemented edition of medica mondiale's Resource Manual on the prosecution of sexualized violence in armed conflict. The Manual intends to lay the foundation for a continuously growing documentation of international norms on and legal responses to sexualized war violence. The manual intends to be a general source of information for women activists not specifically trained in law and can be used as a tool for training purposes. Available in English.

Additional Resources:

- **Human Rights, Transitional Justice, Public Health and Social Reconstruction** (Pham P.N., Vinck, P. and Weinstein, H.M,/Soc Sci Med. 70(1): 98-105, 2010). Available in English.

- **Under-enforcement and Intersectionality: Gendered Aspects of Transition for Women International Journal of Transitional Justice** (Fionnuala Ni Aolain and Eilish Rooney/ Transitional Justice and Reconciliation Vol. 1, No. 3, 2007). Available in English.

- **Transitional Justice and ESDP** (Committee for Civilian Aspects of Crisis Management, Council of the European Union, Brussels, 10674/06, DG E1, 19th June 2006). Available in English.

1. Truth and Reconciliation Commissions

- Truth and Reconciliation Commissions (TRCs) are officially sanctioned, temporary, non-judicial bodies whose aim is to officially acknowledge and condemn the human rights abuses committed, promote accountability and fight impunity, and to provide survivors with a forum to tell their stories. Often, TRCs also make recommendations for reparations programmes and institutional change (UNWOMEN, 2011; Bastick et al. 2007).

- Recommendations made by TRCs have the potential for sustainable long-term impact on societies. However, TRC mandates have historically been gender-blind and failed to address the specific needs of survivors of VAWG. Furthermore, experience has shown that lack of protection services offered by TRCs has prevented many women from participating. As of 2011, the measures required to ensure both the physical and psychological safety of the victims and witnesses, and ensure their dignity and privacy, have never been put in place by a commission (UNWOMEN, 2011, pg. 95).

- In addition, TRCs may not be effective in all cultural and political contexts and some gender justice advocates question the benefits of publicly sharing trauma and express concern that participating in TRCs can cause re-traumatization for survivors (UNWOMEN, 2011).

Example: ***Gender Sensitive TRCs in Peru, Timor-Leste and Sierra Leone***. The truth commissions in Peru, Timor-Leste and Sierra Leone have drawn special attention to gender issues, employed more women staff members and involved local women's organizations to a much greater extent than before. The 2001 Peruvian Truth Commission (Comisión de la Verdad y Reconciliación – CVR) was the first in which sexual violence was fully acknowledged, with a commitment made to mainstream gender into the proceedings, overseen by a special unit. In Sierra Leone, UN Women supported the work of the Truth and Reconciliation Commission to ensure that there was a comprehensive gender strategy. Women's organizations were funded to facilitate outreach to local communities and provide transport, medical assistance and childcare for women witnesses. A data system was set up to collect sex disaggregated statistics. The Timor-Leste CAVR had a dedicated gender unit, which worked closely with women's organizations. Community-based hearings allowed women to talk about their experiences in the conflict, including in their roles supporting the resistance movement. At the national hearings for women, for the first time in the history of Timor-Leste, women spoke out publicly, with people across the country following the hearings on television and radio. Similarly, in Sierra Leone, some women wanted to narrate their experiences in public, rejecting the notion that they should bear the stigma alone or keep their experiences private. However, for many others, particularly survivors of sexual violence, closed session hearings are vital to guarantee the confidentiality and safety necessary to enable women to come forward.

Source: excerpted from UNWOMEN, 2011 pg. 95).

Additional Resources:

- **Witness to Truth: Report of the Sierra Leone Truth and Reconciliation Commission** (Human Rights Watch and Truth and Reconciliation Commission, Volume 3b. Freetown: Government of Sierra Leone, 2005). Available in English.

- **Gender and Truth Commission Mandates** (Vasuki, N. No date). Available in English.

- **Rule-of-Law Tools for Post-Conflict States, Truth Commissions** (UN Office of the High Commissioner for Human Rights (OHCHR), 2006). Available in English.

2. Reparations Programmes

- Reparations programs are adopted by States, sometimes on the recommendation of courts or TRCs. They are intended to address the suffering of victims, compensate them for past harms associated with violations of human rights during conflict or repression, and help them rebuild their lives (UNWOMEN, 2011; Bastick et al. 2007).

Reparations can include:

- **Restitution:** measures aimed at restoring the victim to the original situation before the crime occurred, including: restoration of liberty, return to one's place of residence, restoration of employment and return of property.
- **Compensation:** monetary awards for economically assessable damage, such as: physical or mental harm; lost opportunities, including employment, education and social benefits; material damages and loss of earnings; moral damage; costs required for legal or expert assistance, medicine and medical services and psychological and social services.
- **Rehabilitation:** medical and psychological care, as well as legal and social services.
- **Satisfaction:** includes: establishing the truth about the crimes; the search for the whereabouts of the disappeared and for the bodies of those killed; public apology, and commemorations and tributes to the victims.
- **Guarantees of non-repetition:** measures aimed at ensuring that victims are not subject to other crimes, including: strengthening the independence of the judiciary; human rights training for law enforcement officials as well as military and security forces; and reforming laws that contributed to or allowed the crimes to be committed.

Source: Excerpted from **Amnesty International. n.d.** "Full Reparation."

- Reparations programs are considered the most survivor-centred of justice measures for women. That said, VAWG has been inadequately covered by reparations programmes: as of 2011, no programme has explicitly included other forms of reproductive violence including forced pregnancy, forced abortion, forced sterilization (UNWOMEN 2011). In order to better ensure that VAWG survivors are included and that their needs are appropriately met, reparations programmes should:
    - Consider gender dimensions throughout both programme planning and implementation (Bastick et al. 2007).
    - Be comprehensive, including individual and collective reparations, access to services including health care, symbolic measures such as acknowledgement and apology by the state as well as measures that attempt to empower women more generally and decrease vulnerability to future violations, including livelihood and skills training. Evidence has shown that reparations which support economic empowerment can contribute to transformative justice by placing beneficiaries in a better position to break historic patterns of subordination and social exclusion (UN Human Rights Council as cited by UNWOMEN, 2011).
    - Link to broader reforms including legislative reforms to repeal discriminatory legislation and other measures that would contribute to 'guarantees of non-recurrence' a key goal of reparations.
    - Ensure confidentiality. For example, in Timor Leste, survivors of VAWG were awarded the same amount as those who suffered other violations in order to minimize the risk that the VAWG survivors would be identified based on the amount received (UNWOMEN, 2011).
    - Ensure participation and consultation with beneficiaries in the design of modalities and implementation of reparations to ensure that they are appropriate to the context and can in fact contribute to 'repair' the harm. For example, in some countries victims have preferred lifetime pensions and access to services, in some contexts individual reparations and compensation was prioritized, in others collective (UNWOMEN, 2011).

Example*: Reparations in Sierra Leone*. Beginning in August 2008, the government of Sierra Leone and the United Nations implemented a one-year project aimed at building the institutional capacity of the National Commission for Social Action (NaCSA) to implement the TRC recommendations related to reparations, such as: building/improving infrastructure for reparations, administering urgent interim reparations, and registering victims. This project received $3 million USD from the United Nations Peacebuilding Fund. As of 2010, a total of 29,733 victims had been registered, including victims of sexual violence who were among the 5 categories of victims prioritized for urgent interim assistance. Sexual violence victims received nominal compensation (one-off

payment) and 235 received fistula surgery. The UN Trust Fund to end Violence against Women and Government of Germany subsequently expanded the reparations programme for sexual violence victims by providing, for example, microcredit, human rights training, and psychosocial counseling. Funds are being solicitated for the expansion of benefits which would include (free of charge) physical health care, fistula surgery for those in need, HIV/AIDS and STI testing and treatment for victims of sexual violence. Subject to availability of funds, housing could also be provided for the most vulnerable victims

Source: excerpted from US Institute of Peace, Truth Commission: Sierra Leone.

Example: ***Reparations in Peru (date?)***. Peru's Truth Commission recommended a Comprehensive Plan of Reparations (PIR) —including individual and collective reparations, access to services, symbolic reparations etc. The PIR is composed of seven programmes: civil rights restitution, reparations in education, reparations in health, collective reparations, symbolic reparations, economic reparations and access to housing. In terms of sexual violence however, only rape is included in their reparations programme. Based on recent policy decisions made by the Peruvian Government, the scope of SV victims able to benefit from the plan would be further limited to women who are over the age of 60 – effectively excluding the vast majority of victims from that country's conflict.

Example: ***Reparations in Colombia (date?)***. Colombia's new Victim's Law on Reparations and Land Restitution includes amongst its beneficiaries children born of rape – a neglected category of beneficiary in most contexts. The law itself combines issues of reparations and land restitution: an important step forward in providing reparations not as limited compensation for the specific violation but rather a broader notion of reparative justice which aims to redress underlying gendered inequalities. However given that sexual violence has associated with forced displacement and land theft, including being used as a tool to drive communities from land and to prevent women from (re-)claiming land, the challenge for this law will be to ensure women's security and protection so that the reparations programme does not in fact do further harm (ie, expose them to insecurity and violence) rather than 'repair'.

Example: ***Reparations in South Africa (2003).*** South Africa's reparations programme originated directly from its TRC, which identified which victims could benefit from the reparations programme. Although the TRC did not explicitly include SGBV crimes in its mandate—rather these crimes fell under "gross violations of human rights" defined as "the killing, abduction, torture or severe ill-treatment of any person"— several forms of sexual violence were included under the concepts of "torture" and "severe ill-treatment," including assault to genitals

and breasts, rape, beating leading to miscarriage and sexual abuse. It is unknown how many victims of sexual violence benefited from South Africa's reparations programme which consisted of approximately 20,000 one-off payments of approximately US$3500 to TRC-identified individual victims.

Example: ***Reparations in Guatemala (date?)***. Under the National Reparations Program (PNR) of Guatemala victims of sexual violence qualified for reparations. However other forms of gender violence were excluded, such as sexual slavery, forced labor, forced unions with captors, sexual torture, and amputation and mutilation of sexual organs. Also, SV victims did not qualify for material restitution unless they had also lost property through any of the other human rights violations (such as displacement or massacre). Eventually, in September 2005, a single, lump sum payment (economic indemnification) was agreed to for victims of sexual violence in the amount of 20,000 Quetzals (U.S $2,667).

Example: ***Reparations in Chile (date?)***. The National Commission on Political Imprisonment and Torture, also known as the Valech Commission, identified 28,459 victims of torture including about 3,400 cases of sexual abuse of women. Following the completion of the Commission's work, a law was enacted to provide reparations for the torture victims identified in the report. This would include annual pensions of between approximately US$2,300 and US$2,600 for survivors of sexual abuse. Children born in prison or detained with their parents would also receive a lump-sum payment of approximately US$6,800. Reparations for survivors of torture also include: access to the Comprehensive Reparations Program in Health Care, scholarships to enroll in university programmes, and exemption from the military service to the survivors' children. The reparation pensions begun to be paid to the victims identified by the Commission four months after the law was passed and the victims were able to apply for scholarships within a year.

Example: ***Reparations in Timor Leste (date?)***. The Timor Leste Truth Commission administered an Urgent Reparations Program (URP). The URP was funded through a Community Empowerment Program (CEP) of the Ministry of Interior which, in turn, was funded through a World Bank grant. Through the URP, approximately 700 of the "most vulnerable" victims selected by the CAVR[spell-out] were referred to organizations providing medical and social services, attended a healing workshop, and given grants of US $200. Sexual violence victims were included in the definition of 'most vulnerable.'

Additional Resources:

- **Sierra Leone: Getting Reparations Right for Survivors of Sexual Violence** (Amnesty International, 2007). Available in English.

- **Conflict-related sexual violence: report of the Secretary-General** (United Nations Secretary-General A/66/657–S/2012/33). Available in English.

ii. International and Internationalised Justice Mechanisms

- In addition to transitional justice mechanisms, survivors of conflict-related VAWG may in some instances access justice through international or internationalised justice mechanisms. As with other forms of justice, it is important for VAWG actors to be familiar with these types of justice mechanisms, even if they are not directly involved with them. Examples include:

1. The International Criminal Court the world's first permanent, international judicial body capable of bringing perpetrators to justice and providing redress to victims when states are unable or unwilling to do so. This represents a major stride for international justice. (For more information, see **Amnesty International. 2005.** "The International Criminal Court, Fact Sheet 7, Ensuring Justice for Women", AI Index 40/006/2005, (12 April 2005).

- See the Gender Report Cards of the International Criminal Court.

2. Ad hoc international criminal tribunals. In 1993 and 1994 respectively, the United Nations Security Council established the International Criminal Tribunal for the former Yugoslavia (ICTY) in response to large scale crimes committed in the Balkans region, and the International Criminal Tribunal for Rwanda (ICTR) in response to the genocide in Rwanda. Both tribunals were "international" in nature, meaning:

  - they were established independent of the national justice systems in the affected countries;
  - they have international judges, lawyers and other staff;
  - they are funded by the international community;
  - they operated outside the jurisdiction where the crimes were committed.

- Despite prosecuting a significant number of important cases particularly with regards to VAWG -- rape and other forms of sexual violence were recognized as war crimes and crimes against humanity -- both the ICTY and ICTR experienced problems in obtaining cooperation from states to arrest and surrender those charged with crimes. These are the only cases where this ad hoc international tribunal's model has been used. (Amnesty International, Other international and internationalized courts).

3. Internationalised or hybrid courts. Like the ad hoc international criminal

tribunals, internationalised or hybrid courts have been established with considerable UN involvement and share the same fundamental goal: to punish serious violations of international humanitarian law and human rights law committed by individuals. As a result of the punishment, the courts expect to prevent future violations in post-conflict societies (see Project on International Court and Tribunals). In these cases, the international community worked with the affected country to establish "internationalized" courts that mix (or "hybridize") national and international systems.

- No standard model has been established but they are considered more likely than international courts/tribunals to have an impact in the affected country and may assist in developing national capacity within the justice sector. Examples include:
    - Timor-Leste and Kosovo: the United Nations administration placed an internationalised criminal capacity within the domestic legal system (e.g., the international judges' and prosecutors' programme in Kosovo, and the Serious Crimes Unit and Special Panels in Timor-Leste).
    - Special Court for Sierra Leone: the United Nations concluded an agreement with the government and created the Special Court, which sits outside of the domestic legal system and is governed by its own statute and rules of procedure and evidence.
    - Extraordinary Chambers in the Courts of Cambodia: the United Nations concluded an agreement with the government and created "Extraordinary Chambers," also governed by their own law and procedures (OHCHR, 2006).

- Also similar to the ad hoc international criminal tribunals, internationalised or hybrid courts are designated to address specific crimes within a specific timeframe and are mandated to prosecute individuals and rely on international cooperation, funding and judicial assistance. However, internationalized courts differ from international courts in a number of important respects:
    - they can be part of the judiciary of a particular country or "grafted" on to the local judicial system
    - they are composed of both international and local staff
    - they apply a mix of international and national law. (See definition in Project on International Court and Tribunals)

4. Extraterritorial or universal jurisdiction. In some cases – for example the Pinochet indictment in the United Kingdom – prosecutions can take place within a third jurisdiction, under the principle of "universal jurisdiction". Trials that are held according to this principle can lack a link to the victims and the country's population and may therefore have a limited role in restoring faith in the justice/legal sector. However, it could provide an impetus for domestic criminal actions, as with the Pinochet case in Chile (OHCHR, 2006, pg. 29-32).

B. The Importance of Standard Operating Procedures (SOPs)

Overview

- Standard operating procedures (SOPs) can be defined as specific procedures and agreements among relevant actors and stakeholders that outline the roles and responsibilities of each relevant actor in prevention of and response to VAWG (IASC Gender SWG, 2008). As such, SOPs should reflect and reinforce a plan of action to address violence against women and girls (IASC Gender SWG, 2008). SOPs are particularly relevant when developing response programming as they establish guiding principles and standards for ethical, safe, and coordinated multi-sectoral service delivery.

1. The SOPs Process

- In order to ensure quality and strengthened coordination and partnership, the development of SOPs for the prevention and response to violence against women and girls in conflict/post-conflict settings requires a collaborative process that must include **all** relevant actors such as: UN agencies, government and non-governmental organizations, community-based organizations, and representatives of the community affected by the emergency (IASC Gender SWG, 2008). The *process* of developing SOPs should be seen as equally important to the final SOP *product*. Inclusiveness, participation and transparency are key.

- When developing SOPs it is important to include agreed-upon reporting and referral systems, mechanisms for obtaining survivor consent and permission for information-sharing, incident documentation and data analysis, coordination, and monitoring. In addition, SOPs must address ethical and safety considerations and guiding principles for issues related to confidentiality, respecting the wishes of the survivor, mandatory reporting (in cases, where it is appropriate, such as minors) and acting in the best interests of a child (Ward, 2010).

- In May 2008, the IASC Sub-Working Group on Gender and Humanitarian Action produced a detailed template on developing SOPs. In 2009, the GBV AoR introduced a GBV SOPs Workshop Manual to support individuals and country teams in the use of the SOPs Guide. The workshop emphasizes both the content of SOPs and the process of developing them. Although all sections in the SOP Guide are covered in the workshop, emphasis is placed on specific topics and issues that have proven especially challenging in the field. GBV actors facilitating the SOPs process in their field operations **should be familiar with the SOPs Guide and the SOPs Workshop Manual,** using them as a resource when developing their own SOPs.

- American Refugee Committee (ARC) developed the following outline for rolling out the SOPs in Southern Sudan that illustrates some of the key steps

in designing and implementing SOPs (additional information on rolling out the SOPs can be found in the SOPs Workshop Manual):

1. Prepare/ Mobilize Stakeholders
    a. Meet the Ministry of Social Development (or Ministry linked with women's affairs) in the site of the SOPs roll out to engage the Ministry in leadership of the SOP roll out
    b. Meet with UNHCR (a key partner in the GBV SOPs roll out) and any other leads of Protection Cluster/GBV subcluster in the site to engage them in leadership of the SOP roll out
    c. Create an invitation letter from the MoSD UNHCR and ARC to all relevant stakeholders Suggested stakeholders include:
        i. Ministry of Social Development
        ii. Ministry of Local Government
        iii. Ministry of Education
        iv. Ministry of Health (Hospital and PHCC Administration, Reproductive Health Department)
        v. Ministry of Legal Affairs
        vi. Ministry of Internal Affairs (Police and Prison)
        vii. Judiciary – Attorney General
        viii. Police Service (Police Commissioner, Police Officers)
        ix. AIDS Commission
        x. Health NGOs
        xi. Child Protection NGOs
        xii. Mental Health NGOs
        xiii. UN Agencies
        xiv. Red Crescent Society
        xv. Peace Commission
        xvi. Women's Associations, Leagues and Community Groups
    d. Deliver invitations to stakeholders 2 weeks in advance. In the case of government stakeholders, may be especially important to hold meetings in person to explain purpose of SOPs and engage their commitment to send a <u>senior</u> representative to participate. Collect names and contact details of nominated participates for follow up nearer the time.
    e. Remind stakeholders a day or two before the workshop by phone call or in person.
    f. Print out copies of the SOPs for each participant. Prepare workshop venue.
    g. If necessary identify a translator who is familiar with all GBV terms – SOP workshops are usually bilingual as not all stakeholders will speak English.

2. Conduct 2-day workshop with all stakeholders. (Add one or two day GBV basics introduction if the majority of stakeholders are new to GBV prevention and response activities and have not previously been engaged in such a training.)

3. Following the workshop, the lead facilitator should update SOPs template with information from the workshop.
4. Conduct follow up meetings: usually not all key stakeholders attend the first workshop, so meet individually with all missing stakeholders to brief them on the workshop and provide a draft for their consideration.
5. Send out draft by group email to all stakeholders who did attend the meeting for their consideration (and hard copy to any stakeholders without email access). Ask all stakeholders to send their feedback on any corrections to the draft to the email group within 1 week.
6. Invite all stakeholders to attend a final one-day signing meeting.
7. Print out and distribute final copy of SOPs.
8. Facilitate strategy identified in "Informing the Community" Chapter of SOPs to ensure community is aware of services and referral pathways.
9. Regularly monitor implementation of SOPs through regular coordination meetings of SOPs partners.

2. Special Considerations when Developing SOPs in the Early Stages of an Emergency

- In the early stages of an emergency SOPs should be developed as quickly as possible so that basic survivor services and essential prevention (e.g. protection) activities are put into place rapidly. However, it may not be possible to develop the entire SOPs document according to the IASC template quickly enough to meet immediate needs in the crisis phase of an emergency.

- Some sections in the IASC SOPs template require negotiation and discussion, which may not be possible or appropriate in the early stages of an emergency. Moreover, the full complement of actors to launch a truly multi-sectoral response may not be in place. In this case, **'preliminary'** SOPs should be established.

- The preliminary SOPs should cover the most relevant and urgent sections of the SOPs template. These should be developed, at minimum, by the health, psychosocial, security and legal/justice actors who will be implementing the procedures. Women and girls in the community must be consulted during this process, including women and girls who are often marginalized such as those with disabilities, lesbian/bisexual/transgender women, and ethnic/religious minorities. Other community members should also be involved as much as possible. Over time, the SOPs can be expanded and revised as more actors enter the settings and more services become available.

- Developing SOPs can be a very public process. In settings where VAWG issues are not politicized and there is support for VAWG programming, this exposure is one of the key benefits of drafting SOPs. However, in settings where VAWG issues are highly politicized and there may be security risks in publicly discussing and developing VAWG services, GBV Coordinators and GBV coordination partners should proceed *with extreme caution*.

- In these cases, it may be most effective in the earliest stages of an emergency to develop an abbreviated referral protocol for survivors and distribute it only to those who fully understand the VAWG guiding principles associated with working with survivors. When and if the situation improves—or when more partners are identified through a safe network of service providers—more comprehensive SOPs may be developed.

Example: Liberia has a national SOP that was drafted to guide the development of SOPs at the county level. The process was consultative, with different ministries leading sector discussions (e.g., the Ministry of Justice and Police led the Legal and Protection Sector; the Ministry of Health and Social Welfare led the Health Sector; and the Ministry of Gender and Development led the Coordination Sector). The same collaborative process is being adopted to develop and roll out the county-level SOPs.
Source: excerpted from Ward, 2010, p. 68.

Example SOPs:

- **Standard Operating Procedures for Prevention of and Response to SGBV** (Kakuma Refugee Camp, Kenya). Available in English.
- **Standard Operating Procedures for Prevention of and Response to SGBV** (Nairobi, Kenya). Available in English.
- **Standard Operating Procedures for Response to Gender-based Violence and Child Protection in Somalia** (Template to be tailored to region). Available in English.
- **National Guidelines for Standard Operating Procedures (SOPs) for Prevention of and Response to Gender-based Violence** (Pakistan). Available in English.

Additional Tools:

- The **GBV Standard Operating Procedures Guide** (SOP Guide) was published by the IASC Sub-Working Group on Gender and Humanitarian Action in 2008. The guide includes detailed guidance on the process of developing referral systems and other procedures for GBV prevention and response in humanitarian emergency settings. The guide emphasizes the importance of a collaborative and participatory process for developing the procedures and agreements contained in a SOP document. Available in English.

- The **GBV SOP Workshop Package** was developed by the Gender-based Violence Area of Responsibility Global Working Group (GBV AOR) in the Global Protection Cluster. Development of these materials was a collaborative process jointly led by UNHCR's Community Development, Gender Equality and Children Section and UNFPA's Humanitarian Response Branch. The SOP Guide and workshop package can be downloaded in English.

- For guidance on the roll-out of SOP's, specific to Southern Sudan, see ARC. 2011. **Facilitators Guidance on State Roll-out of GBV SOPs in Southern Sudan**. **(no link—will have to give to Dina directly.)**

C. Data Collection within and across Response Programming

- Within the last few years there has been an effort to improve data collection about the availability, utilization and effectiveness of services across all key sectors responsible for VAWG response. By monitoring demand for services, capacities of service providers to respond, and the number and scope of services provided, service providers can:
    - improve their understanding of the problem in the given context
    - ascertain whether programming priorities are evidence-based
    - ensure that project development and implementation, policy work, funding solicitation, etc. are all rooted in identified problems and related needs
    - monitor the impact and effectiveness of interventions and strategies and ensure they are effective. (WHO, 2008; Ward, 2010).

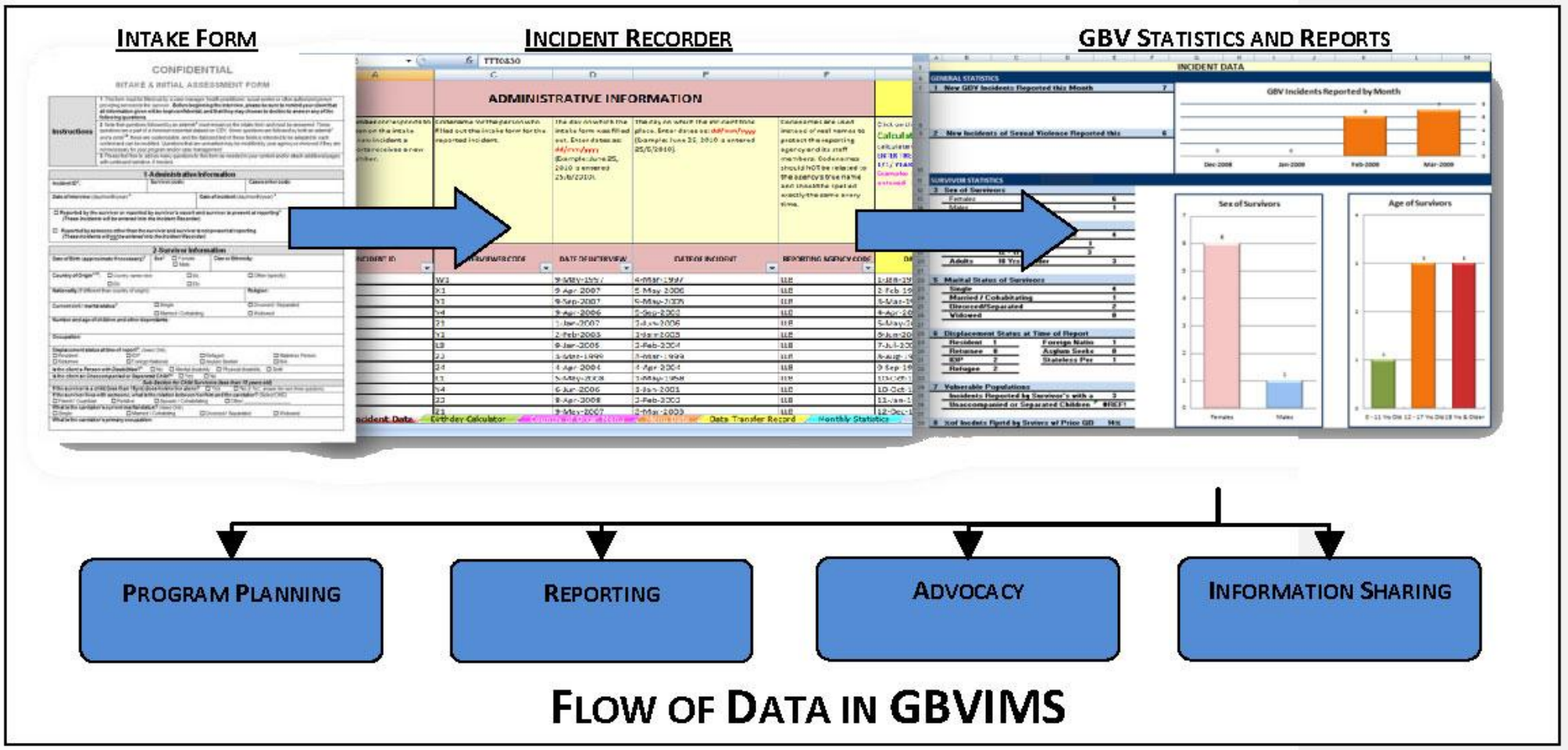
- Ideally, service delivery data collection should be done through a national system that can collect, track and report data on VAWG in a manner that is aligned at the sub-national and local levels. This data, stored in a centralized location, can be electronically collected from different sectors and providers, such as:
    - police and other relevant uniformed personnel offices (e.g. military);
    - courts (from criminal prosecutions; applications for protection orders, civil cases);
    - hospitals and health care facilities (violence screening; mortality and morbidity rates);
    - social security offices;
    - social work agencies;
    - education institutions (schools, colleges and universities);
    - shelters and safe spaces; and,
    - hotlines (Council of Europe, 2000).

- However, obtaining accurate data on VAWG in conflict and post-conflict settings presents obvious difficulties given security and logistical constraints, high mobility of people, reluctance of individuals who have suffered profound trauma to report, poor infrastructure, and lack of confidence in existing services (WHO, 2008). In these settings, SOPs can serve as a basic tool in establishing standards for safe and ethical data collection and data sharing. However, information in the SOPs about standardizing data collection and analysis across service providers is relatively limited.

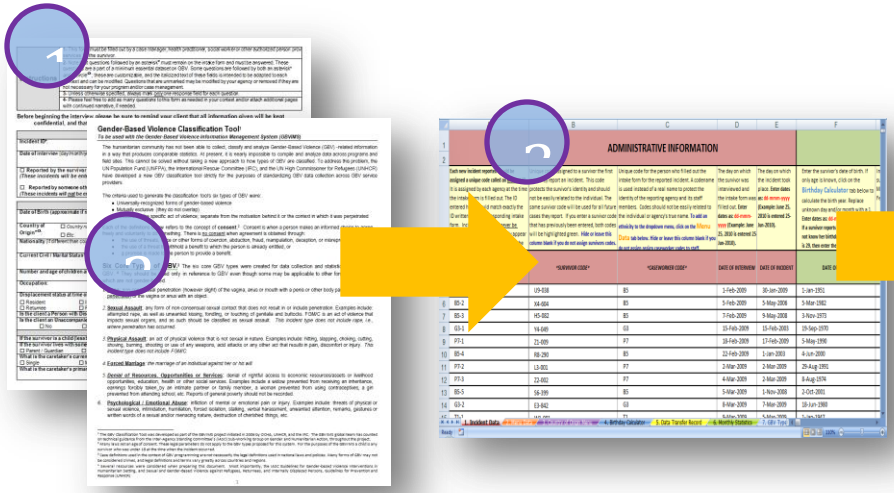
- In order to introduce safety and ethics into data collection, and to address the challenges that limit the availability of service delivery data in humanitarian settings, an initiative to develop a standardized data collection and analysis mechanism was launched in 2006 by UNOCHA, UNHCR, and the IRC: **the Gender-based Violence Information Management System (**GBVIMS**)**. Today, the GBVIMS is an inter-agency initiative governed by a Steering Committee made up of representatives from UNHCR, UNFPA, IRC and UNICEF.

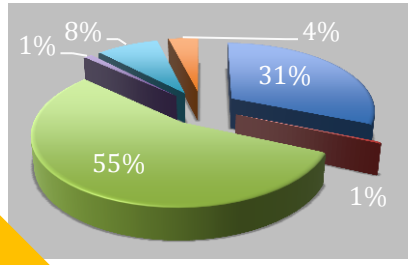
- The GBVIMS is unique because it:
    - standardizes VAWG incident data collection and terminology across VAWG service-providing agencies;
    - anonymizes VAWG data for safe storage and sharing;
    - automatically creates statistics on reported incidents of VAWG that can be used to target programming, reveal gaps and identify areas for further research;
    - is easy to deploy because it uses Microsoft Excel.

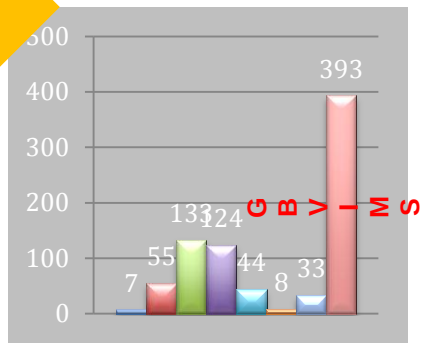
- The intention of the GBVIMS is both to assist service providers to better understand the cases being reported as well as to enable actors to share data internally across project sites and externally with agencies for broader trends analysis and improved VAWG coordination. The purpose of the GBVIMS is to harmonize data collection on VAWG in humanitarian settings, to provide a simple system for VAWG project managers to collect, store and analyze their data, and to enable the safe and ethical sharing of reported VAWG incident data. The GBVIMS includes:
    - **GBV Classification Tool:** a set of six types of GBV to standardize GBV definitions and the incident classification process.
    - **Intake and Consent Forms:** collects information from survivors and protects survivor's control over their information. The 'Intake and Initial Assessment Form' is a standard intake form designed to ensure that actors are collecting a common set of data points. The 'Consent for Release of Information Form' requires survivors' authorization for any of their information to be shared; it is intended to ensure that the rights of the survivors to control their incident data are maintained and protected.
    - **Incident Recorder (IR)**: an MS Excel database designed to simplify and improve data collection, compilation and analysis.
    - **GBV Information Sharing Protocol Template**: a protocol template that outlines guiding principles on the safe and ethical sharing of VAWG data and best-practice to follow when developing an inter-agency information sharing protocol.



FLOW OF DATA IN GBVIMS



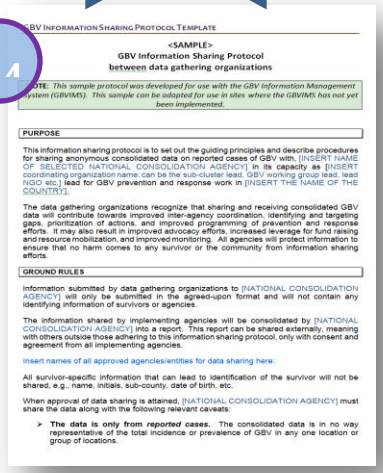




GBV INFORMS

- Reports & Proposals
- Program Design
- Advocacy

1. **Intake and Consent Form**: collects information from survivors and protects survivor's control over their information.
2. **GBV Classification Tool**: standardizes GBV incidents making data easy to compile, compare, and analyze.
3. **Incident Recorder**: an excel database designed to gather corresponding information from the intake form. The incident recorder automatically generates data and allows for customized analysis.
4. **Information Sharing Protocol Template**: regulates the sharing of GBV data with other actors such as coordinating agencies.


GBV INFORMATION SHARING PROTOCOL TEMPLATE

<SAMPLE>

GBV Information Sharing Protocol between data gathering organizations

NOTE: This sample protocol was developed for use with the GBV Information Management System (GBVIMS). This sample can be adapted for use in sites where the GBVIMS has not yet been implemented.

PURPOSE

This information sharing protocol is to set out the guiding principles and describe procedures for sharing anonymous consolidated data on reported cases of GBV with, [INSERT NAME OF SELECTED NATIONAL CONSOLIDATION AGENCY] in its capacity as [INSERT coordinating organization name: can be the sub-cluster lead, GBV working group lead, lead NGO etc.] lead for GBV prevention and response work in [INSERT THE NAME OF THE COUNTRY].

The data gathering organizations recognize that sharing and receiving consolidated GBV data will contribute towards improved inter-agency coordination, identifying and targeting gaps, prioritization of actions, and improved programming of prevention and response efforts. It may also result in improved advocacy efforts, increased leverage for fund raising and resource mobilization, and improved monitoring. All agencies will protect information to ensure that no harm comes to any survivor or the community from information sharing efforts.

GROUND RULES

Information submitted by data gathering organizations to [NATIONAL CONSOLIDATION AGENCY] will only be submitted in the agreed-upon format and will not contain any identifying information of survivors or agencies.

The information shared by implementing agencies will be consolidated by [NATIONAL CONSOLIDATION AGENCY] into a report. This report can be shared externally, meaning with others outside those adhering to this information sharing protocol, only with consent and agreement from all implementing agencies.

Insert names of all approved agencies/entities for data sharing here:

All survivor-specific information that can lead to identification of the survivor will not be shared, e.g., name, initials, sub-county, date of birth, etc.

When approval of data sharing is attained, [NATIONAL CONSOLIDATION AGENCY] must share the data along with the following relevant caveats:

- **The data is only from *reported* cases.** The consolidated data is in no way representative of the total incidence or prevalence of GBV in any one location or group of locations.

Source: **GBVIMS** website.

- The GBVIMS has been implemented in Burundi, Colombia, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Guinea, Iraq, Kenya, Liberia, Nepal, Sierra Leone, Southern Sudan, Thailand, and Uganda.
- Enhanced Programming Resulting from the GBVIMS: GBVIMS data helps shape programs by informing program staff about acts of violence, survivor and perpetrator profiles, and gaps in service provision. This helps service providers and coordinating agencies adapt prevention programming and response activities based on data from reported violence. GBVIMS data helps: inform programmatic decision-making for individual service providers and inter-agency working groups, bolster advocacy efforts (i.e. policy development and fundraising), and facilitates donor reporting.
    - In South Asia, data from the GBVIMS showed an increase in reported cases of sexual violence. Data also revealed sexual violence survivors were not reaching the health clinic within 72 hours. In response, a campaign was developed to inform the community about the importance of health services (for all GBV survivors) and how to access them.

    - In East Africa, data from the GBVIMS was used to dispel myths that sexual violence was committed primarily by strangers. The service provider showed that over 60% of survivors reported that the alleged perpetrator was someone they knew and the act of violence had been committed in locations that were assumed to be safe. This helped their advocacy at the coordination level.

    - In East Africa, GBVIMS data showed frequent reporting of sexual violence incidents that were committed in the school environment. Data showing this predominance helped the service provider gain access to local schools to raise awareness of GBV and inform school officials about available services. Then the service providing organization advocated for the creation and implementation of codes of conduct for teachers/administrators regarding GBV.

- To gain access to the GBVIMS tools and to learn about implementing the GBVIMS, organizations must:
    - Participate in a GBVIMS Orientation in person or via webinar
    - Submit a brief questionnaire to the Steering Committee to ensure that it is applicable to the your context and programmes of the requesting organization.
    - Participate in a consultation with a member of the GBVIMS Global Team. This provides access to the expertise of organizations that developed the GBVIMS and have implemented the GBVIMS in multiple countries. See more information on the GBVIMS website. Watch a short GBVIMS Website Tour in English.

Additional Resources:

- **Reporting and Interpreting Data on Sexual Violence From Conflict-affected Countries: The "Dos and Don'ts"** (UN Action, 2008). Available in English.

- **WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies** (WHO, 2007). Available in English.

D. Referral Systems

- Survivors of VAWG have multiple needs and coordination amongst service providers should enable them to meet those needs. The aim of VAWG referral systems is to improve timely access to quality services; it is not to increase the number of cases referred. Regardless of number of cases being reported or individuals seeking services, VAWG actors should establish functional referrals systems. This is particularly crucial to establish in an emergency and during periods of crisis where services are not yet available or are starting, since it can help survivors negotiate the services available to meet their multiple needs (IRC, 2012).

- In addition, it is very important that the survivor be able to access various entry points for care according to her own wishes/needs; in establishing a referral system there should not be a designated first point of contact from which the referral system proceeds. All service providers should be aware of the system and able to activate referrals whether or not they are the first point of contact for a survivor.

- The SOPs Guide provides an example of comprehensive referral system; in the process of developing SOPs it is critical to consider how referrals will be put in place in a safe, ethical and confidential manner. The information below, summarized from IRC's Emergency Response and Preparedness Initiative training materials (http://www.gbvresponders.org), further elaborates key elements of developing a referral system, with a special focus on developing a referral system from the outset of an emergency.

Referral System Guiding Principles

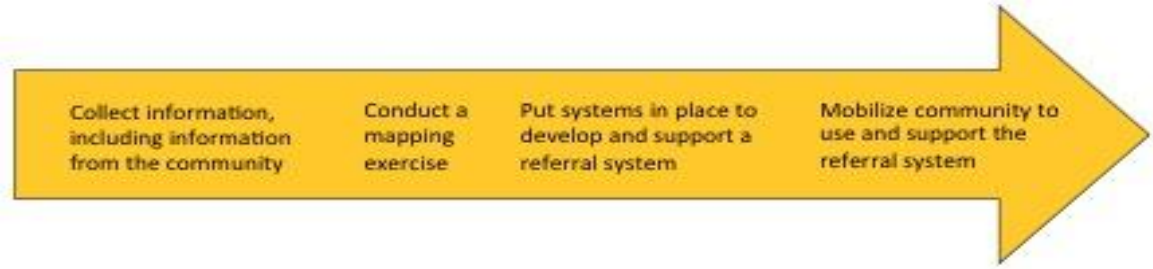
- Ensure GBV guiding principles.
- Don not take action without permission of the survivor.
- Prioritize the safety and security of the survivor.
- Keep the number of people informed of the case to a minimum.
- Provide a safe and confidential space.
- A trusted caregiver must accompany a survivor under the age of 18.
- At no point should anyone try to convince or coerce the survivor in reporting.

Extracted from International Rescue Committee, ***"Why do we have referral systems?" [ppt]***

1. Establishing a Referral System in an Emergency

- Actors working on VAWG should discuss how best to ensure effective coordination while maintaining confidentiality. Below are some factors that can improve how a referral system functions:
    - The urgent needs of a survivor are covered
    - A plan to identify and address gaps in services is developed
    - An organization is identified as the central coordinating body for the referral network
    - Each service delivery agency in the system has staff dedicated to ensure that survivors referred for treatment receive timely and appropriate care
    - Service providers in the referral system meet regularly
    - A directory of services and organizations within the defined area exists
    - A standardized referral form is in use among all service delivery agencies in the network
    - Referrals among organizations in the system are traceable and their outcomes monitored
    - Referrals are documented at both the referral and receiving points and referring agencies receive feedback when survivors receive services.

- Establishing a functional referral system can be done by following these four steps:



a. Collect information about available services in a community. This can be done as part of a rapid or preliminary assessment [in folder] and should seek to identify where and how women and girls seek and access assistance, as well as the types of barriers that exist, particularly at local health facilities.

b. Conduct a mapping of these services based on the information collected including, in particular, where *quality and survivor-centered* services are being provided and by whom (e.g. international or national NGOs, government structures or community-based actors, such as traditional birth attendants). The types of services that may be covered in the mapping are post-rape care, counseling or basic emotional support, and other health and social services. See an illustrative mapping tool [add from folder].

c. **Put systems in place to develop and support referral system.** Service providers must have the tools necessary to effectively and safely refer survivors for support that is beyond the capacity of the organisation. Establishing a functional referral system requires the following actions:
    - Identify a lead coordinating agency, responsible for making sure the referral system functions, and focal points within each service delivery agency in the system. The lead agency should establish and support linkages between the different service providers, schedule regular meetings to discuss any issues, and develop and update –with input from all service providers—referral forms and a directory of locally available service providers. The lead coordinating agency must have the human resources required to manage the referral system. In an emergency context, the role of coordinating site-specific referral systems may be assumed by a non-service delivery agency such as UNFPA or UNICEF, or an international NGO where these UN agencies are not operational or present.
    - Agree on the roles and responsibilities of each entity in the network
    - Sensitize staff in service delivery agencies in the network
    - Agree on guidelines to maintain confidentiality and shared confidentiality within the referral system
    - Establish agreed-upon mechanisms for referrals and documentation of the referral process
    - Train all relevant staff on the referral system, procedures and tools and distributing these tools.
    - Establish a system to elicit regular feedback and analyze the effectiveness of the mechanism.

d. **Mobilize the community** to use and support the referral system:

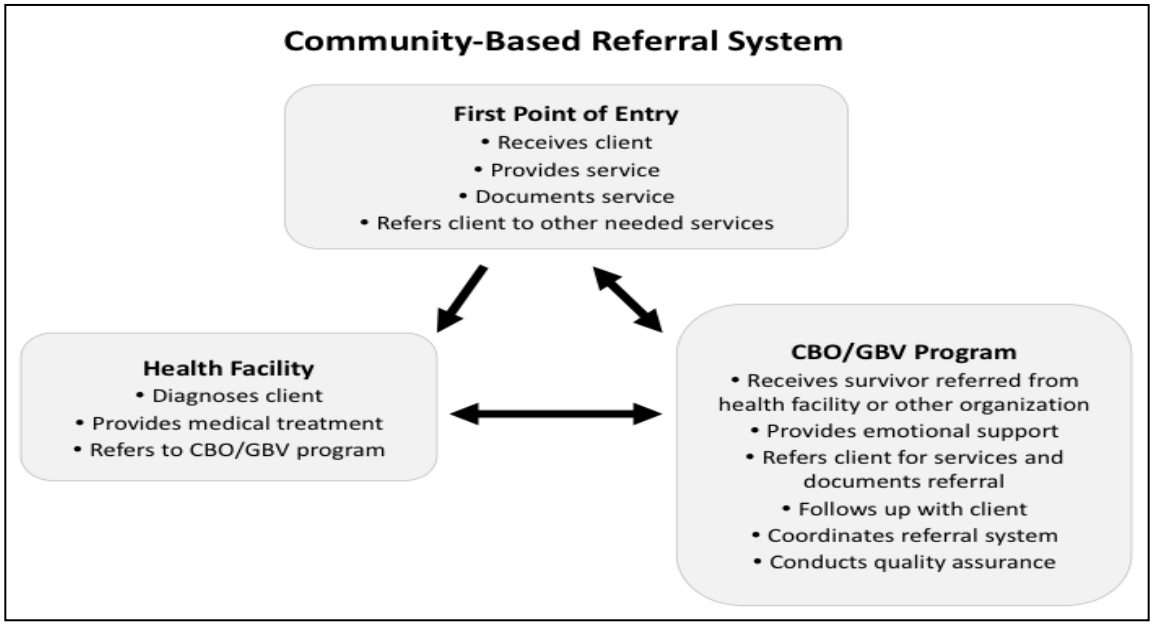
    - Service providers as well as members of the community should familiarize themselves with the referral system and the services to which they will refer a survivor.
    - Translate the referral system in any local languages and to use child-friendly versions where possible.
    - Disseminate information about the referral system throughout the community, including through community mobilization, and promotional and public awareness activities.
    - Seek the support of local leaders to use their influence to increase community support for the referral system.

2. Examples of Referral Systems

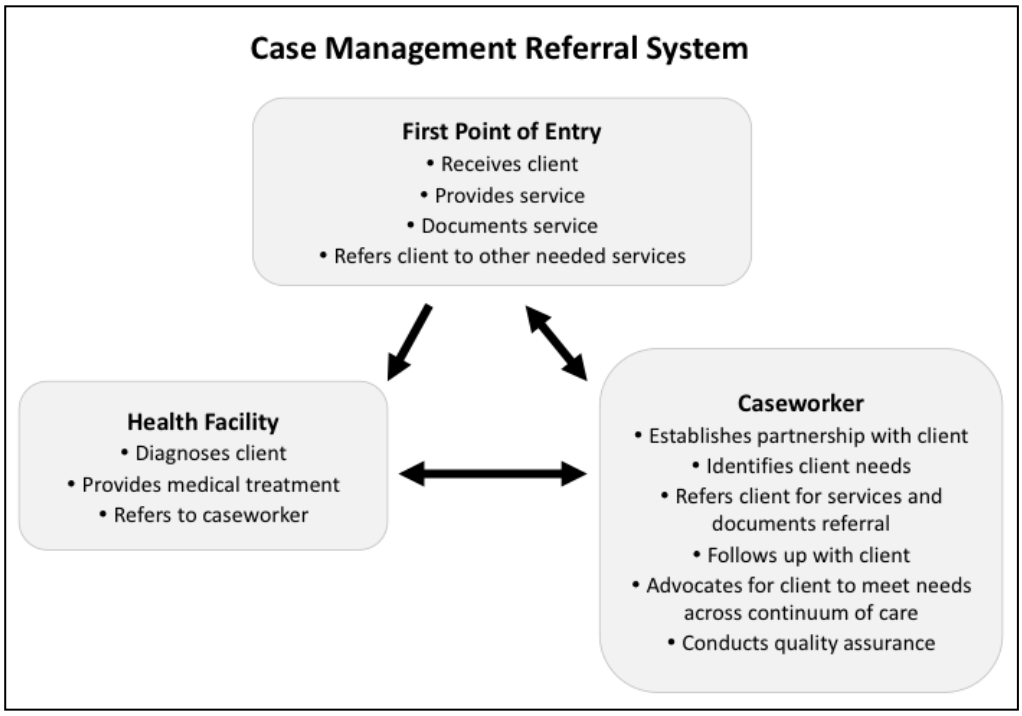
- Different referral systems models can be used, depending on the specific context and approach taken. Below are four examples. The first two can be used at the onset of an emergency—where the focus is on the provision of basic health and psychosocial care—

and maintained during other phases of humanitarian response. The second two are more comprehensive and include security and legal/justice referrals. When choosing a model, it is important to remember that the goal is to address the immediate needs of the survivors and to choose a system that will provide 1) the survivor a safe and effective way of reporting that is based on her own preferences for care and treatment; and 2) a coordinated approach to service delivery.

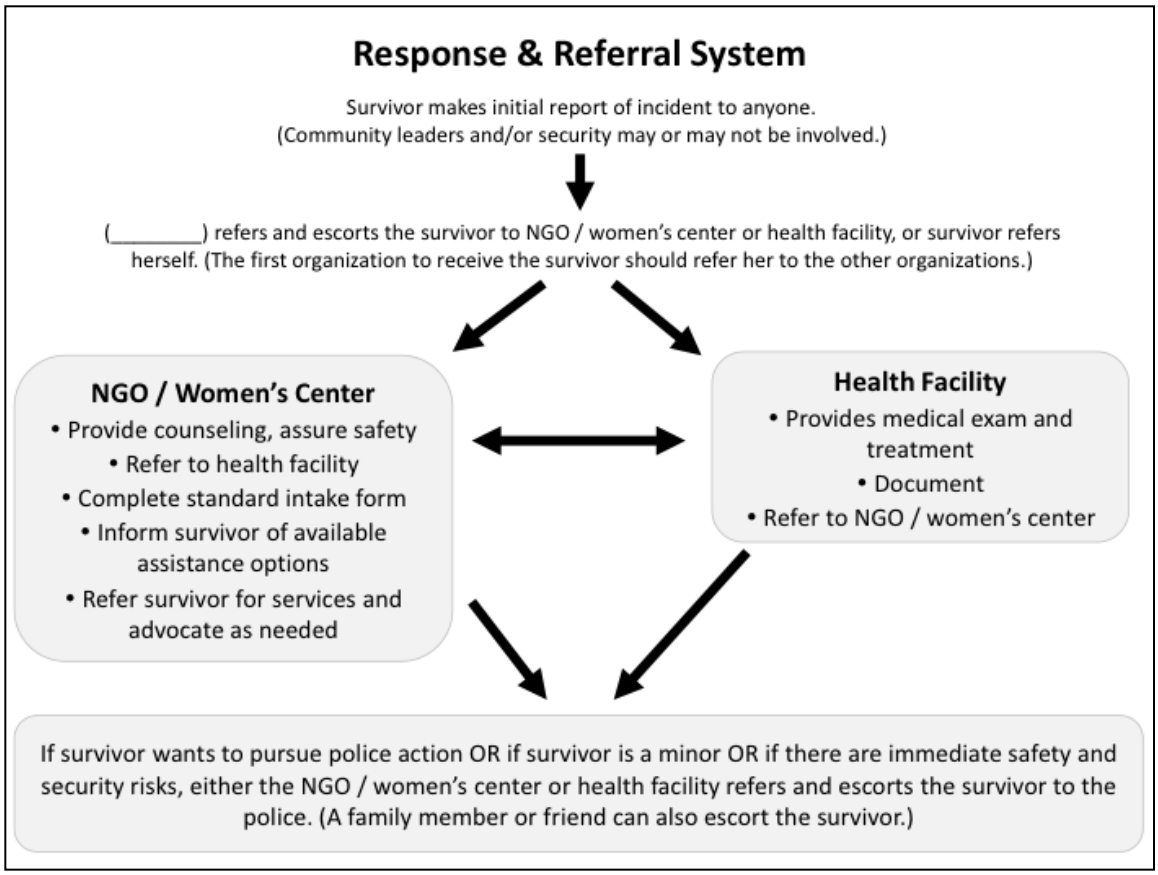
a. **Community-based referral systems:** In some settings, it may be more appropriate to have women's groups serve as the central coordinating entity of a referral system. Volunteers from these women's groups can be trained to act as psychosocial focal points who would then know about the services available in the community, how to access these services and when survivors should access these services in order to obtain the best quality care possible.



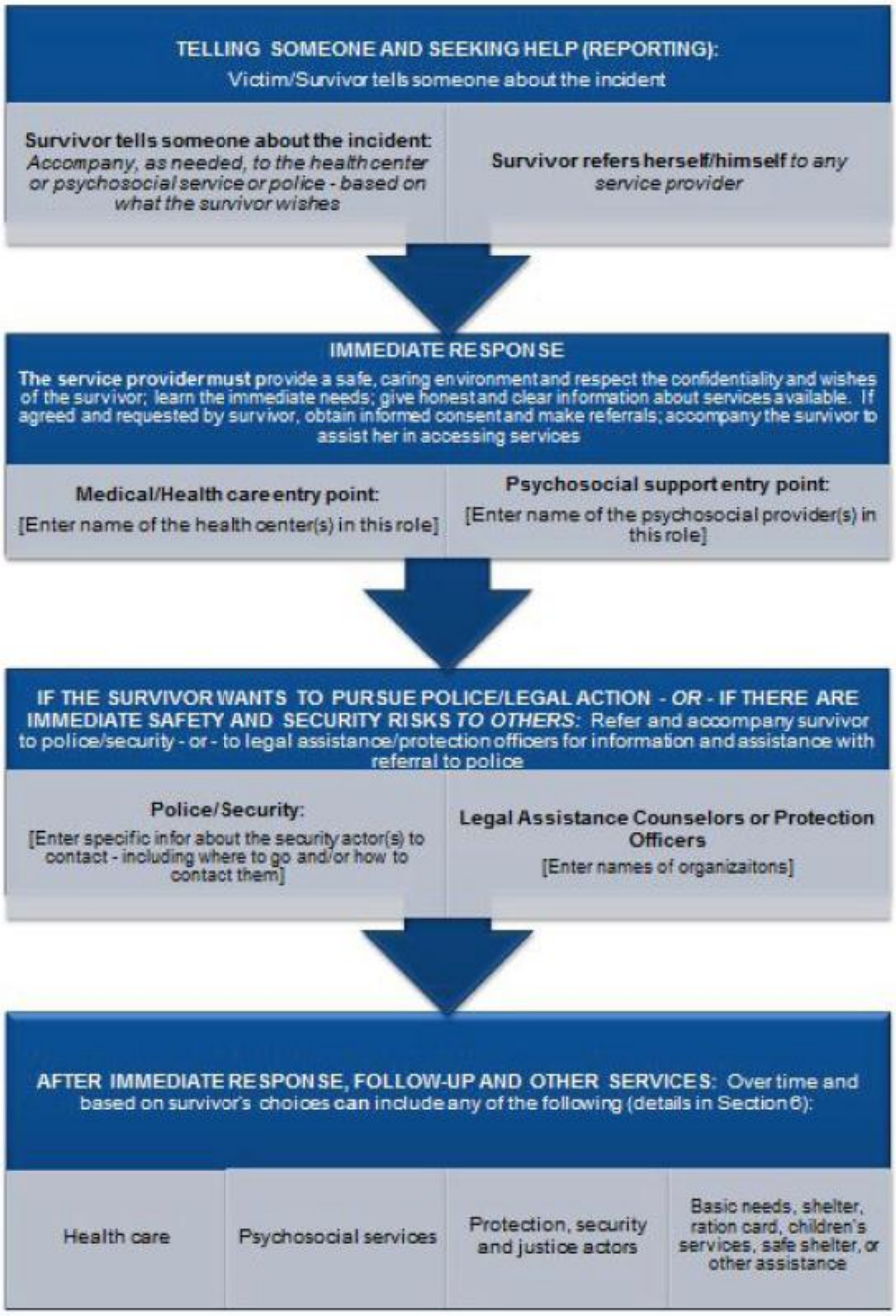
b. **Case-management referral systems:** Where case management services exist, caseworkers engage with survivors to assist them in defining their needs, deciding which options are best to meet those needs, and developing a plan for immediate support. Acting as advocates, caseworkers help survivors access care, monitor the provision of services, and follow-up with the survivor throughout the process.



c. **Incident reporting and referral standard model**. This model, developed by UNHCR and outlined within the IASC GBV Guidelines, is a more comprehensive model that may not be feasible at the onset of an emergency when community members have not been mobilized to support survivor-help seeking and/or the legal/justice and security systems are not able to reliably support survivors. It is important to remember–particularly in the acute response and the start-up phase of VAWG programming – that referral systems must be viewed from a response perspective and not from an incident reporting perspective alone.



d. SOPs sample referral pathway. The SOPs referral pathway is more specific; it offers the opportunity to insert the names of various service providers into the referral pathway template. Additional examples of referral templates used in various settings are provided in the Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings.



GBV Resource Tool: Establishing GBV Standard Operating Procedures (SOP Guide)
May 2008 IASC Sub-Working Group on Gender & Humanitarian Action (p. 21).

3. Monitoring and Evaluating Referral Systems

- As with other activities, referral systems should be monitored and evaluated for effectiveness, to ensure that the system is functioning consistently and meets the needs of survivors in a timely manner. The following indicators can be used to monitor:
    - Total number of referrals made
    - Number of referrals made to which services
    - Number or percent of referral services completed
    - Number or percent of clients who reported their needs were met
    - Number of follow-up referrals made
    - Number or percent of clients who report satisfaction with referral process.

- When designing referral systems, actors should develop and implement specific tools that help to facilitate the delivery of quality services through the referral process, such as a directory of services, referral forms, client tracking forms and referral registers.

Tools:

- ***Why do we have referral systems?*** (International Rescue Committee). Power Point available in English [add from folder].
- ***Service Mapping Tool*** (International Rescue Committee). Power Point available in English [add from folder].
- ***Safety Audit Tool*** (International Rescue Committee). Power Point available in English [add from folder].
- ***Individual Interview Tool*** (International Rescue Committee). Power Point available in English [add from folder].
- ***Focus Group Discussion Tool*** (International Rescue Committee). Power Point available in English [add from folder].
- ***Community Mapping Guidance Note*** (International Rescue Committee). Power Point available in English [add from folder].

VIII. Implementing Prevention Programming

A. Overview

- Prevention programming addressing VAWG in humanitarian settings is in a nascent phase: while there are commonly recognized and applied frameworks for building coordinated *response* services, there is no similar framework to guide VAWG prevention work. As a result, prevention activities in emergency contexts tend to be improvised, relatively small-scale, and/or issue-specific. There is no collective understanding or agreement of what prevention entails, or of what kinds of prevention interventions should be prioritized within and across various stages of humanitarian intervention. Under the Gender-based Violence Area of Responsibility, a draft framework for prevention in humanitarian settings has been developed.
- The premise of prevention in any setting is the same - stopping violence before it occurs. The common elements that are relevant across settings are those that address the root causes of violence against women and girls. Those common elements that need to be addressed are power and control of men over women, gender inequality and discrimination against girls and women. Interventions to address these root causes require longer-term planning to secure equal rights of women, substantive changes in the economic, social and political status of women and changes in the norms of society that devalue women and girls, discriminate against them and tolerate abuse.
- In addition to the common elements and addressing root causes, there are specific and tailored strategies that will be needed for different settings and their unique contexts. For example, institutional change is an important element of prevention programming, but may not be applicable amidst a conflict where institutions may not be established, stable or functioning. Short-term interventions, such as increasing mobile patrols to improve the safety of women in girls in public space, may be a practical step to prevent violence, but will not change the underlying issues that allow it to happen in the first place.

Additional Reading:

➢ See Promoting Primary Prevention in the Programming Essentials Module.

B. Programming Principles and Considerations

- **Use a human rights framework**. Engage all actors in supporting human rights for all people, focusing on the benefits for the entire community that come from women enjoying basic human rights (Michau, 2007). That said, care must be taken to understand and apply locally relevant language when framing the problem of VAWG; in some instances using a framework of universal human rights without adequately exploring its meaning may elicit defensiveness, as communities may be unfamiliar with or misunderstand the premise of human rights. This can also be true for the term "gender".

- **Prioritize the safety of women and girls, and be mindful of unintended consequences such as backlash.** Maintain a focus on women and girls as the primary beneficiaries of transformative social change projects, while also recognizing that everyone – women, men, boys and girls – benefits from a world free of violence (IRC, 2009). Interventions must be careful to not inadvertently reinforce attitudes, beliefs, behaviours and norms that contribute to VAWG. For example:
    - In trying to dissuade a behaviour, awareness-raising messages may accidentally communicate that such behaviour is normal and therefore increase community members' acceptance of such behaviour.
    - Interventions must never pressure women to speak out, and should never provide personal information of any individual or groups without explicit informed consent (Drezin & Laney, 2003).
    - Care must be taken to ensure that any male-engagement programmes do not take away from or divert resources for survivors or women's groups. Programmes must be continuously evaluated against the possibility of becoming male-dominated, and checks and balances should be built into projects (e.g. partnering with women's groups to ensure transparency) to ensure that they remain women-centred (Bott and Guedes, Prevention Module. *forthcoming*).
    - Ensure that service providers are prepared to respond to any increased demand that may be created as a result of increased awareness on the issue.

- **Take a participatory approach that fosters community ownership and empowerment.** Participatory initiatives designed to prevent VAWG in

crisis-affected settings are few. Because they depend on sustained engagement of community members and partner organizations, they are hindered by challenges such as ongoing instability, mobile populations, lack of or damaged infrastructure, minimal resources, short donor funding cycles and focus on immediate needs (Cooper & Goodsmith, 2010). Many product-focused campaigns – such as the use of billboards or t-shirts with campaign messages – are low in participation and manage to reach large numbers of people in a short amount of time; however they do not prioritize community involvement or feedback in the broadcast of their messages (Goodsmith & Acosta, 2011). Campaigns and materials that are developed by and with the full participation of the target community resonate with community members in deeper ways, and are able to challenge deeply-held beliefs around roles, status and the overall treatment of women and girls (Michau, 2007).

PARTICIPATORY	vs.	NON-PARTICIPATORY
Horizontal/ lateral communications between participants		Vertical top-down communication from senders to receivers
Process of dialogue and democratic participation		Campaign to mobilize in a short-term without building capacity
Long-term process of sustainable change		Short-term planning and quick-fix solutions
Collective empowerment and decision-making		Individual behavior change
With the community's involvement		For the community
Specific in content, language, and culture		Massive and broad-based
People's needs are the focus		Donors' musts are the focus
Owned by the community		Access determined by social, political and economic factors
Consciousness-raising		Persuasion for short-term

Source: excerpted from Cooper & Goodsmith, 2010, p. 6.

- **Base programming and interventions on sound situational and contextual analyses. I**t is imperative to understand local culture, norms, policies, beliefs, and practices about gender and VAWG and to identify the specific risk and protective factors for perpetration and victimization in each setting (Women's Commission for Refugee Women and Children, 2005; Paluck & Ball, 2010a)**.**

- **Ensure that activities are thoroughly grounded in theory and research, and are part of or mainstreamed through broader humanitarian programming where possible.**

- **Recognize that creating social change is a long-term process.** Changing long-held beliefs is a slow and gradual process that requires a lot of work and occurs over time. The process is not always linear and sometimes there is regression before progress can be seen again. Communities and individuals should be supported through this process in an empowering way that respects and facilitates the natural process of change, and positively reinforces the use of alternative behaviours (Michau, 2007).

- **Reinforce messages with multiple strategies and repetition.** No activity should be done in isolation or as a "standalone" approach. Research suggests that change occurs when coordinated and sustained multi-component interventions are consistently applied over time. With such a multi-faceted approach, "the potential sum of a coordinated approach is much greater than the number of individual actions" (Lang, 2012). Repeated exposure to ideas through different forms of media raises awareness, builds capacity and gradually shifts the climate to create change (Michau, 2007). **Messages must never exploit, stigmatize, stereotype, or sensationalize.**

- **Carefully monitor and evaluate the outcomes of all interventions over time** to ensure programme effectiveness, and minimize unintended outcomes that contribute to or exacerbate the risks faced by women. Social change work should define clear and measurable objectives and evaluate effectiveness through baseline measurements, indicators, data collection and monitoring mechanisms. (Adapted from Harvey et. al., 2007).

    - See the monitoring and evaluation section of the campaigns module.
    - See the Gender-based Violence Information Management System (GBV IMS)

C. Broad strategies

i. Transformative social change

- A particular body of VAWG interventions can be loosely organized in terms of their shared goal: challenging broad-based beliefs, attitudes, behaviours and social norms that condone or contribute to violence against women and girls, and replacing them with beliefs, attitudes, behaviours and norms that empower women, support gender equality, and

reduce the risk of violence. This 'group' of interventions is described here as *transformative* social change, in order to emphasize a focus on shifting how individuals and societies think, feel and act with regard to violence against women and girls and gender equality.

- Social change includes many different initiatives, including **communication campaigns, community mobilization**, and challenging **social norms** through other mediums (e.g. peer groups, media, etc.). While these interventions differ in their approach and each has its own unique rational, there is a great deal of overlap and they continue to evolve as they are informed by each other in the field. For programming purposes it is important to understand the details and complexities of each approach before designing and implementing interventions.

- The disruption of traditional social structures and cultural practices brought about by an unstable situation or conflict can provide an important entry point for this work. Some of the strategies include:
  - undertaking communications and mass media
  - conducting workshops, trainings and support groups
  - hosting public forums and participatory media
  - engaging community volunteers and role models
  - conducting community dialogues
  - designing and implementing school-based programmes

- It is important to note that published evaluations of transformative social change projects in conflict-affected settings are non-existent. Thus, there is not a body of research to define best practices. Moreover, because most prevention work has been limited and fragmented, there is no common language to define the different elements of transformative social change interventions that are underway in conflict and post-conflict settings, nor is there an overarching framework to assist practitioners to determine priority areas of interventions that are based on understanding of the best approaches for creating transformative social change within and across humanitarian contexts.

Additional resources:

- See the Campaigns Module.
- See the Men and Boys Module.

ii. Gender equality

Violence against girls and women is firmly rooted in inequality and discrimination, requiring investment in reversing these fundamental causal factors. Broad strategic investments in gender equality for the elimination of violence against girls and women include:

- **Ensuring that all human rights and fundamental freedoms for women and girls are respected, protected and fulfilled**, including by: ratifying without reservations all human rights treaties, including, in particular, the Convention on the Elimination of All Forms of Discrimination against Women and its Optional Protocol; ensuring that women know their rights and are empowered to demand and exercise them; educating men and women, boys and girls about women's human rights and their responsibility to respect the rights of others; ensuring that women have access to justice and equal protection of the law and that perpetrators of violence against women do not enjoy impunity; recognizing and protecting women's right to control their bodies and their sexuality; and securing women's rights to inheritance, property, housing and social security, among the range of economic and social rights (UN General Assembly, 2006).
- **Improving girls' access to quality and safe education** particularly at the secondary or higher levels. Education for girls can serve as a protective factor by increasing their knowledge, skills and opportunities, which can help avert early and forced marriage and can further improve prospects for avoiding or escaping intimate partner abuse. Higher educational levels are also associated with better employment and income earning opportunities which also serve as a protective factor. Men who complete secondary school are also less likely to perpetrate abuse.
- **Increasing women's access to and control over economic resources,** including income and assets such as land and property. Access to income involves ensuring women's right to own, inherit and use land and property, as well as women's opportunities to work in safe spaces with equal wages and protection against exploitation and abuse. Improving women's labour conditions and access to economic assets such as agricultural land and other resources used for productive activities can contribute to increased economic support and standards of living for their families, through reinvestment of earnings, and increased levels of productivity, both for their families and at the national level (UNFPA, 2005). Research has demonstrated that male economic and decision-making power is highly correlated with abuse against women. Abuse is more likely where there is clearly a dominant male partner; with men who were raised in families where men dominated and where community-level notions support men as the primary breadwinners and controllers of wealth. (Heise et al., 1999) Male dominance and control in dating relationships has also been a strong predictor of intimate partner violence. (Vezina & Herbert, 2007) Women in abusive relationships often stay because they are financially dependent on their partner and lack economic alternatives. Increasing women's access to and control over economic resources can help them escape abuse and may also provide options for women to enter into a relationship on their own terms and on more equitable footing.

- **Promoting a critical mass of women who can exercise their political rights and participate in political decision-making** at local through national and international levels. Women's increased representation and participation in politics and institutions contributes to improved governance and policies addressing key education, health and other development issues, as well as decreased levels of corruption. (Swamy A, et al., 2001; World Bank, 2001; UN Millennium Project, 2005, *cited in* UNFPA, 2005) Women in decision-making positions can help advocate for and implement laws, policies and programmes to address violence against women and girls. The presence of women in certain sectors, such as in security (as police or military personnel), justice (as judges and prosecutors) and health (care providers) may provide an enabling environment for women to feel more comfortable reporting and seeking assistance for the abuse that has been perpetrated against them.

Additional Resource:

- **Investing in Gender Equality: Ending Violence against** Women (UN Women, 2011). Available in Arabic, English, French and Spanish.
- **What Works to Prevent Partner Violence: An Evidence Overview** (Lori Heise, 2011). Available in English.
- **Violence Prevention: The Evidence Overview** (World Health Organization, 2009). Available in English.

iii. Institutional change

Institutional and organizational cultures and responses can be influential in reinforcing and even shaping social norms. Because institutions, both public and private, have a powerful role in influencing the behaviours of individuals and groups, they can play a critical role in promoting gender-equitable values and practices, stopping discrimination and violence against girls and women and preventing abuse more directly.

All organizations and institutions are important as they are vital parts of the fabric of our lives. Certain institutions, however, are of particular interest. For example, media in all of its forms, is important for the large socializing affect it has on populations as a whole. The military and police because of the critical role they play in society, including responding to and preventing violence and discrimination as well as sporting organizations and other male-dominated institutions, as they may perpetuate expressions of negative masculinities, discrimination against girls and women and tolerance of abuse.

Within government, there is a special window of opportunity for addressing these issues when institutions are being established, revitalized or reformed, especially in a post-conflict period.

Institutional change may involve:

- Leadership by Executive Office and senior leadership on gender equality.
- Developing the knowledge, attitudes, skills and practices of staff towards more gender-equitable, respectful and non-violence tolerating relations.
- Developing and implementing sexual violence (including harassment) policies, regulations, protocols and/or codes of conduct for all employees.
- Establishing mechanisms to support women employees who are at risk of abuse (e.g. security measures to inhibit potential perpetrators from coming into contact with the employee; providing references to support resources; safety planning; flexibility with working arrangements to deal with issues arising from abuse or the risk of abuse etc.)
- Mobilizing resources for abuse prevention workshops, dialogues and awareness-raising initiatives.
- Integrating a gender-equitable perspective in hiring practices, work processes, services and products.

Additional Tool:

- **Mobilising Men in Practice: Challenging Sexual and Gender-based Violence in Institutional Settings**(Institute of Development Studies, 2013). Available in English.

D. Specific strategies for conflict, post-conflict and humanitarian

i. Leadership and peacebuilding

- Males dominate the majority of leadership structures in conflict situations, leaving women's voices largely sidelined in the areas of community leadership, political participation, conflict prevention and peacebuilding efforts. Even when there are structures in place that address the interests and concerns of women, they are typically viewed as less important and hold little weight in the political arena (UNHCR, 2001).

> **Leadership** includes any area in which women can act as change agents and decision-makers in their societies. This includes leadership in NGOs and community agencies; governments, parliaments and other political decision-making bodies; economics and livelihoods; legal and justice systems; police and national defense; healthcare; and education, among others.

Peacebuilding involves "a range of efforts targeted to reduce the risk of lapsing or relapsing into conflict by strengthening national capacities at all levels for conflict management, and to lay the foundations for sustainable peace and development" (Policy Committee, PBC, as cited in Moser, 2007, p. 1).

- As of 2011, women comprised less than 8% of the peace negotiators for which there is data available – and these negotiations rarely address sexual violence (USIP, 2011.). Women's active participation in leadership and peace-building efforts is crucial not only preventing VAWG, but also in the overall recovery process (Moser, 2007). Failing to involve women negatively affects not only women, but entire communities.

Consequences of excluding women from leadership and peace-building efforts	**Benefits of involving women in leadership and peace-building efforts**
○ Ignoring women's experiences prior to conflict can result in missed warning signs, decreasing a community's preparedness for emergency. ○ When women are not included in the leadership of their communities, their concerns – including sexual violence – are marginalized and ignored. If they are not given a say in camp management procedures, for example, their particular vulnerabilities to violence are often overlooked and they can be put at unnecessary risk. ○ Peace negotiations that fail to take into account a gendered perspective risk perpetuating violence against women. For example, Truth and Reconciliation Commissions – commissions established following a conflict to examine past wrongdoings of government or non-state actors in an effort to resolve conflict and negotiate peace (See Section VII on Security Sector Reform) – often fail to effectively address violence against women and	○ Active participation of women affected by crisis in identifying needs – and designing and implementing relief programming to address those needs – has been shown to substantially improve the effectiveness and sustainability of programmes, including programmes aimed at preventing VAWG (IASC, 2006). ○ Women in leadership positions, especially when trained, can play a critical role in raising awareness and prioritizing issues of gender and violence (Bouta & Frerks, 2002). Women's participation can: ▪ highlight VAWG as a serious problem and increase prevention efforts. ▪ improve support and services for local women, especially those most vulnerable to violence. ▪ encourage women to voice their needs and counter the

girls. Amnesties may excuse conflict-related atrocities such as sexual abuse, perpetuating a culture of impunity in which violence against women goes unpunished (Steinberg, 2007).	culture of silence surrounding sexual violence (UNHCR, 2001). ▪ create a critical mass of women in power who can support passage of legislation that benefits women (USIP, 2011) ○ Studies have shown that women's participation in peace talks can: ▪ introduce new conflict resolution skills and styles ▪ reduce inappropriate use of weapons or force ▪ garner more support for peace processes from the local population ▪ bridge challenging ethnic or cultural divides based on women's shared interests (Bouta & Frerks, 2002).

- While international and national policy frameworks such as UNSCR 1325 recognize the importance of women's participation, women's ability to access areas of leadership and peace-building processes is nevertheless often severely limited in conflict-affected settings. Women face many obstacles when they engage in leadership roles, including resistance and hostility from their families, communities, and local and national governments. The threat and experience of violent backlash can keep many women out of leadership positions (Moser, 2007).

  - For a ten-year impact study on the implementation of UNSCR 1325, see United Nations Department of Peacekeeping Operations, Department of Field Support**.** 2010.
  - See a compendium of National Action Plans (NAPs) to implement SCR 1325.

- It is essential that efforts to engage women in peacebuilding and leadership do so in ways that are safe, participatory, and minimize potential backlash. The following principles and strategies constitute a base of practice used in various conflict-affected settings to engage women in leadership and peacebuilding.

Table 1. Obstacles and Solutions to Women's Engagement in Community-Led Peace-Building and Prevention of SGBV

Obstacles faced by women	Innovative solutions
Divergence of opinion among diverse groups of women	• Building united networks and coalitions
Exclusion from formal peace-building processes	• Innovation in informal peace-building
Exclusion from male-dominated decision-making forums	• Innovative efforts to facilitate women's participation in local decision-making
Lack of sustained funding	• Funding mechanisms for small grants • Using new low-cost digital technologies
Resistance to challenging women's exclusion from traditional dispute	• Combining traditional and modern mediation techniques
Risks to physical safety	• Reducing the proliferation of small arms • Changing the physical environment
Eroded trust and social capital	• New "social contracts"
Fear and/or hatred of 'the other'	• Community exchanges
Community voices excluded from the public sphere	• Public advocacy for peace
Lack of general knowledge about legal rights	• Legal aid programs
Unwillingness to report SGBV to police	• Specialized SGBV police units
Patriarchal and non-gender-sensitive traditional justice mechanisms	• Transforming traditional justice mechanisms
Lack of access to support services for victims of conflict and of SGBV	• Multi-sectoral support services
Gender roles that encourage male violence and enforce patriarchal attitudes	• Challenging existing gender roles and patriarchal power structures
Lack of access to information	• Communication through radio and theatre
Women and gender issues excluded from conflict monitoring	• Gender-sensitive conflict monitoring systems

Source: Excerpted from **Moser, A. 2007.** "Women Building Peace and Preventing Sexual Violence in Conflict-Affected Contexts." NY: UNIFEM, p.2.

- **Mitigate risks associated with promoting women's participation and leadership.** Efforts to engage women must be designed strategically in order to reduce possible dangers.

- ***Know the political, social, and community context***, and assess where and how backlash against women might occur.
- ***Engage in awareness raising, community mobilization and social norms campaigns*** in tandem with efforts to increase women's participation, and involve women in leadership positions throughout these campaigns (see section on social change and the Campaigns Module).
- ***Engage men as allies*****.** Identify and foster alliances with influential men who can work alongside to support the participation and leadership of women (USIP, 2011). (see the Men and Boys Module)
- ***Design any women-led campaigns carefully*****.** Initiatives that target sensitive issues must be mindfully planned, especially if they are led by women. For example, women-led campaigns to stop excessive alcohol consumption by men can focus on the effects of alcohol abuse on poverty, rather than on VAWG (Moser, 2007). Focusing on benefits to the entire community can promote an atmosphere of collaboration between men and women.
- ***Protect women who engage in the public and political arena***. Put structures in place to provide extra protection to women leaders and politicians (USIP, 2011).

- **Support existing women's organizations.** Identify and facilitate women-led community-based initiatives (Moser, 2007).
  - Foster coalitions between women's organizations, civil society coalitions, female politicians, and local leaders in the community (Bouta & Frerks, 2002).
  - Be aware when providing grants to women's organizations, which can create competition and resentment by other organizations or individuals. Utilize public awareness campaigns and other social change initiatives to illustrate the need for – and benefits of – supporting women's organizations.
  - Use – and monitor – the media as an avenue for supporting female role models, changing cultural norms and garnering public support for women's participation and leadership (USIP, 2011). Monitor the media coverage of female leaders and advocate for fair and unbiased media representations (UNDAW and DESA, 2005).

Example: An example of successful coalition-building was the 'Women's Initiatives for Peace' project in Colombia, aimed at creating a women's agenda for peace to inform the national peace agenda. The project developed a methodology for reaching consensus and creating a 'women's movement for peace' that brought together 22 civil society and trade unions between 2002–2004, with financial support from the Swedish International Development Agency. The diverse political, ideological, and experiential perspectives of the women made this a challenging task, but the consensus-building methodology relied on

participatory tools across two distinct, interlinked stages: consensus was first reached within small groups, either by general verbal agreement or by brainstorming (listing) and ranking key issues. Small group decisions were then taken to plenary where the entire group voted. Two analytical concepts were critical: first, there was collective agreement that the basic issue uniting all Colombian women was their 'exclusion.' Second, a distinction was made between a 'Basic Agenda' around which all Colombian women could rally, and a 'Maximum Agenda' that provides space for diversity on issues such as ethnicity, race, class, or age.

The success of this methodology is illustrated by the fact that at a national meeting of 300 women, the participants were able to select twelve basic agenda points from an initial 600. These included the need to establish public policy on women's human rights in order to promote a culture of non-violence and respect for diversity; democratic agrarian reform with an ethnic and gender perspective; and the direct and autonomous participation of women's organizations in national and local political dialogue around conflict. The twelve proposals were signed in the National Senate by representatives of the 22 organizations.

Source: Excerpted from Moser, A. 2007. Women Building Peace and Preventing Sexual Violence in Conflict-Affected Contexts NY: UNIFEM, p.4)

- **Ensure that women and girls are represented in their full diversity**: for example, women with disabilities, lesbian/bisexual and transgender women, indigenous women, ethnic/ religious minorities, older women, adolescents, and mothers of children born of rape are often further silenced due to their marginalized identities. Special consideration must be given to the ways in which these women are excluded from participation in leadership and peacebuilding, and organizations representing marginalized women and girls must be consulted in order to promote their full participation throughout all phases of conflict. (For more information see Special Considerations for Marginalized Populations.)

- **Utilize quota systems that require minimum number of female participants in economic, public and political arenas**. Regularly monitor the gender composition of decision-making bodies and leadership structures, both in the community and in humanitarian agencies (USIP, 2011). Generate and disseminate sex-disaggregated data on all aspects of public and political participation (UNDAW, 2005). Quota systems should be used in tandem with public awareness campaigns promoting women's participation and leadership.

PRACTICAL WAYS TO HAVE A BALANCED TEAM OF WOMEN AND MEN

- Widely distribute vacancy announcements to attract a diverse pool of applicants.
- Check that experience and education requirements are not too narrowly defined.
- Where women or men are underrepresented, the vacancy announcement could say "Qualified women/men are encouraged to apply."
- Include both women and men on interview panels.
- Evaluate all candidates against the same criteria.
- Do not assume that some jobs are too difficult or dangerous for women.
- Consider alternative working arrangements to overcome cultural limitations to women's employment, such as the employment of brother/sister teams.
- Provide training on gender and cultural diversity to all staff.
- Offer separate facilities (toilets, sleeping quarters) for women and men; provide child care to staff, where possible.
- Keep all staffing data disaggregated by sex for easy monitoring.

Source: excerpted from **Inter-Agency Standing Committee, 2006.** "Women, Girls, Boys and Men – Different Needs, Equal Opportunities: Gender Handbook in Humanitarian Action." p. 5.)

Example: UNHCR Ngara, Tanzania, instituted affirmative action measures to ensure that refugee women participated in decision-making structures equally with men. With these efforts women eventually held 50% of the positions in these structures in Ngara. Protection officers helped to ensure that women had equal access to decision-making structures. Dialogue was encouraged among all segments of the refugee population to ensure that they appreciated the value of incorporating and involving a substantial part of the population in decision-making (UNHCR, 2001).

- **Identify gaps in agency, community, and political structures where women's inclusion is weak or nonexistent** (Conaway, 2006). Empower women to engage with decision-makers in the community who may influence their rights and well-being, such as local leaders, traditional justice systems, legal systems, and police.
    - **Engage women locally.** Establish safe forums where women can deliberate with other women about shared concerns, and then facilitate channels to relay women's concerns and views to decision-making bodies. For example, invite local leaders of representatives from municipalities to come to women's centers to dialogue, answer questions from women, and hear their concerns (Moser, 2007).
    - **Engage women nationally, such as in the government.** Women must be represented in parliament and have a voice in the areas of national budgets and economic policy, national defense, and other areas usually dominated by men (UNDAW, 2005).

- **Build women's capacity through training and education.**

- Offer trainings to local women's organizations and civil society coalitions in areas such as management, advocacy, leadership, human rights, legal issues, community mobilizing, and conflict management.
- Offer capacity-building seminars that instruct women on mediation, conflict management, negotiating theory and practices.
- Provide training to local female politicians to increase their knowledge in a broad range of political topics and increase their access to key decision-makers (Bouta & Frerks, 2002).
- Include representatives of local women's groups in humanitarian actors' information exchange networks and trainings to increase their participation and engagement, as well as to enrich the training received by humanitarian actors (IASC, 2006).

- **Address women's particular needs,** such as transportation, childcare, and supplemental income, to maximize their potential for meaningful participation (Conaway, 2006).

- **Use digital technology** – such as mobile phones, email, websites, internet chat rooms, and video or radio streaming, when available – to exchange information, organize, network, mobilize, and facilitate dialogue among women in the community. Such digital arenas can:
  - reach people who have limited mobility
  - provide safe spaces in situations where physical meeting spaces are risky
  - offer cost-effective alternatives to physical meeting spaces that often require far travel and accommodation
  - allow greater access to large amounts of information
  - provide opportunity for diverse and wide-spread skill sharing (Moser, 2007).

- **Advocate for long-term funding.** Focusing on long-term sustainability rather than short-term support is essential, as the post-conflict rebuilding phase is often the most critical time for women's voices to be heard (Bouta & Frerks, 2002). See What Women Want: Planning and Financing for Gender-Responsive Peacebuilding.

- **Engage the participation of girls** in conflict prevention, early warning, peace and security and post-conflict recovery issues.
  - Expand school curricula to include training in leadership, VAWG, critical thinking, and peace education.
  - Create a Youth Parliament, focusing on the inclusion and training of girls in conflict prevention, peace-building, rights and responsibilities, and post-conflict recovery issues (The Liberia National Action Plan, 2009).

- **Ensure women's participation and leadership throughout all phases of conflict.** Engaging women in gender-sensitive early warning systems is as important in preventing violence as engaging women as leaders during the peacebuilding and reconstruction period. Local women as well as female experts on conflict-related sexual violence must be involved throughout all phases to more effectively address the risk of violence during and after conflict (Bouta & Frerks, 2002; Vann, 2009).

Additional Resources:

- For the report of an expert group meeting examining the status of women as representatives in decision-making, and recommendations for implementing women's participation and leadership, see: **United Nations Division for the Advancement of Women (DAW) and Department of Economic and Social Affairs (DESA). 2005.** "Equal Participation of Women and Men in Decision-Making Processes, with Particular Emphasis on Political Participation and Leadership." Report of the Expert Group Meeting. New York: DAW and DESA.

- UN Women Sourcebook on Women, Peace and Security (2013). This publication covers frameworks for implementing the women and peace and security resolutions; women's engagement in conflict resolution; gender-responsive conflict prevention and protection; women's participation in peacebuilding and recovery; and gender and transitional justice. The Sourcebook is available in Arabic, English and French.

- For a complete training curriculum in engaging women in social, economic and civic participation and leadership, see Women for Women International. 2011**.** "A Woman's World Training Curriculum: Guiding Women's Social, Economic, & Civic Participation Toward Active Citizenship." Women for Women International.
- iKNOW Politics (the International Knowledge Network of Women in Politics) is a web-based capacity-building resource for women in politics, co-sponsored by UNWomen. The website features an interactive network and resource base for women in politics to collaborate and share experience, resources and advice. For more see www.iknowpolitics.org.

- See an example tool for monitoring quotas related to the SADC regional Protocol on Gender.

- For a regional example of a report on gender audits of electoral lists and political processes, see the 50/50 Campaign from the European Women's Lobby.

a. Considerations for Specific Phases of Conflict

- Women and girls face varying challenges during different phases of a conflict. While many strategies for engaging women in leadership should be used throughout a conflict cycle, certain key strategies can be used to prevent VAWG before conflict breaks out, during a conflict, or during the post-conflict transitional phase.

i. Pre-Conflict Phase

Areas of Leadership	• ***Gender-sensitive conflict prevention, conflict monitoring, risk analysis and early warning.*** Too often VAWG and other gender issues are not taken into account as important warning signs of escalating conflict. Gender-sensitive monitoring initiatives that take women's experiences into account can facilitate the prevention of VAWG and strengthen overall efforts at conflict prevention (Moser, 2007).
Key Strategies	• Engage with and support local women's organizations, and build capacity by providing trainings in management, leadership, human rights and VAWG. • Involve women in early-warning processes, including risk assessment and preparedness planning. Consult women and girls (both separately and together with men and boys) about their concerns, needs, and protection risks (IASC, 2007). • Foster networks and build coalitions between Civil Society Organizations and other agencies.
Tools	➢ The IASC (2006) identifies 3 important aspects of ensuring effective participation: how a request for participation is conveyed (in order for outreach to be most effective); what information and support is needed to empower participation and leadership; and building trust. See IASC, 2006 p. 33. ➢ UNHCR's Participatory Assessment Tool provides comprehensive information on individual and community participation in assessments. **United Nations High Commissioner on Refugees (UNHCR). 2005**. "Participatory Assessment Tool." Geneva: UNHCR.

Example: In 2005, in the Solomon Islands, UNIFEM's gender-sensitive conflict early warning project trained 20 male and female volunteers from five conflict-prone communities; developed a set of gender-sensitive indicators of conflict and peace; collected data at the community and national levels; and disseminated the data among communities, civil society, government and donors. As such, the system became a resource for the prevention of conflict. The use of gender-sensitive indicators (such as levels of domestic violence and rape, and women's

levels of fear in going to markets) served to legitimize attention to gender issues and GBV as a signal of impending conflict and social dislocation.

Indicators Used

- **Influence of women in making community decisions:** Women are culturally and religiously not seen as decision-makers; if a woman speaks out on an issue, men feel threatened even if they know her point is valid.
- **Women's involvement in community resolution of land disputes:** Women are rarely involved due to their lack of decision-making roles in the community, even in matrilineal societies where women are land custodians. Land disputes were one of the key underlying causes of the tensions.
- **Male youth unemployment:** Destabilizing factor during the tensions as unemployed male youths used compensation demands as a means of gaining cash incomes. Increased criminal activity is still associated with young male unemployed school drop-outs.
- **Avoidance of markets / gardens due to fear:** It is generally women who walk to remote gardens, or to take produce to markets. During the tensions women were too afraid to carry out this work, which in turn reduced food security and cash income.
- **Incidence of crime:** Especially linked to male youth unemployment (see above). Crime is on the increase in Honiara, and is becoming more violent.
- **Fear of reprisal from prisoners:** An issue highlighted by women, with evidence that women are being threatened and subjected to retribution from men released from prison over tension-related crimes.
- **Incidence of rape:** Beyond the large extent of rape which women and girls suffered during the tensions, high incidences continued to be reported well after the peace agreement.
- **Trust between ethnic groups:** Linked to prevalent negative stereotypes about different ethnic groups, and to strong in-group identification, especially among men. This played a significant role in fueling violent conflict.
- **Domestic abuse:** A currently high-risk indicator linked to alcohol consumption, economic insecurity, and the aftermath of the tensions – anecdotal evidence suggests the rate climbed dramatically during and after the tensions.
- **Informal negative discourse (gossip):** Significant prior to and during the tensions. Also a gendered issue, as women are frequently associated with gossip, especially during the tensions when women's gossip was often considered to fuel conflicts.
- **Marriage breakups:** Incidence of marriage break-ups rose significantly during the tensions, and is associated with alcohol abuse and with the increasing 'culture of O2s' (second wives, or mistresses). This is perceived as a high risk indicator by women, but not by men.

This, combined with working with women and men from the communities themselves, empowered women to engage – and be seen as legitimate – in community decision-making, and discussion and planning around community conflict prevention and peace-building strategies. It also proved successful as a means of involving men and raising their awareness of the consequences of

GBV, and as a result several male participants became strong community advocates for women in GBV cases.

For additional information, see: Engendering Conflict Early Warning: Lessons from UNIFEM's Solomon Islands Gendered Conflict Early Warning Project (2006).

Source: Excerpted from Moser, 2007, p. 16.

ii. Conflict Phase

Areas of Leadership	• ***Camp leadership, safety initiatives, conflict management, peace negotiations, and awareness-raising about women's concerns.*** Not only must women be engaged in efforts to prevent VAWG directly and mitigate its damages by organizing around women's security concerns, but they must also participate in overall efforts to build peace, as this in itself can prevent further VAWG.
Key Strategies	• Engage women in camp coordination and camp management. Ensure that women are included in camp or shelter committees. Employ equal numbers of women and men in food distribution programmes, to ensure women's food needs are being addressed and decrease the likelihood that women will resort to risky behaviours to collect food (IASC, 2007). • Hold meetings in places where women can easily attend, can travel to and from safely, and can bring their children (IASC, 2007) • Capitalize on new opportunities for women. Conflict can present women with opportunities to engage in the public sector that they were previously excluded from, such as taking over roles traditionally held by men (Bouta & Frerks, 2002). • Support women's peace movements, peace networks, and innovative and informal women's organizations working for peace. These groups can raise funds for women's economic activities, bring public attention to overlooked aspects of conflict, and publicly advocate for peace. In some instances such women's groups have been found to be more effective in gaining respect from local members of the community (Moser, 2007). • Recruit more women into security forces (Steinberg, 2007) (see section on SSR)
Tools	➢ For guidance on structuring participatory meetings, see the **World Food Programme. 2001.** "Participatory Techniques and Tools: A WFP Guide." Rome: World Food Programme. ➢ The Institute for Inclusive Security includes the Women Waging Peace

	Network, a network of more than 1,000 women peacemakers in conflict areas around the world. The Network connects these women to each other and to policy makers to share expertise and perspectives and help mutually empower women around the world.

Example: Women's Peace Huts have been established in certain settings in which women in the community come together to meet and share information. In these spaces they are able to discuss problems and issues they have heard about or face in their community, and plan actions to further investigate, publicize, or resolve the issues. Women can invite local leaders to attend their meetings and hear their concerns on various issues, and community members can also come to the Peace Huts with problems to be solved, increasing women's leadership in their communities. Established spaces such as these help increase women's voices and presence in their communities.

See a video about the peace huts.

<iframe width="640" height="390" src="//www.youtube.com/embed/Beged43P8uo" frameborder="0" allowfullscreen></iframe>

See more information about the peace huts.

Source: summarized from Moser, 2007, p. 6.

iii. Post-Conflict/ Transitional Phase

Areas of Leadership	• ***Peace negotiations, peacekeeping programmes, government and societal restructuring, election processes, reconciliation commissions, and rewriting laws and constitutions.*** When a country enters a transitional phase following a period of conflict, it is essential that women be involved in the restructuring of society so that women's equality and VAWG is prioritized. During this phase women should be engaged in efforts to reach sustainable peace, establish a stable democracy that is equitable toward women, and end the culture of impunity (Bouta & Frerks, 2002; Moser, 2007). See the UN Women Constitutional Database. See the Legislation Module.
Key Strategies	• Capitalize on the transitional period "window of opportunity." Opportunities for women to enter the public sector may slowly diminish as men return home and seek to reassert traditional social roles. Nevertheless, in the early post-conflict period,

	women may have a critical window of opportunity to be leaders in rebuilding their societies in gender-equal ways, advancing women's rights and promoting the empowerment of women (Conaway, 2006). • Special focus should be paid to reforming social structures that unfairly affect women and put them at risk of violence, such as lack of access to livelihoods, lack of education and healthcare, lack of legal support, and access to justice and the culture of impunity (Steinberg, 2007). • Recruit women into government and through special training programmes and outreach. Ensure that women have equal opportunity in election campaigns and beyond. This may involve: ○ providing public funding ○ ensuring access to media and publicity ○ setting spending limits for campaigns to level the economic playing field between candidates ○ requiring disclosure and monitoring of campaign expenses ○ ensuring that women elected to leadership positions receive fair and adequate financial and administrative support and guidance (UNDAW, 2005). • Engage women in disarmament strategies to reduce small arms and light weapons (Moser, 2007) (see section on DDR). • Make sure women are fully involved in the shaping and designing of any community "social contracts" (see case example below). These contracts are signed by community members as an agreement to follow a set of mutually-identified duties and rights in order to rebuild trust and social capital. Involving women helps to ensure that a gender-specific approach is integrated and issues that put women at risk of violence are considered (see case example) (Moser, 2007). • Strengthen women's participation in the management of their environment, i.e. access to and ownership of land, housing, and resources. ○ Inform women of their property, inheritance, and land rights. ○ Advocate for more gender-equitable property, inheritance, and land rights. ➢ For example, see Liberia's National Action Plan from 2009. • Ensure that measures to prevent (further) violence against women and girls are addressed and discussed, and that women hold active leadership roles in peace accords, reparation agreements, etc. (Vann, 2009). • Engage women in the monitoring and evaluation of national action plans. ➢ See Peacewomen for guidance, reviews and examples of

	1325 national action plans.
Tools	➢ For tools on how to integrate a gender perspective into a Post-Conflict Needs Assessment (PCNA), from the pre-assessment to the implementation and monitoring phases, see Maguire, S. & Anderlini, S. 2009. PCNA-TRF Tool Kit: Note on Integrating Gender Perspectives. New York: UNIFEM. ➢ For examples of community-led programmes in 6 different conflict-affected areas, see: UNIFEM. 2008. Supporting Women's Engagement in Peace-Building & Preventing Sexual Violence in Conflict- Community-Led Approaches in Afghanistan, Haiti, Liberia, Rwanda, Timor-Leste and Uganda. New York: UNIFEM. ➢ For a collection of cutting-edge resources, see the UN Women Sourcebook on Women, Peace and Security. The Sourcebook is available in Arabic, English and French. ➢ For a comprehensive overview of women in the peacebuilding process, see: The Peacebuilding Initiative. 2007-2008. Empowerment: Women & Gender Issues: Women, Gender & Peacebuilding Processes. ➢ For a guide to promoting the participation of women in elections, see the United Nations Women & Elections.

Example: Community Negotiations for Reconciliation and Conflict Prevention in Burundi

An initiative by the Agency for Cooperation and Research in Development (ACORD) in Burundi focuses on reconciliation and conflict prevention through community negotiations, which are followed by a signing of community social contracts in the presence of the community, local authorities, and external witnesses. A gender-specific approach is fully integrated within the initiative to ensure that women participate in equal numbers and with equal decision-making opportunities. At the onset of the community social contract process, an in-depth analysis of the causes and impacts of the conflict is conducted, as well as an analysis of existing traditional responses to conflict. The community dialogue and negotiations bring community members of different ethnicities and groups together to talk through their situation and to listen to testimonies, allowing people to admit to their wrong- doings and ask for forgiveness. Upon mutual agreement within the community, 'social contracts' are developed and signed and a peace committee is elected to ensure that the social contract is respected. The peace committees in Burundi are democratically elected and include both Hutus and Tutsis, women and men, young people and older community members. 'Peace projects' are

identified with the objective of benefiting the whole community and contributing to mutual solidarity. The projects are either related to post-conflict reconstruction and rehabilitation, or to conflict prevention. The whole community is expected to take part in the project's implementation, and the project is expected to have a rapid and lasting impact, such as the reconstruction of a bridge, the opening of a school, local road, or a common mill, grinding, or storage facility. The pilot phase of the initiative, which began in 2002, involved almost 200,000 people.

Source: Excerpted from Moser, 2007, p. 8.

Case Study: Women in Nepal's Peace Process

Active participation of women in the peace process in Nepal is important because many of the Maoist leaders were women, and women served in the Nepalese army and were peace activists during the conflict and have very clear expectations of post-conflict Nepal. In the aftermath of the second people's movement of 2006 to restore democracy, a national women's movement emerged which spoke out against human rights violations and violence against women, condemned the continued impunity for violence, and raised awareness on women's security concerns at civil society level. Deep-rooted social discrimination and political marginalisation deprived women of equal access to the negotiating table, yet some individuals managed to bring their influence to bear in consultation meetings and capacity-building activities aimed at restoring peace in their country. The women's movement successfully lobbied for a system of proportional representation to elect the constituent assembly, for a 33% female quota in the assembly, and for the involvement of women in the relevant institutions and committees during the transition phase.

Efforts to raise the presence of women in the Nepalese peace process began with a group that comprised Nepalese women who had been nominated for the global initiative "1000 women for the Nobel Prize for Peace 2005", as well as female members of various political parties and from different sectors of society. In capacity-building seminars and mediation training, women were instructed on negotiating theory and practices. Several participants were later appointed to the Peace Task Force, which formulated statements on documents of the official peace negotiations. As part of a broad-based consultation process, the group drew up the "Charter for Equality 2006", which was used by the transitional agencies as a reference manual on the handling of equality issues. Moderated conferences and facilitation summits between women and the political parties promoted greater awareness about equal participation of women in Nepalese life and society. Three high-ranking women – the Nepalese minister of foreign affairs, the coordinator of the Peace Women Alliance of Nepal, and the chair of a committee of the constituent assembly – are now influential players in the Nepalese democratisation process.

Despite the continuing poor representation and weak influence of women on the Nepalese political scene, the people's movement and the ongoing transition process have led to slow yet significant progress towards gender equality. There is growing recognition that sustainable peace and security – including prevention of violence against women – are only feasible if there is equal participation of women and men in political processes. The gradual emergence of a women's movement has heightened awareness among the leading political players of violence against women and women's needs in post-conflict Nepal. There is still a long way to go to address violence against women, overcome multiple discrimination, and give proper recognition to gender issues before gender equality finally becomes a reality in Nepal. Nevertheless, meaningful female participation and gender equality have become a firm fixture on the country's political agenda.

Source: Adapted from Federal Department of Foreign Affairs, Switzerland, 2010, p. 19.)

ii. Livelihoods and economic empowerment

- In the face of the severe economic hardship that conflict and displacement often cause, many women and adolescent girls have limited opportunities to support themselves and their families. Refugee women living in camps, for example, are often not legally allowed to work outside of the camps – and some not even within the camps (Chynoweth & Patrick, 2007). Their economic vulnerability heightens their risk of exposure to sexual exploitation by aid workers, family and community members. In the absence of formal jobs, most will find work in the informal economy—from collecting and selling firewood to running small-goods kiosks in unsafe areas—which may also put them at heightened risk of physical and sexual violence and sexual exploitation. Some may resort to sex work in exchange for money or goods. Families may feel pressure to marry daughters at young ages to generate income, and/or to ensure the economic well-being of the girl (Chynoweth & Patrick, 2007).

- Livelihoods programmes that **include built-in protective mechanisms to monitor and mitigate potential risk factors** can help to reduce participants' exposure to violence and exploitation while empowering them with skills training and social and financial capital. These programs:
  - provide women with safe alternatives for generating income;
  - promote community spaces where women can connect and increase their sense of self-worth and self-sufficiency;
  - foster women's independence, which may increase their ability to leave exploitative or abusive situations;

- provide a platform to address issues of violence, gender norms and power imbalances in the family and community in a sensitive way (Chynoweth & Patrick, 2007).

- Economic programs take various forms--from simple income-generating activities carried out in the household to micro-finance programmes that include a range of financial products and services. **Micro-finance programmes** provide women with the credit to start micro-businesses, and may include a skills or business training component as well as a savings component. Microfinance programs range from those run by formal banks to those started through informal **village savings and loans associations (VSLAs). VLSAs** consist of groups of women that contribute to a common fund, which is then used to give small loans to individual members for business start-up.

- Despite the absence of evaluated programs, the growth of livelihoods programming in conflict-affected settings in the last several years has generated lessons about principles and approaches to safe programming, particularly targeting displaced women and girls.

a. Principles for Establishing Livelihoods Programmes

1. **Women and girls must be included in all aspects of designing and implementing economic projects**. Preliminary focus group discussions and individual consultations with potential programme participants should determine:
   - what type of work participants want to do
   - what income-generating skills they see as valuable and sustainable
   - possible constraints to working, such as childcare, time constraints, etc.
   - barriers to markets, such as cultural and gender norms that exclude women from certain types of work
   - risks associated with economic activity including working in insecure public spaces, and backlash by family members – particularly intimate partners, who may react violently to relationship power shifts precipitated by women generating their own income (Ray and Heller, 2009; Chynoweth and Patrick, 2007).

2. **All economic programmes must be market-driven.** Conducting thorough market assessments is necessary to identify existing and emerging market opportunities, and demand for goods and labor. The assessments should inform programme design to ensure that all skills training, income generation activities, and enterprise development programmes match the identified needs. The economic empowerment of women cannot be facilitated by poorly designed programmes that don't lead to jobs and sustainable income.

Example: The Pigs for Peace microfinance initiative in the South Kivu province of DRC is implemented by village associations who provide vulnerable women (not limited to survivors) a pig as a loan. In cooperation with a local Congolese microfinance NGO, each participant in the project is provided with a female piglet as a "loan." The loan is to be repaid with one piglet from each of the first two litters of the participant's pig. Each participant is also provided with a short course of instruction in husbandry. The instruction addresses the care of a pig, issues as to its health and diet, and where help can be found if needed. During the training participants are introduced to a veterinarian, and provided with the opportunity to consult with the veterinarian on a regular basis. Congolese partners also provide the initial male "parent" pig at the village level.

PFP is designed to bridge the gap between a marginal existence and a functioning reintegration into productive society for the various victims of warfare. Pigs do not need a large amount of space to live and forage – they eat everything and have been commonly raised in Congolese villages – so it is not a new approach. Importantly, in the eastern DRC, women cannot make the decision to sell or kill a cow or goat for food or money, but they can make those decisions about the family pig.

A 2010 qualitative evaluation showed positive benefits on women/ families, where over 210 families received pigs. These benefits included income supported basic needs, health, and education. A 5-year randomized control trial is underway to determine the effectiveness of pig husbandry on survivor physical and mental health.

For more information on the programme, see the Pigs for Peace Website.

Source: Adapted from Great Lakes Restoration Project.

3. **In refugee situations, livelihoods initiatives must include host community members and refugee men** – as well as refugee women – in order to ease tension over employment scarcity and use of natural resources. Refugee women may be seen as taking away economic opportunities or receiving extra benefits from aid organizations if livelihoods programming targets them exclusively (Ray & Heller, 2009).

Example: The Malaika Linen Factory is a private company in Cairo that hires both Egyptian and refugee women to do highly skilled embroidery. It offers a 40-day training and pays transportation and meal costs for women participants. Fifty-five percent of embroiderers are Egyptian; the other 45% are refugee women from Sudan, Palestine, Ethiopia or Eritrea. Retention is based solely upon quality of work and all tools and threads are provided for embroiderers. A

"Training-of-Trainers" model is used so that master embroiderers can teach techniques to newcomers. This model has been successful in integrating refugee and Egyptian women, providing sustainable income and training in transferable skills.

Source: excerpted from Heller & Timoney, 2009, p. 6.

4. **Economic empowerment initiatives must take into account and work with other sectors and projects relevant to women's empowerment.** Economic programmes cannot work in isolation and are more likely to succeed in preventing violence against women if they coordinate with institutions, agencies, and individuals that address other issues related to women's safety and status, such as health services, access to food/water and education, political representation, etc. (Ray & Heller, 2009).

5. **Special care must be taken to prevent backlash against women's economic empowerment.** Livelihoods programmes must be developed carefully to prevent increased violence by partners and other family or community members who may feel threatened by women's economic independence (Ray & Heller, 2009). Care must also be taken to ensure that women's new resources do not make them targets for violence and theft. For anecdotal evidence on potential backlash from economic strengthening, see: **International Rescue Committee. 2012.** Let me not die before my time: Domestic violence in West Africa. New York: International Rescue Committee.

Example: In camps in the Somali region of Ethiopia, the Danish Refugee Council (DRC) is providing micro-grants to entrepreneurs. The programme originally only targeted female-headed households who, as a result of participation, experienced hostility, such as increased verbal abuse from men in the community. DRC responded by consulting community leaders to get buy-in for the programme and engaging men as participants.

Source: excerpted from: Krause-Vilmar, 2011, p. 7.

6. **Special consideration must be given to the particular needs and risks faced by marginalized populations, such as lesbian, bisexual, transgender and intersex women; those from ethnic minorities; young/adolescent women; those with disabilities and others.** Research has shown that marginalized individuals around the world face higher risks of violence and acute discrimination (Office of the High Commissioner of Human Rights, 2011), and this violence may be exacerbated in times of conflict. Research is needed to determine best practices for enhancing the livelihoods of and economically empowering these populations, in conjunction with other approaches to preventing violence.

7. **Livelihoods interventions should seek to be culturally appropriate, while gently challenging cultural norms that perpetuate the oppression of women.** Local culture must be respected and valued without perpetuating gender- and/or ethnicity-based discrimination. Care must be taken not to reinforce existing gender inequalities, or create them where they may not exist, such as by placing women only in (often lower-paid) caretaking jobs (FAO & Dimitra Project, 2010).

b. Conducting Preliminary Assessments

- Conducting preliminary assessments is the first step in designing livelihoods programming. All assessment processes should examine the environment using a variety of techniques, outlined below.

Types of Assessment	Key Objectives	Sample Tools
Participatory Needs Assessment	• Ensure the participation and leadership of women and girls in all assessment measures to determine: ○ existing skills and experiences of the target population ○ current economic coping strategies ○ local demand for services or goods ○ amount of local competition ○ availability of necessary resources ○ possible challenges ○ potential sustainability of a project	When conducting assessments, it is best to adapt already designed and validated instruments and questions. For samples of existing tools, see: Building Livelihoods A Field Manual for Practitioners in Humanitarian Settings Women's Refugee Commission., 2009a. pp 297-320. Preventing Gender-Based Violence, Building Livelihoods: Guidance and Tools for Improved Programming Krause-Vilmar, J. 2011. New York: Women's Refugee Commission. pp. 13-24
Conflict Analysis	• Consider the stage of conflict in planning economic strengthening activities. For example, if repatriation or resettlement is likely to happen in the near future, market research must be conducted in the return area so that income-generating activities can be continued upon relocation. Long-term strategies should consider what skills will be most useful post-conflict (Chynoweth & Patrick, 2007).	
Safety Mapping Exercises	• Assess the various risks faced by women and girls when earning a living. ○ Identify risk factors for sexual exploitation and transactional sex. ○ Identify factors that place women and girls at risk of harm, such as lack of law and order, economic hardship, and separation of families and social groups.	

	○ Identify individuals who may be particularly vulnerable, such as unaccompanied children, female-headed households, disabled females, ethnic minorities, survivors of violence, out-of school youth, etc. (GBV Area of Responsibility Working Group, 2010).	

Example: An aid agency in Aw Barre Camp in Ethiopia designed a livelihoods intervention after observing women borrowing items such as sugar, cigarettes and tomatoes from local community members to sell inside the camp. Refugee women who did not make enough profit from their sales to pay back the financial equivalent of the "loan" faced intimidation, harassment and extortion. Borrowing from the outside community over time became increasingly difficult due to deteriorating relations between host and camp populations. In response, the aid agency designed an intervention to support the burgeoning camp economy in a safer, more profitable way. Practitioners established 20 small women's groups and gave them sufficient start-up capital to purchase vegetables or meats in Jijiga, the closest regional market where goods are well priced. One person from each group was assigned to do all of the purchasing for the group to minimize transportation costs. The vegetables and meats purchased in Jijiga were then resold within the camp in a small market setting. After two months of participating in the intervention, some groups reported that they were already earning profits. One participant interviewed said she could sell one sheep or goat per day, particularly during Ramadan. The aid agency implementing the intervention recognized that household nutritional status was of great concern to many who might not be able to purchase goods in the market. Therefore, the agency simultaneously established a backyard gardening programme for 188 women, including a small number of women from the local community. Incorporating women from the local community was an important step toward defusing some of the tension between refugee and local community members. The agency provided women with the tools, training and seeds to start gardens on the small plots of land behind their homes. While the objective of the intervention was to improve household nutritional status, the aid agency anticipated that some participants would be able to sell or trade some of their produce as well.

Source: Excerpted from Women's Refugee Commission, 2009b, "Working Women at Risk: the Links Between Making a Living and Sexual Violence for Refugees in Ethiopia." New York: WRC, p. 9)

c. Developing Programmes

- In order to increase the likelihood of success, programs should attempt to either replicate positive models of entrepreneurship already operating in the area or integrate women into existing income-generating schemes (Chynoweth & Patrick, 2007). Strategies should take into account non-traditional (i.e. male dominated) income-generating options as well as those that are more typical to women.

- Whether creating new programming or integrating women into existing income-generating programs, special consideration should be given to the following:

    - **Empowerment.** Include education on human rights and violence against women in existing skills training and job placement programs (Krause-Vilmar, 2011).
    - **Solidarity and mutual support.** Create and facilitate spaces where women and girls can share ideas and resources and boost self-confidence (Krause-Vilmar, 2011).
    - **Childcare.** For many women and girls, childcare becomes a major obstacle to engaging in livelihoods programmes. A programme providing childcare gives women and girls more time to devote to economic activities and trainings. To the extent possible, agencies should increase support for day care services so that working women and girls have a safe place for their children (Heller & Timoney, 2009).
    - **Time-saving strategies.** Explore and invest in labor-saving technologies that assist women in efficiency and productivity (Krause-Vilmar, 2011).
    - **The option of working from home.** Many women are unable to leave or travel any distance due to risk, restrictions on their mobility or other responsibilities (Heller & Timoney, 2009).
    - **Women's control over productive assets.** Many women lack legal access to land, or cannot access water or other natural resources in order to engage in agricultural income-generating projects. Advocating for women's access to and control over 'natural capital' reduces their dependency on others, thereby decreasing their risk of exposure to exploitation and/or abuse (FAO & Dimitra Project, 2010).
    - **Women and girls' control over their income.** Even when women are able to earn income, they may be prevented from accessing and

Engaging Women to Identify Protection Strategies

USAID's Office of U.S. Foreign Disaster Assistance (OFDA) Cash for Work (CFW) programs regularly include consultations with women when designing programs. Lessons they have learned over the years are to:

1. include women in supervisory roles, as CFW crew leaders and managers, as well as participants;
2. ask women to identify appropriate CFW tasks for them to carry out as necessary;
3. determine the minimum number of women who should work in a group for safety;
4. deposit payments directly into bank accounts that women control, when available;
5. provide daycare services for CFW beneficiaries' children;
6. time CFW activities to allow women to travel and return home safely.*

* Laura Meissner, Economic Recovery Advisor, OFDA, interviewed by Jina Krause-Vilmar, tape recording, New York City and Washington, D.C., April 11, 2011.

controlling their earnings, either because they don't know how to manage their income, or because their money is automatically given to their husbands or other male family members. Livelihoods programmes can help women and girls set up bank accounts and provide financial literacy training so they can effectively manage and control their earnings (Krause-Vilmar, 2011). Saving in groups can also be helpful (see Katz et. al., 2012.)

- **Adequate income.** Many women may still resort to transactional sex and other risky alternatives if these are seen as more lucrative and readily available than income-generating projects. The money earned from livelihoods programs must be sufficiently reliable and remunerative to ensure women are not compelled to engage in dangerous alternatives.
- **Diversify income streams.** Many women and their families must rely on multiple income streams in order to meet household expenses. Programmes should promote multiple livelihoods strategies to help ensure adequate income (Child Protection in Crisis, 2012, draft).

- **Engaging men is critical to building a supportive environment for women's livelihoods programs.** Many approaches to empowering women unintentionally alienate men, resulting in an increase in violence against women entrepreneurs. Involving men can mitigate potential backlash by lowering the chance that men will be threatened by women's economic empowerment (Ray & Heller, 2009).
  - **Gender dialogues and mixed-gender discussion groups** are a creative way of involving men and reducing the risks of violence against women. Dialogues focusing on household economics and decision-making can be helpful in addressing underlying power and gender dynamics in a non-threatening way (Ray & Heller, 2009).
  - **Engaging male community leaders** in support of women's participation in income-generating activities can enhance women's safety and acceptance in the community.
  - **Engaging men as clients and participants** in the same or parallel programmes can reduce harassment of women and perceptions of special treatment.

- **Improving organizational capacity helps ensure livelihoods programmes are working within an empowerment model**. Programme administrators and managers of economic programmes should have expertise and experience in women's empowerment. Qualified specialists in violence against women, who understand gender and the ethical considerations in working with survivors should be consulted in the design and implementation of economic programs. Mentorship and project site visits are also useful to build the organizational and technical capacity of local partners.

Case Study: The Women's Protection and Empowerment (WPE) program of the International Rescue Committee (IRC) works to empower women socially and economically through the EA$E (Economic and Social Empowerment) Program. The EA$E Program seeks to promote safer gender dynamics in the household by increasing women's decision making in the home. It does this through three components of empowerment:

1) Access to financial services through VSLA. Using the model of Village Savings and Loan Associations (VSLA), groups of 15-30 women come together to save money collectively and contribute to a common fund. This common fund is then used to give small loans to individual members, which they pay back at a modest interest rate. Over time VSLAs contribute to women's income and create a space of social and economic support.
2) Gender dialogues – *Talking about Talking Discussion Series*. Preliminary research has shown that adding space for gender dialogues – in addition to economic programs for women – can be helpful in reducing Intimate Partner Violence (IPV). The EA$E Program facilitates an ongoing discussion series for VSLA members and their spouses. These dialogues focus on household finances and economic decision-making, while also incorporating deeper issues of power imbalance, women's value in the home and alternatives to violence. These dialogues address underlying attitudes towards violence against women, decision-making and relationship dynamics that economic programs on their own do not address. At the same time, participants are able to address these topics in a non-threatening way by making the improvement of household well-being – rather than intimate partner violence – the main focus of these discussions.
3) Business training. VSLA members are trained in practical business skills that help them effectively use loans, explore profitable business opportunities, and expand small-scale business activities.

The EA$E program is operating in nine countries throughout Africa and conducts ongoing rigorous impact evaluations. Initial measures in the pilot program in Burundi showed that integrating the discussion series along with economic empowerment led to a decrease in IPV levels and acceptance of violence, and an increase in women's involvement in decision-making and use of negotiation skills between spouses.

For more information, see:

International Rescue Committee (n.d.). *Economic and Social Empowerment (EA$E) Program for Women.* Brochure.

International Rescue Committee (n.d.). "Getting Down to Business: Women's Social and Economic Empowerment in Burundi." New York: IRC.

d. Monitoring and Evaluation

- Monitoring and evaluation are critical to the on-going safety and success of livelihoods programs. In addition to monitoring the effectiveness of programs in terms of income-generation, special consideration should be given to monitoring **the changing nature of women's and girls' vulnerabilities to violence.** Strategies should include:
    - Identifying who is participating and who is not. This data should be disaggregated by age and possibly other characteristics (e.g. residency status, ethnicity, religious affiliation, sexual orientation, etc.) to determine which women benefit and which women do not.
    - Measuring decreases or increases in the incidence, severity and/or risk of harm or violence.
    - Child labor and school enrolment rates will likely be affected by any economic strengthening programme and should be monitored to mitigate negative effects (Katz et. al., 2012).
    - Identifying factors that facilitate violations, such as household-level vulnerabilities, disruptions in agricultural practices, economic instability, insecurity, etc.
    - Learning who is orchestrating, encouraging, permitting and colluding in the perpetration of violence (GBV Area of Responsibility Working Group, 2010).
    - Modifying programmes, based on programme monitoring, to increase the safety of participants.
    - Establishing referral systems for participants who fall victim to violence while on the job or in training (Heller & Timoney, 2009).

- In addition, it is especially crucial to establish measures for monitoring the safety of women and girls entering into domestic labor. Codes of conduct should be signed by families receiving domestic workers and accountability and follow-up should be an integral part of any domestic service placement programme (Krause-Vilmar, 2011).

    - For guidance and resources on domestic workers, see the dedicated section of the International Labour Organization website.

Example: The Egyptian Sudanese Development Center in Arba wy Nuss runs a domestic service training and placement programme. The director of the programme promotes the protection and fair treatment of refugee women on a grassroots level by accompanying graduates to their placement homes, recording the names and contact information of employers, as well as the agreed-upon salary. This small step serves to hold families accountable and illustrates the role the community center is willing to play on behalf of refugee women.

Source: Excerpted from Heller & Timoney, 2009, p. 7.

e. Advocacy

- An important lesson learned in developing livelihoods programming in conflict-affected settings is that advocacy is an essential component in any efforts to improve women's participation in income-generation activities. Advocacy may focus broadly on rights issues, such as women's rights to employment, property ownership, inheritance, protections in marriage, access to resources, and access to education and training (Ray & Heller, 2009). Advocacy may also focus more specifically on better working conditions for women, such as childcare. In refugee contexts, it may be important to ensure that host governments recognize the legal status of refugee women and give them the legal right to work, including outside of the camps and in urban areas (Chynoweth & Patrick, 2007; Ray & Heller, 2009).

Case Study: UNHCR funds the Coptic Evangelical Organization for Social Services (CEOSS) in Egypt, to run an economic development programme for refugees. This programme consists of vocational training and job placement components. From 2007 to 2008, the programme trained 300 refugees (43 percent female) and placed 94 participants in jobs upon graduation. Market assessments were conducted by specialized consultants to identify areas for which there was an identified labor demand. Those selected, including medical care/nursing, embroidery, Internet-based enterprise, computer maintenance and others, either did not require work permits or could be done from home. For refugee women, working from home decreases their risk of on-site gender-based violence and need for child care. CEOSS developed relationships with Egyptian employers in order to create a "job bank" for referring graduates of the programme. Before sending trainees to interview at selected companies, they provided interview training. Before entering a position, many underwent an apprenticeship period where they received further, more specialized, training. Overall, the CEOSS programme is a strong example of an innovative refugee livelihood programme that is based on market needs, includes creative outreach to employers and has training and job placement components. But it was not without its challenges. Some of the obstacles this programme faced include the fact that many refugees prefered to work in industries that were relevant in their home country or are in demand in resettlement countries. Practitioners reported that some refugee participants were less interested in the dynamics of the Egyptian labor market. Practitioners also reported that refugees who did not speak Arabic were much harder to place. Another obstacle was that some refugees reportedly feared that participation in the programme would negatively affect their ability to receive minimal cash assistance or other forms of aid.

For a list of training manuals, training kits, and films used by the CEOSS in economic development, see the website. All resources are available to

community-based organizations and other practitioners free of charge by contacting CEOSS directly.

Source: Excerpted from Heller & Timoney, 2009, p. 6.

Additional Tools:

- For a checklist for mainstreaming protection and prevention efforts into livelihoods Programming, see Women's Refugee Commission: Integrating Protection/ GBV Mitigation into Livelihoods Programmes.
- Women Savings and Credit Association: Manual for Community Volunteers to Facilitate Group Meetings about Domestic Violence. This manual was created by WOSCA, a domestic violence programme in Tanzania, and includes tools for facilitating groups on domestic violence, gender, culture, and prevention.
- Women's Refugee Commission. 2009a. Building Livelihoods: A Field Manual for Practitioners in Humanitarian Settings. New York: Women's Refugee Commission. This document gives a comprehensive overview of livelihoods programming and provide assessment, design, and monitoring and evaluation tools.
- The Women's Refugee Commission has developed an *e-learning tool* to help practitioners, policy makers and donors in the field and at headquarters gain a better understanding of how to mitigate the risk of GBV through safe and effective livelihood interventions. After the completion of the course, participants will understand the links between gender-based violence and livelihoods, learn approaches to reduce the risk of gender-based violence, and understand how to develop safe and effective livelihoods programs for displaced people.
- See additional information about WRC's livelihoods programming and Women's Refugee Commission. 2009b. Working Women at Risk: the Links Between Making a Living and Sexual Violence for Refugees in Ethiopia. New York: WRC.
- For a preliminary exploration of best practices, see pages 16-21 of The Danish Institute for Human Rights and World Outgames. 2009. Copenhagen Catalogue of Good Practices.
- See also: The Yogyakarta Principles: The Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity. 2006. Available in 6 languages.
- Chynoweth, S. & Patrick, M. 2007. Sexual Violence During Firewood Collection: Income-Generation as Protection in Displaced Settings. In Terry, G. & Hoare, J. (eds.) Gender-Based Violence. Oxfam GB: Oxford, UK: pp.43 – 55.
- For an example of a "safe savings" component to microfinance programmes, see the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) study.

- For a presentation on the impact of combining discussions groups about gender and violence with a savings and loan programme, see: Annan, J., Watchter, K., & Iyengar, R. 2009. Impact Evaluation: Prevention of Sexual and Physical Violence against Women in Burundi. Presentation, SVRI Forum.

For recommendations and steps for assessing, designing, monitoring & evaluating economic programmes for **children in crises**, see:

- *Chaffin, J. and Rhoads, N. Forthcoming (Draft). "Children and Economic* Strengthening Programmes: How to Maximize Benefits and Minimize Harm." Child Protection in Crisis.
- Child Protection in Crisis Livelihoods and Economic Strengthening Task Force, 2012. Children and Economic Strengthening Programs: How to Maximize Benefits and Minimize Harm. Child Protection in Crisis (CPC) Network. (draft).
- Katz, B., Chaffin, J., Alon, I., & Ager, A. 2012. Livelihoods, Economic Strengthening, Child Protection and Well-Being in Western Uganda: Final Report. Child Protection in Crisis. This study in Western Uganda tried to determine the links between household income/assets and the protection and well-being of children. We also explored if and how economic interventions for caregivers could improve the lives of the children in their care, without doing inadvertent harm. Armed with answers to these questions, governments, NGOs and donors should be able to make better funding and programming decisions.
- *Child Protection in Crisis. 2012a.* Child Safeguarding in Cash Transfer Programming. Provides personnel using Cash Transfer Programming with advice on the child protection issues to consider during preparation, planning, implementation and monitoring.
- *Child Protection in Crisis. 2012b.* What Cash Transfer Programming can do to Protect Children from Violence, Abuse, and Exploitation: Review and Recommendations. Examines the links between cash transfers and the positive and negative outcomes for children, in particular the role cash transfers have played in protecting children from harm, exploitation, abuse and violence.

iii. Life Skills Programmes for Children and Adolescents

- Life skills programmes are those that seek to build capacity of individuals to make decisions and take actions that positively impact their lives and the lives of those around them. A primary goal is to promote psychological as well as physical well-being. One popular example of a life skills intervention is programming that seeks to empower youth to make responsible and healthy choices regarding reproductive health issues, particularly related to the risk of HIV. Life skills programming also shows promise as a VAWG prevention strategy, insofar as life skills can address both the individual and

interpersonal issues which inform the perpetration of violence (McCauley et. al., 2010). While life skills programming related to VAWG is relatively new to conflict-affected settings, there are a isolated examples from which to build a broader base of practice.

- Conflict settings can expose youth to a toxic mix of violence, poverty, and idleness. Without viable solutions and/or positive role models, youth are at risk of embracing militarized ideologies and perpetuating a cycle of violence in their relationships and communities. On the other hand, when given sufficient support and resources youth can be important participants and leaders in all processes of reconstruction.

- Reaching young boys and girls through life skills programmes – both within and outside of the education system – provides an opportunity to develop leadership abilities, provide vocational training, and integrate elements of empowerment for girls and young women. These programmes help to shift cultural norms and create social change for the next generation of children. The following are guidelines to consider when implementing programmes for children and adolescents (adapted from McCauley et. al, 2010).

    1. Life skills and leadership education programmes that address VAWG must be firmly rooted in theories of youth development, violence prevention and health behaviour change.
    2. Conduct a situational analysis or needs assessment before programme development to understand the needs and wants of a community and determine whether infrastructure exists or must be developed.
    3. Provide safe spaces for girls to meet, learn, build community and develop skills.

Case Study: Haiti Adolescent Girls Network, "Espas Pa Mwen" Program

In 2010, the Haiti Adolescent Girls Network created a program called "Espas Pa Mwen"—"My Space" in Creole—to address the problem, in their words, of "missing the emergency" that adolescent girls experienced in post-earthquake Haiti. Many adolescent girls expressed never feeling unconditionally safe, and had no space where they could express themselves. Without this infrastructure, adolescent girls would not be able to build much-needed social capital and economic assets. Through "Espas Pa Mwen" programs at 17 sites, established by over 40 participating organizations, over 550 adolescent girls spend a few hours a week meeting peers, learning, and playing. With 36 trained mentors from their communities, they focus on their interests, skill building, and each other.

Mentors are available at all hours and provide a safe connection between adolescent girls and society. They help adolescent girls access services, negotiate family situations, and navigate school settings and unsafe

communities. They also deliver core program content, including 30 hours of materials in French and English in the areas of Sexual and Reproductive Health, Leadership, Community Engagement, Preventing and Addressing Violence, Psycho-social Support, Financial Literacy, and Water and Sanitation. The Network Coordinator develops this material, organizes resources, and offers technical support. To realize this dedicated approach to adolescent girls, international NGOs mobilized their resources and the Haiti Adolescent Girls Network established a small grant fund to support grassroots and local organizations, stipulating that they pay mentors a stipend and create spaces dedicated to adolescent girls.

After its first year, "Espas Pa Mwen" leaders identified several lessons:

- A collaborative learning environment must be carefully built, as organizations in emergency contexts do not often come together with a sense of shared trust.
- A network coordinator is vital to managing multiple actors at various levels.
- The number of participating organizations making a leap into adolescent girl-centered programming is as important as the number of participating adolescent girls, as it signals transformation in organizational culture.
- Defining catchment areas—in some cases, conducting house-to-house surveys using GPS technology—enables targeted recruitment. Demand-led recruitment may bypass important segments of adolescent girl populations who may be less visible.
- Adolescent girls responded to a program mixture in health, social, and economic skills building, and demonstrated interest in financial literacy content.
- The Haiti Adolescent Girls Network insists that mentors be paid a stipend, recognizing that young women are an important resource and should be compensated, and that they often face the same pressures as the adolescent girls they serve. This provoked resistance from organizations accustomed to volunteer mentors.
- A defined meeting space should guarantee both physical security and aural privacy. Network members typically designate locations to be dedicated for adolescent girls' use for specific periods of time.

For more information see the IRC dedicated page on the Espas Pa Mwen Programme.

Source: Excerpted from **Siddiqi, A. 2012.** "Missing the Emergency: Shifting the Paradigm of Relief to Adolescent Girls." The Coalition for Adolescent Girls. p. 6.).

4. Consider whether a school-based model or a model that targets out-of-school youth is more appropriate for the target population. Include an

analysis of cost, infrastructure in the target population, and overall goals of the programme.

5. As VAWG is rooted in cultural norms that are enacted through interpersonal relationships, a strategy must be developed to engage community members beyond the target population (e.g. families of adolescent girls). Incorporating mass media is a viable strategy to catalyze social norms change.
6. Include youth in the development of the programme if peer-education and youth involvement is critical to the implementation of the programme. Collaboration with Youth Serving Organizations (YSOs) may provide valuable access to youth and youth friendly spaces in which the programme may be implemented.
7. Life skills education may be most effective if combined with livelihoods programmes such as employment, vocational or credit programmes that promote long-term sustainability.
8. Clearly develop a strategy for programme retention that is specific to the needs of adolescent girls in the target community. Many girls face difficulty regularly attending programmes due to their responsibilities at home and in the community and due to the risk of experiencing abuse on their way to and from school.
9. All life skills programmes should be thoroughly monitored and evaluated for effectiveness so research can inform the development of future life skills programmes. Evaluated life skills programmes, specifically those that address VAWG, are limited.

Case Study: Preventive Activities and Training that Work for At-Risk Youth (PATHWAY)

This programme was designed and implemented by the American Refugee Committee (ARC), which operated between 2005 – 2007 in Guinea's Forest Region, with financial support from USAID. The project aimed to promote reconciliation and reduce conflict in Guinea's border regions, an area marked with high levels of violence against women, by equipping youth with conflict prevention-oriented life-skills trainings. Further, PATHWAY facilitated access to economic opportunities for at-risk youth by removing the economic incentives for conflict.

One of the overarching objectives of the programme was for youth to resist participating in violence. This goal was achieved through two main sub-objectives: (1) economic incentives and (2) developing youth coping skills and positive attitudes. The first sub-objective was achieved by identifying master artisans to take on apprentices as well as selecting local economic and educational organizations to train or employ youth. Over 1,000 youth were trained by the master artisans and included skills such as carpentry, tailoring, hairdressing, and electronics. The second sub-objective, focusing on coping

skills, positive attitudes, and skills to deal with life, was addressed through life-skills training modules based on the results of a needs assessment. The modules were delivered by 14 master trainers recruited by ARC. Module 1 included concepts such as self-awareness, identifying personal strengths, developing positive attitudes, and building healthy relationships. The second and third modules addressed conflict prevention and self-reliance, including business skills. The fourth and fifth modules concentrated on the health and well-being and community leadership including decision-making and conflict-management, respectively. The Master Trainers delivered these modules through role plays, group discussions, and other training methods to 250 *youth animators* who, in turn, delivered the modules to 5,000 youth beneficiaries, divided into groups of 20-25 people for a total of twenty hours of training. A noted challenge to the programme was low female participation in debates and discussions. As such, the youth animators were trained on how to engage participants who were shy or unassertive, with a particular focus on encouraging girls. Overall, however, only 25% of the youth that participated in PATHWAYS were female.

Over two years, a total of 11,000 youth, aged 16-35 years, were reached with these life skills training modules. The programme received promising results with over half of the participants reporting an improvement of overall conflict prevention behaviour and a lower rate of poverty. In year one and two, 36% and 58% of youth, respectively, also reported an increase in GBV awareness and an overall decrease in reported incident cases of domestic or sexual violence.

For more information on the PATHWAY Program, see a full report.

Source: McCauley, H., Falb, K., & Silverman, J. 2010. "Addressing Gender-Based Violence Through Life Skills and Leadership Education Among Adolescent Girls in Africa: Technical Review for the International Rescue Committee."

Additional Resources:

- **Promoting and Protecting Adolescent Girls** (Women's Refugee Council) power point.
- **Promoting the Protection and Empowerment of Girls in Dadaab, Kenya** (International Rescue Committee and Population Council) power point and toolkit.
- **Economic Strengthening to Mitigate Risk of GBV for Adolescent Girls in Emergencies** (UNICEF and Women's Refugee Commission) power point.
- **Dancing in the Storm: A Girls Empowerment Framework in Zimbabwe** (UNICEF) power point.

iv. Disarmament. demobilization and reintegration

- Disarmament, demobilization and reintegration (DDR) programs seek to contribute to sustainable peace and long-term development by transitioning ex-combatants from conflict-related roles to contributing members of society through the provision of services, training, and livelihoods opportunities (Council of the European Union and the European Commission, 2006).

- However, DDR programmes have not always adequately considered gender-related issues. In particular, female ex-combatants and women associated with armed forces (women associated with armed forces) may have difficulty accessing DDR services because they are not considered a security risk, or because of restrictive policies such as "no weapon, no entry" rules, which exclude women who served non-combat roles (i.e. as cooks or sexual slaves) (Specht, 2006). Other females may hesitate to utilize DDR programs due to social stigma and fear of discrimination. For example, female combatants are often denounced as "unfeminine," and mothers who have given birth to children out of rape may face social rejection when they seek support. Further, many DDR programmes are tailored only to men and do not consider the gender-related needs and safety concerns of women, putting them at continued risk of sexual violence in the cantonment sites where demobilization takes place (Specht, 2006).

- And yet, without support of DDR services, women associated with armed forces risk becoming even further marginalized and excluded from community and social support mechanisms (UNDP, 2011). With few skills to support themselves former women associated with armed forces may resort to prostitution or sexually exploitative relationships in order to survive (Council of the European Union and the European Commission, 2006).

- In addition, a failure to understand the particular social challenges of male ex-combatants in DDR programming may inadvertently contribute to violence against women. Male ex-combatants often reintegrate into communities that have experienced shifts in social norms and gender roles due to conflict. Some may experience a "crisis in masculinity" as their previous identity as a soldier or fighter (where their masculinity is highly associated with violence) dissolves. They may react to this crisis with increased violence against women and girls (Council of the European Union and the European Commission, 2006). When former ex-combatants are sent back to their communities without psychosocial support, clear roles or marketable skills to help them reintegrate, communities often see a rise in alcoholism, drug abuse, and violence against women (Steinberg, 2007).

- SCR 1325 (2000) "encourages all those involved in the planning for disarmament, demobilization and reintegration to consider the different needs of female and male ex-combatants and to take into account the needs of their dependents." Because of the risks involved for women in the community and women associated with armed forces during DDR, it is essential that gender

be mainstreamed throughout every aspect of the DDR process. The following are guiding principles and key recommendations for preventing VAWG through gender-sensitive DDR programming.

Video: When Peace Comes: A gender perspective on DDR and post-conflict recovery
<iframe width="640" height="360" src="//www.youtube.com/embed/VHHavw5-_KM?feature=player_detailpage" frameborder="0" allowfullscreen></iframe>

a. Principles for Establishing DDR Programmes

- **Engage women and girls in all aspects of the DDR process.** Women and girls – ex-combatants as well as community members – must be involved in the assessment, planning, implementation, and monitoring and evaluation of all aspects of the DDR process, so that their security and protection needs are fully taken into account (UNMIL and OGA, 2010). For example:
    - Higher-ranking female ex-combatants can be an invaluable resource in contributing to post-conflict society and the rehabilitation of girl ex-combatants. In order to maximize their potential, special attention must be paid to the inequality, stigma and poverty they face (Specht, 2006).
    - Countries contributing troops for DDR and peacekeeping purposes should fast-track women for deployment, provide them with training and offer enhanced employment opportunities (UNIFEM, 2004).
    - Gender experts should be deployed in the assessment, planning, design, and implementation of all DDR programmes. Ensure adequate funding is available for these experts from the start of all programmes (UNIFEM, 2004).
    - Quota systems should be adopted in the security sector and in the political, economic, and local NGO arenas to ensure equal representation of women. (For more information see Engaging Women in Participation and Leadership.)

- **Avoid one-size-fits-all models of DDR.** The experiences and needs of women and girls associated with armed groups vary extensively depending on their role in the conflict, duration and intensity of involvement, experiences of trauma, connection to their family and community, and countless other factors. DDR programmes should assess needs and capabilities individually and ensure women and girls have the autonomy to choose what is the best course of action for their situation (Council of the European Union and the European Commission, 2006).

- **Use a community-based approach that seeks to serve both women and men, ex-combatants, supporters and civilians.** Community based social reintegration promotes reconciliation and peacebuilding among DDR participants, as well as building social cohesion among women at the community level (UNDP, 2011). Programmes should foster alliances between female ex-combatants and women's organizations in the community

to enhance opportunities for skill sharing and support (i.e. through motherhood or livelihoods programmes). Involving women throughout the DDR and peacebuilding process is integral to the reformation of law and justice systems in a way that is equitable toward women. Successful DDR requires that women be involved in the difficult decisions of "how to balance restoration of community life and retribution for crimes committed during the war" (USIP, 2011, p. 5).

- **Maintain ongoing coordination with all international, national, and local stakeholders, and take the larger picture into account.** The safety needs of women associated with armed forces and women in the community should be mainstreamed throughout all the sectors that may be enlisted to provide support to the DDR process (UNMIL and OGA, 2010). DDR is most successful when there is a functioning state that can provide basic services, a functioning economic system with opportunities for livelihoods, and a legal system that supports women's equality. Any or all of these may have been heavily impacted during conflict. DDR programmes must consider weaknesses in the system, use creativity to capitalize on strengths, and work in conjunction with other actors to support overall rebuilding efforts (Council of the European Union and the European Commission, 2006).

b. Conducting Preliminary Assessments

- Conducting preliminary assessments is the first step in designing effective DDR programming. All assessment processes should engage the populations they are hoping to serve. Key assessment areas include:

    - Gender Assessments. Conduct initial assessments, such as focus groups, of specific capacities, vulnerabilities, and issues faced by (1) women associated with armed forces; and (2) women and girls in the community; taking into account the diversity within both of these groups and the overlaps among them (UNDP, 2011)

    - Reintegration Opportunities Mapping. Assess opportunities where WOMEN ASSOCIATED WITH ARMED FORCES and male ex-combatants will be able to participate in their communities economically and socially (UNDP, 2011).

Additional Tools:

- Women, Gender and DDR (DPKO, 2006). Available in English.
- Second Generation Disarmament, Demobilization and Reintegration (DDR) Practices In Peace Operations (DPKO, 2010). Available in English.
- For tools such as Focus Group Guidelines, Questionnaires, Market Opportunity Analysis, and Reintegration Support Services Mapping, see:

Specht, I. 2008. "Socio-Economic Profiling and Opportunity Mapping Manual." NODEFIC and Transition International. p.63 – 109.

- Disarmament, Demobilization and Reintegration: Mapping Issues, Dilemmas and Guiding Principles (Ball, N. and Goor, L. van de, 2006). Available in English.

c. Developing DDR Programmes

Ensure Women Associated with Armed Forces are eligible for and have access to participate in all DDR activities and services	• Overturn "no weapon, no entry" rules for eligibility into DDR programmes, and expand the definition of "ex-combatants" to include women who serve non-combative functions such as sex-slaves, wives, cooks, messengers, spies, etc. (UNMIL and OGA, 2010).
	• Shift the primary objective of DDR from that of disarming security risks, which mainly targets men, to that of enabling "those worst affected by war to achieve a level of human security and equality to which they are entitled under international law" (Specht, 2006, p. 103), which inherently puts women and children at the forefront of DDR efforts.
	• Support outreach efforts, such as awareness-raising and sensitization campaigns, to recruit and include women associated with armed forces in DDR programmes.
	  ○ Engage, empower, and enhance the capacity of female leaders and women's organizations to spearhead outreach efforts.
	  ○ Counter myths and fears held by female ex-combatants – for example, that they won't be able to get married or travel outside of the country if they engage in DDR.
	  ○ Address the social stigmas faced by ex-combatants that prevent them from coming forward and seeking services.
	  ○ Utilize radio programmes, focus groups, and field visits to disseminate and clarify information about DDR services offered (UNMIL and OGA, 2010).
	
	Example: When the DDR process began in Liberia in 2003, there was a "no weapon, no entry" rule for eligibility, with little attention paid to the needs of women. After the first phase was suspended in 2004, the United Nations Mission In Liberia (UNMIL) began to advocate for a change in the classification of women who had no weaponry to present but had been actively involved in the conflict. It was proposed that women no longer be labeled as "camp followers" (their original

	category within the national framework), and to instead be identified as active combatants, thus making them eligible for DDR. The definition of ex-combatants was expanded to include not only active fighters (those with weaponry available) but also women who supported the fighters in any other role, including as sexual slaves, cooks, spies, messengers and wives of combatants. These women were henceforth recognized as "Women Associated with Fighting Forces (WAFFs)". Operationally, this meant that women would not have to present ammunition in their initial registration, and would be admitted based on their description of their role. This advocacy effectively transformed the DDR process from a strictly military operation to one which fully considered the needs of the entire community. Reaching women through centralized information operations and decentralized NGO networks had the most significant gender impact in the context of Liberia's DDR programme. Stakeholders successful in information dissemination and sensitization identified an inclusive outreach process by facilitating national NGO networks for women in the country. Focus group and community respondents cited this as key, along with a centralized public information campaign. Success was also achieved through enhancing the capacity of women's NGOs, making them better able to reach out and communicate with female combatants, and to provide vital services and address issues as they arose. It was the full and sustained engagement of women's NGOs throughout the process that enhanced the role of women, increased their numbers and protected them from exploitation at the various levels in the process. This coordination served as a motivating factor, increasing trust and promoting women's participation in the DDR process. (Adapted from UNMIL and OGA, 2010, pp. 12-13 and 16-17).

Address the specific needs and safety risks of women associated with armed forces	• Special protection measures should be put in place to prevent violence against women and girls who are participating in DDR programmes. For example:
	  ○ Provide separate transfer for males and females to and from cantonment sites.
	  ○ Design cantonment camps with separate areas for women and girls, so that they are ensured privacy and protection. Adopt other camp design and camp management strategies used in refugee settings to prevent VAWG, such as providing regular security patrols of the camp,

	and ensuring that services are available in ways that women can comfortably and safely seek and use them. Care must be taken to address the specific needs of transgender individuals who face additional risk in male-female segregated shelters when their identified gender is not recognized or honored. A great deal more research is needed to determine best practices for transgender people in conflict and post-conflict settings. For preliminary research and steps taken in post-disaster Nepal, see: Knight, K. and Sollom, R. 2012. Making Disaster Risk Reduction and Relief Programs LGBTI-Inclusive: Examples from Nepal. Humanitarian Exchange Magazine, Issue 55, September. ○ Provide support, counseling, protection options, and economic alternatives to girls and women who remain in exploitative or abusive relationships. While some choose to stay in such relationships for a variety of reasons – and breaking these bonds immediately can risk backlash or additional hardship – providing such services can help to empower and increase their options (Specht, 2006). ○ Consider discussing and providing financial portions of DDR packages to women and girls discreetly and away from male family members. • Provide women and girls with equal opportunities and resources. These should include gender-sensitive programmes for health and counseling, rehabilitation, resources and assistance in formal education, vocational or on-the-job training, and psychosocial counseling (UNMIL and OGA, 2010). Provide individual counseling and case management – such as Information Counseling and Referral Services – so female participants may plan their reintegration and livelihoods strategies based on skill, interest, experience, and potential barriers (UNDP, 2011). Ensure women and girls receive equal benefits in DDR packages as men and boys – for example, access to land, resources, and tools. • Support the multiple roles held by women and girls, and distinguish specific needs based on: age and maturity, their role served in the armed group, rank (if a fighter), whether they were part of an all-women's or mixed gender unit, length of association, reason for joining (coercion or voluntary), skills and education, and surviving family and

	community (Specht, 2006). • Provide childcare and address the needs of pregnant or lactating mothers participating in the programme (UNDP, forthcoming). • Support the empowerment and autonomy of female participants. Women and girls should take the lead in actively planning their reintegration process, such as where they wish to live upon resettlement and the livelihoods strategies they wish to pursue (UNIFEM, 2004).

Recognize and address the specific needs and safety risks of women and girls in the community	• Before DDR is implemented, it is paramount that a general level of security exists – and continues to be provided – for women and girls in the community (Council of the European Union and the European Commission, 2006). For example:
	  ○ Assess and address the needs of women who provide care for sick, traumatized, and potentially violent ex-combatants (UNIFEM, 2004).
	  ○ Monitor male ex-combatants returning to the community and assess for increases in domestic violence.
	  ○ Involve wives and other female family members of male ex-combatants in the DDR process, including in the signing of agreements and financial allocation plans, so they are fully aware of and involved in the process (UNDP, forthcoming).

Work to transform social norms that condone violence and discrimination against women and girls	• Provide ongoing assessment and monitoring of community attitudes toward returning women and girl ex-combatants. Use campaigns to target community and social norms and encourage the protection and acceptance of female ex-combatants (UNIFEM, 2004). Work to shift cultural norms and attitudes held by male ex-combatants, who most likely perpetrated or witness war-related sexual violence against women and girls (Vann, 2009). • Address the on-going psychosocial needs of male ex-combatants. Trauma counseling, support and adequate rehabilitation interventions should be provided for all men and boys, as well as women and girls, as this can help reduce their likelihood of engaging in violence in the future (IANSA, 2010; UNDP, 2011). • Work with other sectors to advocate for gender equitable laws and policies that ensure equal rights for women, such as rights to own land and property, recognition as heads

	of households, the right to own livestock and farming equipment, the right to farm cash crops, and equal access to community farm implements. • Prevent the re-involvement of children in violent activities. Boys who are abducted into armed groups learn from a young age that violence against women and girls is acceptable, and this belief must be challenged and unlearned through effective DDR programmes. In addition girls must be protected from being re-engaged by armed groups. Attention should be given to providing both girls and boys with education, life skills, trauma-healing services and psychological/ physical rehabilitation (Council of the European Union and the European Commission, 2006).
Support socio-economic reintegration and address unemployment and poverty	• Unemployment and poverty have been root causes of conflict in countless situations, and at the very least tend to exacerbate all forms of violence – including VAWG. It is essential that DDR programmes seek to provide ex-combatants with livelihoods opportunities upon reintegration (Council of the European Union and the European Commission, 2006). • **Ensure livelihoods opportunities are part of a larger package of reintegration services for ex-combatants.** Reintegration packages can involve vocational training, literacy training, material support, referral services, and follow up support for sustainability. In addition they should include: ○ *A reproductive health component.* to provide women with necessary services and information. This component can also engage and train peer educators, health care providers, case workers, men and boys, and other community members in preventing VAWG. ○ *A psychosocial component* to address the unique psychosocial needs of both female and male ex-combatants. ○ *A civic education component* to address gaps in key life skills that result from being removed from civil society and formal (or informal) education systems for long periods of time. • Closely monitor the use and spending of livelihoods resources to ensure they are reaching their beneficiaries and being used for appropriate economic purposes. Many communities face problems – and increased violence – when money given through DDR programmes is abused or spent on alcohol. Women and girls may also be

	exploited by intimate partners and/or family members if appropriate monitoring is not in place (UNIFEM, 2004). Example: In South Sudan, UNDP partnered with the Sudanese Red Crescent Society and LABENA Women's Organization and assisted in the development of Civilian Training Packages. These packages offer training of trainers programmes in 10 manuals, including: ○ Human Rights/Women's Rights - ○ Comprehensive Peace Agreements/Civic Rights ○ Conflict Resolution ○ Reproductive Health/Parenting ○ Leadership/Citizenship ○ Hygiene and Sanitation ○ HIV/AIDS and STIs ○ Nutrition ○ Malaria/Diseases ○ First Aid Community members selected 200 female participants, and participants received food packages from World Food Programme. Trainings were conducted for 33 facilitators on using the 10 Manuals. The facilitators trained groups of no more than 40 women (civilian and women associated with armed forces) for 30 days and conducted discussion groups with them on the 10 topics. The project will serve as a model for the roll-out of Civic Education across the Sudan DDR Programme. In addition, low literacy pictures will be added to each manual to make them more useful for low literacy populations (adapted from UNDP, 2011, p. 11).
Increase the effectiveness of disarmament and prevent the spread of small arms and light weaponry	• Support women's organizations in campaigning against the spread of small arms, which contribute to acts of violence against women and girls, and in monitoring the collection of weapons during demobilization. Advocate for the creation and implementation of gun control laws (Council of the European Union and the European Commission, 2006; UNIFEM, 2004). • Ensure weapons collected during the DDR process are adequately guarded or destroyed (UNIFEM, 2004). • Examine the practice of exchanging guns for cash incentives, as this has been shown to create new and dangerous arms trades. Consider more long-term incentives that target reasons why ex-combatants wish to withhold their weapons (for example, the prestige and power of owning a gun). Involve the community in all aspects of disarmament efforts to encourage the use of social pressure (UNIFEM, 2004).

	• Target lower-ranking and peripheral combatants, not only those in the most powerful and high-ranking positions, to maximize the effectiveness of disarmament. For more information, see IANSA, 2010; and Barr, C. and Masters, S. 2011. Why Women? Effective engagement for small arms control. London: IANSA). **Example:** The Liberian Women's Initiative (LWI) was created in 1994 in response to the lack of progress and the silence of women's voices in the peace talks. The group, open to all women, regardless of ethnic, social, religious or political background, chose 'disarmament before elections' as their primary goal. They targeted all parties involved in the peace talks and started a programme to assist in the collection of small arms. Although they did not take part in the peace talks as official participants, they proved to be influential consultants during the process and also acted as effective monitors of the process. Using Resolution 1325, the Movement Against Small Arms in West Africa (MALAO) continues to lead awareness-raising programmes for communities in Casamance, Senegal, to allow women to develop incentives and strategies that are convincing people to hand over their weapons. The women also receive gender-sensitive training on weapons safety and collection. (Excerpted from IANSA, 2010, p. 14-15).
Address the specific needs of girls associated with armed forces	• Work together with demobilized girls, girls at risk, their parents and family members when possible, and community members who can take on protective roles such as teachers, in order to identify and strengthen protection mechanisms for girls associated with armed forces. As girls are at high risk of being recruited again, provide individual monitoring of demobilized girls during the DDR process. • Girls must have full access to DDR programmess as full persons themselves, rather than dependents of family members or male combatants in the programmes. For more information about the needs of girls during the DDR process, see: Holste-Roness, F.T. 2006. Violence against girls in Africa during armed conflicts and crises. Second International Policy Conference on the African Child: Violence Against Girls in Africa. International Committee of the Red Cross. For an in-depth case study of the experiences of girls with armed groups and the DDR process in Sierra Leone, see: Denov, M. 2006. Wartime Sexual Violence: Assessing a

	Human Security Response to War-Affected Girls in Sierra Leone. *Security Dialogue, 37*(3), p. 319-342. For more information on the reintegration of teenage girls, see: **Attree, L. and Specht, I. 2006.** The Reintegration of Teenage Girls and Young Women. Intervention, International journal of Mental Health, Psychosocial Work and Counseling in Areas of Armed Conflict, 4 (3). Case Study: In 2006, the International Committee of the Red Cross (ICRC) provided financial support for the Child Advocacy and Rehabilitation Project (CAR) run by the International Federation of Red Cross and Red Crescent Societies and the Liberia National Red Cross Society. The programme, which was originally developed in Sierra Leone in 2001, was replicated in Liberia after it proved successful across the border. The goal of the CAR programme is to modify the behaviour and attitude of children affected by war through a process involving trauma healing, literacy classes, skills building and help in resuming normal family and community life. In an effort to prepare children for their future role in society, CAR teaches them skills that will be useful in rebuilding their communities and enable them to contribute to the family income. In addition to learning new skills, children involved in CAR programmes receive counselling (individual or group) and have the opportunity to engage in sports and other recreational activities. They also take part in theatre performances and cultural shows, which helps them to tackle the most difficult task they face: expressing their feelings and coming to terms with the terrifying acts they were forced to commit. The participants are selected from among the most vulnerable children between the ages of 10 and 18 and half of them are girls. Each training cycle involves 150 children and lasts between nine and 11 months, at the rate of five days a week. The children are provided with one meal a day and their transport to the centre is ensured. CAR programmes strive to ensure that demobilized children are not stigmatized by their families or the community at large. In Sierra Leone, a survey conducted by the National Society showed that girls formerly associated with fighting forces were the most vulnerable members of society and tended to be rejected by their families and communities alike. In Sierra Leone and Liberia, 30% of the girls involved in CAR

	programmes had babies conceived during the war, which made them even more vulnerable. Meeting the special needs of these girl mothers, who are still children themselves, is an integral part of the programmes. The CAR centre in Kabala, Sierra Leone, run in cooperation with the Spanish Red Cross, has a nursery in which community members take care of the babies while their mothers are involved in the activities of the programme. To discourage the stigmatization of children associated with fighting forces, especially girls and girl mothers, and to promote their reintegration into their communities, CAR staff endeavour to raise awareness of issues such as children's rights and HIV/AIDS and to promote development activities in the areas of agriculture, health and hygiene. (Excerpted from Holste-Roness, 2006. Violence against girls in Africa during armed conflicts and crises. Second International Policy Conference on the African Child: Violence Against Girls in Africa. International Committee of the Red Cross. p. 33-34.)
Develop the capacity of local and international actors	• Facilitate trainings and workshops for all implementing partners – including peacekeepers, local leaders, NGOs and UN agencies, women's organizations, women leaders, and staff and personnel specifically tasked with collecting weapons, etc. – about gender issues, VAWG, and the key challenges and needs of women and girls during the DDR process (UNDP, 2011; UNIFEM, 2004).
Support long-term sustainability	• Work collaboratively with all international, national, and local stakeholders such as CBOs, Ministries, NGOs, and UN agencies (UNDP, 2011). Advocate for long-term commitment to funding to ensure there is no gap in services throughout the entirety of the reintegration phase (Council of the European Union and the European Commission, 2006).

d. Monitoring and Evaluation

- Monitoring, evaluation, and impact assessments should be regularly carried out to ensure effectiveness of DDR programmes. Women's networks should play an active role in:
    - Monitoring and reporting problems and issues faced by women associated with armed forces, including sexual violence, so that programmes can better meet their needs.

- Monitoring and reporting violence against women and girls in the community, so that adequate protection measures are put in place (UNMIL and OGA, 2010).
- Evaluating the effectiveness of all DDR programmes and reforming programmes as needed.
- Identifying barriers to women's participation as ex-combatants (Council of the European Union and the European Commission, 2006).

Additional Resources:

- For sample DDR programmes for children and adults, see Specht, I. 2006. Red Shoes: Experience of Girl-Soldiers in Liberia. Geneva: International Labour Office, p. 124 and 127.

- For Standard Operating Procedures on Gender and DDR, see UNIFEM. 2004. Getting it Right, Doing it Right: Gender and Disarmament, Demobilization and Reintegration. New York: UNIFEM, p. 30.

- For in-depth case studies of DDR and peacebuilding processes in Liberia and Bougainville, Papua New Guinea, see: UNIFEM. 2004. Getting it Right, Doing it Right: Gender and Disarmament, Demobilization and Reintegration. New York: UNIFEM, p. 9-29.

- For an in-depth case study of the experiences of girls with armed groups and the DDR process in Sierra Leone, see: Denov, M. 2006. Wartime Sexual Violence: Assessing a Human Security Response to War-Affected Girls in Sierra Leone. *Security Dialogue, 37*(3), p. 319-342.

- This article, by UNIFEM, provides a checklist to assist in designing and realising gender-sensitive short-term DDR goals and envisioning long-term peace support measures. It focuses on how women can be included, recognised and supported in the their roles in DDR processes. Ziebell, S. and Goetz, A. 2003. Gender-Aware Disarmament, Demobilization and Reintegration (DDR): A Checklist. New York: UNIFEM.

V. Working with Armed Groups

- Armed groups may be state affiliated or non-state. Both employ the use of arms and force to achieve specific objectives. The difference is that a ***non-state armed group (NSAG)*** is a group with the potential to use arms and force to achieve political, ideological or economic objectives - that is not under the control of the state(s) in which they operate, nor part of the formal military structure of a state, state-alliance or intergovernmental organization.

- Despite increased attention to the Women, Peace and Security agenda of the past ten years as well as an evolving set of humanitarian tools and approaches aimed at responding to the needs of sexual violence survivors, efforts that focus on prevention of sexual violence in conflict are still limited. This is especially true in relation to conflict-related sexual violence (CRSV) that is committed by armed groups. And yet, it is these groups that are often implicated in egregious war-related human rights abuses, including sexual violence against civilians.

- State run armed groups and international peacekeeping forces can be more closely monitored within their hierarchical structures to ensure there is no perpetration or facilitation of abuse. Military, police and peacekeepers also have an important role to play in preventing sexual and gender-based violence during conflict and humanitarian contexts. Leadership from the highest levels is of utmost importance, setting the norms and expectations of the ranks that follow.

- To fill this gap, the United Nations Children's Fund (UNICEF) and the UN Office for the Coordination of Humanitarian Affairs (OCHA) have undertaken a multi-phased initiative aimed at (i) improving the knowledge base about how to prevent armed actors from committing CRSV and (ii) developing prevention resources that can be used by international and field-based actors to mobilize prevention efforts.

- During the first phase of the project (2010-2011), researchers assessed some of the potential areas for work with non-state armed actors and proposed a preliminary framework that identifies several risk factors for perpetration of sexual violence and possible interventions. Risk factors were organized according to the four levels of the ecological model, although those levels have been modified from their original focus on intimate partner violence to reflect 'levels' more relevant to NSAGs. For example, the 'relationship' level refers to group structures, norms and practices that regulate the standards, behaviour and interactions of the non-state armed group and its members: NSAGs' relationships with one another.

- These risks factors are not exclusive and many more risks might be added as the work proceeds through phases two and three of the project. Similarly, discussions with experts might result in moving a risk to a different level. It is important to remember that the levels are not mutually exclusive and that some overlap will occur, possibly across multiple levels. Nevertheless, the framework offers a starting point for dialogue and action related to working with NSAGs to reduce conflict-related sexual violence.

- It should also be noted that working with NSAGs on sexual violence requires specialized expertise; it is not recommended that VAW actors working at the community level in conflict-affected settings attempt to undertake this work.

Nevertheless, it is useful to understand what the current thinking is with regard to some of the strategies that might be applied to future programming in this area.

Risk Factors of Perpetration of Sexual Violence (using levels of ecological model) and Possible Interventions		
LEVEL	**RISK FACTOR**	**POSSIBLE INTERVENTIONS**
Individual Level: Biological and personal history factors of individual members of the non-state armed group	• Young age • Individual cultural norms, ideas and attitudes toward SV and women and girls • History of witnessing or experiencing violence • Sees self as victim • Forced recruitment into armed group • Interruption of "regular" life (school, employment, agriculture, marriage, etc.) • Heavy alcohol or drug use • Perception that he will not be brought to justice	• **Develop programs that target known perpetrators** a) Investigate existing programmes that target perpetrators in industrialized settings and non-conflict contexts, and explore how these might be adapted and applied to NSAG. • **Engage men and boys in prevention efforts** a) Investigate existing work being done with men and boys and explore how it might be adapted and applied to work with NSAG. b) Focus on prevention work, targeting men and boys before they are recruited into NSAG. c) Explore use of behaviour change strategies, social norms strategies and communication campaigns.
'Relationship' Level: Group structures, norms and practices that regulate the standards,	• Masculinity/manhood identity – is sexual violence used as a way to increase the bond and cohesion in the group • Sexual violence used as a tool to break the	• **Review bystander intervention and Leadership programming strategies to determine whether they are applicable for use with NSAGs** a) Conduct further research on bystander interventions to determine whether it is

behaviour and interactions of the non-state armed group and its members	ties of individuals from their families and communities • Male dominance within the NSAG • Conflict and competition within the NSAG rank and file • Presence (or absence) of religious/traditional authority • Perception of the NSAG by local communities (particularly if the NSAG is politically motivated) • Lack of or weak command structures and hierarchy • Peer pressure connected to military socialization	applicable for use with NSAGs. [Note: bystander interventions by non-peers/civilians can be dangerous. Determine the validity of using this approach within NSAGs and peer to peer only. b) Conduct research to determine whether or not leadership programming for NSAGs would yield positive direct and indirect results. • **Review existing tools, programs and documentation on HIV/AIDS work with NSAGs to determine applicability to VAWG** a) Conduct research and an assessment of efforts, methods and tools that seek to mainstream the prevention of HIV/AIDS to determine their applicability to conflict settings. • **Include prevention of sexual violence in early stages of mediation** a) Identify organization, such as the Centre for Humanitarian Dialogue (HD Centre), that work to facilitate dialogue and mediation between warring parties. b) Engage in dialogue with identified organizations to determine whether there are any examples of negotiation or mediation efforts that prioritize the issue of sexual violence, particularly with NSAGs. c) Review the work of identified organizations for lessons learned that could contribute

		to strengthening the prevention of sexual violence through mediation. • **Review direct negotiation initiatives with armed groups about their norms and behaviours** a) Identify and review existing frameworks developed to integrate conflict perspectives into development initiatives and assess them to determine applicability to work with NSAGs. b) Conduct an in-depth review of the work done within conflict management and peacebuilding which seek to persuade warring parties and decision makers to see if there are approaches that could be integrated into existing (or future) prevention approaches.
Community Level: Interactions between the NSAGs and the communities in which they live	• Lack of or weak code of conduct • Vulnerability of the environment (economic stress and upheaval; social marginalization; absence of resources available) • Natural resource exploitation dimension to the conflict (mine, forestry, agriculture) • Lack of access to media and information about SV and gender (not informed about SV and perpetrators being brought to justice) • Community norms that	• **Develop** early warning **and prevention advisory networks** a) Conduct research to explore other practices of early warning systems from different contexts to determine whether they can be applied to conflict settings. • **Conduct a variety of mass media and face-to-face campaigns** a) Identify organizations capable of developing and conducting tailored mass media campaigns on prevention of sexual violence in conflict with an aim to: conduct outreach campaigns to educate civilians and NSAGs on gender, GBV and other relevant topics,

	justify violence against women (rape as a weapon of war) • Lack of informal or formal sanctions within the NSAG for violence against women • Organizational culture that promote negative attitudes about women • High levels of violence in the community • Reliance on local communities to provide food, labour, etc.	appropriate to each specific conflict. b) For more information on developing and implementing campaigns, see the Campaigns Module. • **Engage Religious institutions** a) Conduct research to determine whether there are other examples of engaging religious institutions in the fight to end sexual violence, and exactly how this process of engagement has unfolded in different contexts. • **Engage Local Communities in dialogue with NSAG** a) Investigate work done by Geneva Call and others who have facilitated engagement between local communities and NSAGs, and explore whether they have experience (or models that might be adapted to) engaging armed actors on sexual violence. • **Engage with humanitarian actors** a) Engage in dialogue with humanitarian actors to compile examples of best practices in negotiating for access and building relations with NSAG. b) Conduct research to determine whether any humanitarian actor has successfully influenced a change in behaviour of combatants on human rights issues and more specifically to prevent VAWG. • **Engage community leaders and**

		men with political power in advocating for behaviour change and violence prevention a) Identify and review specific examples of community leaders engaging in behaviour change in various contexts. b) Identify and review examples of working with leaders on contentious issues, such as VAWG, sexual violence, domestic violence, and HIV, possibly from non-conflict zones.
Societal Level: Overall structures in the social order	• General breakdown in law and order with an increase in all forms of violence • Lack of or weak criminal sanctions for perpetrators of violence • Lack of understanding or application of customary laws • Breakdown of society due to violence, leading to the absence of protection for women • High levels of general violence in society • Lack of active presence of peacekeeping troops (poorly trained/unclear mandate) • Dissatisfaction or failure of the disarmament, demobilisation and reintegration process (DDR) • Lack of	• **Increase, reinforce and engage peacekeepers in VAWG prevention** a) Ensure that specific sexual violence prevention wording is included in peacekeeping mandates. b) Ensure that peacekeepers understand their role under the protection mandate and receive adequate training prior to deployment. c) Amplify the role of Gender specialists in peacekeeping joint protection teams, and ensure that VAWG specialists are integrated into the teams. • **Reinforce international laws and standards to end impunity for conflict-related sexual violence** a) Identify existing action plans related to non-recruitment of children and consider how those action plans might be adapted to address CRSV. • Support Disarmament, **Demobilization** and

	implementation and reinforcement of international laws and standards	Reintegration (DDR) programmes**.** • **Increase support for Security Sector Reform (SSR)** a) Conduct research to determine if existing gender, GBV, child protection training for soldiers and ex-soldiers in post-conflict countries could be applied to work with NSAGs.

Summarized from: Lafreniere, J./UNICEF, OCHA and UN Action Against Sexual Violence in Conflict, 2011. "Strengthening Prevention of Conflict-Related Sexual Violence with Non-State Armed Groups: A Preliminary Framework for Key Prevention Strategies."

- In addition to the UNICEF/OCHA project, in July 2012 the Geneva Call launched a Deed of Commitment on the Prohibition of Sexual Violence in Armed Conflict and towards the Elimination of Gender Discrimination. It is a standard and universal document that gives armed non-state actors the opportunity to formally take ownership of international standards, and prevent and prohibit sexual violence in situations of armed conflict. The Deed of Commitment is a tool that enables Geneva Call to:
  - Engage with NSAGs, inform, educate and sensitize them on the impact of sexual violence, and on the relevant international legal framework, leading to a formal prohibition, expressed through changes in policy and practice; and
  - Encourage NSAGs to eliminate discrimination between men and women, formally change policy, and ensure an increased participation of women in decision-making processes at all levels.

- Geneva Call has initiated dialogue with NSAGs on the basis of the Deed, and is working with civil society and other stakeholders in conflict areas to inform, educate, and dialogue on the issues that the Deed of Commitment raises, using training tools develop specifically for the ANSA context.

Additional Tool:

- The Centre for Humanitarian Dialogue (HD Centre) is an independent organization dedicated to improving the prevention of, and the response to, armed conflict. See the publications focused on their work prioritizing women's rights and the role of women in the peacebuilding process.

E. Mainstreaming through Key Humanitarian Sectors/Clusters

- Efforts to prevent violence against women and girls in conflict-affected settings must be mainstreamed throughout all relevant humanitarian clusters/sectors in order to be effective. Areas such as shelter planning, food distribution, water and sanitation, non-food items, health, education, and early recovery present important opportunities – when planned properly and with the full participation of women and girls – to address safety risks and ensure the security of women and girls.

- The basic GBV-related responsibilities of sectoral actors are outlined in the *IASC GBV Guidelines for Gender-Based Violence Interventions in Humanitarian Settings* (2005). The GBV Area of Responsibility expanded upon these recommendations by creating 13 tip sheets, designed to be shared with relevant clusters/sectors and their partners at the onset of an emergency. See additional information for the following areas:
    - Shelter
    - Camp Coordination and Camp Management
    - Water Sanitation and Hygiene
    - Food Security
    - Agriculture
    - Health
    - Education
    - Early Recovery
    - Gender
    - Logistics
    - Protection
    - Prevention of Sexual Exploitation and Abuse

- In addition to the information provided in the tip sheets, further work has been done on mainstreaming prevention efforts into several key areas of humanitarian response. The information below highlights some of the key points in this additional guidance.

1. Shelter and Camp Coordination and Camp Management (CCCM)

- In camp contexts, many cases of sexual violence can be prevented if shelter and site planning take into account the specific risks faced by women and transgender people. A security-focused and gender-sensitive approach is essential in ensuring the construction and maintenance of safe and appropriate shelters for women, girls, and entire communities. As described in the relevant tip sheets, shelter assessments and camp coordination and management systems should always include women representatives from the affected community and local NGOs, especially those representing marginalized populations such as LBT-identified women, women with disabilities, ethnic and religious minorities, indigenous women, and female youth and adolescents.

Key Considerations for Shelter and Camp Coordination and Camp Management

- The IASC GBV Guidelines (p. 54-55) and GBV AoR tip sheets on Shelter and Camp Coordination and Camp Management provide key guidelines and recommendations to prevent VAWG through shelter planning and camp management. In addition, the following considerations should be taken into account when constructing and managing camps for refugees and IDPs:

Camp design and safety

a. Ensure camp design is culturally appropriate. For example, in certain contexts it would not be culturally acceptable to place single or widowed women together in a group and separate them from other community members.
b. Provide temporary separate housing for unaccompanied girls until a foster care situation can be arranged (UNHCR, 2003).
c. Consult with local LGBTI NGOs and consider the specific risks faced by these individuals in camp settings. Male-female segregated shelter, bathrooms, health and other facilities often exclude transgender people and others that don't fit neatly into those genders, or are not legally or publicly recognized as their identified gender. Transgender women who do not "pass" as women in mainstream culture may be denied safe shelter and forced to share shelter space with men, increasing their risk of exposure to sexual and physical violence. Nepal has recognized a third-gender category and now provides gender-inclusive bathrooms (see Knight, 2012b); similar actions advocating the safety and inclusion of gender-variant individuals may be helpful in certain settings, but a great deal more research is needed before specific recommendations can be made.
d. **Consider the specific risks faced by single girl-headed households**. Ensure adequate protection measures are taken, such as providing sturdy building material and locks for homes and providing safe paths to services. Consult adolescent girls in the design, security, and management of camps and shelters (Schulte & Rizvi, 2012).
e. **Consider the specific needs of women and girls with disabilities**. Ensure that camp design takes into account the accessibility of necessary services facilities for people of all abilities (Human Rights Watch, 2010).

2. Arrange for police protection and security patrols in the camp**.** Ensure that police receive regular training so they are effective partners in preventing violence against women and girls (UNHCR, 2003). **Engage the community** in forming "community watch" teams of men and women to monitor and support those most at risk of violence. Plan the location and design of shelter areas to foster community cohesion and a sense of community spirit

(Norwegian Refugee Council, 2008). In settings with peacekeeping missions, engage peacekeepers to facilitate security patrols, especially on foot.

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Reiterates its demand for the complete cessation with immediate effect by all parties to armed conflict of all acts of sexual violence and its call for these parties to make and implement specific time-bound commitments to combat sexual violence, which should include, inter alia, issuance of clear orders through chains of command prohibiting sexual violence and accountability for breaching these orders, the prohibition of sexual violence in Codes of Conduct, military and police field manuals or equivalent and to make and implement specific commitments on timely investigation of alleged abuses; and further calls upon all relevant parties to armed conflict to cooperate in the framework of such commitments, with appropriate United Nations mission personnel who monitor their implementation, and calls upon the parties to designate, as appropriate, a high-level representative responsible for ensuring implementation of such commitments (OP 10).

➢ See also the section on security.

Example: Peacekeeping missions in Chad, DRC, Darfur and Haiti are supporting the humanitarian assistance activities of UNHCR and OCHA in IDP and refugee camps. Peacekeepers are collaborating with national police to provide patrols and escorts and are supporting the establishment of camp security committees. In Eastern Chad, an integrated security detachment (known by its French acronym: DIS52), established with the support of MINURCAT and overseen by UNPOL, has improved security in refugee camps and IDP sites through routine foot and motorbike patrols. In IDP camps in Darfur, patrols are conducted day and night and a reduction in attacks on women is attributed to the presence of UNAMID peacekeepers, including as escorts for women collecting firewood and farming. To respond to the worsening of the security situation in the Haiti IDP camps after the January 2010 earthquake UNPOL, military peacekeepers and the national police set up an around-the-clock security mechanism in the six major camps. Mobile security and gender patrols are operating in an additional 70 camps. These mechanisms have been effective, particularly in protecting women against sexual aggression.

Source: Excerpted from DPKO/DFS, 2010.

3. **Take into account the local (host) population's attitudes toward those living in camps.** Some members of the host community may resent refugees/IDPs for the aid they are receiving or for infringing on their resources, and such tension could lead to violence. Liaise with the host community to ease tensions and when possible, highlight joint benefits of

ensuring safety for encamped populations (Norwegian Refugee Council, 2008).

4. **Register all refugees/IDPs individually** and provide individual registration cards. Many women are forced to remain in exploitative or abusive relationships when only male heads of households are registered and given ration cards. Efforts should be made to provide individual registration cards to each member of the family to ensure that all women and girls are recognized and receive adequate services (UNHCR, 2003).
5. **Ensure training and accountability of all CCCM staff.**
    a. Ensure all agency staff and camp management personnel are trained in issues of VAWG and fully understand the specific risks faced by women and girls.
    b. Require that staff be trained on and sign applicable codes of conduct.
    c. Recruit and train female staff to work in camp management.
    d. Clearly inform the camp community of the procedures for reporting complaints involving humanitarian workers, peacekeepers and security personnel, including complaints related to sexual exploitation and abuse. Ensure all staff names and functions are clearly identified (Norwegian Refugee Council, 2008).
6. **Address issues of sustainability.** Ensure that construction of shelters for any new arrivals does not contribute to environmental degradation surrounding the camps (e.g. by using local trees or other local resources to build shelters) – which in turn can increase tensions with the host community and increase the risk of violence.
    a. Provide immediate access to shelter material through short-term direct provision and/or a voucher system.
    b. Use formal and non-formal education settings to promulgate sustainable shelter construction techniques, including mandating the use of sustainable construction material in new humanitarian structures (Women's Refugee Commission, 2011).
7. **Weigh the pros and cons of emergency relocation.** At certain times it may be necessary to relocate vulnerable women and girls to a safer setting, such as an urban area or another camp, in order to prevent violence against them. However such relocation can disrupt women's social networks, and is not a guarantee that they will be safe in their new locations. Women and girls must be fully involved and consulted in any decision involving relocation (Women's Commission for Refugee Women and Children, 2006b).

Case Study: Refugee Women Participate in Camp Management

In Sierra Leone, UNHCR instituted a system of refugee participation in eight refugee camps to ensure that the views and concerns of refugees were expressed to UNHCR, government and implementing partners. Through regular discussions with refugees, it became evident that some important issues were not being adequately addressed by the camp management or UNHCR staff. For example, refugee women reported that most decision-making was male

dominated and husbands collected and kept custody of household entitlements, including food and non-food items.

A new representation system was established, such that positions were reserved for women on the Refugee Executive Committee, and a subcommittee on gender-based violence was established in which partner activities were monitored and refugee women's welfare was promoted.

The new system facilitated wider participation of women in camp management and promoted transparency and accountability in service provision. Refugee women were made aware of their entitlements and rights and further empowered to govern their own issues. While the number of women in the camp committee was low (despite community sensitization over two years), women's involvement in camp administration and other sector activities increased to 45% in most camps.

Source: Adapted from IASC Gender Handbook, 2006, p. 33).

Additional Tools:

- For a checklist to assess gender equality programming in site selection, design, construction, and/or shelter allocation, see page 102 of the Gender Handbook in Humanitarian Action, Inter-Agency Standing Committee, 2006.

- Norwegian Refugee Council. 2008. Camp Management Toolkit, Chapter 10: Prevention of and Response to Gender-Based Violence, p. 319-323. These pages of NRC's toolkit focus on protection-sensitive shelter and site planning, along with community protection systems.

- Schulte, J. & Rizvi, Z. 2012. In Search of Safety and Solutions: Somali Refugee Adolescent Girls at Sheder and Aw Barre Camps, Ethiopia. New York: Women's Refugee Commission.

- The National Center for Transgender Equality. 2011. Making Shelters Safe for Transgender Evacuees. Considering the unique difficulties transgender evacuees encounter, NCTE, Lambda Legal, and the National Gay and Lesbian Task Force have issued these simple guidelines to assist shelters in making their spaces safe for transgender people.

- United Nations High Commissioner for Refugees. 2011. Working with Lesbian, Gay, Bisexual, Transgender, & Intersex Persons in Forced Displacement. Switzerland: UNHCR. This note provides guidance on a range of issues when working to meet the needs of LGBTI people in the displacement cycle.

2. Water, Sanitation and Hygiene

- Safe drinking water, proper sanitation and good hygiene practices are critical for survival in all stages of an emergency. Women and girls are often disproportionally affected by water and sanitation issues. They tend to comprise the majority in displaced populations and are often responsible for collecting water for drinking, cooking and cleaning. In some cultures, allocations of scarce food and drinking water go to men first, leaving women without enough for their daily needs (IASC, 2005).

- Inappropriate design of water and sanitation programming can contribute to the risk of violence for girls and women. For example, communal sanitation facilities and/or water resources placed at a far distance from homes can increase women's and girls' vulnerability to sexual assault. In addition, tension between host and refugee/IDP communities over water resources can lead to violence against refugees/IDPs at water points (IASC, 2006). Where resources are distributed or managed by an authority, the possibility for abuse also exists. For example, demanding sex for goods.

Key Considerations in Water, Sanitation and Hygiene

- The IASC GBV Guidelines (p. 46-48) and GBV AoR tip sheets on Water Sanitation and Hygiene provide guidelines and recommendations to prevent VAWG in WASH programming. In addition, the IASC Gender Handbook (p. 108-109) provides a checklist for ensuring gender-sensitive WASH programming, which can further assist in reducing women's and girls' exposure to violence.

- To minimize risks, it is important to actively seek women's participation in water supply and sanitation programmes. Design of water and sanitation systems must be based upon sex-disaggregated gender analyses of community needs and assessments of potential security issues. In addition to better design, other interventions might also be appropriate, such as providing escorts, accompaniment or arranging for group trips, among others.

3. Food Security and Food Distribution

- Food insecurity during emergencies is an issue that affects entire communities, but affects women and girls in particular ways. Women tend to have limited control over and access to resources and finances during an emergency, and their resulting dependency can put them at increased risk of sexual assault and exploitation. For example:
    - Women and girls often carry the responsibility of providing and preparing food for the family. When women and girls must go to

unprotected areas to collect water, firewood, and other non-food items for cooking, they can be vulnerable to assault.
  - While both men and women face disruption of livelihoods during emergencies, women in general face a greater challenge earning a living. Because of this, women may resort to sex work and other exploitative situations in order to provide for their families.
  - Women and girls often have unequal access to food distribution, especially if only male heads of households are registered in refugee or IDP camps (IASC, 2006).

Key Considerations in Food Security and Food Distribution

- The IASC GBV Guidelines (p. 49-52) and GBV AoR tip sheet on Food Distribution provide guidelines and recommendations to prevent VAWG through proper implementation of food distribution programmes. The GBV AoR's tip sheet on Agriculture also provides useful guidelines for addressing long-term solutions to food insecurity, such as livelihoods programming, in ways that help prevent VAWG. (Also see the Livelihoods Section.) In addition, food relief programmes should take into account the following:

1. **Consider the type of emergency** (sudden, chronic, complex, slow-onset, etc.) and the resulting food insecurities that are particular to each community. Solutions to food-related needs will be different in sudden-onset crises than in protracted crises or prolonged situations of displacement, which tend to lead to more serious erosion of livelihoods and continuous levels of food insecurity even after a crisis has ended (IASC, 2006).

2. **Focus on long-term sustainability using a livelihoods-based framework** in coordination with any short-term emergency handouts. Consult with affected community members who may already be adapting to protracted crises, and coordinate with livelihoods programming to address long-term solutions to food insecurity (Alinovi, Hemrich & Russo, 2008).

3. **Inform and educate all involved communities – including hosts, refugees, and IDPs – about food distribution policies and procedures**, including who qualifies for food aid, arrangements for distribution, and amount and regularity of rations. Confusion about who is entitled to rations can heighten tension in communities and lead to increased risk of violence. In addition, women who are unaware of and/or not empowered to access food entitlements may be at increased risk of exploitation and abuse (IASC, 2006).

4. **Assess the needs of lesbian, bisexual, transgender and intersex women/individuals who live in non-traditional family arrangements.** For example, lesbian couples living together may not be recognized as a family – especially if they have no children – and may be denied necessary food and services given to other registered families. Encourage aid organizations to

expand their definition of "family unit" to include non-traditional and non-heterosexual groups of people living together (see Knight & Sollom, 2012).

Additional Tools:

- For checklists on ensuring gender-equal programming in the areas of food insecurity, food distribution, and nutrition, see the Gender Handbook in Humanitarian Action, Inter-Agency Standing Committee, 2006. (p. 57-75).

- For guidelines on food distribution, see the Emergency Field Operations Pocketbook, World Food Programme, 2002.

4. Non-Food Items

- Non-Food items (NFIs) refer to anything other than food, and in humanitarian contexts these tend to include common household items needed for daily life. Two NFIs most relevant to women are cooking fuel and hygiene kits.

a. Cooking Fuel

- Access to cooking fuel is often limited in conflict and post-conflict settings. Despite the fact that most food rations distributed by aid agencies need to be cooked, cooking fuel is not typically included in the distributions. Not only do women need firewood for cooking, but many women also collect and sell firewood as a means of earning money. Because of this, many women resort to collecting firewood outside of camps, which in turn exposes them to increased risk of sexual assault (Women's Commission for Refugee Women and Children,2006a). For more information, see Women's Refugee Commission. 2011. Cooking Fuel and the Humanitarian Response in the Horn of Africa.: Key Messages and Guidance for Action. New York: WRC.

- Programmes that take into account cooking fuel shortages during crises can help reduce a key risk factor for violence against women and girls by encouraging the use of fuel-efficient stove and cooking methods, exploring alternative fuels, and supporting safer, more sustainable income-generating activities.

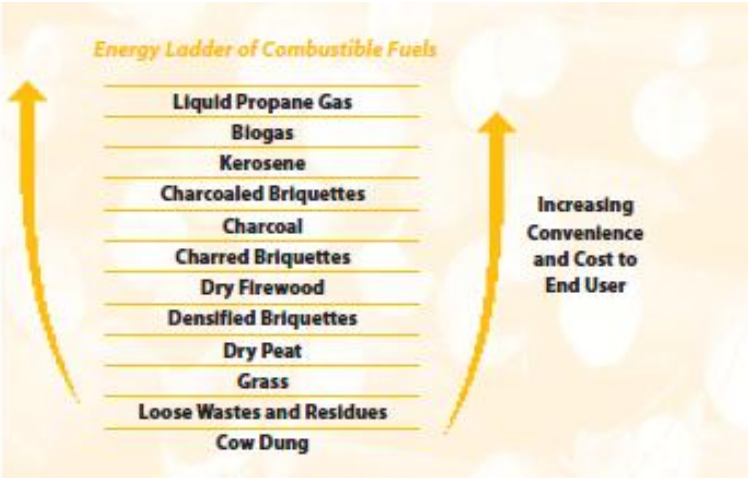
- The IASC GBV Guidelines (p. 53-61) and GBV AoR tip sheet on Non-Food Items provide guidelines and recommendations to prevent VAWG through addressing cooking fuel strategies and distribution of other non-food items. In addition, the following considerations should taken into account when developing appropriate cooking fuel strategies:

1. **Conduct a Participatory Needs Assessment.** Involve local leaders, those collecting firewood, communities and authorities from the host environment,

and women members of Food Management Committees to determine types and extent of fuel needs. Assess and analyze the locations, routes, means, and personal safety for collecting cooking and heating fuel. Specific attention should be paid to whether violence is occurring outside of or within the camps.

2. **Coordinate efforts with the local community.** Create a strategy for safer fuel collection. Coordinate with local authorities around needs of women and safe and sustainable access to natural resources, and facilitate ongoing communication between women and local leaders. Raise awareness with local communities, beneficiaries and humanitarian partners through workshops and campaigns about the link between firewood collection and sexual assault, and foster discussion, research and development of alternative strategies.

3. **Consider the Use of Alternative Fuels.** Alternative fuels can reduce the need to travel long distances and frequently to collect it, thus reducing exposure to abuse. Explore and implement alternative fuel technologies, and provide trainings on the use of these alternatives. Such alternatives include:
   - Loose waste, such as cow dung, maize cobs, husks, twigs, etc.
   - Fuel briquettes
   - Grass
   - Peat
   - Biogas
   - Kerosene
   - Solar energy
   - Ethanol
   - Liquefied petroleum gas (Owen, 2002).



(Chart excerpted from Owen, 2002, p. 36)

- Long-term goals should address *environmental issues* (such as deforestation) and *economic issues* of those dependent on firewood, or on the manufacture and sale of charcoal.

Example: As a means of reducing both the incidence of acute respiratory infections caused by cooking smoke as well as the risk of VAW faced by Somali refugee women collecting firewood outside of the Jijiga area camps in eastern Ethiopia, the Gaia Association and UNHCR introduced ethanol fuel and "CleanCook" ethanol stoves beginning in 2005, which burn cleanly and can cook locally-preferred food (njera). With sufficient supply, ethanol eliminates the need for firewood, and thus contributes to both protection and environmental concerns.

Source: Patrick, 2011, summarized from UNHCR, 2008b.

4. **Encourage Fuel-Efficient Cooking Practices.** Provide both formal and informal education around the following examples of fuel-efficient cooking practices, working in collaboration with IEC/BCC partners (The Academy for Educational Development. 2010):
    - Pot management
        - Cover pot with a tight-fitting lid to retain heat
        - Use a pot size that corresponds to the quantity of food being cooked
        - If two pots are available, begin warming a second dish by placing it on top of the main pot
    - Stove/fire management
        - Do not overstuff the stove with fuel
        - Shield the stove or fire from strong winds
        - Clean and maintain the stove as instructed to increase stove performance
    - Fuel management
        - Dry firewood before using it. Dry fuel burns more efficiently and completely, and releases less smoke.
        - Cut firewood into small pieces to manage fuel consumption better
        - Completely extinguish fire when finished cooking rather than allowing it to burn out on its own
    - Meal planning
        - Presoak hard foods, beans, and some grains for several hours before cooking to reduce the cooking time needed
        - Use tenderizing methods, such as filtering water through ash, to cook beans
        - Cut hard foods into smaller pieces
    - Supplemental cooking technologies
        - Use haybaskets or another type of heat-retention cooker
        - Gently simmer foods (as opposed to rapid boiling)
        - Cook together with other families, or establish institutional cooking by local agencies, using shared pots to reduce fuel consumption
    - Advantages and Disadvantages of different cooking stoves:

Type of Stove	Advantages	Disadvantages
Mud-Stove	Easy to build Require only locally available materials Costs nothing Can be sized to fit the family's own pots Can be maintained by the owner Can promote self-led innovation and home improvement Up to 25% fuel efficient	Low durability Requires regular repair (re-smearing)
All-Metal Stove	Portable Suitable for charcoal or firewood Production provides source of income for artisans	Often of low durability due to use of flimsy cooking oil tins Hot exterior can be dangerous Maximum 20-25% efficient
Fired Clay Stove	Durable Fuel-efficient (up to 30%) May be portable, depending on style Potential for producers to generate income from sale	High degree of ceramics expertise required Need high quality clay, moulds and access to kiln Firing requires firewood Refugees may not buy stoves, prompting need for subsidy
Combination Clay/Metal Stove	Durable Prestigious Portable Most fuel efficient (30%+) Safe Can be made to burn either firewood or charcoal Potential for producers to generate income from sale	High degree of expertise needed in ceramics and metalwork Raw materials needed, some of which may be hard to source (e.g. vermiculite for attaching liner to cladding) Refugees may not buy stoves, prompting need for subsidy

Source: excerpted from Owen, 2002. "Cooking Options in Refugee Situations: A Handbook of Experiences in Energy Conservation and Alternative Fuels." UNHCR, Geneva, p. 16.

Case Study: Partnering with FAO, UNHCR, the Women's Refugee Commission and others, WFP is taking forward the recommendations of the UN Interagency Task Force on Safe Access to Firewood and alternative Energy (SAFE) by providing over 100,000 women in conflict-affected settings around the world with mud/clay stoves for their homes and larger institutional stoves for schools to use for feeding programmes.

A four-pronged strategy allows WFP to:

1. Reduce the vulnerability and frequency of exposure of women to risk through the major scaling up of dissemination of fuel-efficient stoves and alternative fuels.
2. Explore energy technologies that can be effectively applied to protection, livelihood and environmental needs.
3. Promote the creation of livelihoods to reduce the reliance of women on the collection of firewood for income.
4. Provide schools with fuel-efficient stoves to help ensure that the cost of cooking fuel is not an obstacle to school attendance.

SAFE stoves have been distributed in Sudan, Uganda, Haiti, and Sri Lanka and there are plans to expand the programme to the Democratic Republic of Congo, Ethiopia and Kenya. The SAFE activities often build on traditional WFP field

operations such as food for work and food for training and school meals. In Kabkabiya, a remote area in North Darfur where the erosion of the natural resources is particularly bleak and protection risks are high, WFP is supporting the production of cooking briquettes made out of organic waste. Garbage collection and briquette-making involves hundreds of women. WFP beneficiaries are working closely with staff to improve the design of the briquette-making machines, and to select the most effective accompanying stove. The production of mud stoves is being supported in combination with food-for-work activities, such as gardening and tree planting.

Following training in the construction of stoves in Karamoja, Uganda, women reported a reduced need to collect firewood and that faster cooking time has allowed them to pursue other activities. Local youth groups are now producing and selling stoves in local markets. In combination with the dissemination of stoves, WFP is implementing community projects in the cultivation of crops (staples and vegetables), tree-planting (for wood and fruits) and rainwater harvesting. (Excerpted from the World Food Programme (WFP). 2010. "WFP and Safe Access to Firewood: Protecting and Empowering Communities." Brochure.)

For more information about the WFP SAFE stoves programme, see the full case study.

5. **Implement Strategies to Increase Safety and Security during Fuel Collection.** In regions where firewood can be sustainably harvested, explore the possibility of safer collection areas. Deploying police to patrol firewood collection routes, or providing NGO vehicles to transport women to and from collection sites can prevent violence from occurring (InterAgency Standing Committee, 2005).

Example: Internal armed conflict in Darfur, Sudan has led to a high incidence of sexual violence against civilian women and girls. Attacks occur when women/girls leave the relative safety of a village or a camp (to collect food, water, fuel, work the farm, etc.). The African Union (AU) soldiers patrol along commonly used firewood collection routes in several of the established internally displaced persons (IDP) camps. In addition, the GBV working group promoted training for women to construct and use fuel-efficient stoves. This reduced the amount of wood needed for cooking, thereby reducing the time/distance for collecting firewood, in turn reducing exposure to attacks.

Source: Excerpted from InterAgency Standing Committee, 2005, p. 60.

6. **Encourage Alternative Income-Generating Activities.** Because many women rely on the collection and sale of firewood for economic security, it is important that alternative income-generating activities be supported alongside

the promotion of fuel-efficient technologies and alternative fuels. For more information on income generating activities, see the section on Livelihoods.

7. **Aid Distribution.** Simple considerations in aid distribution can significantly decrease women's need to collect firewood:
    - When feasible and appropriate, provide emergency rations of cooking fuel along with food rations.
    - Include food rations that don't need to be cooked (such as biscuits) with general rations.
    - Include quick-cooking food with general rations.
    - Distribute and install fuel efficient stoves and tighter pot lids – this decreases the amount of firewood needed. Require the use of these stoves in schools and therapeutic feeding programs (InterAgency Standing Committee, 2005).

- However, such direct aid distribution is often costly and unsustainable, and therefore it is important that this approach should be used in conjunction with other approaches. It is essential that links between firewood collection and VAW be viewed in the context of social factors that support violence against women, such as gender roles and expectations of who will collect firewood. If firewood is treated simply as a cause of rape and fuel is provided as a "technical fix," deeper social issues will not be addressed and any success in decreasing violence will be limited (Ziebell, 2005).

Additional Tools:

- The Women's Refugee Commission has developed an e-learning portal that offers trainings in how to use the Matrix and Decision-Tree Diagram that were developed by the Inter-Agency Standing Committee (IASC) Task Force on Safe Access to Firewood and alternative Energy (SAFE). These tools help individuals to determine safe and appropriate methods of meeting cooking fuel-related needs.

- The Women's Refugee Commission and InterAgency Standing Committee Taskforce provide focus group discussion questions on the topic of cooking fuel needs and preferences.

- For a checklist to ensure gender equality programming in NFI distribution, see page 92 of the Gender Handbook in Humanitarian Action, Inter-Agency Standing Committee, 2006.

- The International Network on Household Energy in Humanitarian Settings, 2007-2011. This is a project of the InterAgency Standing Committee Task Force on Safe Access to Firewood and Alternative Energy in Humanitarian Settings and the Women's Refugee Commission, and provides resources and tools on non-food items.

- USAID, 2010**.** Fuel-Efficient Stove Programs in Humanitarian Settings: an Implementer's Toolkit. The purpose of this Toolkit is to help humanitarian organizations determine if an FES (Fuel-Efficient Stove) programme is feasible and appropriate for a given setting, and if so, how to design and implement an effective programme for wood-burning stoves. These guidelines and associated tools represent standard good practices approved by the United States Agency for International Development/Office of U.S. Foreign Disaster Assistance (USAID/OFDA) for FES programs in immediate and protracted humanitarian contexts.

b. Hygiene or "Dignity" Kits

- In 2000 the United Nations Population Fund (UNFPA) initiated efforts to address women's unmet non-food item needs through the distribution of basic hygiene kits. These kits include items such as panties, sanitary napkins, soap, toothbrushes, and towels, and were intended to help restore women's dignity and increase their mobility during crisis situations.

- Sanitary materials have a direct impact on the dignity, health, education, mobility, community involvement, family functioning, economic participation, and security of women and girls. Lack of sanitary napkins and other hygiene material can interfere with women's ability to participate in economic activities and access needed resources or services, and can keep girls home from school. Women and girls may become increasingly isolated due to their lack of mobility.

- Dignity kits help to meet women's immediate hygiene needs, freeing them to participate in their daily lives as well as allowing them to spend their money on other needs, such as food for their family.

- The provision of hygiene kits also becomes a possible entry point for introducing educational material on sexual and reproductive health and rights – an important strategy in the prevention of VAWG.

- In the distribution of dignity kits and other hygiene material, cultural sensitivity must be maintained. The contents of dignity kits must be based on input and preferences of women and girls in the community, and context-specific items – such as headscarves in Muslim settings – must be included to meet the cultural norms of each location (Abbey et. al., 2011).

Additional Tool:

- See the Evaluation of UNFPA's Provision of Dignity Kits in Humanitarian and Post-Crisis Settings (Abbey, L., Bailey, B., Karasawa, Y., Louis, D., McNab, S., Patel, D., Lopez, C., Rani, R., Saba, C., & Vaval, L., 2011)

5. Education

- Attending school can be a risky endeavor for many girls in all settings, including conflict. Because of the erosion of standard protection mechanisms caused by conflict, girls may face an increased risk of harassment and assault traveling to and from school. Unprofessional teachers may take advantage of their positions and sexually exploit girls, and lack of staff supervision increases the risk of assault occurring on school grounds. In addition, the extreme poverty brought about by emergency settings may force girls to turn to transactional sex or exploitative relationships in order to pay school fees (INEE Gender Task Team, 2006). Girls also face increased barriers accessing education in conflict settings, which in turn limits their access to economic and social empowerment (Mooney & French, 2005).

- However, carefully implemented education programmes can decrease girls' risk of sexual violence in several ways:

  Education is a valuable asset for future economic opportunities: It helps girls to overcome systemic gender oppression by empowering them and providing them with knowledge and skills.

  - Schools can provide girls with a stable environment that is supportive and safe. When girls are kept in school they are less likely to enter early marriages or exploitative income-earning activities.
  - School is also a place where cultural norms can be challenged and re-shaped to support gender equality and prevent violence against women and girls (Oxfam GB & Kafa, 2011). Children can learn valuable life skills, such as conflict resolution, relationship skills, risks of sexual activity, HIV/AIDS, and conflict resolution (IASC, 2005).

- Moreover, crisis situations can offer a window of opportunity in which the introduction of gender-responsive education can eventually lead to broader and long-term shifts in the educational system that support the equality of women and girls and reductions in tolerance and perpetration of violence(IASC, 2006).

a. Key Considerations for the Education Sector/Cluster

- All education programmes should be planned using guidance from the Interagency Network for Education in Emergencies (INEE) Minimum Standards for Education in Emergencies. The IASC GBV Guidelines (p. 73-74) and GBV AoR tip sheet on Education provide guidelines and recommendations for improving education programming strategies in order to prevent VAWG. The World Bank also issues guidance on addressing VAWG within the education sector.

- In addition, the following considerations should be taken into account within the education sector:

1. **Re-shape cultural norms in support of gender equality.** Making curricula more gender-sensitive and providing gender training to teachers are entry points for challenging embedded norms about gender and the use of violence. Possible strategies include:
    - using a diverse range of teaching methods and non-traditional approaches to learning for both girls and boys.
    - modeling and encouraging diverse, non-violent forms of masculinity, such as verbal (rather than physical) conflict resolution, or identifying and showing a full range of emotions.
    - encouraging non-traditional forms of femininity, such as assertiveness (Oxfam GB & KAFA, 2011).
    - preventing peer-to-peer violence by expanding curricula to cover and promote conflict management, women's and children's rights, respect, peace education, and tolerance and organizing discussions with boys and girls – both separately and together – to explore healthy relationships and their beliefs about violence and gender (UNHCR, 2007b).

For an example of WRC's work with girls from Darfur, see Women's Commission for Refugee Women and Children. 2005b. Don't Forget Us: The Education and Gender-Based Violence Protection Needs of Adolescent Girls from Darfur in Chad. New York: WRC.

2. **Include GBV in life skills training for teachers, girls, and boys in all educational settings** (IASC, 2006).
3. **Establish prevention and response mechanisms to SEA in educational settings** (IASC, 2006).
4. **Conduct advocacy.** Advocate for national government policies that support free access to primary education as well as clear regulations prohibiting and penalizing violence and exploitation. Advocate that refugee/IDP schools be recognized as official schools, and as such are entitled to the same services and monitoring of safety by government authorities (UNHCR, 2007b).

5. **Monitoring and Evaluation.** Strengthen the capacity of local and legal authorities to monitor teachers and staff, expand school curriculum, ensure safety measures are in place, and enforce codes of conduct. Support and, when necessary, help establish community structures such as education committees. Involve women and girls in the active monitoring of school safety (UNHCR, 2007b).

Example: A UNHCR/Save the Children UK report (2002) drew attention to the widespread sexual exploitation of girls by male teachers in exchange for good grades or other in-school privileges. To create more protective learning environments for girls, a strategy was introduced to recruit more women teachers

to the schools. However, this strategy was difficult to implement in the short term due to the few refugee or local women with the level of schooling, time, family support and resources required to become a teacher. Well-educated women were often recruited for more lucrative positions in the UN, NGOs, or other agencies in the camps. Others were unable to leave family duties, especially single mothers. Therefore, the Classroom Assistant programme was initiated by the International Rescue Committee (IRC) in Guinea in 2002, and soon afterwards was adopted by IRC Sierra Leone in their education programs for Liberian refugees.

There are flexible entry requirements (Grade 9 education) to become a Classroom Assistant, so the position is open to a larger number of refugee women. Women who are selected participate in a short 2-5 day training workshop, which includes lesson planning, team teaching, tracking girls' grades, and attendance and report writing. The workshop also covers topics such as child rights, child protection, and the prevention of sexual abuse and exploitation, and teaches communication and counseling skills. The assistants are then deployed to Grade 3-6 classes and expected to be in class with students all day, every day. They are visited on a regular basis by IRC supervisors, to whom they submit monthly reports detailing girls' attendance, activities and home visits.

The Classroom Assistants have an explicit mandate to mitigate abuse and exploitation of students, but more broadly the programme was designed to create more conducive, girl-friendly learning environments and support quality learning for all students. One critical task the assistants perform is the collection and safe-keeping of the class grades from the teachers. This means that the students do not deal directly with the teacher about their grades, which helps to avoid situations in which teachers can manipulate and exploit girls for sex in exchange for altering their grades. Additionally, assistants monitor attendance and conduct home visits to follow up on absences. They help the girls with their studies, support health education activities, and engage in social club activities such as needlework, games and sports.

For many of the Classroom Assistants, the job means an opportunity for them to continue their own education; they are encouraged to attend evening classes to complete their secondary school studies, participate in different teacher trainings and eventually become teachers themselves.

Source: Adapted from INEE Gender Task Team, 2006, "Preventing and Responding to Gender Based Violence In and Through Education." Inter-Agency Network for Education in Emergencies)

Additional Tools:

- The Good School Toolkit by Raising Voices in Uganda contains a set of ideas and tools that will help educators explore what a good school is and guide them through a process that will help them create one. It was developed with the help of schools in Uganda and deliberately focuses on ideas and activities that do not require specific financial resources—just commitment and perseverance. The Good School Toolkit has four interrelated objectives that address development of the collective vision, creation of the learning environment, implementation of a more progressive learning methodology and addressing the governance of the school. These are:
  - Form a collective vision for what a Good School is and identify the knowledge and skills needed to create it.
  - Create a healthy psychological and physical environment within which learning can happen efficiently.
  - Create a teaching methodology that will help teachers teach and students learn.
  - Create fair and respectable policies that guide the entire school's behaviour and actions. For more information, download the toolkit.

- For training manuals for students, teachers and on preventing school-related violence against girls, see: USAID. 2009. Doorways Overview, Doorways 1, Doorways 2 and Doorways 3.

- For a checklist for ensuring gender-equitable programming in the education sector, see page 54 of the *Gender Handbook in Humanitarian Action*, Inter-Agency Standing Committee, 2006.

- For information on structuring Codes of Conduct for Refugee Schools, along with examples, see Annex 1 of "Safe Schools and Learning Environment: How to Prevent and Respond to Violence in Refugee Schools," by UNHCR, 2007b.

- For a Quick Guidance Note on key steps and actions to remember when addressing VAWG in the educational sector, see Annex 3 of "Safe Schools and Learning Environment: How to Prevent and Respond to Violence in Refugee Schools," by UNHCR, 2007b.

- For a toolkit and recommendations from UNHCR on preventing and responding to VAWG in refugee schools, see United Nations High Commissioner for Refugees (UNHCR). 2007b. "Safe Schools and Learning Environment: How to Prevent and Respond to Violence in Refugee Schools." Geneva: Technical Support Section, Division of Operational Services, UNHCR.

6. Health

- Health care services often become severely disrupted in conflict situations. Lack of coordination, overcrowding, security constraints, and competing priorities can contribute to an even greater decrease in available and accessible health services, especially for women and children. However, where health services are functioning, health care providers can play an important role in prevention as well.

- Health service providers can:
    - Initiate community dialogues to raise awareness of the issues and can collaborate with existing efforts on behaviour change communication and information/education exchange.
    - Relay information to women who are seeking other key services, such as reproductive health and HIV services.
    - Ensure men also receive information on violence against women and its detrimental effects on the health of the woman, children, family and community.

GENDER IN HEALTH PROJECT NEEDS ASSESSMENTS
✓ What are the demographics of the affected group? (# of households and household members disaggregated by sex and age; # and age of single heads of household who are women, girls, boys or men; # and age of pregnant and lactating women (PLW) and age; and # (M/F) of unaccompanied children by age, older people, persons with disabilities, the chronically ill) ?
✓ Do cultural norms allow women and men participate equally in decision-making in household and community on health issues?
✓ Who provides health care to whom? E.g. what are local beliefs and practices concerning same or opposite-sex care?
✓ How many male and female health workers, at each level, are available?
✓ What do women/girls and men/boys require to safely access health services (e.g. opening hours, safe transport or escorts, well-lit and clear access paths)?
GENDER IN HEALTH PROJECT ACTIVITIES
✓ Hold single-sex, age segmented focus discussion group sessions with men to determine their beliefs and practices, as well as their needs related to safe-sex in particular and RH services in general.
✓ Monitor women's participation in decision-making on design of the health service and facilities (incl. health clinics, mobile units and community-based services); be sure their needs are discussed and met.
✓ Provision of basic health services with times, staffing, and locations that ensure the needs of men, women, boys, and girls are addressed equitably.
✓ Hire and train female and male health workers.
✓ Disseminate HIV/AIDS prevention messages with a particular focus on men, active and demobilized members of armed forces, IDPs, and refugees.
GENDER IN HEALTH PROJECT OUTCOMES
✓ The safety of health facilities has been enhanced after health care providers responded to women's and men's feedback on protection issues (e.g. more day-light opening hours, partitions and curtains, presence of male and female health workers, better triage and eliminating loiterers).
✓ Capacity in health response and preparedness has been enhanced in NGOs through gender training and a mix of women and men on their implementing teams [representative % or female and male personnel].
✓ [% of] health facilities with basic infrastructure, equipment, supplies, drug stock, space and qualified staff for RH services, including delivery and emergency obstetric care services (as indicated in the MISP).
✓ [% of] health facilities providing confidential care for survivors of sexual violence according to the IASC GBV Guidelines.

- Identify and mobilize existing resources in the community (women's groups, traditional birth attendants, gender-sensitive religious leaders and other community service providers to increase awareness.
- Refer or link women who are at risk of violence to safe places/shelters and other resources.
- Ensure they follow ethical standards and codes of conduct and treat women and girls with respect.

- Health services can also ensure gender-equal programming by:

1. Ensuring women, men, boys, and girls participate equally in all steps of the project; Consult women, adolescent girls and boys, and men at all steps in the project design, implementation and monitoring.
2. Ensuring that women and men benefit equally from training and other capacity-building initiatives; male and female health care providers are trained on the clinical management of rape
3. Making sure that women, adolescent girls and boys, and men can access health services equally, including priority RH services of the Minimum Initial Service Package (MISP) at the onset of an emergency and to comprehensive RH as the situation stabilises.
4. Designing services to meet the needs of women, men, boys, and girls equally by ensuring that Community Health Worker teams are gender-balanced.
5. Analysing the impact of the crisis on women, girls, boys and men and what this entails in terms of division of labour, workload, and access to health care services and facilities.

Sources: Adapted from the IASC GBV Guidelines (p. 63-66) and GBV AoR tip sheet on Health; and the ensuring gender-equal programming checklist on page 80-81 of the *Gender Handbook in Humanitarian Action,* Inter-Agency Standing Committee, 2006.

➢ For more information on the responsibilities of the Health sector in addressing VAWG in humanitarian settings, see Health Response in Section VII, as well as the Health Module.

7. Early Recovery

- Early recovery after a conflict is defined as recovery that begins early in humanitarian settings, and is meant to stabilize an area and attend to underlying risks and contributing factors to the conflict. It includes the restoration of basic services, shelter, governance, economics and livelihoods, and security and rule of law (GBV Area of Responsibility).

- Addressing underlying causes of VAWG is crucial during the early recovery phase in order to empower women and address and shift the culture of

violence against them. Early Recovery programmes should seek to not only meet the practical needs of women and girls (such as food, housing and healthcare), but also strategic needs (for example, equal access to employment) which assist in the empowerment and overall equality of women – a key step in ending the culture of violence.

- The GBV AoR tip sheet on Early Recovery provides guidelines and recommendations to prevent VAWG during the early recovery phase after a conflict.

Additional Tools:

- For guidance in implementing gender-sensitive post-disaster needs assessments, including checklists for assessment planning and recovery planning, see: **IASC Cluster Working Group on Early Recovery. 2010.** Guide to Gender-Aware Post-Disaster Needs Assessment. New York: United Nations Development Programme. Also see Key Things ER Actors Need to Know About Gender.

- For additional tools on how to integrate a gender perspective into a Post-Conflict Needs Assessment (PCNA), from the pre-assessment to the implementation and monitoring phases, see **Maguire, S. & Anderlini, S. 2009.** PCNA-TRF Tool Kit: Note on Integrating Gender Perspectives. New York: UNIFEM.

- For additional tools related to Early Recovery needs assessments, funding, strategic frameworks, and thematic technical guidance, see the humanitarian info website.

F. Small Arms and Light Weapons [add who and Heise]

- "Small arms" are, broadly speaking, weapons designed for individual use. They include, inter alia, revolvers and self-loading pistols, rifles and carbines, sub-machine guns, assault rifles and light machine guns.

- "Light weapons" are, broadly speaking, weapons designed for use by two or three persons serving as a crew, although some may be carried and used by a single person. They include, inter alia, general purpose or universal machine guns, medium machine guns, heavy machine guns, rifle grenades, under-barrel grenade launchers and mounted grenade launchers, portable anti-aircraft guns, portable anti-tank guns, recoilless rifles, man portable launchers of anti-tank missile and rocket systems, man portable launchers of anti-aircraft missile systems, and mortars of a calibre of less than 100 millimetres.

i. Why addressing small arms is important

- Violence against women in the family and community, and violence against women as a result of state repression or armed conflict, are part of the same continuum: much of the violence that is targeted against women in militarized societies and during armed conflict is an extreme manifestation of the discrimination and abuse that women face in peacetime. Whatever the context or immediate cause of the violence, the presence of small arms invariably has the same effect: more small arms mean more danger for women.

- Guns may not be the root cause of violence, but they multiply it dramatically. When guns replace fists or knives, the outcome is far more likely to result in death. Guns, specifically designed to cause injury and death, can fire bullets at high speed from a distance, sometimes at a rate of several bullets per second. The presence of a gun also reduces the likelihood of bystanders intervening to assist the victim or to pacify the assailant. Guns are cheap, portable and concealable and easy to use. A gun in the home is a major risk factor for femicide, but psychological and other impacts are also significant as guns are used to threaten, intimidate, subjugate and rape. In many contexts, more women are killed by intimate partners than strangers.

- The presence of guns threatens women's security in both conflict and peace; they facilitate trafficking, forced prostitution and sexual violence. Weapons are often used to kill, threaten or intimidate women in their own homes. In many countries, legal firearms are the most commonly used weapons in domestic homicides. Still, most countries do not mention domestic violence in their gun laws, meaning that domestic violence offenders can carry guns legally.

- As of 2013, there were an estimated 875 million small arms in circulation worldwide. An earlier study in 2003 by the Small Arms Survey found that roughly 25% belong to the police, armies, and other government agencies. The remaining arsenal, around 75% of the world's guns, are in the hands of individuals, which makes the problem of small arms difficult to solve. Armed violence is strongly connected to a masculine identity, and possession of weapons is associated with manhood and masculinity. Guns are used as a threat that prevents a woman from leaving an abusive partner. The fact that most guns are in civilian hands leads to increased danger for women.

- Perpetrators of armed violence include the police, armed forces, non-state armed groups, colleagues, family members and partners. Guns are very mobile and are often used several times in different locations. Furthermore, they are easily diverted from legal to illegal uses. For example, weapons bought for a legal purpose such as hunting can also be used to kill or threaten a woman in the home. Even though legal firearms are the primary weapons used in domestic homicides, law enforcement tend to focus on illegal small arms.

ii. Sexual Violence

- The proliferation of small arms in conflict and its aftermath, and usual impunity for the crimes, means that incidences of sexual violence increase.

- Combatants often use small arms and light weapons to wreak havoc in the lives of women. In the course of various armed conflicts, women and girls have been raped and sexually assaulted by combatant forces. Small arms facilitate this violence: it wouldn't be so easy to rape a woman in front of her family and community without a gun. Sometimes the sexual violence is opportunistic; sometimes it is used as a deliberate military and political tactic. Women and girls have been attacked in their homes, in the fields, or as they go about their other daily activities.

- Law enforcement officials – police, immigration, customs and other security officials, border guards and sometimes paramilitary and military personnel – are given special powers to use force and firearms where necessary. Sometimes they use guns in violation of international standards, including by committing violence against women. Such human rights violations are more likely to occur:
    - if those responsible for gun misuse are not brought to justice;
    - if law enforcement officials receive poor training and inappropriate equipment;
    - and if there is a widespread lack of respect for the human rights of women.

- In combination these factors can increase the risk that law enforcement officials will ignore gun crime against women and use guns to abuse women.

- Peacekeeping forces, armed as well, can also be involved in sexual violence, sexual slavery, and human trafficking.

- Regular police and paramilitary officers also commit armed violence against women in situations of civil disturbance that evolve into and out of armed conflict. Soldiers performing policing duties are often not professionally trained to act as law enforcement officials and lack accountability. In such situations there is a heightened risk of armed violence against women. In some cases, armed sexual violence against women may be used as a tool to repress popular resistance.

ii. Intimate Partner Violence

- When the fighting is over, uncontrolled access to small arms and ammunition encourages further armed violence against women. When former combatants return home traumatised and brutalised, some take out their fears and pain

on their families, often using weapons left over from combat. Although many men buy firearms to protect their families, research shows that a man's access to firearms increases a woman's risk of being killed. Widespread, unregulated access to small arms and ammunition following ceasefire and peace agreements facilitates further armed violence against women. One of the most important tasks in the aftermath of conflict is disarming former combatants and reintegrating them into society.

- In post-conflict countries, guns circulate in the community, and post-conflict stress, limited economic prospects and a reduction in basic services combine to exacerbate the problem of domestic violence. For returning combatants, both women and men, the transition from the violence of the frontline to home life can be extremely problematic. The return of male relatives, many traumatized and brutalized by the conflict, can bring violence directly into the home. If men bring weapons home with them, the danger to women increases.

- Family killings are the only category of homicides where women outnumber men as victims. When a woman is killed in the home, it is her partner or male relative who is most likely to be the murderer, often with a prior record of domestic abuse. Gun violence can be part of the cycle of intimidation and aggression that many women experience from an intimate partner. For every woman killed or physically injured by firearms, many more are threatened. Most firearms used in domestic homicides are legal.

- It is also important to consider the misuse of guns by the security sector, including police officers and soldiers, when off-duty. The issue of guns in the home is fundamentally linked to the wider issue of disarmament. A gun in the home is much more likely to be used to intimidate or physically injure family members than be used against an outside intruder.

iv. Key areas for reducing the risk of violence through small arms

1. **Lobby to change laws:** Disarm perpetrators of domestic violence. Lobby for gun laws that prohibit ownership by domestic violence offenders, and for domestic violence laws that require the removal of guns. At a minimum, police should be required to consult the spouse or former spouse before approving a gun license application. Australia, Canada, South Africa, and Trinidad and Tobago are among the countries that have harmonized their legal frameworks on gun licensing and domestic violence. Such laws both shape and reflect values, specifically reinforcing values of nonviolence; they can also make a real difference.

2. **Require all guns to be stored safely:** Gun owners should be required to store guns securely and to keep the ammunition in a separate place. In Belarus guns must be kept in locked boxes, disassembled and unloaded, with the ammunition stored separately.

3. **Implement trade-in programmes:** Individuals may be willing to voluntarily give-up their weapons, sometimes in exchange for something else valuable to them, such as food, amenities, services, etc.

V. Working at the community level

- It is impossible to prescribe solutions that would be applicable across the globe for increasing community safety by halting the violence arising from the proliferation and misuse of guns. However, experience does point to some guiding principles.

    - Detailed analysis and understanding of the community and its governance are essential in order to identify the main causes of violence against women in the community and the proliferation and misuse of arms. The research should include all stakeholders, and particularly people who wield power. A holistic view of the situation must be taken, which involves addressing all human rights issues, including civil and political rights (such as the participation of women in public life, police brutality and impunity for offenders) and social, economic and cultural rights (such as access to education, poverty and unemployment). Alternatives to using guns to support livelihoods must be considered.

    - In cases of violence against women, include intake questions on the availability of small arms, i.e. does the perpetrator have access to a gun? Find ways to ask discreetly and adapt response. If a gun is present, the woman's protection needs will be different. Keep track of cases and include questions on small arms in data collection on violence against women.

    - Genuine engagement of the community is imperative. Initiatives must be driven by local people to ensure relevance, participation, shared responsibility and understanding. Political representatives and the police must be representative, accountable and responsive to the community as a whole.

    - The needs, perspectives and talents of all members of the community need to be incorporated. This includes men, women, girls, boys, older people, people with disabilities, and people of different ethnicities and religions. For example, former combatants and gang members from different sides may have much in common and can act powerfully for change in challenging gender-based discrimination and violence, and gun culture. Women and women's organizations must be empowered in the face of discrimination to have an equal voice and equal influence in all community initiatives. Ways must be found to provide alternative sources of a sense of identity, purpose, group support, and security for

young people, both boys and girls.

- Partnership between civil society and government is a key factor. Civil society is essential for achieving constructive change, but sustainable change of policy and practice also requires government involvement. Governments can be strong allies, endorsing, strengthening and sustaining the movement for reform, but civil society should be careful to avoid co-option and inducements to legitimize inappropriate government policy. Effective flows of information are critical to ensure effective co-operation.

- Train security officials, guards, police and military to take women's human rights and violence against women seriously. Change recruitment and training methods.

Additional Resources:

- Information Kit on Women and Armed Violence (IANSA)

Websites:

- Disarm Domestic Violence Campaign
- Disarm Domestic Violence Campaign Bulletin and Action Kit
- Armed Domestic Violence, Infer Trust
- Guns and Domestic Violence, Gun Policy News

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