

FORCED MIGRATION review

issue 27
January 2007

Sexual violence: weapon of war, impediment to peace

plus:

- Massive displacement in Iraq
- Forgotten Kosovo IDPs
- Somalis risk death crossing Red Sea
- Misrepresenting Sudan's Lost Boys
- Voices of displaced Colombians

 **Refugee
Studies
Centre**
25th Anniversary (1982 - 2007)

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Corinne Owen

from the editors

Forced Migration Review

Forced Migration Review provides a forum for the regular exchange of practical experience, information and ideas between researchers, refugees and internally displaced people, and those who work with them. It is published in English, Spanish, Arabic and French by the Refugee Studies Centre, University of Oxford. FMR was launched in 1998 in partnership with the Norwegian Refugee Council.

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25th Anniversary (1982 - 2007)

This special issue of FMR builds on momentum generated by the International Symposium on Sexual Violence in Conflict and Beyond, convened in Brussels in June 2006 by the Government of Belgium, the European Commission and the UN Population Fund (UNFPA). We are grateful to Thoraya Obaid, executive director of UNFPA, for giving FMR the opportunity to highlight progress – and the ongoing challenges – in tackling the scourge of sexual violence in countries torn apart by war. We would also like to thank her colleagues Pamela DeLargy, Cécile Mazzacurati and Henia Dakkak for their invaluable assistance in planning and preparing this special issue.

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FMR is published in English, Arabic, Spanish and French by the Refugee Studies Centre of the University of Oxford. It is the world's most widely read publication on refugee and internal displacement issues. FMR is distributed without charge and the full text of all articles is online at www.fmreview.org. In 2006 we printed and distributed 72,000 hard copies, two thirds of them to readers in developing countries.

If this is the first issue you have received and you would like to continue receiving the magazine, please use the tear-off form on the back cover or see contact details in left column. We will need to know your name, organisation's name, full postal address and which language edition you wish to receive.

FMR28, to be published in May 2007, will focus on building the capacity of Southern governments and civil society to assist and protect displaced people. Information about forthcoming issues is at www.fmreview.org/forthcoming.htm.

Each FMR contains articles on a particular theme but also a wide range of articles on any aspect of contemporary forced migration. We would like FMR to consolidate its role as a forum for voices of the displaced and particularly encourage submissions from refugees and IDPs and those working directly with them. We also want to expand our readership. Please tell colleagues about FMR and contact us for additional copies for conferences and training events.

FMR needs financial support! FMR is entirely dependent on grants (for staff, translation, printing and distribution costs) as we receive only logistical support from the University of Oxford. The budget for FMR's four language editions for the University of Oxford 2006-2007 financial year is £286,000 / \$US554,000 / €427,000. We currently depend mainly on issue-specific grants, mostly for small amounts. It would be extremely helpful for our forward planning if the many agencies which have supported our work could make a modest year-on-year commitment towards our costs. Perhaps you might make a recommendation to your agency colleagues? Please contact us.

With our best wishes for 2007.

Marion Couldrey & Tim Morris

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International Symposium on Sexual Violence in Conflict and Beyond

In June 2006, more than 250 participants from 30 countries met at the Palais d'Egmont in Brussels for the International Symposium on Sexual Violence in Conflict and Beyond. This three-day conference – convened by the Government of Belgium, the European Commission and UNFPA – brought together heads of UN agencies and NGOs, human activists and researchers, government ministers, doctors and other field-based humanitarian workers, parliamentarians, representatives from the International Criminal Court, military and police

officers, and members of the media to share experiences, strategies and a renewed commitment to end the scourge of sexual violence in countries torn apart by war.

Full report online at www.unfpa.org/emergencies/symposium06/docs/final_report.pdf

The first Symposium follow-up event – Addressing Sexual Violence in Liberia – was held at the UN Secretariat in New York in December 2006.

Report online at www.unfpa.org/emergencies/symposium06/docs/report_6december.pdf



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Introduction

by Thoraya Ahmed Obaid

I have the great pleasure of introducing this special issue of *Forced Migration Review*. This edition builds on the momentum generated by the International Symposium on Sexual Violence in Conflict and Beyond, convened in June 2006 in Brussels by the United Nations Population Fund (UNFPA), the Government of Belgium and the European Commission.

Throughout history, violence against women has been accepted as an inevitable if unfortunate feature of conflict. This is now changing. While such violence continues to be inflicted on a massive scale, it is now recognised as a threat to development, peace and security; a violation of human rights; and a crime under international law. The challenge confronting the international community is whether all parties can make the prevention, treatment and prosecution of sexual violence a priority.

Our current inability to protect women and girls in conflict and post-conflict settings represents a human rights failure of massive proportions. Some 40,000 cases of war-related rape were reported during the war in Bosnia and Herzegovina. Between 23,000 and 45,000 Kosovar Albanian women were reportedly raped in 1998 to 1999 at the height of the conflict with Serbia. In Rwanda, 39% of women surveyed reported being raped during the genocide and, in one study, two in three women who were raped were HIV-positive. In Burundi, 19% of a sample of women reported being raped.

Unfortunately, these cases are not the exception. Similar horrific data are reported wherever there is conflict. And behind each statistic is a human being – a woman who needs support to heal and reintegrate into her family and community. Yet all too often survivors are subjected to discrimination and stigma, which only compound the suffering they have already endured.

It is now recognised that sexual violence during and after conflict

is not inevitable, can be prevented and must be treated. There is no shortage of good practices but these are not being carried out at the scale and scope needed. Greater political will and leadership are needed to ensure an effective response.

Far stronger action is needed for prevention – from curtailing the trade in small arms to protecting women as they gather food and firewood, from designing safe shelters and camps to promoting good governance and the rule of law. In the UN, we need stronger enforcement of the code of conduct against sexual abuse and exploitation.

UNFPA seeks to ensure that healthcare professionals are trained to provide medical treatment and possess the necessary drugs, supplies and equipment. Adequate care for survivors includes documentation of the attack, collection of forensic evidence, a full medical examination, treatment for injuries and possible infection, emergency contraception or post-exposure prophylaxis where appropriate to prevent unwanted pregnancy and HIV

sexual violence is an indicator of the most severe breach of human security

infection, and follow-up care. We need routine implementation of the minimum initial service package for reproductive health services (an internationally-agreed set of activities that must be implemented in a coordinated manner by



United Nations/Eskinder Debebe

appropriately trained staff¹), and increased access to legal and psychosocial services for survivors.

It is absolutely essential that medical personnel, police, security, judges, lawyers, peacekeeping and humanitarian personnel be trained to recognise and respond to gender-based violence. It is critical that all sectors work together to create an environment that stops the victimisation of women and supports survivors. Unless post-conflict economies are rehabilitated quickly, and women have access to livelihoods, they will continue to be vulnerable to exploitation and abuse, whether in the family or the wider community. It is also the case that more women decision makers are needed in the currently male-dominated arenas of security and humanitarian response to ensure that the needs and perspectives of women are addressed.

Today, unfortunately, most proposals to address gender-based violence in conflict and post-conflict situations continue to go unfunded by the donor community – and women are paying the price. To raise awareness and facilitate stronger action, UNFPA, the European Commission and the Government of Belgium organised the International Symposium on Sexual Violence in Conflict and Beyond in June 2006.

This historic three-day conference brought together more than 250 participants from 30 countries – heads of UN agencies and NGOs, human activists and researchers, government ministers, doctors and other field-based humanitarian workers, parliamentarians, representatives from the International Criminal Court, military and police officers, and members of the media – to share experiences and strategies and forge a renewed commitment to end sexual violence in countries torn apart by war.

On the final day of the symposium, delegates adopted the Brussels Call to Action. It outlines 21 actions, from ending impunity for perpetrators to developing and funding national actions plans, and calls on governments, international organisations and civil society to prioritise the issue of sexual violence in all humanitarian, peacebuilding

and development efforts in countries affected by conflict.²

Since the Symposium, important steps have been taken in several countries that sent delegations to participate. In Liberia, a National Gender-Based Violence Plan of Action was articulated by the National Task Force, which is proving to be an effective coordinating mechanism between the Government of Liberia, national and international NGOs, UN agencies and other multi-sectoral stakeholders. In the Democratic Republic of the Congo, new legislation was adopted that expanded the definition of rape and sexual violence, and strengthened the penal procedure.

Sadly, since the time of the Symposium, the security and political situation in Darfur has continued to deteriorate. Women and girls are experiencing unacceptable abuse, while the international community

has yet to prove its determination to bring their suffering to an end. The situation in Darfur is yet another pressing cry for the international community to incorporate prevention, protection and care for survivors of sexual violence in all aspects of humanitarian assistance. It reminds us of the imperative to work in joint initiatives, rather than in parallel but unconnected efforts. A number of UN agencies are today starting to work together to intensify their efforts in combating sexual violence and to bring a more intensive, collaborative and effective response.

It is my hope that this special issue of *Forced Migration Review* will shed light on the necessity to address sexual violence as a crime, a humanitarian emergency and a major challenge to all development efforts. Far from being a specific niche issue, sexual violence is an indicator of the most severe breach of human security. As the articles in this issue explain, it is closely related to food aid, firewood collection and HIV/AIDS. It directly affects women and girls but also men and boys – and destroys the fabric of families and communities. Punishing its perpetrators would contribute to restoring trust in the judicial system. Preventing it would spare disproportionate human and financial costs to reconstructing nations. Reducing sexual violence in all war-affected countries will be a true sign of national recovery.

Thoraya Ahmed Obaid is Executive Director of UNFPA.

1. www.unfpa.org/emergencies/manual/2.htm
2. See back cover.

A 13-year-old girl, raped by armed men, waits for treatment in a health clinic in Goma, eastern DRC, August 2006.



UNFPA and FMR would welcome your assistance in promoting and distributing this special issue.

Please feel free to promote the online edition www.fmreview.org/sexualviolence.htm and to circulate individual articles. If you would like hard copies – available in English, French, Arabic and Spanish – for distribution to your partners and networks and for use in training and conferences, or have suggestions for further promotion, please email the FMR Editors at fmr@qeh.ox.ac.uk

Worldwide coalition against sexual violence

by Armand De Decker



Politicians and civil society representatives must work together in seeking solutions to the scourge of sexual violence.

Prevention of and response to sexual and gender-based violence (SGBV) will require long-term, multisectoral and coordinated efforts focusing on the economic, health, legal, psychosocial and security concerns of affected populations. In order to achieve tangible results, cooperation at all levels is vital.

In light of this, I took the decision to involve Belgium at the field level in the Democratic Republic of Congo. Since 2004 we have been actively involved in an innovative four-year programme [see box] in partnership with UNFPA, UNICEF and OHCHR (office of the UN High Commissioner for Human Rights). The programme's holistic approach and success in securing effective cooperation between the various international institutions involved and local NGOs were recognised as outstanding in 2006 by UN Secretary General, Kofi Annan, who made a personal financial contribution as a testimony of his support. I sincerely hope that this programme will encourage similar initiatives in other countries.

To help build awareness, Belgium co-organised the June 2006 International Symposium on Sexual Violence in Conflict and Beyond in cooperation with UNFPA and the European Commission.¹ This conference was followed in December 2006 by a debate at the UN in New York on sexual violence in Liberia. Belgium will fund a number of other debates on sexual violence during 2007 to enable as many countries as possible to present national action plans.

I would like these debates to lead to a real worldwide coalition against sexual violence in conflict which would mobilise not only the UN and civil society representatives but also regional security organisations and international organisations such as the African Union,² the Regional

Development Banks,³ the Council of Europe,⁴ the European Commission⁵ and the Inter-Parliamentary Union.⁶

In 2007 Belgium has a place on the UN Security Council and thus an opportunity to ensure that SC Resolution 1325 on 'Women, peace and security' receives due attention. Resolution 1325 places important emphasis on the role to be played by women at all decision-making levels, in the prevention, management and resolution of conflicts and in peace processes. We will also work to ensure that the issue of preventing sexual violence is on the agenda during discussions of the mandates of peacekeeping operations.

At the beginning of this new year, when it is traditional to wish for a better future, I would like to express the hope that we will work together to bring about real progress in the lives of millions of women and in giving true meaning to the concept of 'responsibility to protect' as discussed at the UN Summit in 2005.

Armand De Decker is Belgian Minister of Development Cooperation. www.diplomatie.be For more information, email Francoise.Gustin@diplobel.fed.be

1. See Brussels Call to Action on back cover.
2. www.africa-union.org
3. www.undp.org/partnerships/rdb/
4. www.coe.int
5. <http://ec.europa.eu>
6. www.ipu.org

SGBV programme in DRC

This four-year programme in the Democratic Republic of Congo aims to provide SGBV survivors with much needed medical, psychosocial, socioeconomic and legal support. The programme – funded by the Government of Belgium and implemented jointly by UNFPA, UNICEF and OHCHR – has received the support and participation of the

Congolese Ministries of Social Affairs, Health, Justice and Women's Affairs; nine UN agencies; uniformed personnel including the Congolese military and police; and local NGOs with expertise in addressing sexual violence. Some 25,000 survivors of sexual violence are being served by the project. The 7.8 million Euro (\$9.7 million) project will be:

- n collecting and updating data on sexual violence among women, young people and children, and creating information systems to facilitate better data collection and analysis procedures
- n enlisting political, military and religious leaders to collaborate in community mobilisation, sensitisation and strengthening of the negotiating position of vulnerable groups
- n strengthening medical infrastructure across all three target provinces by providing drugs, supplies and equipment, and by training health workers in psychosocial counselling and the treatment of the medical consequences of rape
- n building the technical and logistical capabilities of rehabilitation centres for survivors of rape
- n strengthening outreach networks in 150 communities to enable them to better identify and serve survivors and to help build the capacity of families, community members and other actors to support survivors
- n establishing legal support by drafting strong laws to punish assailants and providing legal assistance to victims and their families
- n facilitating the reintegration of survivors into their communities through literacy and skills training.

See www.unfpa.org/emergencies/symposium06/docs/final_report.pdf (pp14-16) for more details.

International responsibilities

by Jan Egeland

Rape in war has reached epidemic proportions and the international community needs to take much more far-reaching action – now.

Militaries, militias, men carrying arms, government and non-state actors, neighbours, trusted leaders and men in positions of power have all perpetrated violence against women and girls in times of conflict and displacement. Although rape, sexual assault, sexual slavery, forced prostitution, forced sterilisation, forced abortion and forced pregnancy are crimes under national and international laws, the guilty usually commit these crimes with complete impunity. The international community is doing too little to protect women and girls from these

heinous acts, yet we know which actions can help to make a difference.

Prevention

First and foremost, we must get more serious about preventing rape and other forms of sexual violence. Most sexual violence perpetrated against women and girls in conflict is committed by armed groups and local people. Governments must demand discipline of their uniformed personnel. All armed groups must respect international legal principles prohibiting the targeting of civilians.

Just as law enforcement actors play a critical role in deterring sexual violence in more stable communities, so do peacekeepers have a critical role in protecting civilians in conflict situations. Used all too often as a weapon of war, sexual violence must be seen as an imminent threat to peace and stability and must trigger an immediate response in terms of providing physical protection and security. To this end, the mandates of peacekeeping operations need to be drawn up in such a way as to ensure the right kind of engagement for specific situations. The UN should work closely with other international, regional and inter-governmental organisations to ensure that these considerations underpin all peacekeeping and related operations.

A group of armed rebels north of Kaga Bandouro, Central African Republic, December 2006.



Unfortunately, even humanitarian and peacekeeping staff – military and civilian alike – have been responsible for acts of sexual violence and exploitation. This is unacceptable. The UN must uphold the highest standards of conduct in its work. Those who come to protect and assist must shun any form of sexual exploitation and abuse of the population and be held responsible for their behaviour if they violate the code of conduct.

Deterrent actions in and around camps can be effective, such as patrolling firewood collection routes, providing alternative cooking fuels and improving lighting. Supporting women's economic empowerment through improved livelihoods and skills building can also help by increasing family incomes and reducing exposure to rape outside the camp.

Appropriate response

In addition to preventing sexual violence in the first place, the international community, and its individual members, must take serious steps to respond appropriately when sexual violence occurs. Governments must provide training for police, the military, judges and community and religious leaders. They must bring in laws to protect the survivors of sexual violence, to uphold the rule of law and to provide justice.

Impunity – widespread in far too many places – must be eradicated. The International Criminal Court (ICC) has classified rape, sexual slavery, enforced prostitution, forced pregnancy and enforced sterilisation as potential crimes against humanity or war crimes. Investigations have begun into possible violations of international humanitarian law in the Democratic Republic of Congo (DRC), Uganda and Darfur.

Too often the international community continues to dismiss gender-based violence as an inevitable consequence of war. In Sudan, for example, although the government (under massive pressure from the international community) no longer denies that rape is being perpetrated in Darfur, it refuses

to acknowledge the magnitude of this scourge, or that rape and other forms of sexual violence are being used as a weapon of war against the civilian population. Too often, this attitude has denied survivors access to treatment, as those brave enough to seek medical care or to report the rape to the authorities have been harassed and even arrested. Unmarried pregnant women are treated like criminals, victimised not just by the initial act(s) of violence but again as they are arrested and subjected to brutal treatment by police.

In DRC, which I visited in early September 2006, sexual violence against women and girls is rampant and impunity for the perpetrators almost assured. At one point in 2005, more than 20,000 incidents of rape were recorded in one province of eastern DRC alone; the real figure is undoubtedly much greater. Visiting the Panzi clinic in South Kivu province, I met with some of these survivors of sexual violence. One woman told me how she'd been held for more than a week, tied by her arms and legs and repeatedly raped by a group of armed men. She lost the use of her hands due to the tightness of the bindings. Hers is not one of the worst tales from DRC. She has been able to seek treatment at the clinic, one of only two facilities in the country with a doctor with the surgical training to repair the fistulas and other severe physical trauma that mark the survivors of such abuse. All too often, these women and girls receive no medical attention.

Worse yet, hardly any perpetrators of such violence are punished. I promised these women that I would bring their stories of suffering to the world and I began by urging every authority I met in DRC – from President Kabila to the provincial authorities I met in Katanga, Ituri and South Kivu provinces – to put an end to the reign of impunity that has destroyed the very basis of the country's social fabric.

Assistance for survivors

Even if all these – and more – preventive and punitive measures are taken, the total eradication of rape in conflict is unlikely to happen. Resources must therefore also be

devoted to treating the survivors of violence. Survivors must have assured access to medical care, including to drugs that can prevent pregnancy and the transmission of HIV. Trained medical personnel must be available to perform the complicated surgeries necessary to repair injuries caused by sexual violence.

Support for survivors must extend beyond care for their physical wounds. Many women and children need culturally sensitive psychosocial counselling to deal with the psychological impact of sexual violence. Training for survivors is often required to help them learn to support themselves in new ways, as all too often they are forced out of their homes and communities. Awareness raising within communities is also needed so that survivors, including children born as a result of rape, are helped, not ostracised.

The Inter-Agency Standing Committee (IASC) supports a coordinated response, whereby healthcare providers, police and other security personnel, legal/justice actors and the local community (including men) are brought together on a regular basis to plan a multisectoral programme to address gender-based violence. The IASC's guidelines¹ set out the minimum package of activities that need to be put in place from the early stages of an emergency. UN Member States, international and non-governmental organisations and concerned individuals must give these guidelines the support they merit.

Women and girls already traumatised by displacement or affected by conflict deserve our attention and support. No one actor or group can do this alone. It requires a joint effort.

Jan Egeland is the former UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator.

1. The IASC's *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies* are online at: www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp

John Holmes succeeded Jan Egeland in January 2007. See: <http://ochaonline.un.org/webpage.asp?Site=usg>

An urgent issue of public health and human rights

by Manuel Carballo

Although sexual violence permeates most societies, especially in situations of social disruption, it is an area of public health and human rights where we can collectively already do a great deal and show results quickly.

Based in Sarajevo as a public health advisor for WHO during the Bosnian war, I saw only a small fraction of the 40,000 or more women and girls who had been raped. But I recall being numbed by the extent of the physical damage and psychological trauma they had suffered and were continuing to suffer. I also painfully remember how little there was to offer them, how little evidence-based treatment and care there was at that time, and how ill-prepared the relief community was for the magnitude of the tragedy. I saw few of the men and boys who were also raped but we should never forget that the desire to humiliate and inflict pain through acts of sexual violence is not always, or only, women-targeted.

Timely action by the international community can go far to prevent many of the crimes – especially sexual violence – that occur in times of war. Bosnia and Rwanda were embarrassing examples of our collective procrastination and unwillingness to act decisively and in a timely fashion. Darfur still is. There are also many other situations around the world where we know that sexual violence is being perpetrated on a daily basis, destroying bodies and minds. Nor is sexual violence limited to conflicts; in South East Asia many women who survived the tsunami were then sexually abused. It is becoming clear that there is something in the chaos and social disorganisation of all types of humanitarian disaster that opens the door to the pathology of sexual violence.

Moving forward

Donors and implementing partners must openly recognise the magnitude and nature of

sexual violence in disasters and ensure that this recognition is reflected in all humanitarian and development actions. Prevention as well as response must be prioritised. Distinctions between relief and development rarely reflect reality and responses to conflict and natural disasters must always be designed with longer-term reconstruction and development in mind. Nor should we ever forget that sexual violence does not stop with peace agreements; refugee camps are not always the safe havens we like to think. Rape, sexual abuse and exploitation prosper wherever there is disorganisation, an absence of structure and lack of hope, further eroding the capacity of people to move from disaster to reconstruction.

what we are really talking about is the preservation of human dignity and social cohesion

The challenge before the international community calls not simply for funding, although without funding little is ever possible. More significantly it calls for a systematic inclusion of sexual violence prevention and responses in all relief and development programmes. Donors should not agree to fund projects that do not include activities that explicitly address the problem of sexual violence, and humanitarian agencies should not consider going into the field without taking steps to include actions to prevent and respond to the challenge of sexual violence.

To do this better we need more detailed evidence about the medical and psychosocial actions that have been shown to work best and under what circumstances. Much has

already been done but there is still a need for more research on how best to intervene to prevent as well as treat the outcome of sexual violence. In the meantime we must sensitise local leaders and communities and work with men's groups, the military and others to explain that sexual violence can and must be prevented. Peacekeepers and humanitarian relief staff, in particular, should never be deployed without being sensitised and trained in the prevention and management of sexual violence. They are a potentially vital force in the fight against sexual violence but if they are not well prepared and supervised they can easily become part of the problem.

As well as looking at how best to prevent and respond to incidents of sexual violence in displaced people's camps, we must also perfect our reporting of sexual violence so that – while respecting confidentiality and anonymity of victims – we can develop databases that allow us to quantify problems in ways that help mobilise local and international support.

Finally, we must keep in mind that what we are really talking about is the preservation of human dignity and social cohesion. While it is the victims of sexual violence and abuse that are the most hurt and damaged, aggressors too are debased, and the potential for social reconstruction and development of a cohesive society is severely undermined. Whether we work in the domain of medical care, water and sanitation, food and nutrition, shelter or any other type of disaster initiative, we must systematically and proactively take up the challenge of sexual violence.

Manuel Carballo (mcarballo@icmh.ch) is Executive Director of the International Centre for Migration and Health (ICMH) www.icmh.ch

The European Union: a strategic approach

by Lieve Fransen

The European Union has developed policies and instruments that address – both directly and indirectly – sexual violence in conflict and beyond. Policy areas that are important in this respect include human rights, gender equality, development cooperation, humanitarian aid and conflict prevention.

Sexual violence is, sadly, something that occurs in peacetime as well as war, and in all societies. In war and conflict sexual violence is increasingly used as a weapon of war and it has been recognised as such by the EU and strongly condemned. It involves a fundamental breach of human rights.

The EU's basic commitment to fundamental rights is underpinned by its founding treaties. The EU has a universal commitment that applies not just to its own people but also to the populations of third countries. This is reflected in the European Consensus on Development,¹ the new framework for EU relations with developing countries based on principles that include gender equality, human rights, good governance, justice and the rule of law. While underlying principles are essential, effective action requires tighter definitions and concrete responses. Sexual violence does not affect all population groups equally: among adults, it is predominantly women who are affected while young people, both girls and boys, are particularly vulnerable.

Gender inequality

Most of the world's women are still discriminated against legally in their domestic jurisdictions and a very large majority face discrimination in their daily lives. If societies fail to embrace – and, more importantly, fail to apply – principles of gender equality, then the normative environment is less conducive to dealing decisively with the issue of sexually-motivated assault.

The EU has embraced these principles and the European Commission is

committed to fighting all forms of gender inequality. Their full application may demand longer-term attitude shifts but progress has been achieved through the establishment of concrete, legally enforceable rights and other practical measures. While the EU cannot impose norms beyond its own borders, it can and does reflect them in its relations with third countries and in its external assistance programmes. Indeed, the EU's development consensus points to the fact that providing quality services in the field of sexual and reproductive health and rights is a basis for achieving the Millennium Development Goals (MDGs).

The Commission's Development Directorate-General is working to raise the profile of gender equality issues in its development cooperation and to present a strengthened and more coherent framework for EU policies to address the situation of women in conflict situations and beyond. The EU is committed to the application of UN Security Council Resolution 1325 which calls for an increased role for women in conflict prevention and peace processes.² The Commission is pledged to follow up on this UN Resolution, raising the issue in all appropriate international fora. It will also encourage the countries that are its development partners, where appropriate, to devise national plans for implementing the Resolution. A further concrete and practical pledge is to boost the recruitment of women, both military and civilian, in peace operations and humanitarian actions.

This approach reflects our conviction that women should be viewed not solely as victims in conflict zones but as actors. They must be

integrated into all conflict prevention, peacekeeping and reconciliation processes. Giving women equal legal rights, equal access to resources and equal political influence is a pre-requisite for tackling the injustices that women endure, including sexual violence.

In an ideal world, all children would be protected against the ravages of war and the horror of sexual violence. In the real world, all too many children enjoy no such protection. With the aim of improving the lot of this most vulnerable group, in December 2003 the Council of the EU adopted guidelines on the needs of children in armed conflict.³ This document deals with, among other things, the specific problems faced by girls. The Commission is also currently working on a new Communication on children's rights and needs in development cooperation.

Development projects and programmes

Turning to how the EU can help and is already helping to change the situation on the ground, through project and programme financing, there is a whole series of cross-cutting instruments that are of interest.

Most EU development funding is distributed on a bilateral country or regional basis. Country Strategy Papers are an important instrument used in defining priority sectors and activities. These are drawn up in partnership with a range of actors – but with recipient states in the driving seat. We encourage developing country partners to raise the question of sexual violence programmes in their negotiations with donors and to ensure that national strategies against violence are integrated into programming.

The programme cycle currently being negotiated with the African, Caribbean and Pacific (ACP) countries

will cover the period 2008-2013. The latest (tenth) European Development Fund (EDF)⁴ contains a record €23 billion. In ACP programming there is a large pool (Envelope A) for agreed focal areas and sectors plus more flexible funding (Envelope B) to cover unforeseen events or emergencies. The latest EDF has a specific incentive for good governance. Incentive funding is distributed to countries that have scored well in an assessment of good governance, the definition of which extends to include social governance. Programmes addressing sexual violence could therefore be considered when determining eligibility.

In addition to bilateral funding the Commission implements policies through 'thematic strategies'. One that is relevant to the present discussion is the European Initiative for Democracy and Human Rights (EIDHR), which makes around €100 million available to NGOs each year for actions in three major fields: 'Justice and democratisation', 'Torture prevention' and 'Rehabilitation of victims of torture'. Another one is the new thematic strategy called 'Investing in people' (2007-2013). This strategy involves financing innovative proposals to deliver sexual and reproductive health and rights (SRHR) services and commodities on education, health and gender equality actions

Humanitarian aid

Another policy area where the European Commission is active in directly tackling the issue of sexual violence in conflict is humanitarian aid. Through its Humanitarian Aid department (ECHO), the Commission directs relief impartially to people most in need in crisis zones outside the European Union. €652 million was channelled to humanitarian operations in more than 60 nations during 2005.

For the most part, humanitarian crises are due to either conflicts or natural disasters. EU support goes to a wide range of urgent relief activities including protection for vulnerable groups in war zones, and psychosocial support. The funds are channelled through operational partners including UN

agencies, the Red Cross/Crescent movement and international NGOs. The Commission's humanitarian partners include many organisations that are involved in trying to prevent or to alleviate the effects of sexual violence in conflict – such as the International Committee of the Red Cross (ICRC), UNICEF, UNHCR and Save the Children.

A significant proportion of the Commission's humanitarian aid effort is directed towards those who have been driven out of their homes and are forced to live in camps as refugees or IDPs. As noted in several articles, women and young people are at risk of sexual abuse and violence, including from camp staff. The Commission encourages its partners to vet staff, provide proper training and take firm measures against those found to have abused their power to obtain sexual favours. It may be difficult to stamp out this kind of behaviour altogether in a crisis setting but the Commission can help to minimise it through partnership with experienced agencies and a rigorous, well publicised approach.

Legal and political solutions

While education and awareness raising on basic rights and gender issues are needed, we should not lose sight of the fact that sexual violence is fundamentally unacceptable. In the final analysis, there must be very few perpetrators of such violence who genuinely fail to recognise their wrongdoing. The main problem is often a culture of impunity – particularly in conflict situations where law enforcement has collapsed and courts are not functioning effectively. The EU has little legal authority in the field of criminal law – for even within the EU this is mainly a matter for individual governments – and is clearly unable to control criminality in third countries. However, it can and does lend its weight to international efforts. It supports the International Criminal Court and the efforts of UN agencies to end impunity and ensure fair legal redress. It also has a policy of 'zero tolerance' of sexual violence perpetrated by peacekeeping forces or others in a position of power or responsibility in crisis settings.

European policies to prevent conflict should also be mentioned. Stopping wars is not the same as ending sexual violence but it does prevent the creation of extreme conditions in which sexual violence may proliferate. The European Commission issued a Communication on Conflict Prevention in 2001 which highlighted the need to identify areas of potential conflict. It also urged an integrated policy approach involving, where necessary, the orientation of external aid towards measures that would facilitate the emergence of a favourable political environment in the region or country concerned.

Sexual violence in conflict is a multi-faceted issue and the European Union has evolved a multi-faceted response, as shown in the various strategies and instruments outlined above. The more we can unite our efforts to fight on various fronts, the more we can do to stamp out this social evil.

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Some concrete examples of EU action:

- n €5.7 million to UNFPA, under the Poverty Diseases budget line, to help reduce the vulnerability of women and girls to HIV infection in Zimbabwe
- n €7.2 million under the European Initiative for Democracy and Human Rights for public awareness work and support for the judicial system in the Democratic Republic of Congo
- n €440,000 for a project by Save the Children (NL) providing emergency reproductive health services in West Darfur (including support for women who have been sexually assaulted)

1. http://ec.europa.eu/comm/development/images/button_pdf.jpg
 2. See following article on UN Security Council Resolution 1325.
 3. http://ec.europa.eu/comm/external_relations/human_rights/child/caafguidelines.pdf
 4. <http://europa.eu/scadplus/leg/en/lvb/r12102.htm>

UN Security Council Resolution 1325

by Jackie Kirk and Suzanne Taylor

UN Security Council Resolution 1325¹ on women, peace and security, passed on 31 October 2000, was the first UNSCR to specifically acknowledge the impacts of conflict, particularly sexual violence, on women and girls. What has it achieved – and what are its limitations?

UNSCR 1325 provides a useful framework from which to develop and improve policy and programming on gender, peace, security and development issues. Most importantly, UNSCR 1325 provides a platform for civil society to demand accountability from their governments and to raise public and political awareness on the issue of sexual violence in conflict and beyond.

UNSCR 1325 is an 18-point document focusing on four inter-related thematic areas:

- n participation of women at all decision-making levels and in peace processes
- n inclusion of gender training in peacekeeping operations
- n protection of the rights of girls and women
- n gender mainstreaming in the UN's reporting and implementation systems.

Within each of these thematic areas, UNSCR 1325 encourages action by UN agencies, the Security Council, the Secretary General, governments and all parties to armed conflict. Importantly, a Security Council resolution brings international attention to a particular issue and also provides a political framework that recommends action to be taken by governments and international institutions.²

In calling for the protection of the rights of girls and women, UNSCR 1325 acknowledges gender dimensions and differences in the protection of human rights in conflict and post-conflict situations and calls on "all parties to armed

conflict to take special measures to protect women and girls from gender-based violence." These measures include ensuring respect for international law with regard to women's human rights, protecting women and girls from sexual abuse and gender-based violence and ending impunity for perpetrators of genocide, crimes against humanity and war crimes including sexual and gender-based violence crimes. UNSCR 1325 highlights the need to end impunity for sexual violence and rape, particularly in holding governments accountable for the actions of their members of armed forces and civilian police. It also stresses the need to recognise that women's and girls' protection needs change in the transition from conflict to post conflict: protection of witnesses at international tribunals is just as important as protection while in refugee and IDP camps.

Gaps and challenges

UNSCR 1325 is in no way a magic formula to ensure security and protection for all women and girls in conflict and post-conflict situations; international norms and their implementation are by nature limited in scope and influence but especially so if there are no inbuilt monitoring mechanisms. It is hard to measure the impacts of international policy instruments such as UNSCR 1325 on the lives of women and girls living in conflict and post-conflict contexts. Many governments have made broad commitments and several have established ad hoc initiatives but, without any monitoring and reporting mechanisms, actual impacts are hard to assess. There is a need to support both quantitative and qualitative research that identifies measurable indicators.

Even when intra-government coordination mechanisms are in place, there are often gaps in programming and policy between different state agencies. At an international level, improvements in donor coordination on the prevention, protection and response to sexual abuse and exploitation of girls and women are essential. In addition, coordination is vital in contexts where interventions are usually short-term and involve a variety of actors in different locations.

In retrospect, UNSCR 1325 could have been better framed. In particular it does not draw attention to the differentiated effects of armed conflict on women and girls of different ages and situations. It refers to 'women and girls' as a homogeneous entity with supposedly similar experiences, views, vulnerabilities, protection needs, survival strategies and degrees of resilience and agency.

Recent research has helped to articulate some of the specific issues relating to the vulnerabilities of adolescent girls, and the gender-age dimensions of power imbalances in conflict and post-conflict contexts. Girls may be particularly targeted for sexual abuse by fighting forces and in refugee/IDP camps and may be subject to sexual exploitation by the very people there to care for them, including peacekeepers, humanitarian workers and even teachers.³ There is also increased awareness of the particular experiences of girls and young women in fighting forces and their multiple roles within such groups. Recommendations for protecting girls and young women from sexual violence include ensuring appropriate and empowering educational opportunities, as well as increasing opportunities for girls' participation in decision making regarding their own safety.⁴

Agency and empowerment

Although they are often at risk from sexual and gender-based violence in conflict and post-conflict contexts, girls and women – young and old

– are not only victims. They have multiple identities and through their roles as mothers, heads of households, combatants and peace activists they often demonstrate incredible resiliency, coping and survival skills. It is imperative that all efforts to protect women and girls from sexual violence recognise this and do not simply depict them as helpless victims. Protection initiatives need to recognise these multiple identities. Rather than reinforce perceptions of women and girls as inherently vulnerable, we need to empower and support them to act to assert their rights within their families, organisations and communities.

UNSCR 1325 is a very positive initiative but there is a lot left to do. Rape and other forms of sexual violence continue unimpeded on a daily basis. Policy makers, practitioners and researchers need to pay more attention to the root causes of this type of violence and

its connection to wider determinants of conflict and power relations. There is a risk that programmes exclusively addressing sexual violence will be isolated from larger policy prescriptions for conflict prevention, conflict resolution and reconstruction. Sexual and gender-based violence and exploitation should be included in broader analysis of peace, conflict, security, reconstruction and development. Sexual and gender-based violence violates the rights of women and girls and is a major barrier to their effective participation in peacebuilding and development within their families, communities and societies.

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Resolution 1325 has been translated into some 77 languages. Other translations are in progress. For details, see www.peacewomen.org/1325inTranslation/index.html

1. www.un.org/events/res_1325e.pdf
2. For information about who is responsible for 1325 implementation see www.peacewomen.org/un/UN1325/1325whoswho.html
3. UNHCR and Save the Children UK (2002) *Note for Implementing and Operational Partners on Sexual Violence and Exploitation: The Experience of Refugee Children in Guinea, Liberia and Sierra Leone*. www.savethechildren.org.uk/scuk_cache/scuk/cache/cmsattach/1550_unhcr-scuk_wafrica_report.pdf
4. Gender and Peacebuilding Working Group and Women's Commission for Refugee Women and Children (2005) *Adolescent Girls affected by Violent Conflict: Why Should we Care?* www.peacebuild.ca/upload/AdolescentGirls_eng.pdf

The theatre of war

by Brigitte M Holzner and Dominique-Claire Mair

Narrating the fate of the women of Troy, the Greek playwright Euripides provided the script for modern warfare: the murdered children of Hekuba, the sexual slavery of Briseis, Andromache as war prey, Polyxena burned as a sacrifice and Cassandra raped and made bed-maid of the Greek warlord, Agamemnon.¹

This is the perpetual dramaturgy of war – where female bodies are appropriated, mutilated, impregnated and annihilated. The civil wars and internal conflicts of the last decades have challenged this archetypal woman-as-victim image and presented other roles – the female combatant, the girl soldier, the porter of weaponry, homemaker for the warriors and even the female torturer. This has been paralleled by the recent emergence of a more positive image – woman as peace-builder, as negotiator at post-conflict tables, as political actor involved in peace processes. The age-old mediating role that women have played in the private sphere is being transported into the public sphere. UN Security

Council Resolution 1325² ushers onto the world stage a new woman.

A symposium convened in Vienna in April 2006 by the Austrian Development Agency – entitled 'Building peace, empowering women: gender strategies to make UNSCR 1325 work' – assessed the potential of this initiative to redistribute gendered power relations.

Speakers alluded to all three images. Elisabeth Rehn, former Finnish Defence Minister,³ stressed that women do not ask for revenge but do need to know that their suffering is noted seriously. Renate Winter, Vice President of the Special Court for Sierra Leone,⁴

condemned the notion of women as male property. Stella Sabiiti of the Centre for Conflict Resolution, Kampala, described working with male combatants in Uganda, leading them to reconcile with their former deeds. Igballe Rogova of the Kosova Women's Network castigated the UN administration in Kosovo for consolidating patriarchy by excluding women from talks about the province's final status. Penda Mbow, former Senegalese culture minister, stressed the need to separate religion and the state: religious representations of women convey a male bias and governments need to assert gender equality principles. Irene Freudenschuss-Reichl, Director General for Development Cooperation in the Austrian Ministry for Foreign Affairs, outlined scope for the Human Security Network⁵ to bolster UNSCR 1325.

In addition, Judy El-Bushra questioned the concept of 'women' used in the text of the Resolution: generalising women without

acknowledging their differences assumes a common female agenda that is hard to define. Osnat Lubrani from UNIFEM Bratislava illustrated UNIFEM's initiatives for promoting UNSCR 1325 in South Eastern Europe and the Middle East, building on national women's movements for peace. And donor representatives from Switzerland and Denmark emphasised the necessity of gender mainstreaming in projects and programmes in conflict-prone countries.

Changing gender roles during conflict can empower women but all too often their increased role in household and community decision making proves unsustainable when peace returns. Former female combatants face marginalisation and discrimination because they have breached gender stereotypes. They are all too rarely compensated for the sexual and psychological abuse they have suffered.

The 300 participants contributed to recommendations for enhancing and strengthening implementation

of UNSCR 1325. Speakers and participants concluded that:

- n If we do not manage to improve women's status at times of peace we cannot succeed in doing so at time of war.
- n Preventing conflicts is as important as peace-building in post-conflict situations: effective prevention requires good governance, a functioning justice system and active respect and enforcement of human rights.
- n While justice necessarily entails punishment for human rights violators, it also depends on healing, truth, reconciliation and forgiveness: local traditions and rituals can contribute to this process of reconciliation.
- n It is important to recognise that boundaries of who is victim/perpetrator/protector are often blurred.
- n It is vital to support the media to disseminate peace messages.

UNSCR 1325 has opened doors but the resolution and its implications

are poorly understood. There is a need to go beyond awareness and advocacy in order to strengthen the political process and engage local, national and international actors, including women's organisations.

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1. Symposium speaker Renate Winter drew this parallel with the Trojan war.
2. See preceding article by Kirk and Taylor.
3. Also former UN Under-Secretary-General, and co-author – with (current) Liberian President Ellen Johnson Sirleaf – of UNIFEM's *Women, War and Peace*.
4. Set up by the Government of Sierra Leone and the UN, it has indicted 11 senior members of the country's former warring factions on charges of committing war crimes. www.sc-sl.org
5. www.humansecuritynetwork.org

Austrian
 **Development Cooperation**

Sexual violence: weapon of war

by Katie Thomas

Sexual violence has a profound and long-lasting physical, psychological and social impact.

The physical wounds suffered in most forms of combat are usually visible, prioritised for medical treatment and eventually healed. In contrast, while sexual violence may result in significant physical damage and severe internal wounding, it is far less likely to be treated than other forms of wounding. Handbooks for intervention in emergency situations rarely mention vaginal re-construction as a priority for surgical intervention even though sexual violence is now widely recognised as a frequent method of warfare. Médecins Sans Frontières' 1997 handbook for emergency response, for example, had only two pages dealing with sexual violence out of a total of 381 pages.¹

It is not only physically mature women who are raped during war but also children whose bodies have not yet developed and who may sustain horrific internal injuries as a result. In addition, in countries where most women and girls have undergone female genital mutilation, sexual violence can cause extensive tearing externally as well as internally.

After conflict-related sexual violence, women and girls with extreme pain and deep internal tears are often left to heal without medication or surgical intervention – and may suffer vesico-vaginal fistulae (tears) and permanent damage to the uterus and vagina and may also contract HIV or other sexually transmitted infections. If she does have access to

medical assistance, a woman or girl will have to describe and show the wounds, causing her further distress.

The mental effects of sexual violence are also distinct in comparison with other forms of violence. When violence is perpetrated by a more powerful other – for example by virtue of the fact that the perpetrator is physically stronger, in a gang and/or armed – the trauma of the wounding is compounded by the trauma of being helpless. In addition, when the violence is sexual it invades a person's most intimate space. Raped women often live with very high levels of anxiety and pain. They may find it difficult to undertake normal tasks and interact with others. Women who have been exposed to sexual violence experience great distress, may suffer periods of mental illness and are at increased risk of suicide.



Miriam, 18, and her twin baby girls, in West Darfur. Miriam was raped by Janjaweed fighters when she was 16 and later gave birth to what her community calls "Janjaweed babies".

Most societies will blame, ostracise and punish women – rather than men – for sexual violence. The woman or girl may well be disowned by her family or expelled by her community. The indifference of their family, community, nation and the international community reinforces the individual's hopelessness and distress. Women and girls who have experienced sexual violence have learned that the world is not safe for females. While an ethnic or national enemy can be avoided in a post-conflict scenario, it is not possible to avoid all males. Even though a woman or girl may be able to acknowledge intellectually that the men in her community may not pose a threat to her, she must still cope with fear and traumatic memories as she interacts with men on a daily basis. This can have a significant impact on her capacity to deal with those in her community.

As their wounds are not externally visible, women and girls who have suffered sexual violence may receive little sympathy or acknowledgement of their impaired capacity to meet female workload expectations. Concessions made for the person suffering such obvious war-related incapacity as loss of a limb are unlikely to be made for those with

equally severe wounding inflicted by sexual violence. The shame and secrecy associated with sexual wounding means that it is often not spoken about, even amongst women, so there is little social support for the victim.

The sense of stigmatisation, betrayal and abandonment affects a woman's capacity to participate in community life and to raise children. Raising children requires a sense of hope about the future. A woman's ability to meet her children's day-to-day physical and psychological needs can be severely depleted or destroyed by her experience of sexual violence. This impacts on the development of the child's social competence and emotional well-being. Trauma for the mother can affect the brain development of the infant

in the critical first twelve months of life and thereby create ongoing health, educational and welfare costs for the community. Children of raped mothers are at increased risk of mental illness themselves and of abandonment, abuse or neglect.

When used as a strategic, systemic tool of war – as in Rwanda, Sudan, Sierra Leone, Kosovo and many other conflicts – sexual violence can lead to cultural destruction. While most violence in war is inflicted in order to kill the enemy, sexual violence is usually perpetrated not only to cause physical wounding and humiliation but also to help destroy the opposing culture. The damage to cultural and community life wrought by the use of sexual violence in warfare can persist for generations. Long-term psychological damage and ongoing suffering mean that such violence affects not only the immediate victim but also her children and grandchildren, family, extended family and community life.

The physical wounds caused by sexual violence are also less likely to receive treatment because government and non-state actor combatants usually share a low valuation of women. No other physical wound with injuries as severe as those

perpetrated by sexual violence could be ignored or de-prioritised without international outcry. Governments comprised mainly of men may not only share a low valuation of women but may also lack appreciation of the depth and breadth of the impact of sexual violence on the life of individual women and on family and community life.

Priorities

National governments and the international humanitarian community are responsible for reducing the occurrence of sexual violence in conflict and for providing adequate response when it occurs. The following recommendations should be implemented in all conflict situations:

- n In the emergency phase, the increased vulnerability of women and children must be recognised and their evacuation and protection needs made a national and international priority.
- n The treatment of the psychological and physical wounds resulting from sexual violence needs to be prioritised in both the emergency and post-emergency phases of conflict. Treatment should be one of the top ten priorities for response in the emergency phase, along with food, nutrition and the prevention of communicable diseases.
- n Data collection of cases of sexual violence and sexual injury needs to be integrated into all standardised data collection protocols used at borders and camps.
- n The international community needs to ensure that swift and appropriate penalties be meted out for the war crimes of sexual violence.

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1. MSF, Refugee Health: An approach to emergency situations. www.msf.org/source/refbooks/MSF_Docs/En/Refugee_Health/RH1.pdf

Challenges to effective protection

by Rose Kimotho

With sexual violence now recognised as a weapon of war and a punishable violation of human rights, it is incumbent upon the international community, national governments and humanitarian organisations to provide more effective protection of women and girls.

The primary obligation to protect women and girls from sexual violence rests with national governments. Many, however, fail to meet this obligation even during peace-time. Women's rights tend to be poorly protected, cases of rape go largely unreported and national records of prosecuting sexual violence and other abuses of women rights are abysmal. Many justice systems, especially within the developing world, are characterised by poor investigations, low arrest records and insensitive judicial procedures that criminalise survivors during trial, further discouraging reporting.

Sexual and gender-based violence (SGBV) in conflict has been prosecuted as a war crime at the international level by the International Criminal Tribunal for the former Yugoslavia (ICTY)¹ and the International Criminal Tribunal for Rwanda (ICTR)². Unfortunately, like their respective national courts, both tribunals have dismal records of prosecution of cases of sexual violence. Established in 1993, the ICTY has 27 indictments related to sexual offences to its credit. The ICTR has only one successful conviction since its inception in 1994, with more than a dozen cases pending that include charges of sexual violence.

Although prevention of SGBV and response to the needs of survivors are now key components of many humanitarian programmes, these initiatives have yet to deliver real protection. Eleven years after UNHCR published the first guidelines on the protection of refugee women,³ efforts by international agencies remain scattered and guidelines themselves are often unevenly implemented.⁴ Their effectiveness in meeting the safety and justice-related needs of survivors is compromised by reliance on national law enforcement agencies and sometimes by religious and cultural traditions. Funding tends to be

only available during the immediate conflict and post-conflict phases and many agency implementation plans do not include long-term rehabilitation and reintegration to help survivors re-establish themselves in their communities.

Strategies for action

National governments must do more to reform their national legislation framework and to domesticate international human rights treaties and conventions on the protection of women's rights. Although more than 90% of UN members have ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),⁵ governments have yet to eliminate discrimination and accord women protection as full and equal citizens – particularly when it comes to sexual violence. Governments emerging from conflict have the opportunity to comply with international treaties while re-establishing the rule of law through new constitutions and legislation and through setting up the judiciary and other public administration institutions.

At the international level, both the ICTY and ICTR must accelerate prosecution processes if they are to complete pending cases before their mandates end in 2010. The establishment of the Special Court for Sierra Leone⁶ and the International Criminal Court (ICC)⁷ seem to hold out more cause for hope regarding international prosecutions. Since the beginning of its operations in 2002, the Special Court for Sierra Leone appears to be taking its mandate as regards sexual violence seriously. Investigations and prosecutions of sexual violence have been an integral part of its activities. Ten of the thirteen indictments issued to date are for crimes of sexual violence,

including rape, sexual enslavement, abduction and forced labour.

The ICC, established in 2001, represents a significant step towards ending the impunity that is commonplace in cases of sexual violence. By criminalising sexual violence, the ICC statute embodies the principles of the various UN conventions and declarations on violence against women. It also provides measures to improve investigations and protection of female witness – weaknesses that have plagued both the ICTY and the ICTR. However, it is only through successful prosecution of crimes that the ICC will fulfil its promise.

Obtaining legal protection is often difficult. Even harder for many survivors of sexual violence is overcoming stigmatisation, for sexual violence is the only crime where the community's reaction is often to stigmatise the victim rather than prosecute the perpetrator. Many victims of sexual violence – especially violence inflicted by fighting forces – are ostracised by their communities, labelled as unmarriageable and regarded as a source of eternal shame for their families. Many leave for towns and cities where, without support or livelihood skills, they often turn to prostitution in order to survive. People's perceptions and attitudes take a long time to change. It is therefore imperative that programmes addressing sexual violence undertake community sensitisation as well as improving economic livelihoods of women and, specifically, survivors of sexual violence.

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1. www.un.org/icty

2. www.ictt.org

3. Updated 2003: www.unhcr.org/cgi-bin/texis/vtx/protect/openssl.pdf?tbl=PROTECTION&id=3f69bccc4

4. [www.reliefweb.int/rw/lib.nsf/db900SID/LGEL-5FMC22/\\$FILE/unicef-WomenWarPeace.pdf?OpenElement](http://www.reliefweb.int/rw/lib.nsf/db900SID/LGEL-5FMC22/$FILE/unicef-WomenWarPeace.pdf?OpenElement)

5. www.un.org/womenwatch/daw/cedaw/

6. www.sc-sl.org

7. www.icc-cpi.int

Traumatic fistula: the case for reparations

by Arletty Pinel and Lydiah Kemunto Bosire

As a conflict strategy, women are often sexually assaulted using sticks, guns, branches of trees and bottles. Women's genitals are deliberately destroyed, some permanently. Traumatic fistula often results. As with victims of torture and other grave human rights abuses, there exists an obligation to restore the women to health as far as possible and to provide reparation for their violations.

Traumatic fistula is an abnormal opening between the reproductive tract of a woman or girl and one or more body cavities or surfaces, caused by sexual violence, usually but not always in conflict and post-conflict settings. It is a result of direct gynaecological trauma, usually from violent rape, mass rape and/or forced insertion of objects into a woman's vagina. Brutal rape can result in genital injury and the formation of a rupture, or fistula, between a woman's vagina, her bladder, rectum or both.

Traumatic fistula compounds the psychological trauma, fear and stigma that accompany rape – with the same risk of unwanted pregnancy, vulnerability to sexually transmitted infections (STIs), including HIV, and diminished opportunities to marry, work or participate in the larger community. Women with fistula are unable to control the constant flow of urine and/or faeces that leak from the tear. Often, affected women are subsequently divorced, shunned by their communities and unable to work or care for their families. Long-term medical complications for the survivors of violent rape may include uterine prolapse, infertility and miscarriages.

Medical personnel have observed cases of traumatic fistula in the conflict and post-conflict countries of Burundi, Chad, Democratic Republic of Congo, Sudan, Burundi, Rwanda and Sierra Leone. It has also been reported in other countries such as Ethiopia, Guinea, Kenya, Liberia, Somalia, Tanzania and northern Uganda. However, the exact prevalence of fistula remains unknown. Data collection is difficult in conflict

and post-conflict settings, in part because victims fear further attacks and stigma and because of lack of awareness regarding the availability of fistula repair services. These are compounded by poor healthcare infrastructure and ongoing insecurity. The absence of data affects the capacity of stakeholders to grasp the real magnitude of the problem. Researchers can only determine the extent of traumatic fistula by the numbers of women reporting to repair centres and health facilities for treatment.

In many cases, expert surgeons trained in fistula repair can mend the damage. The average cost of fistula surgery and post-operative care for one woman is approximately \$300. Post-operative care of women should include trauma counselling, rehabilitation and physical therapy. Healing, especially of psychological wounds, takes time. Some women – especially those who have had foreign objects forcibly inserted into their vagina and/or rectum – are unable to heal even after repeated surgery, and are left permanently scarred.

When women's bodies become a battleground, conversations about reconstruction and national reconciliation cannot have meaning for those affected – either directly or indirectly – until there is an acknowledgement of the gross violations of the rights of the affected women and until affected communities are made whole again, insofar as this is possible. The public act of destruction of a woman's anatomy is symbolic to the tearing apart of the social fabric, one that damages the family, and can only fuel revenge and further conflict. In thinking

about accountability, stakeholders cannot neglect the condition of these women on whose bodies the worst violence of war is expressed.

Brussels and reparations

The Brussels Call to Action – agreed at the International Symposium on Sexual Violence in Conflict and Beyond in June 2006¹ – asked stakeholders to “recognise the right and ensure access to material and symbolic reparation, including restitution, compensation, rehabilitation, satisfaction and guarantees of non-repetition for all survivors” of sexual violence. Reparative measures are important for assuring the woman that she is a rights-bearing citizen and that the violation of her rights to life and a life of dignity cannot be tolerated.

The first necessary intervention is restoring the women's functions by treating the fistula and stopping the incontinence. This means supporting the treatment centres that provide surgery, as well as ensuring such provisions as anaesthesia, blood transfusion and trained personnel. Often, the same surgical resources used in fistula repair can also be used in carrying out Caesarean sections and other routine operations that are essential to reduce the gender-based imbalance in healthcare access that leads to high rates of maternal mortality. This intervention also includes raising awareness in affected communities about availability of repair services.

The second element of the reparations called for in Brussels is compensation. Even as human rights activists and insurance experts continue to put a price on the damage caused by torture, rape, extra-judicial killings and other abuses, in many countries in which the problem of traumatic fistula exists compensation is not possible. However, just because ministries of finance cannot afford to compensate – and international

stakeholders are loath to do so – does not mean this is not an important principle to constantly assert.

In the absence of material compensation, symbolic reparations are important. Should we get, as we routinely do for 'orthodox' human rights abuses, an apology from the state to all the victims of fistula and other grave sexual violence, the state being the presumed protector of the violated rights? Or a memorial for all the women whose bodies have acted as alternative battlegrounds, to remind the people that such acts of shame must never happen again, to remind the women themselves that their war is not forgotten, to portray the women as heroes and survivors of great pain, to honour women rather than ostracise and blame them, and claim for them a public space to show that respect?

The third reparative element in the Call to Action is rehabilitation in the form of medical or psychological services. Women come to the few existing treatment centres wishing they were dead rather than burdened by the triple stigma of rape, incontinence from fistula and potential HIV. The hardest task is to restore to these women their dignity and convince them that their rights will be respected in future. The difficult task of psychologically rehabilitating victims must be at the heart of interventions and must be available routinely – not just to those victims prepared to testify before truth commissions and courts.

The Call to Action demands guarantees for non-repetition. This requires reform of institutions that are meant to guarantee respect for human rights and, in particular, respect for women as rights-bearing individuals. There must be an end to impunity and an inculcation of an aversion to the crimes that these women have suffered. The security sector (both regular and irregular) must understand the sanctions of perpetrating violence of this nature, as they are often the greatest aggressors.

The international community must be unified in its denunciation of any state which fails to sanction its military when implicated in traumatic fistula, as it is in its denunciation of torture. Such security forces cannot serve in peace-keeping missions. Generals of irregular forces whose men are implicated in sexual

torture ought to be accountable for torture, with all the relevant international criminal implications.

Ways forward

It is vital to:

- n commission research into the causes, impact and magnitude of traumatic fistula in order to support effective advocacy and to assist in planning effective interventions
- n support hospitals to enable them to offer repair services attached to their operating theatres, with equipment that can be used for improved services for women, including caesarean sections
- n design interventions that include access to anti-retroviral treatments and family planning care to avoid unwanted pregnancies
- n include information regarding traumatic fistula within the curricula of all military units, peacekeepers and police forces
- n standardise UN and international agency emergency responses to include clinical services – including proper medical examinations, emergency contraception, fistula surgery, qualified personnel who can offer skilled obstetrical and gynaecological services, appropriate equipment, counselling and psychological care
- n provide resources to strengthen health services: currently, when the annual UN Inter-Agency Consolidated Appeals Process (CAP) for countries in crisis is launched, health programmes receive less than a quarter of requested resources
- n develop community systems to document atrocities and refer them to appropriate national and international legal mechanisms, with the existence of traumatic fistula as evidence
- n work with communities and the media to change community perceptions and attitudes that exacerbate the stigma, discrimination and exclusion suffered by affected women

- n support victims' organisations and develop programmes to integrate affected women back into their communities and to foster a supportive atmosphere for the survivors of traumatic fistula and other forms of gender-based violence.

At the heart of reconciliation is the notion of developing civic trust, where those whose rights have been violated can think of themselves as rights-bearing citizens. Addressing the needs of women deliberately torn in the throes of war must be seen as one of the first steps towards reconciliation, towards repairing a society torn apart by war and political difference. Ignoring this diminishes the impact of other interventions.

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For more information, see Traumatic Gynecologic Fistula: A Consequence of Sexual Violence in Conflict Settings www.acquireproject.org/fileadmin/user_upload/ACQUIRE/Publications/TF_Report_final_version.pdf

1. See back page.

In 2003, UNFPA spearheaded the global Campaign to End Fistula, which is working in more than 35 countries to prevent and treat fistula, and to help rehabilitate and empower women after treatment. www.endfistula.org



Assisting children born of sexual exploitation and abuse

by Lauren Rumble and Swati Mehta

The UN Secretary-General has issued a strategy to support victims of sexual exploitation and abuse by UN staff. It includes a controversial proposal to introduce DNA sampling for all UN staff. Unless this suggestion is adopted, an important opportunity to implement a truly survivor-centred approach may be lost.

The problem of sexual exploitation and abuse is often exacerbated in situations characterised by poverty, conflict and/or displacement where the UN is actively involved. Poverty and a lack of economic opportunities frequently force women and children to engage in 'survival sex' – the exchange of money, goods or services for sexual favours. In 2002 a joint UNHCR/Save the Children UK report revealed a disturbing pattern of sexual exploitation of refugee children by aid workers and peacekeepers in West Africa.¹ Documenting allegations against 40 agencies and 67 individuals, it reported how humanitarian workers extort sex in exchange for desperately needed aid. Acts of sexual exploitation and abuse committed by UN peacekeepers in the Democratic Republic of the Congo were brought to the international public's attention in 2005. The UN continues to document cases involving children as young as 11 and anecdotal evidence indicates that hundreds of babies have been born of such acts.

For unaccompanied (separated or abandoned), internally displaced and refugee children, vulnerabilities are compounded by increased risks of sexual abuse, prostitution, trafficking, military recruitment and psychosocial distress. A lack of documentation and birth registration in displaced and refugee settings leaves many unable to access healthcare, education and other services.

The UN moved swiftly to strengthen accountability mechanisms. The Inter-Agency Standing Committee (IASC)² established a Task Force on Protection from Sexual Exploitation

and Abuse in Humanitarian Crises and in June 2002 published a report setting out the core principles of a code of conduct for humanitarian workers.³ However, the problem has yet to be systematically addressed. Prevention and response strategies have taken little account of survivors' welfare. For example, in Liberia an orphanage had to be established for the many children fathered by ECOMOG (Economic Community of West African States Monitoring Group) peacekeepers, although such institutionalisation is known for its potentially negative effect on children's health and development. Children born of sexual exploitation and abuse have been absent from policy discussions despite the impact that the circumstances of their birth have on their health and well-being. Children fathered in this way by UN staff and peacekeepers are vulnerable to stigma, maternal rejection, statelessness, abandonment and death.

The Secretary-General's Strategy on Assistance to Victims of Sexual Exploitation and Sexual Abuse by UN staff issued in mid 2006 focuses on providing support to victims who have been sexually abused or exploited by all those employed or under contract by the UN – staff members, consultants, volunteers, civilian police, military observers and personnel of peacekeeping contingents.⁴ The strategy argues that children born of sexual exploitation and abuse deserve appropriate care in accordance with the rights and obligations enshrined in the Convention on the Rights of the Child (CRC).⁵ It recommends that the UN work with governments to

promote application of CRC rights – particularly a child's right to know and be cared for by his/her parents – and to provide support within a broader context of support for all victims of gender-based violence so that stigma and discrimination are not exacerbated. Greater efforts are required, however, to better understand the situation of these children, and their mothers, in order to respond appropriately in particular contexts. When there is a credible allegation of paternity, the UN will assist the child, or the child's mother/guardian, to access national legal systems or UN administrative processes. This is in line with existing UN staff rules and regulations that oblige staff members to pay child support.

A child's access to support therefore depends on credible identification of the father/perpetrator. In reality, many victims are unable or afraid to name the perpetrators. The high staff turnover typical of most UN missions often means that the perpetrator is no longer in the country, thus making it nearly impossible for the UN or the victim to compel his participation in national legal proceedings, assuming that there is even a functioning legal system in the country.

The DNA question

Earlier drafts of the strategy included a proposal for comprehensive DNA sampling of all UN staff for use in limited circumstances – identification of human remains, when there is an allegation of paternity after substantiation of sexual exploitation or abuse and/or when there is an allegation of involvement in a sex crime. This proposal is now being discussed in the UN Secretariat. Member states have shown considerable interest in the proposal and some have already approached the UN for assistance in obtaining DNA samples from the children of victims of sexual exploitation and

Nigerian soldiers, in service in Sierra Leone, leaving for action in Liberia, 2003.



by international resolutions, human rights treaties and medical ethics. The General Assembly will shortly have an opportunity to endorse the Secretary-General's strategy as a whole and discuss strengthening of accountability mechanisms – including a possible strategy for children born of sexual exploitation and abuse. It is the UN's moral responsibility to ensure that all victims,

including children, receive timely support but without further debate on the subject or General Assembly agreement, the Secretary-General's strategy is limited in its ability to support children fathered by UN staff and related personnel.

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1. UNHCR/Save the Children UK report *Sexual violence and exploitation: the experience of refugee children in Guinea, Liberia and Sierra Leone*. See also Asmita Naik 'Protecting children from the protectors: lessons from West Africa', FMR15 www.fmreview.org/FMRpdfs/FMR15/fmr15.7.pdf; Iain Levine and Mark Bowden 'Protection from sexual exploitation and abuse in humanitarian crises: the humanitarian community's response', FMR15 www.fmreview.org/FMRpdfs/FMR15/fmr15.8.pdf; and Asmita Naik 'UN investigation into sexual exploitation by aid workers – justice has not been done', FMR16 www.fmreview.org/FMRpdfs/FMR16/fmr16.15.pdf
2. www.humanitarianinfo.org/iase
3. www.reliefweb.int/idp/docs/references/protsexexpPoARep.pdf
4. www.peacewomen.org/resources/Peacekeeping/SEA/victim_assistance.pdf?search=%22%22A%2F60%2F877%22%22
5. www.unicef.org/crc
6. Interview with Pamela Jones (UNICEF) and Lisa Jones (OCHA), authors' notes, September, 2006.

abuse, in accordance with their national procedures for child support claims. The DNA proposal is likely to be discussed by the General Assembly in 2007. The General Assembly is empowered to authorise the Secretary-General to promulgate rules enabling him to obtain DNA samples from all UN staff. Troop and police-contributing countries could also consider adopting similar measures for personnel serving with the UN.

Despite its intended benefits – to facilitate children's access to support, act as a deterrent to those who believe they can act with impunity, exonerate those falsely accused and contribute to broader efforts to restore the UN's credibility – the DNA proposal has encountered significant resistance. Debate over the proposal's practicality and possible violation of staff members' rights may hamper its adoption.

The primary authors of the strategy believe that the majority of the controversy regarding practicality is related to a general lack of understanding about the use of DNA and the process of sampling and testing.⁶ Fears of false positive matches, contamination of samples and planted evidence can also be attributed to this lack of understanding. The strategy proposes only complete samples be taken directly from the alleged

father and child, allowing for repeat sampling and testing if desired. Only samples – untested – would be kept on file and no information would be obtained unless sent for testing in one of the three pre-determined circumstances. In the case of a paternity allegation, a simple, cost-effective and virtually 100% accurate paternity test would be performed. The test only confirms identity and does not provide any other sensitive information. The arguments under international human rights law are more complex. The debate has mainly focused on staff members' right to privacy and the 'proportionality' of the DNA proposal to the harm being addressed. One must remember, however, that the right to privacy is not absolute and that the rights of staff members must be balanced against the rights and obligations of all parties – children, parents, member states and the UN – under the CRC.

The DNA proposal is without precedent in the UN system – at present only UN staff in Iraq are required to undertake DNA sampling. However, several national authorities and institutions have introduced blanket DNA sampling for specific purposes, such as identification of remains, resolution of crimes and identification and reunification of children and families. Sound practices for DNA sampling and testing have been developed, guided

Sexual violence against men and boys

by Wynne Russell

It is well known that armed conflict and sexual violence against women and girls often go hand in hand. What is less widely recognised is that armed conflict and its aftermath also bring sexual danger for men and boys.

The great reluctance of many men and boys to report sexual violence makes it very difficult to accurately assess its scope. The limited statistics that exist almost certainly vastly under-represent the number of male victims. Nevertheless, in the last decade, sexualised violence against men and boys – including rape, sexual torture, mutilation of the genitals, sexual humiliation, sexual enslavement, forced incest and forced rape – has been reported in 25 armed conflicts across the world. If one expands this tally to include cases of sexual exploitation of boys displaced by violent conflict, the

**not ‘boys being boys’
but an exercise in power
and humiliation**

list encompasses the majority of the 59 armed conflicts identified in the recent Human Security Report.¹

The problem of male-directed sexual violence is not unknown to the humanitarian community. Many international organisations – UN agencies, governmental and intergovernmental organisations, INGOs, international criminal courts – have acknowledged the issue in their publications and their staff members show a high degree of individual sensitisation and concern. Nevertheless, male-directed sexual violence remains largely undocumented.

Little is known either about the scope or nature of such violence or about the psychosocial consequences for male survivors. For individual survivors, this collective ignorance leads to a lack of assistance or justice.

Organisations that have made preliminary efforts to reach out to male survivors have often been handicapped by lack of awareness of the issue on the part of survivors and staff alike. Even though male victims are included in some international tribunals’ definitions of sexual violence, the domestic laws of many countries do not include male victims in their definitions of sexual violence, particularly in cases where homosexual activity attracts legal penalties.² The human impact of this marginalisation and lack of care can only be guessed at.

Meanwhile, we remain ignorant of the place that such violence occupies in the perpetuation of conflicts or in the choice of particular forms of retaliatory violence. We do not understand its impact on post-conflict reintegration of adult or child combatants, or of civilian men forced to rape family or community members. We are unaware of how it affects the incidence of sexual and other violence against women and children, including refugees and child soldiers, during and after conflicts. From the perspective of the global trade in sex and persons, we remain ignorant of its contribution to prostitution, survival sex or trafficking in persons during and after conflicts and in refugee/IDP settings. We do not know about the relationship between conflict-related violence and sexual violence within institutions such as militaries, police forces and penal systems.

From what little published information exists on the subject, as well as the expertise of many, it is possible to make some rough observations.

Sexualised violence against men and boys can emerge in any form of conflict – from interstate wars to civil wars to localised conflicts – and in any cultural context. Both men and boys are vulnerable in conflict settings and in countries of asylum alike. Both adult men and boys are most vulnerable to sexual violence in detention. In some places over 50% of detainees reportedly experience sexualised torture. However, both adult men and boys are also vulnerable during military operations in civilian areas and in situations of military conscription or abduction into paramilitary forces. Boys, meanwhile, are also highly vulnerable in refugee/IDP settings.

In addition to acts of individual sadism, the main overt purposes of sexualised violence against men and boys appear to be torture, initiation and integration into military/paramilitary forces, punishment of individuals and a strategy of war designed to terrify, demoralise and destroy family and community cohesion.³

More fundamentally, most sexual violence is a mechanism by which men are placed or kept in a position subordinate to other men. Male-directed sexual violence helps to expose the broader phenomenon of conflict-related sexual violence, including against the women and girls who are the most numerous victims, for what it is: not ‘boys being boys’ but an exercise in power and humiliation.

What is needed

Systematic collection of data is vital. Organisations operating in conflict-affected zones should intensify efforts to identify male victims of sexual assault and create reporting categories for violence that affect male sexuality and reproductive capacity, such as mutilation of the

genitals. All data must be able to be broken down by gender and age.

Mechanisms for expert discussion on how to provide assistance for men and boy survivors need to be established. Given the extraordinary sensitivity of the issue for victims and communities alike, strategies need to be carefully thought out. Many of those I have interviewed stressed the difficulty of formulating programmes for male survivors, given that they often have very different needs from female survivors and are often extremely reluctant to discuss the violence they have suffered or its consequences. The needs of male survivors often vary widely according to cultural context. Creation of mechanisms for expert discussion both within and across cultural contexts

would help programme managers formulate effective strategies and would also help advance the field of trauma studies more generally.

Male victims need to be fully represented in international justice initiatives and their inclusion in national laws on sexual violence. The prosecution by the International Criminal Tribunal for the Former Yugoslavia⁴ of perpetrators of sexual violence against male victims and the Democratic Republic of Congo's recent extension of the crime of rape to include male victims are positive examples. Humanitarian actors should acknowledge that for male victims sexual violence is not just another form of torture. Sexual and gender-based violence is a particularly vicious attack on personal and social identity whose

psychological consequences often far outlive those of other forms of physical violence. We need to take care not to inadvertently harm other vulnerable groups. Psychosocial strategies aimed at the specific needs of male survivors must be carefully designed to avoid unintentional reinforcement of concepts of male dominance over women or of homophobia.

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1. www.humansecurityreport.info/index.php?option=content&task=view&id=28&Itemid=63
2. See article by Rodriguez p45 on DRC's recent expansion of rape laws to include both genders.
3. Thanks to Françoise Duroch of Médecins Sans Frontières for these observations.
4. www.un.org/icty

Sexual violence and HIV/AIDS transmission

by Jennifer Klot and Pam DeLargy

The high rates of sexual violence in sub-Saharan Africa may help explain the disproportionate rates of infection among young women as compared to men, and also offer a new conceptual framework for understanding HIV transmission.

Sexual violence is vastly under-represented as an HIV risk and transmission factor both within and outside of conflict situations. Sexual violence and coercion may increase susceptibility to HIV insofar as non-consensual sex is associated with increased genital trauma and coital injuries, the likelihood of anal penetration, the vulnerability of adolescent girls and the age difference between partners. Heightened risk may also be associated with the probable infectiousness of the perpetrator, the incidence and prevalence of sexual violence, including of mass rape, and the likelihood of ulcerative sexually transmitted infections (STIs) and HIV. It may only require a small internal or external genital injury to provide the virus access to susceptible cells.

If sexual violence is a significant HIV risk factor, it follows that conflict situations may pose greater risks for HIV, particularly where rape is used as a weapon of war, where decreased security contributes to higher prevalence of opportunistic sexual violence or where there is already HIV infection among the population. Given the high levels of sexual violence occurring in a number of conflict-affected countries with significant HIV prevalence (such as the Democratic Republic of Congo, Liberia, Burundi and Cote d'Ivoire), this could be a major driver of the epidemic.

A growing number of studies are showing that sexual violence in war does not disappear when the peace agreements are signed.¹ In a number of post-conflict settings,

such as Liberia, levels of sexual violence remain high and in some countries violence against women may actually increase in the aftermath of a conflict, though dynamics may change.² Understanding how these patterns change over time is essential for effective HIV prevention and response. But most of the relatively small body of literature linking conflict with HIV/AIDS identifies sexual violence as only one among a broad range of factors that could increase the likelihood of HIV infection in conflict – including mobility and population displacement, poverty, loss of access to health services and information, unsafe blood transfusion, civil-military interactions, changing family and social structures, demographic impacts, psychological trauma, illicit drugs use and STIs.

The point here is not to negate the significance of these factors but to distinguish between 'drivers' and 'risk factors'. The factors described above are drivers of HIV vulnerability,

while a principal risk is the forced or violent sexual interaction. It is true that poverty, migration and changing social structures increase young women's vulnerability to HIV – but the specific risks are most often directly related to sexual violence and to sexual exploitation, including high-risk sexual encounters for survival, in exchange for food or other relief supplies, to pass borders or to gain certain types of protection. In fact, the term 'civilian-military interaction' is often a euphemism for describing situations of sexual violence and exploitation.

Many victims and survivors of sexual violence experience multiple forms of violence across the various conflict stages: before conflict, during flight, in so-called protected areas, throughout resettlement and upon return. In many post-war environments, women and girls who have experienced sexual assault, rape or sexual exploitation – all of which can involve the physiological aspects of forced sex – are also then stigmatised, expelled from their families and experience types of social marginalisation which then expose them further to exploitation, unstable relationships and continued forced sex, thus perpetuating the cycle of vulnerability. Awareness of

such dynamics has led to increasing attention to the importance of addressing multiple factors such as education and livelihoods as well as psychosocial and medical care for survivors.³ Very little empirical analysis, however, has been done on this combination of physiological and behavioural risk as a driver of HIV infection during or after conflict situations.

Distinguishing between sexual violence as a 'driver' and 'risk factor' is central to how emergency and HIV policies and programmes are conceived and implemented. Although HIV/AIDS prevention is likely to be a first-line response to sexual violence (such as through STI treatment and provision of post-exposure prophylaxis), it is far less likely that sexual violence prevention is seen and used as an entry point for HIV/AIDS prevention in the context of disarmament and demobilisation programmes, information and education campaigns, and reconstruction and early recovery programmes. For the most part, addressing sexual violence is considered (and therefore resourced and programmed) as a part of human rights advocacy, reproductive health or as a gender issue.

Conclusions

Until the role of force or coercion is made explicit in the data linking HIV with other factors, its potentially decisive impact on transmission risk will continue to be obscured or even remain hidden. Theoretical, legal and policy agreement is needed on what constitutes sexual violence and force across different socio-cultural settings, and more research is needed to explain the patterns, scale and scope of sexual violence over time. This information must be linked to surveillance, monitoring and reporting systems for HIV/AIDS in order to determine more clearly the specific dynamics of the relationship between sexual violence, forced sex and HIV vulnerability and risk.

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1. Sheila Meintjes (ed) *The Aftermath: Women in Post-Conflict Transformation*. Zed 2002.

2. Ellen Johnson Sirleaf and Elizabeth Rehn *Women, War, Peace*, UNIFEM 2002. See p33.

3. IASC Guidelines for Addressing Gender-Based Violence in Humanitarian Settings – see p9.

Integrating protection into food aid

by Mariangela Bizzarri

The World Food Programme (WFP) does not have a specific protection mandate but its activities are increasingly shaped by awareness of the need to protect women and girls from sexual and gender-based violence (SGBV).

WFP operates in unpredictable situations where staff members are often confronted with human rights violations and other protection-related challenges. They need appropriate guidance and support in dealing with these challenges. Adopted in 2002, WFP's Gender Policy¹ ensures that certain protection measures are integrated

into the agency's operations such as enhancing women's control of food in relief food distributions. In 2005 we launched a country-level protection project, one part of which examined the link between protection and gender and focused specifically on SGBV including the issue of sexual exploitation and abuse and its link to HIV/AIDS. Protection and

SGBV-focused research conducted in the Democratic Republic of Congo, Colombia, Liberia, Uganda and Colombia confirmed WFP's need to continue focusing on:

- n taking women's concerns into account
- n delivering food aid as close as possible to where beneficiaries are located to reduce risks during collection
- n keeping deliveries of food rations small in order to reduce the

occurrence of attacks on refugee/ IDP camps to steal rations

- n providing gender sensitisation and SGBV awareness training for all WFP field staff.

Findings from the missions included the following good practices and the need for an increased focus on SGBV-related issues in food distribution:

- n use participatory approaches for beneficiary identification, activity identification and planning to make sure that women's needs and concerns are taken into account
- n examine the impact of SGBV on women, girls, families and communities as well as its social, economic and health implications, including HIV/AIDS
- n establish distribution points in secure places and help ensure safe travel to and from them
- n designate women as family ration card holders
- n start distribution early in the day to avoid the need to travel in the dark
- n explain clearly about food entitlements (size and composition

of rations, beneficiary selection criteria, distribution time and place) to all beneficiaries

- n establish channels for beneficiaries to report cases of abuse linked to food distribution
- n encourage women to travel in groups to and from distribution points to reduce the risk of attacks in situation of high insecurity
- n expand programmes, where food aid is an appropriate response, to support survivors of SGBV – such as providing food to hospitalised women to allow them to stay in hospital for the full recovery time.

It is recommended that WFP should continue supporting activities to restore, enhance or secure the resilience of households and of communities via income-generating activities and food-supported training and work activities. Specific capacity-building activities should be developed to provide vulnerable women and girls with the necessary livelihood skills to avoid resorting to such destructive coping mechanisms as transactional sex. It is important to link with partner organisations working on the sensitisation of communities – and

especially men – on issues such as human rights violations and abuses, SGBV and its link with HIV/AIDS.

WFP needs to work with partners to better understand the link between violence generated by conflict and food insecurity and SGBV's impact on the health, social and economic status of the population. Women's roles as drivers of peace and key actors in preserving a community's social fabric must be acknowledged. Resources must be sufficient to address the root causes of violence. Demobilised fighters need adequate resources to meet their basic needs, food in particular.

Action on these recommendations will help WFP develop a more strategic approach to protection, providing sound policies and guidance to support WFP staff members in dealing with protection-related challenges, including sexual and gender-based violence.

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1. www.un.org/womenwatch/ianwge/gm_facts/Wfp.pdf



Vulnerable women beneficiaries of a Food for Training Project run by the World Food Programme in Bangladesh.

Conflict-driven violence against girls in Africa

by Florence Tercier Holst-Roness

The International Committee of the Red Cross (ICRC) is deeply concerned about the magnitude of the violations committed against girls in today's conflicts.

Sexual violence is used against girls in wartime, as it is against women, for many different reasons: as a form of torture, to inflict injury, to extract information, to degrade and intimidate, as a form of punishment for actual or alleged

Rape not only dims any prospect of marriage but can also have very frightening consequences that endure long after the assault: unwanted pregnancy, HIV/AIDS and other sexually transmitted infections (STIs), in addition to psychological trauma.

dowry payments, early marriage and female genital mutilation (FGM), are further strengthened.

Girls in armed forces and groups

Girls may also be recruited into armed forces or armed groups to fulfill various functions – whether strictly ‘military’ functions or more ‘support’ functions. Girls are used as domestic workers, porters, fighters, spies, suicide bombers or as sexual slaves, or they may be forced to marry one of the commanders. In an environment where insecurity prevails and the protection normally provided by the family is absent, many girls are easily abducted by – or they may choose to join – the army or opposition group as a way of gaining a degree of protection and social status: bearing a gun can seem the only way to ensure access to security, food and protection. Armed with lethal weapons, plied with alcohol and drugs to incite them to violence and fearlessness, forced into dependence on the group that recruited them, unable or too fearful to find a way out, girls become a danger to themselves and others.

In ICRC interviews with girls from Uganda, Liberia and Sierra Leone, we found that many had been able to attain positions of command and perform leadership roles, demonstrating that a measure of equal status can be reached within armed opposition groups. However, the responsibilities given to them were often related to violations they had been forced to commit, sometimes in their own villages, or to the number of civilians they had killed.

The medical needs of girls formerly associated with fighting forces or groups go beyond treatment for war wounds and endemic diseases such as malaria, cholera, diarrhoea and parasitic infections. In countries



Manocheer Deghat/IRIN

Two girls, formerly abducted by the Lord's Resistance Army, at a rehabilitation centre in Gulu District, northern Uganda, August 2006.

actions committed by themselves or their families and to destroy the cohesion of their communities. Perpetrators also attack very young girls through the mistaken belief that raping a virgin will protect from, or cure, HIV infection.

Children's vulnerability (and girls' in particular) increases drastically when the traditional protection afforded them by their families and communities is disrupted by displacement or separation. In such circumstances, girls – but also boys – are all too often exposed to threats or acts of violence by parties to armed conflicts – military forces, armed groups or the police – and also by members of peacekeeping forces or humanitarian workers. Targeting girls, who symbolise the ability to procreate and survive, is a method of demonstrating that they cannot be protected in the absence of their fathers and of bringing ‘dishonour’ upon an entire family or community.

Girls' lives can be completely changed by armed conflict, particularly as regards their role in the family, community and public sphere. Girls are generally not prepared for the changes forced on them. The loss of relatives and the absence of men – because they have fled or gone missing, been killed or are fighting – can lead to the breakdown or disintegration of family and community networks. This obliges girls to take on new roles which often

challenge and redefine their cultural and social identities. The lack of marriage possibilities (because of the absence of men or the social rejection of girls who have been abused or have played a role in hostilities) can have enormous implications. Conversely, armed conflict may lead to an increase in early and/or forced marriages which are sometimes used as a means of ‘protecting’ young girls from sexual harassment or recruitment by armed groups.

Girls may be vulnerable to attack or threats from members of their own families or communities for not conforming to traditional roles. In other cases, girls may be targeted by the adversary in order to destroy or subvert those roles. Both phenomena are particularly acute where armed conflict has an ethnic dimension and a group is struggling to preserve its identity and traditions. As a result, age-old practices that discriminate against girls, such as

where FGM is practised, the threat of complications is magnified. Sexual activity increases for many girls in armed conflicts, owing to forced marriages, prostitution or policies of systematic rape and abuse that result in early pregnancy and a substantial increase in STIs. Lack of reproductive and antenatal health care for pregnant girls can lead to severe gynaecological complications, such as vasico-vaginal and vasico-rectal fistulas and a heightened risk of infant and maternal mortality and illness.

A growing body of research has shown significant correlations between child sexual abuse and behavioural and psychological problems, sexual dysfunction, relationship problems, low self-esteem, depression, suicidal thoughts, deliberate self-harm, alcohol and substance abuse and sexual risk taking. Since girls associated with fighting forces have usually been the victims of sexual violence, they need appropriate and comprehensive gender-specific support that can meet their physiological, psychological and spiritual needs and help them reintegrate into society.

Invisibility of girls in DDR processes

When there is no formal disarmament, demobilisation and reintegration (DDR) process, it is often difficult to gain access and offer protection and support to girls associated with fighting forces. Even if there is a DDR process, girls may shy away from the options it offers because they do not want to be known or registered as former fighters. In other cases, they stay away because they have not been released by their partners or abductors, because they believe – rightly or wrongly – that they do not meet the admission criteria or because they are dissuaded by the insecurity prevailing in the gathering centres. The fact that most formal DDR programmes are narrowly conceived as opportunities to disarm individual men and that the surrender of weapons is a criterion of eligibility often leads to the exclusion of children, especially girls. It took a long time and several disastrous experiences before the international community realised that addressing the problem of demobilised girls was

crucial to their protection. The fact that girls associated with fighting forces are often absent in formal DDR processes stems from reasons such as:

- n reluctance to acknowledge involvement in the illegal and unethical practice of recruiting children by armed groups and armed forces
- n discrimination and lack of gender analysis in armed conflicts
- n the perception of female soldiers as outcasts
- n poor planning and implementation of DDR processes
- n DDR planners being unaware of the presence and roles of girls associated with fighting forces
- n the fact that communities deny or hide the problem.
- n girls are reluctant to come forward in DDR processes out of shame or fear of being punished.

In almost all countries laws exist to protect girls but they often remain un-enforced. We must bridge the gap between the law on paper and the law in practice. The humanitarian community must increase efforts to:

- n collect and disaggregate data to ensure identification of the most vulnerable members of a given population
- n improve understanding of the socially constructed roles and specific experience of each demographic group during and after conflict
- n ensure girls are eligible to enter a DDR process as persons in their own right – and not simply as family members or dependants – whether or not they surrender weapons
- n make sure girls are informed about their rights in both formal and informal demobilisation processes.
- n ensure that girls are interviewed separately so that the roles they have played and their wishes for the future can be better understood

- n provide separate facilities for boys and girls in transit centres as girls are often at risk of harassment, stigmatisation and sexual aggression which prevent them from starting a healing process, attending school or accessing healthcare
- n provide tailored counselling programmes for girls who have suffered trauma, become addicted to drugs or alcohol or engaged in prostitution
- n provide girls with non-gender related livelihoods training: girls should not be confined to low-paid skills but have access to training in traditional and/or non-traditional skills such as masonry or carpentry
- n ensure women are involved in defining and planning DDR processes and are represented on supervisory bodies.
- n design DDR processes in a way that minimises shame and maximises security.

One of the biggest security threats at DDR sites is fights between the family members who have come to rescue captured girls and commanders who claim these children as wives: family members are often forced to retreat because of threats of violence against them.

For the ICRC the issue of protection of women and girls in armed conflict is part of a bigger challenge: how can we secure respect for the distinction between civilians and combatants in future wars and thus prevent the scope of violence from expanding ever further? This question has become all the more pressing given the security risks that even neutral and impartial humanitarian organisations such as the ICRC face when trying to bring protection and assistance to those in need.

Florence Tercier Holst-Roness (ftercierholstroness@icrc.org) is Women and War Adviser for the International Committee of the Red Cross (ICRC). This is a summary of a report online at [www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/violence-girls-conference-110506/\\$File/International-Policy-Conference.pdf](http://www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/violence-girls-conference-110506/$File/International-Policy-Conference.pdf)

Overcoming challenges related to data collection and measurement

The following is extracted by the FMR editors from *Methods and Systems for the Assessment and Monitoring of Sexual Violence and Exploitation in Conflict Situations – the report of a technical consultation held in December 2005 in New York by the Social Science Research Council, UNFPA and WHO.*

Despite substantial international interest in tackling sexual and gender-based violence, there is no agreed-upon method to be used on a routine, systematic basis for the generation of data and analysis to inform effective response strategies and reduction interventions in conflict situations.

Targets and definitions

In 2005 the Inter-Agency Standing Committee (IASC)¹ expressed commitment to improving reporting and data collection on sexual violence. The Social Science Research Council,² on behalf of UNFPA and the World Health Organization (WHO), convened a technical consultation in order to evaluate existing methods for monitoring sexual violence in conflict, identify data sources and indicators and chart obstacles to establishing monitoring, assessment and reporting systems amidst conflict.

Participants noted that the greatest challenge for designing or utilising any information system is guaranteeing that the physical safety and protection of survivors, their trusted confidantes and service providers are not compromised and that it does not increase the risks to and vulnerability of survivors and those assisting and protecting them. Such challenges may be especially pronounced when the authorities, including those entrusted with ensuring women's protection such as the police, are among the perpetrators of the violence. Disclosing experiences of sexual violence and abuse may expose women and girls to further violence and retaliation, just as documenting violence may put researchers and service providers at risk. Both in

times of peace and conflict the very act of collecting information can itself do harm by exposing the identity of victims (or perpetrators). Interviews can be conducted in ways that cause emotional and psychosocial damage or violate local and international norms. It is clear that the ethical bottom line, therefore, must be that if information systems cannot be used safely and responsibly, they should not be used at all.

When data is gathered, it is important to be clear who the target audience is. Is data primarily being generated for humanitarian agencies, policy makers, governments, prosecutors? The UN's system to monitor and report on grave violations of human rights and humanitarian law is directed chiefly at identified groups and parties who are perpetrators. In contrast, documentation by humanitarian and human rights organisations tends to put heavy emphasis on survivors and on securing services to meet their needs.

How sexual violence and exploitation (SVE) is defined will have a considerable impact on the results generated by any measurement or surveillance activities. Terms that appear to be self-evident often have specific legal and political meanings and may have a particular meaning to participants in a study. For instance, an equivalent term to 'rape' does not exist in all languages, and norms around what constitutes consent to sex often differ. Sexual violence in conflict situations often takes place in settings where local languages do not have a word for rape, or in cultures of violence with high incidences of intimate partner violence, police violence and other forms of violence. Offences like

non-penile vaginal penetration or rape of men and boys are often not specified in national laws.

In some contexts, when the person is an adult it is never rape. Sexual violence may not be considered rape if family members choose not to acknowledge the violation. In many countries, in order to establish her status as a victim a woman must prove that she resisted. Given that the phenomenon of gender-based violence is understood, defined and dealt with in different ways in different communities, the broader the definition, the more likely it will capture the necessary range of offences.

Information systems

It should be noted that there is no evidence of a causal relationship between surveillance and reduction. Costs related to developing any kind of information or surveillance system are not inconsiderable but there are moral imperatives to document, record, monitor and evaluate so that action against can be based on evidence and lessons learned. Monitoring legal and judicial practices concerning rape and other sexual crimes are essential for ending impunity and empowering survivors to seek justice. While it is not possible to assess all indicators in all contexts, key indicators on laws, courts and women's legal status are critical. When creating an information system for SVE in conflict situations, it is important to create a system to track trends in prevalence over time, as well as to inform organisations of needed services.

Surveys cannot be used to measure the actual numbers of women that have experienced sexual violence. Instead, they measure the number of women surveyed who are willing or able to disclose at that moment that they have experienced sexual violence.

Creating a comprehensive information system for sexual violence in conflict situation will require:

- n identifying key decision makers and stakeholders from the health, psychosocial, legal and security sectors, the types of decisions that need to be made and the types of information needed to make them
- n ensuring that local experts and individuals from the target community are given the means to identify contextually relevant indicators, interpret findings and help identify strategies for response
- n establishing protocols for training and involvement of local personnel – especially women – at all levels of the surveillance system
- n identifying inconsistencies, data gaps and ambiguity in the terminology used in current monitoring and reporting

- n identifying personnel needed for field monitoring systems, training methodologies and means of disseminating and using information
- n sharing expertise between epidemiologists, statisticians and demographers on developing sampling techniques
- n creating statistical models that can identify correlations between patterns of political events and patterns of sexual violence.

Actors and agencies must find a common goal for the use of the data. Goals cannot be agency-specific. Coordination is crucial to data collection. Just as gender-based violence (GBV) services must be coordinated between agencies, so must the collection of data. The human rights sector is mainly concerned with identifying the perpetrator and applying the law, as well as protecting the victims from

ongoing or future attacks, while the humanitarian sector is concerned with health needs and psychosocial consequences. But the two sectors face similar security and protection challenges and must liaise.

Given the sensitive nature of data collection on sexual violence (for example, regarding the potential identification of perpetrators – who themselves may be members of government – and the safety of victims and survivors), issues regarding ownership and data utilisation must be addressed at the onset of collection activities to guard against the misuse, distortion or suppression of information.

The full report is online at www.ssrc.org/programs/HIV/publications/SVE_Report.pdf

1. www.humanitarianinfo.org/iasc/content/subsidiary/gender/gbv.asp
2. www.ssrc.org

WHO Multi-Country Study on Women's Health and Domestic Violence against Women

www.who.int/gender/violence/multicountry/en

Starting in 1998, WHO has implemented an eight-year study on domestic violence among 24,000 women in ten countries. The study has resulted in the first comparable data on domestic violence in the world – even five years ago, data of this kind was completely unavailable. The main objectives were to estimate the prevalence of physical and sexual violence; document the associations between intimate partner violence and various indicators of women's current health status; identify risk and protective factors for domestic violence against women for comparison within and between settings; and explore and compare the strategies used by women who experience domestic violence. In addition to ongoing or continuous data collection, the utility of using repeat measures such as baseline and follow-up studies and cross-sectional studies was also discussed. WHO's study demonstrated the value of longitudinal approaches as compared to cross-sectional studies. The former can provide a baseline against which incidence and prevalence can be measured over time and also, when carried out

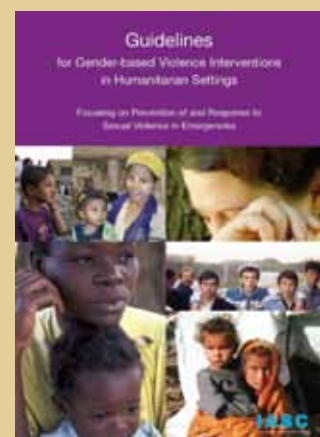


with well-trained researchers, help create a more conducive climate for disclosure. Cross-sectional studies – i.e. snapshot data collection – are limited in their ability to explain how violence may have changed over time with respect to incidence, prevalence and other factors.

Guidelines for Gender-based Violence Interventions in Humanitarian Emergencies: Focusing on Prevention and Response to Sexual Violence

www.humanitarianinfo.org/iasc/gender

The guidelines were developed by the Inter-Agency Standing Committee's Taskforce on Gender and Humanitarian Assistance. They detail minimum interventions for prevention and response to sexual violence to be undertaken in the early stages of an emergency. Field tested by a large number of agencies. Guidelines available in English, French, Spanish, Arabic and Bahasa Indonesia. For more information, contact Kate Burns, OCHA kate.burns@un.org, Wilma Doedens, UNFPA wilma.doedens@undp.org or Tanja Sleenwenhoek, WHO sleenwenhoek@who.int



Ireland takes action

by Vivienne Forsythe and Angela O'Neill De Guilio

Ireland's leading development, humanitarian and human rights organisations – in conjunction with the Irish government – have pledged to become a significant international force in responding to gender-based violence.

The Joint Consortium of Irish Human Rights Humanitarian and Development Agencies and Irish Aid aims to ensure that gender-based violence (GBV) responses and strategies have visibility, credibility, high-level leadership and wide support within its member organisations. The organisations involved in this initiative came together in 2004 following reports of very high levels of rape in Darfur. Realising that a more systematic approach was needed to address the problems of GBV – not only in high-profile emergency situations like Darfur but also in other conflict, post-conflict and non-conflict environments – they formed the Joint Consortium of Irish Human Rights Humanitarian and Development Agencies and Irish Aid.¹

The consortium commissioned an independent study to assess member agencies' capacity to respond to GBV and to develop a model of best practice for GBV programming. The study indicated that the overall capacity of agencies was weak and there appeared to be little collective understanding of GBV. Of the consortium member agencies, only Amnesty International was systematically addressing GBV. Conclusions from country programme visits highlighted the inconsistency of organisational capacity and approach.

"...there has been a huge reluctance by the international community to engage on the issue of gender-based violence, despite the fact that it is probably the most widespread human rights abuse. This Irish initiative to take leadership on this abuse is crucial ... Ireland is a respected player in the area of human rights."
Dr Yakin Erturk, UN Special Rapporteur on Violence Against Women

It was recommended that each agency identify a few key actions on which they could move forward within six to twelve months. The consortium would act as a vehicle for sharing information and examples of good practice and would also act as a peer support mechanism. Several key actions were identified for all members:

- n establish a policy or integrate GBV response within existing frameworks
- n set and enforce standards of behaviour for all staff and partners
- n allocate lead high-level responsibility (a team rather than an individual)
- n integrate GBV into appraisals, regional country programme design, implementation and monitoring
- n build staff capacity through documenting programme experience, research and training
- n link with national and international human rights organisations to develop effective ways of working together
- n raise awareness of GBV internally and externally
- n draw lessons from HIV and gender mainstreaming approaches.

The report emphasised the need to develop broader understanding of the issues, ensure that GBV prevention and response are central to programming, improve response delivery, engage with civil society and promote inter-agency coordination and collaboration. It was recommended that Irish Aid and consortium member agencies

incorporate GBV response into all funding and monitoring mechanisms – and agencies themselves suggested that Irish government funding could be conditional on addressing GBV.

'The challenge for us all is: if we know GBV exists, and if we tolerate or ignore it, are we not being complicit, are we not turning a blind eye to human rights violations? I congratulate this initiative's commitment to place GBV at the centre of development and human rights work'.

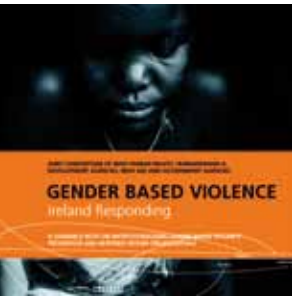
Mary Robinson, former President of Ireland and former High Commissioner for Human Rights

A summary of actions is included in the final report, Gender Based Violence – A Failure to Protect, A Challenge to Action, launched in Dublin in November 2005 by Mary Robinson and Conor Lenihan, Minister of State for Development Cooperation and Human Rights. A short awareness-raising CD-ROM was launched shortly afterwards.²

Moving forward

The consortium is now working to ensure that GBV responses are an integral part of the policy and operational frameworks of agencies. Two working groups have been set up – one for documentation and inter-organisational sharing of experience and learning, the other focused on human resources and training. Best practice guidelines on institutionalising GBV within agencies were published in November.

The overall experience of the Irish consortium has been positive. The Irish government has ensured that attention to GBV is an integral component of all humanitarian project support. There has been strong buy-in from member agencies to improve organisational competence and capacity to address GBV. Aid workers, development agency staff and peacekeeping forces taking part in humanitarian programmes are



being encouraged to learn more about gender-based violence before they travel abroad. There has been considerable dialogue and sharing of resources and experience. The consortium has made significant

progress in raising member agency awareness of GBV and in starting to integrate GBV into policy frameworks and institutional structures. Member agencies recognise, however, the need for continued

cross-organisational engagement and sharing of experience.

Vivienne Forsythe (vivienne_forsythe@yahoo.co.uk) is an independent consultant.

Angela O'Neill De Giulio (angela.oneill@concern.net) is a Regional Director with responsibility for leading GBV prevention and response strategy at Concern Worldwide.

The report *Gender Based Violence – A Failure to Protect, A Challenge to Action* is online at www.gbv.ie and at www.concern.net To get hard

copies (while stocks last) of this and/or the awareness-raising CD-ROM, email angela.oneill@concern.net or write to Concern Worldwide, 52 Camden Street, Dublin 2, Ireland. The guidelines, entitled *A Guidance Note on Institutionalising Gender Based Violence Prevention and Response within Organisations*, are online at www.dtalk.ie/gbv or www.concern.net

1. Amnesty International, Christian Aid, Concern Worldwide, GOAL, Irish Aid, Oxfam Ireland, Self Help Development International and Trócaire were the eight founding members, joined later by Child Fund Ireland, DTalk, Action Aid Ireland, the Irish Defence Forces and the Irish Red Cross.

2. www.gbv.ie

Sexual violence in the media

by Judith Matloff

Reporting on sexual violence is a challenge even for seasoned war journalists. How should correspondents, news editors and producers report the impact of sexual violence on individuals and communities without causing further distress or danger?

Unlike other conflict-related calamities that afflict civilians – such as landmine injuries or displacement – the impact and incidence of sexual violence are often hidden from view. In many societies sexual violence is the ultimate taboo, the one crime for which the victim is often punished rather than the perpetrator. Individuals and communities are often reluctant to talk about it for fear of retribution and stigmatisation. Media attention to sexual violence can raise awareness and pressure governments and the humanitarian community to support prevention measures and support for survivors. However, the media must take care to report the phenomenon accurately and sensitively.

International reporters covering war-related sexual violence face many constraints:

- n Journalists usually have only a short time on the ground, limiting attempts to establish rapport and corroborate facts.
- n Coverage could endanger the interviewee, even if she is not directly identified.

- n Pitching a story to editors can be difficult due to compassion fatigue or because they dismiss it as a woman's story or fail to understand its wider impact.
- n Even NGOs working to address sexual violence may not want to be mentioned, as coverage could lead to interference by perpetrators and/or the government.

Journalists covering sexual violence in a particular conflict zone need to conduct research to get context regarding the scope of the phenomenon, how it is locally regarded, what measures and programmes are in place to address it and whether reporting might put communities or NGOs at risk. They might start by interviewing humanitarian workers who live in or regularly visit camps or communities where the violence is taking place. A reporter is not likely to gain a subject's confidence in a single visit and talking to people with regular contact with affected communities can provide an accurate overview.

If a journalist decides it is appropriate and safe to interview survivors, sensitive interviewing techniques are essential. Reporters should take

along someone who speaks the local language and who has been sensitised to the topic. No matter how sensitive male reporters try to be, a raped woman will probably feel more comfortable telling her story to another female. If the reporter decides to photograph or film the subject, s/he must do so in a way that does not reveal the face or any other aspect of the person's identity. Requests to stop filming or taping must always be respected.

Talking to survivors can give credibility and power to a story but the most important task for a journalist is to report on the overall context that gives rise to the phenomenon and what is needed to change it. Sexual violence in conflict almost always springs from wider problems – a lack of security and protection, the low status of women and girls and a culture in which either sexual violence is not recognised as a crime or impunity prevails.

Judith Matloff (jm2342@columbia.edu), an experienced war correspondent, is a professor at the Columbia Graduate School of Journalism (www.jrn.columbia.edu).

The Dart Center for Journalism and Trauma (www.dartcenter.org) is a network of journalists and mental health professionals dedicated to informed news reporting on violence.

Frameworks for response

by Noeleen Heyzer

The international community needs to ensure that the needs, perspectives and concerns of women in conflict and post-conflict situations are integrated into all normative, legal, institutional and funding frameworks.

In conflict and crisis situations, protection and support systems of all kinds collapse, as legal and judicial institutions break down and community support systems fracture. Militarisation and the presence of weapons legitimise new levels of brutality and even greater levels of impunity. Often this escalating violence becomes a normal part of life and continues into the post-crisis period.

No woman is exempt from this violence. During conflict women and girls are attacked because they are related to combatants, because they are leaders themselves or simply because they are women and happen to be around when soldiers arrive. Police and other officials often take advantage of their powerlessness, using rape or the threat of rape as a form of interrogation. Peacekeepers often make it worse, trading food or protection in return for sexual favours from those who are most vulnerable.

How does the international community respond in such situations? In conflict and crisis settings, emergency relief and survival needs are addressed mainly via the Consolidated Appeals Process (CAP),¹ in which agencies collect baskets of proposals and submit them collectively, and via the World Bank-led Multi-Donor Trust Funds (MDTFs). The CAP process usually results in the large agencies which can submit proposals quickly getting the lion's share of funds. Unfortunately, these agencies tend not to prioritise protection or treatment of women subjected to sexual violence. MDTFs provide a secure and well-managed source of funds but are beset by the same problem. Evaluations by OCHA of responses to recent emergencies in Pakistan, Aceh and Sudan showed they were noticeably poor in responding to women's needs. In order to ensure that such mechanisms and interventions do

respond to women's needs, we need strengthened advocacy, determined partnerships and a concerted effort.

Early recovery period

Perhaps the most critical period is that of early recovery when the risk of slipping back into conflict and violence is greatest. The transition from war to peace presents unique opportunities to address the causes of conflict and to make institutions more inclusive. In Afghanistan, for example, UNIFEM has supported gender and rights training, women's involvement in the drafting of a new constitution and laws and women's participation in elections and governance. Support has also been provided to help women's groups develop a collective voice, to advocate on issues of common concern and to become aware of their rights.

Countries emerging from conflict also offer a unique opportunity to put in place a gender justice agenda, embracing not only legal justice (by revising laws that discriminate against women) but also addressing the violation of human rights in wartime so that people can move beyond their trauma and begin to reconstruct their lives. Policies must address the structural and systematic inequalities that are frequently the underlying causes of conflict.

UNIFEM has partnered with the International Legal Assistance Consortium (ILAC)² to bring together women in key legal and judicial positions in conflict-affected countries, along with a broad range of international players, to hear what sort of gender justice is needed on the ground, whether the objectives of Resolution 1325 are being met and how to ensure that international initiatives are underpinned by consultation with local women.

The UN Trust Fund to Eliminate Violence Against Women – a UNIFEM-managed scheme established in 1997 – has supported innovative projects to address gender-based violence in a hundred countries.

Some of the changes that have been made to the administration of justice – the creation of specialised police stations, training for the police force as a whole and partnerships with women's NGOs – can be replicated and scaled up. Coordinated community-level interventions must bring together men, local government, traditional leaders, medical and legal professionals and leaders of women's organisations.

It is important to keep asking whose issues are being addressed and whose interests are being reflected. In most countries, women are not adequately represented in decision-making bodies. Even when they are present, they may not wish to draw attention to this generally sensitive area unless they have been personally affected. And, finally, even if the issues do make it onto the development plan, the gap between rhetoric and implementation mechanisms and financial commitment is wide.

It is thus critically important to monitor whether new aid modalities include adequate follow through from policy commitment to spending commitments to actual spending to address violence against women. Unless women have the capacity and support to do this kind of monitoring, the commitments will evaporate at each stage.

"Sexual violence is a weapon of war, an instrument of terror that hurts and punishes women and men of the other side, fractures communities, and forces women to flee their homes. ... These crimes must not be hidden by silence and shame. Those responsible must be held accountable."

UNIFEM Goodwill Ambassador
Nicole Kidman

See her video message at: www.unifem.org/news_events/story_detail.php?StoryID=415

It is often at the local level where accountability mechanisms, including gender impact analysis of national and local budget allocations, can be the most effective. In India, a gender analysis of the budget in Karnataka district found that, while allocations for security had increased in response to women's demands for safer streets, the increases had in practice been spent on providing security for local and visiting VIPs rather than night policing on the streets. Gender equality advocates are now using these findings to hold officials accountable.

The same kind of analysis can be done in communities recovering from conflict and crisis. What percentage of relief funds benefit women and

girls as well as men and boys? How can this be measured?

Women from conflict and crisis-torn societies across the globe are expecting us to deliver on the promises of Resolution 1325 in ways that can make real differences in their everyday lives. We must work together to ensure their needs and perspectives and concerns are integrated into all of the frameworks – normative, legal, institutional – and all of the funding modalities we can draw upon. We cannot allow another decade to pass before this happens.

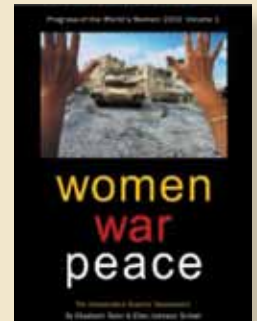
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1. <http://ochaonline.un.org/cap>
2. www.ilac.se

Women, War, Peace: The Independent Experts' Assessment on the Impact of Armed Conflict on Women and Women's Role in Peace-Building

Elisabeth Rehn & Ellen Johnson Sirleaf. UNIFEM. 2002. ISBN 0-912917-66-0.

Women, War, Peace provides examples of women in embattled regions who have been able to overcome the odds and contribute to the safety and well-being of their communities. It covers topics such as peace operations, use of media, reconstruction, health and prevention, including recommendations for action, and presents personal stories of women involved in peace efforts. See www.womenwarpeace.org



From words to action

by Rima Salah

At the end of the Brussels Symposium on Sexual Violence in Conflict and Beyond in June 2006, delegates drew up a Call to Action.¹ We urge everyone to respond to this challenge.

In my travels for UNICEF, from Afghanistan to Sudan, from the Democratic Republic of Congo to Uganda, I have seen again and again what now amounts to one of the most common and disturbing images of war. It is the image of women on the road and in camps, uprooted from their homes and communities, reeling from brutal violence specifically targeted at them because they are women.

We must remember that violence against women in war does not start and end with conflict. War exacerbates the violence that girls and women live with in times of peace. All our strategies to address violence against girls and women must address the underlying causes of such violence. Women's inequality and low status, women's poverty and lack of ability to make decisions in their communities and families,

the scarcity of women in leadership positions in every region of the world – all of this contributes to a climate in which women and girls can be violated with impunity.

We must always keep in mind the particular challenges facing girls. When we talk about gender-based violence, we so often envision the face of a woman but we know that in conflicts around the world, girls – adolescent girls in particular – are very vulnerable. It is estimated that, even in times of peace, at least 50% of sexual violence survivors are under the age of 18.

Violence against women and girls in war cannot be seen as business as usual. Rape during wartime is not inevitable. I do not believe there is a single UN agency or government that is doing enough to respond to the crises of violence against

women and girls in armed conflict. We can do better and we must do better. By working together in partnership, we can maximise our impact and resources to redress the gross injustices perpetrated against women and girls. We can build institutions, knowledge, skills and capacity to address gender-based violence in all its forms. We can make a difference for women and girls.

It is not enough to talk. We must take action. I challenge each and every one of you to spread the message that this issue must be treated as a priority by every agency, by every government. Spread the message of the Brussels Call to Action – and make a personal commitment to do all you can to bring it to life and to urgently respond to the crises of violence against girls and women.

Rima Salah (rsalah@unicef.org) is Deputy Executive Director of UNICEF www.unicef.org.

1. See back cover for Brussels Call to Action.

Liberia's Gender-Based Violence National Action Plan

by Ellen Johnson Sirleaf

Liberia is on the path to national recovery after some 14 years of a brutal civil war that left around half of all Liberian women as survivors of gender-based violence (GBV). However, rates of GBV, in particular domestic violence, remain high. For many Liberian women, the violence they experienced during the conflict period is still occurring.

My Administration has formulated a national response for the prevention and case management of GBV. The National Plan of Action adopts strategic interventions which will be implemented using multi-cultural and multi-dimensional approaches. We intend to:

- n strengthen the health sector for effective and efficient response to GBV case management, documentation and reporting on clinical evidence
- n reform the legal system to deal more efficiently and expeditiously with violence, particularly with the security of women and girls
- n put in place systems and outreach services for psychosocial

support and 'safe homes' for survivors of GBV

- n provide appropriate skills to social and health professionals
- n support for women and girls' economic and social empowerment.

We must ensure that all planning, programming, monitoring and evaluation processes are supported by gender responsive data and analysis. We need to raise awareness of both GBV and the harmful traditional and cultural practices that perpetuate violence against women. The plan of action will be implemented in close collaboration and partnership with sectoral ministers, our development partners, UN



Embassy of Liberia, Washington DC

agencies, civil society organisations, community leaders and the media.

My Administration is convinced that the implementation of this multisectoral Plan of Action will move us closer towards being a country where women and girls can live free from fear and violence and enjoy mutual respect and confidence. We are determined to combat violence against women and girls and to protect the human rights of all peoples in our society. We will furthermore enforce the Rape Law – which came into effect the day after my inauguration – without fear or favour.

Ellen Johnson Sirleaf took office as President of Liberia in January 2006. She is Africa's first elected female head of state and is co-author of Women, War, Peace (see page 33 for details).

This is based on the President's video message to the Symposium. See www.unfpa.org/emergencies/symposium06/docs/final_report.pdf



Jon Nicholson/UNFPA

Zero tolerance for Liberian rapists

by Lois Bruthus

A 2005 survey in six counties of Liberia found that almost 75% of female respondents had been raped during the civil war. The Association of Female Lawyers of Liberia (AFELL) has helped draft recent legislation but political commitment and awareness training are now crucially important.

Rape and sexual abuse were common forms of violence during the war which ended in 2003. Many young girls and women were forcibly taken as 'bush wives', cooks, cleaners and sex slaves to the fighters. The war has ended but there is strong evidence of a high prevalence of sexual and gender-based violence (SGBV) and domestic violence throughout the country. AFELL receives reports of up to six rape cases every day.

The vast majority of cases go unreported and rape continues to flourish in communities in post-war Liberia. Alleged perpetrators include influential community members such

rape continues to flourish in communities in post-war Liberia

as teachers, religious and traditional community leaders, and fathers. There is a general conspiracy of silence/denial by the community or even the affected family. Customs and traditions often take precedence over Liberia's formal legal system. Brutal crimes of a sexual nature such as statutory rape, gang rape, attempted rape, sexual assault, sodomy, incest, sexual harassment, prostitution, child trafficking and criminal coercion remain rampant.

Until this year rape has been a bailable offence. Even if a suspect were arrested, he could be out of jail and back home the next day and in a position to intimidate anyone who might give evidence against him. AFELL championed the bill which gave rise to the promulgation of the

new rape law on 17 January 2006 immediately after the inauguration of Ellen Johnson Sirleaf as President.

The new rape law widens the definition of rape to cover penetration with any foreign object, not just the penis, and also raises the age of a child to 18 in harmony with the Convention on the Rights of the Child. Those under the age of 18 are now automatically deemed not to have given consent. The law also covers gang rape and stipulates a penalty of life imprisonment for the rape of women, girls and boys. The issue of marital rape was raised during this campaign but defeated by the majority male-dominated legislature.

Barriers to justice

However, there are still major barriers to justice for SGBV victims and their families. The legal system is in dire need of reform. Courts are not functioning to full capacity and only operate up to 42 days a year. Only four cases have resulted in convictions, with one of them carrying the maximum penalty of life imprisonment. Lawyers are in short supply and qualified lawyers are reluctant to take assignments in rural areas. Survivors are unable to meet the costs of prosecutions and justice is dispensed at a snail's pace. Traditional leaders are the only recourse open to many women but many chiefs are reluctant to get involved – and when they do get involved, justice is often compromised. Community members continue to view rape as a matter to be settled privately outside the judicial system. Familiar and

intra-communal rape and forced and early marriage remain endemic.

Action is urgently needed to redress the erosion of moral values and the economic deprivation that has led to such appalling levels of SGBV in our country. In order to end the culture of impunity it is essential to:

- n raise public awareness of the new rape law and its implications
- n ensure sustained high-level political commitment to enforcing the new legislation
- n reform the judicial system
- n establish a specialised court to more speedily process rape cases
- n provide counselling, safe houses and free legal support to SGBV survivors
- n provide incentives to encourage Liberian attorneys to work in rural areas
- n provide a supportive environment to enhance SGBV survivors' coping strategies
- n build the capacity of NGOs to lobby for women's rights
- n support skills training and small-scale enterprise programmes for war-affected women and girls in order to alleviate their dependency on prostitution and other forms of sexual abuse
- n establish coordination for effective programming
- n establish a databank to track incidences of SGBV and monitor effective responses.

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Challenging Liberian attitudes towards violence against women

by June Munala

During the 14-year long civil war, Liberia's south-east region witnessed extreme levels of sexual violence. Without action to heighten awareness of the root causes of male violence it will not be possible to unlearn destructive notions of masculinity and machismo.

The south-eastern counties of Grand Gedeh, River Gee, Sinoe, River Cess and Maryland make up much of the hinterland of Liberia. Governed by a different set of laws, the area is populated by indigenous Liberians – referred to as the ‘country people’. Infrastructure and health and education services are virtually non-existent in a region long neglected by the Americo-Liberian elite who have traditionally dominated Liberia. Inhabitants of the area hold close to their traditions and culture – including the practice of trials by ordeal, female genital mutilation, ritual killings, witchcraft, sorcery and early marriages. During the many years of protracted war and civil strife, two rebel groups – Liberians United for Restoration of Democracy (LURD) and the Movement for Democracy in Liberia (MODEL) – and government soldiers terrorised the region. Systematised and endemic rape of women and girls, gang rape and multiple reoccurrence of sexual abuse were rampant. Many were raped in front of their families, as a sign of victory or ‘conquering’ – an ultimate expression of power over the enemy. Interviews with community members suggest that around two thirds of all women and girls experienced some form of sexual and gender-based violence (SGBV).

In Liberia, as in other war zones, sexual acts were used to violate a person in a mental, physical, emotional, economic and psychological way and not necessarily simply as a means of satisfying sexual desires. Rape of women in war is an act of aggression against a nation or community. Sexual violence continues to be practised even in

post-conflict communities as a way of reinforcing or reasserting lost power or ‘glory’ of the perpetrator.

With huge support from the international community – and the presence of the world’s largest peacekeeping force – Liberia has embarked on a slow and painful process of reconstruction and recovery. Emphasis has been placed on repairing the visible damage to infrastructure, health and education facilities and peoples’ livelihoods. However, despite the large number of UN and other international agencies working on SGBV issues, there still appears to be a high number of incidents of post-war rape and domestic violence. This can be traced to the culture of impunity and acquiescence in a society which views rape of women as ‘no big deal’ and in which it is considered normal for intimate partner relations to be characterised by violence.

Sexual violence is reinforced in domestic relationships. The changed gender roles and identities that the war brought about have left many men feeling powerless. Many of those forced to watch helplessly as their mothers, wives, sisters and daughters were raped and sexually abused admit to shame and inability to live up to the hegemonic model of masculinity. The easiest way for them to regain their power has been through exerting control over their women through sexual and physical violence.

Humanitarian workers, teachers and others in positions of authority have also been guilty of sexual exploitation. A large number of perpetrators are

seen to go scot-free. Many tolerate the fact that young girls and women have ‘offered’ themselves to humanitarian workers in order to secure much-needed household income. Interviews with parents showed that some had encouraged daughters to go out and search for food, using their bodies.

In Liberia, as elsewhere, large military peacekeeping operations create a breeding ground for sexual exploitation and harassment of women. In all armies men are drilled into accepting values of aggressive masculinity. Oppression and dominance over all, including women, is implicitly or explicitly part of their training. Only this can explain the extent of sexual abuse of women by forces who are supposed to be keeping the peace or protecting the population. Military misogyny has often taken precedence over the protection role that soldiers are supposed to perform.

Evidence is anecdotal but interviews with women and girls in Grand Gedeh and River Gee counties reflected the scale of ongoing sexual violence. There is particular concern at the large number of reported cases of raped children. Attacks are perpetrated not only out of sexual desire but also due to belief in rape as a ritual capable of increasing power and virility.

People in the south-east are also worried by the rate of teenage pregnancies. Girls and women are sexually active at an early age. By the age of 13, it is reported, four out of five girls are either pregnant or have had a child. There appears to be a connection between prostitution for survival and breakdown in values attached to sexual behaviour. Nowadays both men and women may have multiple sexual partners within their community. Many women find it acceptable for their husbands to have several women as this enhances his ‘power’. Inevitably, this contributes

to increased prevalence of HIV/AIDS, further worsening the lives of survivors of sexual violence.

Need for action

Action is urgently required to tackle huge gaps in service provision. In Grand Gedeh there is only one hospital to serve the whole county. Health facilities are poorly equipped and staff are often absent. The county lacks trained psychologists, psychiatrists and counsellors to provide therapeutic assistance to survivors of violence.

Survivors of sexual violence find it virtually impossible to access justice. In many counties the judicial system has completely collapsed. Staff in those courts which do still function are poorly trained. Even if perpetrators are convicted, a lack of detention facilities can lead to their immediate release back into the community. Corrupt magistrates and police officers still prefer to settle GBV cases the 'family way'. The police are yet to undergo

training on how to respond to incidents of sexual violence and rural police stations, unlike those in Monrovia and other urban locations, do not yet have specialised Women and Children Units.

Integrated multisectoral prevention and response strategies are not in place. Competition and information hoarding by humanitarian agencies are rife. Records are not kept. Few NGOs have statistics or collate scientific evidence of reported incidents of sexual violence. Roles, responsibilities and institutional mandates must be urgently clarified.

Men should not be regarded as obstacles to women's empowerment and gender equality. It is vital to understand the causes of men's violence and alcoholism as well as changing gender roles in post-conflict environments and to involve men in programmes aimed at preventing and responding to sexual violence. Without tackling issues of men's lost masculinity, women may continue to face the after-effects of violent male

behaviour as men seek to reaffirm their superiority and domination.

Many traditional institutions survived the conflict and their chiefs continue to be held in respect. Secret societies – for both men and women – remain influential. Behaviour change campaigns must recognise the power of these cultural institutions as potential catalysts for change. They could enhance messages relating to responsible sexual behaviour and the dangers of multiple partners and HIV/AIDS.

With more careful interpretation and understanding of conflict from a gender perspective, we may be able to move forward in building a more effective, coordinated, community-driven response to GBV in conflict and post-conflict communities.

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Through our eyes: participatory video in West Africa

by Tegan Molony, Zeze Konie and Lauren Goodsmith

In 2005 the American Refugee Committee (ARC)¹ and Communication for Change (C4C)² launched a community-based video project to raise awareness of and help prevent sexual and gender-based violence (SGBV) in conflict-affected communities.

Since the end of Liberia's 14-year long civil war some 70,000 refugees and over 314,000 IDPs have returned. One of the enormous challenges they face is the impact of violence, including SGBV. It is estimated that 40% of all Liberian women are survivors of conflict-related sexual violence, including rape, gang rape, sexual slavery and physical assault.³ In a survey conducted among Liberian refugee women in camps in Sierra Leone, 74% said they had suffered sexual abuse prior to displacement

and 55% during displacement.⁴ There is little awareness, however, of the health and psychosocial impacts of SGBV, nor of the link with reproductive health issues, in particular sexually-transmitted infections (STIs) including HIV/AIDS. Reported cases are usually dealt with by local leaders and response services are seldom available.

Since August 2004 ARC has been implementing prevention and response programmes in eight

districts of Liberia, as well as a cross-border information and referral programme for refugees repatriating from Guinea. Prevention activities include community education around issues of gender, human rights, reproductive health and SGBV. Crisis response activities include referral to ARC-trained counsellors and training of local health, protection and security providers to prevent, identify, respond to and appropriately refer cases of SGBV.

The 'Through Our Eyes' participatory video initiative was piloted in Guinea and Liberia. Participatory video activities can initiate a dynamic process of engagement and dialogue on issues of local concern, including highly sensitive topics. From conception through production



Lauren Goodsmith

Marie Tamba, GBV counsellor, ARC Liberia, practises her camera work with support from colleague Albert Pyne and video trainer Hamidou Touré. Lainé camp, Guinea.

and public screening, the process is driven by individual community members. Themes and topics are relevant to local audiences and presented in culturally appropriate ways. People are always keen to see their own community members on screen. Video helps amplify voices for change from within the community and fosters peer-to-peer outreach.

In early 2006, C4C carried out a two-week training workshop in participatory video at Lainé refugee camp in Guinea for ARC field staff and members of camp committees responsible for referring SGBV cases to ARC. Participants learned how to use the equipment, engage community members in project goals, carry out interviews and develop team skills in programme planning and filming. At the end of the training course they made a documentary on early/forced marriage and short dramas on rape and community response to domestic abuse.

Survivors of SGBV should never be pressured into sharing their stories. Several options were developed for survivors who wished to speak out but remain anonymous. Some did wish to testify. One refugee woman chose to share her story on camera in order to urge her peers to abandon the practice of forced early marriage that had blighted her own life. For many survivors the act of speaking out can be deeply empowering – a step in the gradual process of healing.

Liberia-based ARC staff returned home with their video equipment and proceeded to share their skills with community peers who had been trained in SGBV prevention and response. This new team soon

produced their first video: a profile of a local man, a former alcoholic who used to abuse his wife but who had overcome his addiction and become a responsible husband and father. This was followed by a production on the consequences of settling rape the 'family way' and of not treating STIs. The video team has plans to address the issues of stigma and HIV, child abuse, rape and the law and the importance of girls' education.

Community screenings – 'playbacks' – of the team's video productions have prompted many individuals to seek ARC's services. Community peers and field staff open the sessions by describing ARC's GBV programme and services. After the screenings, which are usually attended by 30 to 100 people, audience members are encouraged to discuss the issues raised. Some share personal stories or offer ideas on how to tackle the problems.

Viewers regularly seek assistance for problems depicted in the films they have just seen and field staff report an increase in reporting of rape as a result of participatory video activities. Audience members identify with what they are shown. A scene in which a doctor informs a woman that her daughter is infertile due to the consequences of rape prompted a viewer to break down in tears and declare: "That's the same thing that happened to my daughter during the war." As Marie Kolenky, GBV Programme Manager in Liberia, says, "You see other foreign videocassettes... but it's always something that somebody just made up." In contrast, she highlights the powerful impact of "seeing a Liberian talking on the video and explaining their own life story."

Community video helps those SGBV survivors involved in the production process to tell their own stories, shed some of the stigma associated with their experience and help others. They also benefit from learning new technical, interpersonal and team skills. The participatory process strengthens a sense of community as teams reflect together on the kinds of violence that have affected their

lives, the messages they want to deliver and how best to deliver them.

In addition, participatory video:

- n is easily incorporated into existing GBV prevention and response activities
- n is an effective tool for awareness-raising, promoting community dialogue and encouraging the reporting of incidents
- n is accessible to all, regardless of educational level
- n motivates field staff: the entire ARC GBV team enthusiastically supports the video project and its continuation
- n has wide-ranging applications: the ARC video team proposes to use their new-found skills to produce films about evolving conditions in Liberia for the refugee community and to showcase success stories from ARC's microfinance and community development activities.

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For more information about the programme, please contact Connie Kamara, ARC Senior Technical Advisor - Global Health at conniek@archq.org

An 11-minute video on the project is at: <http://video.google.com/videoplay?docid=-4020371656680454444&q=american+refugee+committee>

1. ARC currently has programmes in the Balkans, Guinea, Liberia, Sierra Leone, Rwanda, Darfur, South Sudan-North Uganda, Pakistan, Thailand and Sri Lanka. www.archq.org
2. C4C provides training in the use of participatory video to support social development, health and human rights goals www.c4c.org
3. IRIN Web Special on 'Violence against Women and Girls during and after Conflict', September 2004 www.irinnews.org/webspecials/gbv/gbv-webspecial.PDF
4. *Broken Bodies, Broken Dreams: Violence Against Women Exposed*, IRIN/OCHA, November 2005, pp.187-199.

Fighting gender-based violence in South Sudan

by Lona Elia

Decades of under-development and conflict have left South Sudanese women – in the words of the late John Garang – “the poorest of the poor and the marginalised of the marginalised.” It is in this context that violence against women and girls breeds.

Almost all southern Sudan's key development indicators are the lowest in the world.¹ Severe gender disparity is manifest in access to education and health and differential life expectancy. Only 5% of births are attended by skilled health staff and maternal mortality is high. In contrast to common demographic patterns around the world, and in spite of the impact of war on the male population, there are more elderly men than women.

Few reputable gender-based violence (GBV) studies have been carried out in southern Sudan. Studies may have been limited in terms of sample size and statistical analysis but, nevertheless, have produced evidence of extensive domestic violence, early/forced marriages, wife inheritance, property ownership, child custody, arbitrary incarceration, female genital mutilation and sexual harassment and assault. Prolonged conflict³ has exacerbated and created new security risks, especially for women and children. These include disruption of community and family structures, breakdown in conflict resolution mechanisms, presence of arms and vigilantes, prevalent trauma, increased alcohol consumption, weak security institutions, poor law and order and tensions between those who have been displaced and those who have stayed put.

Towards a National Action Plan (NAP)

The Government of Southern Sudan (GoSS) – the autonomous regional government established as a result of the January 2005 Comprehensive Peace Agreement (CPA) which ended

Sudan's protracted North-South conflict – has recognised the need to tackle GBV. The CPA provides for affirmative action and support to women to become part of the reconstruction process. Sudanese women delegates to the April 2005 Oslo Donors Conference identified GBV as a key priority area and proposed mechanisms to protect women and girls from exposure to violence.⁴ The constitution of southern Sudan affirms the need to equally protect the rights of women and men.

An Interagency GBV Working Group was set up in January 2006. Led by UNFPA, UNDP and UNIFEM, it brings together representatives from other UN agencies (the UN Mission in the Sudan (UNMIS), OCHA, UNHCR and UNICEF), GoSS ministries of Gender, Social Welfare and Religious Affairs and southern Sudanese women's associations. The group has been discussing strategies for developing coherent programming to address GBV issues in South Sudan by exchanging information, minimising duplication and implementing collaborative activities.

As an initial step in the process of developing the NAP, the Working Group scheduled preliminary consultations with key government, military and NGO stakeholders in the southern cities of Wau, Malakal and Juba. Participants repeatedly noted that southern Sudan may have few resources to address GBV but has a committed corps of women's organisations and a committed government.

The process of developing the NAP is in its infancy. Key challenges to be overcome include:

- n the lack of GBV-related legislation at GoSS and state levels
- n continued preference to settle GBV cases via customary local procedures which rarely promote the best interests of women or girls
- n lack of technical support to assist the Interagency Working Group
- n lack of targeted funding to support any sustained activities related to GBV in southern Sudan.

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1. With the sole exception of the adult literacy rate which in Niger is even lower.

2. New Sudan Center for Statistics and Evaluation and UNICEF, 2004 'Towards a baseline: best estimates of social indicators for South Sudan', www.reliefweb.int/rw/RWB.NSF/db900SID/KH11-6365Q7?OpenDocument

3. For the background to Sudan's prolonged North-South conflict and prospects for peace, see FMR 24: www.fmreview.org/sudan.htm

4. www.sudansupport.no/genderconf_05_oslo/doc_index.html

FMR welcomes articles on Sudan.



Have you seen FMR's special issue on 'Sudan: prospects for peace'? It is online at: www.fmreview.org/sudan.htm. The FMR Editors are interested in receiving further articles analysing the return of IDPs and refugees. We would particularly like to hear from Sudanese authors. Please contact us at fmr@qeh.ox.ac.uk

Sexual violence and firewood collection in Darfur

by Erin Patrick

In hundreds of refugee and IDP settings throughout the world, women and girls are made more vulnerable to sexual violence because of the almost daily need to leave camps in search of firewood. More can and must be done to reduce this risk.

Perhaps nowhere is the danger of assault whilst gathering firewood more evident than in Darfur. Women and girls trek for hours a day in the hope of finding a few branches or roots to burn. To avoid the midday sun, many leave in the darkness. To lessen competition, they travel alone or in very small groups. To find increasingly scarce combustible material, they may have to walk several kilometres away from the camps. In doing so, they become prime targets for the Janjaweed militia, local government or police forces and other men who act in a climate of almost total impunity.

In August 2006 the International Rescue Committee (IRC) reported 200 assaults in a five-week period from a single camp.¹ Médecins sans Frontières reported over 200 cases per month in 2005. Given the stigma associated with rape, it is extremely likely that the real number of survivors of sexual violence is much higher.

Various UN agencies and NGOs have introduced several ad hoc initiatives to increase the protection of women and girls as they collect wood or to reduce the amount of wood needed for cooking (and therefore the number of collection trips). In late 2005, the Women's Commission for Refugee Women and Children undertook field research to assess the status and impact of these initiatives, which included fuel-efficient stoves, firewood patrols and the development of alternative fuels.²

Fuel-efficient stoves

The most common models of fuel-efficient stoves currently in use in Darfur are extremely basic. Made usually from a combination of mud, water and animal dung or ash, they can be made in three to five days and cost less than one US dollar per stove. Tests are under way on more sophisticated models, including some made from stainless steel. Even the most basic models, however, can reduce firewood consumption by 20 to 80% (depending on the stove itself, how it is used and conditions during use), compared to the traditional three-stone fire. Because the amount of firewood needed to cook the same amount of food is less, stove users can collect firewood less often and their risk of attack is therefore reduced.

The stoves do still burn wood, however, and therefore never entirely eliminate the need for women and girls to go out of the camps to gather firewood. Fuel-efficient stoves can only ever hope to slow the consumption of firewood. In arid or desert environments such as Darfur, re-generation takes a long time. Fuel-efficient stoves should therefore only be considered as an addition to a longer-term fuel strategy which includes the development of non-wood-based fuels.

Firewood patrols

Firewood patrols in Darfur typically involve both civilian police (CivPol) and troops from the African Union Mission in Sudan (AMIS) who follow women and girls by truck. This armed accompaniment has been fairly successful in deterring would-be attackers but in many cases has been rendered less effective by the lack of trust and effective communication between CivPol and the women being accompanied. The most successful patrols have been those organised by committees comprising displaced women leaders, CivPol staff (preferably those participating in the patrols – and female wherever possible) and NGO facilitators who solicit feedback from all involved. Together, the committees draw up specific guidelines for the patrols, choose times and locations and ensure the presence of translators in the patrols. These regular committee meetings also serve as a forum for women and girls to discuss and rectify any concerns that they may have regarding the patrols.

Too often, however, the patrols have not been so well organised, with poorly chosen routes and times, entirely male AMIS participation, no translators (making communication between the women and AMIS all but impossible) and conflicting interpretations of the goal of the



IDP woman carrying wood back to Manjura camp, Darfur.

patrols and responsibilities of AMIS. This has stifled participation in the patrols as women and girls – many of whom are survivors of sexual assault – are often reluctant to leave the camps in the presence of armed men, even those from a protection force. When patrols are instituted, therefore, it is crucial to ensure that they are supported by an active, participatory firewood patrol committee. Most recently, the patrols have fallen victim to drastic cuts in the overall funding of AMIS.

Alternative fuels

Refugee and IDP settings can provide a good testing ground for the development of alternative fuels. Several non-wood-based fuels or fuel technologies have been tried in various refugee and IDP settings worldwide with varying degrees of success. These now need more widespread, replicable testing. Many organisations outside the traditional humanitarian community – such as appropriate technology organisations, environmental protection groups, private foundations and universities – have already done extensive work on alternative fuels and fuel technologies from which displaced populations could benefit. So far, however, there has been little interaction or cooperation.

In order to be successful and sustainable, non-wood-based fuels and fuel technologies in refugee and IDP settings must:

- n be safe and culturally acceptable
- n utilise locally available raw materials
- n be able to be produced locally (ideally with the possibility for income generation for displaced and/or host communities)
- n have little or no local market value (for onward sale)
- n be sustainable both in terms of cost and environmental impact

- n be appropriate for use with traditional staple foods or supplied rations
- n not increase tensions with host communities.

Effective fuel strategies

The international community needs to develop more effective implementation and coordination of fuel strategies from the outset of humanitarian crises. Food rations distributed by the World

be a crucial protection tool at the very outset of a crisis but only in the short term. Firewood patrols are a useful protection tool but again cannot be the sole solution. Fuel-efficient stoves have a clear and important role to play but only in the context of long-term identification of sustainable, non-wood-based fuels.

No initiatives, no matter how well designed or coordinated, will have the desired protection impact unless alternative income-generation activities are developed for displaced families and particularly for women and girls. Women's Commission research found that even Darfuri women and girls who have made and regularly use fuel-efficient stoves continue to collect as much firewood as possible in order to sell it to generate much-needed income for their families.

The issue of cooking fuel in refugee and IDP settings crosses many sectors – food and nutrition, health, environmental protection, shelter and, of course, women's rights and gender-based violence. The UN system has not yet developed the capacity to deal effectively with issues that do not fit neatly within traditional sectoral boundaries. The new cluster-based mechanism to address gaps in humanitarian response³ simply relegates fuel to the 'shelter' cluster. Recognising the wider importance of cooking fuel in women's lives would go a long way towards enhancing protection of the millions of displaced women and girls for whom it plays such a central – and often tragic – daily role.

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1. International Rescue Committee media alert, 'Increased Sexual Assaults Signal Darfur's Downward Slide', 23 August 2006 www.theirc.org/news/latest/increased-sexual-assaults.html

2. See www.womenscommission.org/projects/rh/firewood.shtml

3. See Tim Morris 'UNHCR, IDPs and clusters', FMR 25 www.fmreview.org/FMRpdfs/FMR25/FMR2531.pdf



Women in El Fasher, Darfur, with fuel-efficient stoves they have made.

Food Programme and partners, for example, are usually not edible until they are cooked – yet in very few settings is cooking fuel provided with food provisions. Delivery of cooking fuel has proven to be expensive and ultimately unsustainable. However, putting women and girls at risk of assault by effectively forcing them to walk kilometres a day into unsafe territory should be considered equally – if not more – unacceptable.

There is no single fuel or fuel-related initiative that will by itself solve the problem of sexual violence during firewood collection. An effective fuel strategy needs to respond to specific needs in each emergency context. Direct fuel provision may

Listening to the women of Darfur

The following is extracted by the FMR editors from a recent UNFPA/UNICEF report on *The Effects of Conflict on Health and Well-Being of Women and Girls in Darfur: Conversations with the Community*.¹

How do the women and girls of Darfur assess the risks they face? UNFPA and UNICEF interviewed conflict-affected women and their male household members in order to better understand priority actions needed to improve women and girls' health and well-being.

The counter-insurgency strategy employed by the Government of Sudan and the Janjaweed militia appears to have been one of asset stripping and population displacement. Indiscriminate attacks on villages have not only killed and injured civilians but also destroyed or looted housing, infrastructure, community services, wells and irrigation systems, fruit trees and other property such as cattle. The result has been the large-scale movement of a highly vulnerable, traumatised population of 2.75 million people, rendered almost completely dependent on humanitarian aid for survival.

Prior to the conflict, the majority of the women interviewed primarily worked in farming and cultivation, animal raising and making handicrafts. Today most are unemployed. The little income women in camps can earn comes from collecting and selling firewood and fodder or from trading food items received from humanitarian organisations. Some girls work for foreigners in their houses or in aid organisation offices. Many men report relying on women's income from firewood collection.

Sexual violence and abuse was mentioned in every group discussion. Women and girls have often been raped in front of male relatives who were beaten and forcibly restrained. Women reported that most rape victims did not scream during or after the rape and did not report incidents, in order to avoid scandals in the

community. The majority of families of survivors of sexual violence prefer to treat them inside their homes by traditional medications, usually by washing the victims with salted hot water or tea. Due to shame, most rape survivors – especially unmarried girls – only seek medical attention as a last resort. Children born as a result of rape are not taken to hospitals as their mothers do not want doctors to ask about their babies.

Girls said that a child born as a result of rape is considered an "Arab child": "We still look after them but they do not enter our hearts – ma be houshou al gelib."

Incidents of sexual violence, abuse and abductions are ongoing. There is a significant lack of trust toward all armed groups, and most women would only consider returning to their villages under the protection of an international security force, preferably the African Union or the UN. Until this is possible, women and girls are left without the option of resettlement, and the security situation within and surrounding the camps remains precarious. Girls have reported incidents of military personnel entering the camps firing weapons into the air, and most incidents of rape and abduction occur when women leave the camps in search of firewood or fodder. There is general distrust toward the police. Men have reported feeling helpless and humiliated about the continuing attacks against their wives and daughters, as incidents reported to the authorities seem to have been disregarded. Men have suggested that work opportunities for women may improve the security situation. Most respondents report that family and community support, as well as belief in religion, helps them to cope.

"Most women live as if they are psychologically normal but they live with the war inside them."

Health problems mentioned by women include physical injuries due to beatings, rape, miscarriages, excessive bleeding or injuries sustained during flight from the enemies. Sexually transmitted diseases, malnutrition, irregular menstrual cycles and nightmares were mentioned frequently. Most women are dissatisfied by health services in camps. They complain they have to queue for a long time, that medicines are in short supply and that they have to pay for medicines supposed to be free – and often only receive painkillers. Although clinic deliveries are free, obstetric complications are generally only treated in hospitals at great cost. Many women are less healthy than they were prior to displacement as they no longer eat fruit, vegetables and meat but are forced to subsist on food rations provided in camps.

"Before the war we had everything. Life was so nice but now we have nothing. We have lost everything, even our souls and life."

The Darfurian IDPs called for:

- n increased prevention and response to sexual and gender-based violence
- n more consistent African Union presence in and around camps and firewood collection areas
- n reduced presence of armed government police and military inside the camps/settlements
- n community-based policing based on dialogue with IDPs about their needs
- n ensuring legal redress is available for victims of crimes
- n fuel-efficient stoves
- n free provision of drugs, transport to hospital and an increased number of international medical staff

- n increasing the number of medical personnel and supplies needed to treat women and girls suffering from fistula
- n ensuring that all health facilities offer privacy to women and girls seeking treatment
- n sensitising traditional birth attendants, traditional healers and community leaders about the health and emotional needs of survivors of sexual violence
- n financial support for women (including grandmothers/foster mothers) taking care of babies born as a result of rape
- n formalising the role of IDP committees – with male and female members – in management of camps.

Violence against women and children by warring groups in Darfur is reaching alarming levels. Extreme violence has been a feature of the civil conflict since it erupted in 2003. However, in the past months, attacks on women and girls, both within and outside camps for the displaced, have soared.

UNICEF, October 2006²

1. At: www.unicef.org/infobycountry/files/sitan_unfpaunicef.pdf
2. www.unicef.org/press/news_detail.asp?news_id=811

Women's centres: spaces of empowerment in Darfur

by Carmen Lowry

Survivors of sexual assault need emotional support, safe and private spaces for healing and access to resources, information and networks.

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. By drawing on staff from different sectors and different agencies to present these sessions, they have the added benefit of encouraging collaboration among agencies and clarifying sectoral roles in the camps. 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.

Centre facilitators engage with women to build trust and encourage them to share their experiences and to rest from the demanding tasks of daily survival in the camps. In this way, the survivor-focused and survivor-supportive Women's Centres become spaces of empowerment. To enhance this sense of empowerment, ownership of and responsibility for the Centres must be shared among the different women involved – international and national staff, host and displaced communities, educated women from Khartoum and women with no formal education from isolated villages in Darfur.

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Women's Centre, Darfur



Carmen Lowry/International Rescue Committee

Sudanese women acting to end sexual violence

by Fahima A Hashim

The UN and the African Union must do more to insist that the Government of Sudan create an enabling environment to report, investigate and prosecute cases of violence against women.

Militarisation and long-standing armed conflicts in many regions have deeply affected the daily lives of Sudanese women, most recently and tragically in Darfur. Fundamentalist interpretations of *sharia* law are used to control women and are given as reason for not ratifying the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).¹

When it was established in May 2004 the African Union Mission in Sudan (AMIS) – the only external military force in Darfur – was charged with monitoring the ceasefire agreement signed between parties at conflict to deter uncontrolled armed groups from committing hostile acts against civilians. AMIS public reporting has focused on breaches of the ceasefire, including attacks on civilians, but has failed to integrate gender issues. AMIS has conspicuously failed to prevent widespread rape and sexual violence.

In 2005 the Government of Sudan reacted to international pressure to expand the role of AMIS in challenging gender-based violence (GBV) by establishing a Violence Against Women Unit within the Ministry of Justice.² The Unit has partnered with UNFPA and AMIS to organise training sessions with lawyers, health workers, UN police and UN staff – but without involving local civil society organisations. The Unit has hired 20 female police and deployed them to IDP camps in the states of North and South Darfur. Security considerations have been cited as reasons for not deploying them in West Darfur.

It is unfortunate that the Unit has not been fully supported by the

Government of Sudan and its work disrupted by the need to seek donor funding.

Sudan has a large number of women's organisations with capacity to engage in constructive work on peace and security issues. The Government of Sudan has suppressed debate and restricted our ability to gather and disseminate information relating to rape, abduction and other violations of the rights of women. In February 2006, Sudan enacted into law the Organisation of Humanitarian and Voluntary Work Act which imposes severe restrictions on NGOs and gives the government excessive discretionary and regulatory powers over their work. Amnesty International and other human rights organisations have condemned the legislation and noted that it violates the right to freedom of association contained in international human rights treaties to which Sudan is a party.³

The very existence of women's civil society organisations is in jeopardy. UN Security Council Resolution 1325 passed in 2000⁴ specifically calls on the UN to consult with local and international women's groups. Our organisation joined with other Sudanese women's organisations to present a petition to the Security Council mission which visited Sudan in June 2006, urging the UN to pressure the Government of Sudan to review and amend the Voluntary Work Act. Action is needed to facilitate access of women's organisations so they can provide humanitarian services to GBV-affected women in Darfur, the Nuba Mountains, Eastern Sudan, areas of South Sudan where the Lord's Resistance Army (LRA) and other

militias are present, and the IDP camps around Khartoum. Our role as peacemakers – working to conciliate communities torn apart by external meddling – must be recognised.

It is also essential that:

- n AMIS's mandate be strengthened and that it be explicitly authorised – and provided with necessary resources – to take action against GBV
- n all AMIS personnel receive training on gender issues and how to identify and prevent cases of gender-based violence
- n AMIS be encouraged to monitor progress towards gender mainstreaming in all its activities
- n AMIS closely liaise with and support the work of Darfurian and national women's organisations
- n the UN insist on the participation of Sudanese women's organisations in all gender training and GBV awareness activities
- n the Violence Against Women Unit be properly resourced so that it may take its place as a national organisation working for all Sudanese women, rather than – as at present – serving the interests of the ruling National Congress Party.

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1. www.un.org/womenwatch/daw/cedaw

2. See presentation made to the International Symposium on Sexual Violence in Conflict and Beyond by the Unit's director, Dr Attiat Moustafa. www.unfpa.org/emergencies/symposium06/docs/daytwosessionfiveattiat.ppt

3. <http://web.amnesty.org/library/Index/ENGAFR540092006?open&of=ENG-SDN>

4. See article on pp13-14

Sexual violence in South Kivu, Congo

by Claudia Rodriguez

Tackling sexual and gender-based violence (SGBV) in the Democratic Republic of Congo (DRC) will require greater resources and coordination. The number of attacks continues to increase and perpetrators go unpunished.

From 1996 to 2003, war in DRC claimed some 3.8 million lives. SGBV against women and girls – and some men too – has been one of the conflict's most horrific aspects, for its viciousness, magnitude and long-term impact. As point of entry for foreign armed groups coming from bordering Rwanda and Burundi to participate in the war, the eastern province of South Kivu has experienced particularly high levels of SGBV. Even now, according to statistics provided by local health centres, an average of 40 women are raped every day in the province. Of these, 13% are under 14 years of age, 3% die as a result of rape and 10-12% contract HIV/AIDS. Kidnappings, sexual slavery, gang rapes and forced marriages are common.

Four years after the signing of the peace agreements that officially ended the war and after the conclusion of Congo's first ever democratic elections, SGBV remains widespread. Government forces have emerged as the main perpetrators whilst the number of assaults involving foreign armed groups still present in the area has fallen. A new problem has surfaced, however: the increase of abuses perpetrated by civilians. Both factors highlight the environment of impunity prevailing in the area.

Assessing the problem

Most cases of SGBV go unreported. Victims lack confidence in the judicial system and fear being persecuted for denouncing their attackers. Assaultants are mainly Congolese soldiers and law-enforcement

agents and are known to be seldom prosecuted. 'Friendly' resolutions have been encouraged, with victims' families often accepting marriage or gifts as compensation for assault.

Blurred lines of 'consent' add to women's vulnerability. In some areas of South Kivu a woman is the property of her husband's family or



becomes property of the community if her husband leaves or dies. Any man in the extended family or in the community can have access to her without the woman being able to refuse. The notion of consent is non-existent and therefore cases are not reported as violations. Other factors inhibiting reporting of such crimes include shame and the fear of being rejected and stigmatised. Efforts are under way, mainly by the Human Rights Division of

MONUC (the UN Mission in DRC)¹ and national partners (such as Arche D'Alliance and the Synergy of Women's Associations for the Fight Against Sexual Violence), to sensitise law-enforcing agents as well as the general population on the definition of rape, the notion of consent and the illegality of forced marriages. To be successful, such advocacy requires access to remote areas that most agencies do not have.

Statistics are available from health centres supported by international NGOs and by the local 'Maisons d'Ecoute' (Counselling Centres). National associations supported by international NGOs to pursue judicial follow-up also provide some data. Yet the data collected is inconsistent due to significant discrepancies in collection methodologies. Inconclusive discussions over details – including the right to share information among partners – have characterised inter-agency discussions for years. Available statistics are useful in painting a general picture but much more qualitative data (such as gender of victim, type and origin of assailant and type of aggression) is needed to identify trends, perpetrators, profiles and characteristics of victims. Encouragingly, all Counselling Centres have recently developed a standard format and now compare their data with that provided by health centres.

Need for coordination

Humanitarian assistance for victims of sexual violence in DRC is available. Most health-related agencies now include SGBV programmes as part of their primary healthcare interventions. Panzi hospital in South Kivu – one of only two referral centres for fistula treatments in the east of DRC – offers a comprehensive package of assistance to victims

Women wait to receive medical services in Panzi hospital, Bukavu, South Kivu. The hospital runs a treatment programme for women affected by sexual violence.

referred for care. Yet, despite the long-term presence of international and national agencies in the area, the basic referral system has never worked effectively due to lack of coordination and adequate funding.

There is little willingness on the ground to collaborate. Medical NGOs have their own, varying protocols and standards, as do agencies focused on psychosocial assistance and reintegration. Lack of collaboration is exacerbated by the 'remote control' nature of programmes – programmes managed by local partners but directed from abroad – and the fact that some agencies focus on emergency assistance, others on development. This has led to duplication in some fields while other areas of need have been left uncovered, to considerable discrepancy in standards and lack of accountability.

Issues of concern include:

- n victims not being systematically referred within the necessary 72-hour period to centres where post-exposure prophylaxis (PEP) kits are available
- n medical centres not providing medical certificates necessary for judicial follow up
- n cases where ex-combatants sleep in the same centres where victims are being looked after
- n no coordinated training for local organisations in how to investigate, collect data and assist women in reporting their case to the right authorities
- n no government authority, at least at the local level, with responsibility to direct policies and improve interventions and coordination.

A related problem is the fact that national associations (key to the referral system as only they are providing psychosocial assistance) have realised that higher numbers of victims mean increased chances of obtaining international financial support. There is evidence that associations have exaggerated their statistics, traded women between their centres to augment statistics and encouraged repeat visits by

women in order to count them more than once. An OCHA-supervised evaluation carried out by NGOs in December 2005 concluded that many psychosocial activities undertaken by national associations do more harm than good and recommended the closure of several Counselling Centres (including some supported by international NGOs).

Lack of financial resources means that organisations struggle to improve care standards and ensure adequate follow-up. However, resources could be better utilised if there were better collaboration. The referral system could be strengthened sufficiently to improve performance by all agencies and ultimately help achieve tangible and sustainable results. Coordination fora exist, yet those in charge lack technical expertise to introduce minimum standards of operation, ensure common procedures and establish coherent frameworks and strategies.

Ending impunity

Some progress has been made in the legal and judicial domains. In August 2006 a new law came into force in DRC, redefining rape to include both sexes as well as all forms of penetration. The law also covers other forms of sexual violence: sexual slavery, mutilation, forced prostitution and forced marriage. It has increased the penalties for those successfully prosecuted and has improved some penal procedures – such as speeding up preliminary investigations and prohibiting the settling of cases by 'friendly' resolutions. However, the judicial system remains too weak to establish precedents that might serve as a deterrent against further violence. Denunciation and reporting also remain limited, due to the victims' continuing lack of trust in the system. Cultural beliefs, taboos and traditional conflict resolution methods need to be addressed through education and awareness. Structural reforms are needed to address the role and place of women within Congolese society. Commitments to engage in this lengthy process are needed from all those involved, especially state authorities). The creation of 'field courts' with judges, prosecutors and defence lawyers deployed to remote and inaccessible

areas (where most violence takes place) would be a great step forward.

An SGBV cluster?

In 2006 the UN in DRC adopted the 'cluster' approach to coordination, as part of the proposed humanitarian reform system.² Unfortunately, in DRC and elsewhere no cluster specifically for SGBV has been proposed; instead SGBV fits within the wider 'protection' cluster. This represents a missed opportunity. An SGBV cluster would provide leadership to galvanise greater efforts to tackle sexual violence. An enhanced leadership and coordination framework would allow:

- n common methodology
- n better synergy and inter-sectoral/inter-agency planning
- n better data collection and analysis
- n strengthening of the referral system
- n compilation of better prepared cases for judicial follow up.

Victims of sexual violence in DRC will continue to require assistance from international and national organisations for years to come. Those working to assist them must collaborate in order to overcome the many obstacles constraining their operations. A stronger partnership with and a clearer involvement of state authorities would help develop a common framework and strategy for action in order to provide effective, long-term assistance. Only thus will it be possible to break the vicious cycle of impunity.

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See also: Human Rights Watch, June 2002 The War Within the War. Sexual Violence Against Women and Girls in Eastern Congo www.hrw.org/reports/2002/drc/

1. www.monuc.org

2. See T Morris 'UNHCR, IDPs and clusters', FMR25, www.fmreview.org/FMRpdfs/FMR25/FMR2531.pdf

In their own words

In Burundi, the Democratic Republic of Congo (DRC) and Sierra Leone, the end of armed fighting has not brought with it the longed-for peace. Today, an epidemic of gender-based violence continues to undermine efforts to bring stability.

Josephine was eight years old when both her parents died. Left alone, she learned to fend for herself in the hills 20 km from Makamba, a city in southern Burundi. One night her neighbour, a former soldier, crept into her hut and attacked her. "I didn't scream because I was afraid my neighbours would mock me," she says. "When I was five months pregnant, the rapist came back to kill me with an *ikiziriko* [rope]. I screamed and my neighbours came to help. I bled for three days." Josephine's baby was stillborn. She has recently given birth to a healthy baby boy – also the product of rape.

Beatrice Ndayishimiye counsels sexual abuse survivors at Makamba hospital. "To be in charge of these young victims is not an easy task," she says. "I am a mother and to see these girls – some of them five to ten years old – and listen to their stories is very frustrating. I often come home at night very tired inside, my heart full of sadness."

At the *Maternité Sans Risque de Kindu* clinic in central DRC, obstetrician-gynaecologist **Dr Jean Pascal Manga-Okenge** is only too familiar with the consequences of sexual assault. "Traumatic fistula is a new phenomenon that has emerged since the war," says Dr Manga-Okenge. "Some women are raped by more than five people, are shot in the vagina or impaled with wood. If it's done with nails or dry wood, it can be repaired. Injuries done with green wood never heal. No-one knows why."

In Sierra Leone, the civil war which erupted in 1991 and formally ended in 2002 left tens of thousands dead and an estimated two million displaced. Sexual and gender-based violence occurred at every stage of

escape a rebel attack on her village. "I had to keep running," says Bintu. "My father, even after he was shot, he yelled, 'Bintu, run, run.' But I was captured by rebels." Bintu, now 20, and her seven-year-old sister were taken into the bush by the soldiers. When one of the rebels tried to rape her sister, "She scratched the man's wrist, and they cut her hand off," recounts Bintu. "Many of them raped her. She was so small that she died."



Bintu learns hair-dressing.

Over a four-year period, Bintu's arms and legs were tied to stakes as she was repeatedly violated by as many as six captors a day. When they found out that she had not undergone female genital mutilation/cutting, the rebels used a gun bayonet to cut her, cleaning the wound with gunpowder. She was not even allowed to heal before the sexual assaults began again.

When she finally escaped, Bintu ended up on the streets of Freetown. She bartered the only thing she had – sex – to survive for a year before she learned about the Women in Crisis Movement (WICM), a UNFPA-supported NGO devoted to empowering war-affected adolescents and young girls. To date, WICM has trained approximately 500 vulnerable young women in income-generating skills, including tailoring, soap making, tie-dyeing and hair-dressing, which Bintu is learning.

"I am so happy to be here," says Bintu. "I now have food and medical care and a chance for a better future."

To read more about how sexual and gender-based violence affects individuals, see www.unfpa.org/emergencies/violence.htm

the conflict. More than a quarter of a million women and girls were raped. Although rebels attacked both young and old, they tended to target very young girls and adolescents whom they believed to be virgins. Many did not survive.

Bintu Mansary's father was shot and killed as she and her family tried to

Addressing sexual violence in post-conflict Burundi

by Nona Zicherman

Conflict and massive population movements in Burundi have resulted in dramatic increases in rape and other forms of sexual violence.

Alarm about the high incidence of sexual violence against Burundian women was first sounded during the 1993-2003 civil war when large numbers of rebels and Burundian armed forces occupied villages and towns. Peace accords were finally signed in 2003, and general elections held in 2005, but Burundian women and girls continue to suffer high levels of sexual violence. In post-conflict Burundi, the influx of returning refugees and displaced persons, the presence of large numbers of demobilised ex-combatants, the high prevalence of female-headed households, widespread lack of economic opportunity and general breakdown in social norms all contribute to increased levels of sexual violence.

Reliable statistics on sexual violence in Burundi do not exist. Médecins Sans Frontières' clinic in the capital city, Bujumbura, sees an average of 124 new cases a month and a CARE-supported clinic 40 cases. In 2004 Ligue Iteka, a local human rights organisation,¹ recorded 1,664 cases of survivors of sexual violence seeking judicial assistance. Anecdotal evidence suggests that sexual violence is continuing to grow. Over 90% of women interviewed by CARE in Bujumbura Rurale province

affirmed either having experienced sexual violence themselves or knowing someone who had.²

Rebels and military personnel are no longer the primary perpetrators. In communities where CARE

Their declining socio-economic status also puts women at risk, particularly for female-headed households. Poor women without a husband or older son in the household are perceived as unprotected – and therefore likely targets for sexual violence with little fear of retribution. Local officials have demanded sexual favours in return for food aid and other assistance.³ Poor families are often driven by circumstance to push daughters into

early marriages where they are at a high risk of conjugal sexual violence. The case of one mother and daughter interviewed by CARE illustrates this tragic cycle of vulnerability and violence. As the mother explained:

"Because of our poverty I married my daughter of 14 years of to a boy who had a little bit of money... I did this for two

reasons: firstly because once married she and her husband could help me find something to put between my teeth and secondly because I didn't want her to be raped the way I was three years ago."

The daughter tells a different story:

"I was married when I was still a child, against my will, because of my mother's pressure; I had wanted to continue my studies... My husband rapes me every night. He makes me have [sexual] relations against my will. On top of that he harasses me every day by saying that I am sterile because it has been two years and we haven't had any children but



UNHCR/C-L Grayson

works, survivors of sexual violence report that the majority of attacks are committed by members of their extended family, teachers and household domestic staff. This reflects a general breakdown in social norms, withering of traditional conflict resolution and community sanction mechanisms and absence of functioning state law enforcement and judicial institutions. While the war might have been the trigger for an increase in sexual violence, only when there is genuine peace and increased livelihood security – not just absence of armed conflict – will the level of sexual violence fall significantly.

Refugee woman from DRC sitting in front of her shelter in Gasorwe refugee camp, Burundi.

that is because it is only three months ago that I started menstruating.”

Addressing sexual violence

Local and international organisations are providing some support to survivors of sexual violence. MSF-Belgium and CARE have been offering medical and psychosocial services for survivors at special clinics in Bujumbura. Other agencies – such as Gruppo Volontariato Civile (GVC)⁴ and the International Rescue Committee (IRC)⁵ – are undertaking violence prevention work in schools and helping build capacity of public health centres.

Burundi is fortunate to have a National Protocol on the Treatment of Sexual Violence,⁶ developed in 2005 with the support of UNICEF and UNFPA, which provides a framework for coordination of the medical response to sexual violence. However, comprehensive training of government health staff on the protocol has not been done and the health ministry has not yet approved a sexual violence ‘kit’ to be distributed to health centres to ensure all necessary medication is available in a single location. In addition, there is a significant shortage of multi-sectoral programmes combining medical, legal, counselling and livelihoods support for victims and at-risk groups.

With funding from ECHO, CARE Burundi implemented an 18-month programme to help prevent sexual violence and improve the medical and psychological health of survivors. The project included awareness-raising activities via radio and cultural and sporting events. It also piloted the use of interactive community theatre, which proved highly effective in promoting discussion on this sensitive topic.⁷ CARE also helped establish over 110 networks of community leaders in Bujumbura Mairie, Bujumbura Rurale and Bubanza provinces. These community leaders educated local people on the risks and consequences of sexual violence and helped identify cases within their communities. Survivors were then referred to a clinic in Bujumbura which treated over 500 victims, 99% of them

female – of whom approximately 70% were under eighteen.

Community leaders played an active role in the social reintegration of survivors. Despite its prevalence, sexual violence remains a taboo subject in Burundi and stigma against survivors is extremely high. Community leaders negotiated with husbands and fathers to allow wives and daughters back into the household. They also worked with local administrators and community councils to ensure perpetrators be arrested, rather than having the case resolved by traditional methods – which usually involve restitution paid to the victim’s father or husband and, in some cases, forced marriage of the survivor to her attacker.

Lessons learned

The programme proved that a community-based approach was feasible even in zones still experiencing significant rebel activity. With training and support, informal leaders and local administrators – both men and women – can design and implement their own initiatives to fight impunity and support survivors. Conducting baseline studies and evaluations, even in short-term emergency programmes, is also clearly valuable.

However, the services provided by CARE and others are largely confined to Bujumbura. Survivors in rural areas lack even the most basic package of medical care unless they can travel significant distances. The quality of psychosocial services is also of concern: local organisations and counsellors need to be trained in special techniques for child survivors and for survivors in acute psychological distress.

While the project helped improve the physical and psychological health of survivors, its impact in preventing sexual violence was limited by the fact that it was unable to address the fundamental causes of the violence, including gender inequality and bad governance. CARE Burundi’s future SGBV programming will aim to:

- n ensure interventions are shaped by the needs and rights of participants

as defined by survivors and at-risk women themselves

- n develop a decentralised approach to service provision in order to build the capacity of local health centres
- n improve the quality of psychosocial programming
- n develop training modules which target different groups (such as young men, ex-combatants and at-risk groups of women and girls) and examine questions of gender equity
- n integrate economic and legal assistance
- n integrate sexual violence prevention as a cross-cutting theme in other CARE Burundi programmes that work with women
- n integrate local leaders, administrators and service providers into networks dedicated to preventing violence and assisting women.

CARE encourages all agencies to recognise the links between post-war sexual violence and the challenges of reintegration and reconciliation and to move towards longer-term financing and programming which encompass prevention and capacity-building approaches.

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1. www.ligue-iteka.africa-web.org

2. CARE study, December 2005 ‘Analyse de l’état des lieux des violences sexuelles’. Available to interested practitioners: please email nzicherman@care.org.bi

3. ‘Using innovative approaches to better understand sexual harassment and exploitation within the food distribution program’, CARE International in Burundi, June 2005.

4. www.gvc-italia.org

5. www.theirc.org/burundi

6. The Protocol meets international standards for prophylactic treatment within 72 hours, including post-exposure prophylaxis (PEP) for HIV, the treatment or prevention of other sexually transmitted diseases, the prevention of tetanus and unwanted pregnancy and the suture of wounds.

7. CARE’s partner for interactive theatre is a local troupe called Tubiyage (‘Let’s talk about it’).

Creating safe spaces: lessons from South Africa and Burundi

by Christine Lebrun and Katharine Derderian

Médecins sans Frontières (MSF) Belgium currently addresses sexual and gender-based violence (SGBV) in many of its projects worldwide, in countries including South Africa, Burundi, Liberia, Sierra Leone, Ivory Coast, Sudan, Chad, Rwanda and Colombia. Two of our most successful interventions are in South Africa and Burundi.

South Africa has one of the highest incidences of rape in the world. It is estimated that one person is raped every 26 seconds. In Khayelitsha, a township of around 500,000 people close to Cape Town, the incidence of rape is one of the highest in the country. Since 2003, MSF has supported the Simelela Rape Survivors Centre in Khayelitsha.¹ We work in partnership with provincial health and social service professionals, the police and a local organisation specialising in rape crisis work. Simelela offers medical, psychological and social care, including post-exposure prophylaxis (PEP) for preventing HIV,² liaison with the police and monitoring of patients. In 2005, MSF expanded activities to include forensic examinations and increased its hours to 24 hours a day, seven days a week, to respond to the need for services. In one month alone, Simelela's staff assisted more than 130 rape victims, about half of them children under the age of fourteen.

In response to rape and war-related sexual violence, MSF opened Seruka health centre³ 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 SGBV. 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

the civil war began to subside. During a conflict, rape victims have additional concerns about security or repercussions in a chaotic environment characterised by violence and impunity. In such a context, SGBV represents one of many kinds of violence and mere survival may be seen as a more immediate priority.

Even if services are available, sometimes rape victims do not make use of them (both in conflict settings and beyond). This can be due to lack of absolute confidentiality and privacy within a medical facility. In addition, acknowledgement of rape can have repercussions within the family, such as rejection or divorce, and wider social consequences of

stigmatisation and economic marginalisation. The political and legal system can represent a hurdle, especially when extensive bureaucracy and contact with a proliferation of different authorities are required in order to report and file suit for rape. In some conflict areas, there are no authorities available to document violence or to

provide legal recourse. National authorities can play a key role in facilitating SGBV projects simply by recognising that SGBV is an issue and enabling medical services or agencies such as MSF to respond.

To encourage women to consult medical services after SGBV, MSF focuses on communicating simple 'information-education-communication' (IEC) messages, emphasising the urgency for and availability of PEP against HIV infection within 72 hours after exposure. MSF reinforces these



Carl De Keyser/MSF

taboos surrounding sexual violence to make their way to the clinic.

In our experience, the key to the success of the SGBV projects in South Africa and Burundi lies in ensuring that all services – medical, psychosocial and legal – are accessible to patients through the same facility. But challenges and questions remain.

SGBV programmes seem to work best in post-conflict or non-conflict contexts – a trend best exemplified by our project in Burundi, which gained significant momentum once

messages by promoting awareness of SGBV and the availability of PEP among its own national staff, patients and other local organisations.

Where rape victims seek care outside conventional health structures, with midwives or traditional birth attendants (TBAs), MSF is starting to liaise more closely with them. TBAs can tell victims about the availability of PEP and refer SGBV cases to MSF health structures. In Sudan, MSF is considering employing qualified TBAs as community health workers, both to better reach out to rape victims and to encourage TBAs to liaise with MSF facilities without fear of losing income from their own patients.

Which approach – horizontal or vertical?

MSF combines both approaches. Where we identify a specific, acute problem of violence, we adopt a 'vertical' programme specifically addressing SGBV. In our experience, this works best using a

comprehensive approach – providing medical care within a framework including IEC, psychosocial support, legal assistance and liaison with other women's organisations who can provide continued material and social support.

In contexts without acute problems of violence, MSF employs a horizontal approach. SGBV is part of all our healthcare programmes globally – over 35 projects worldwide. The challenge for horizontal programmes is that SGBV becomes just one issue of many faced by medical staff in their hectic day's work. The impact of stigmatisation makes it all the more difficult for SGBV to be handled in a general medical structure. One way that MSF counters this problem is by establishing 'safe spaces' in every health structure, where women can speak about their health questions and about SGBV with the assurance of full privacy and confidentiality. MSF would ideally like to open separate women's clinics in all its projects, if availability of female medical staff allows it.

As MSF's main expertise is medical, both horizontal and vertical approaches rely heavily on the presence of others who can assume responsibility for psychosocial, legal and material/economic follow-up. Due to the complexities inherent in these contexts, legal assistance is often lacking. To truly respond to SGBV, international and national actors must demonstrate political will to invest significant financial and human resources in all these inseparable and indispensable dimensions of care for victims of sexual violence.

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1. For more information, see www.msf.org.au/stories/twfeature/2006/129-twfs.html

2. In the case of HIV infection PEP is a course of antiretroviral drugs which to be effective must be started as soon as possible – and certainly no longer than 72 hours – after risk of exposure.

3. See www.msf.org/msfinternational/invoke.cfm?component=article&objectid=14FF2307-A697-4FA9-8CD375699378AB1B&method=full_html

Uganda: early marriage as a form of sexual violence

by Noah Gottschalk

Evidence is mounting that early marriage is a form of sexual and gender-based violence (SGBV) with detrimental physical, social and economic effects. Policymakers need to focus on the complex interactions between education, early marriage and sexual violence.

Uganda currently hosts at least 230,000 refugees, the vast majority of them southern Sudanese. With very few exceptions, only refugees living within designated settlements are officially recognised and offered protection and assistance. Refugees receive seeds, tools and small plots of land on which to grow their own food, which government and UNHCR officials expect will supplement or replace rations, with any surplus sold to earn money to meet basic needs including the

cost of schooling. Refugees adopt a lifestyle similar to Uganda's rural poor but with several crucial differences. Years of cultivating the same land – without the possibility of crop rotation – have reduced soil fertility and yields. Moreover, refugees are generally unable to take their products to market and thus depend on Ugandan middlemen who buy cheaply from individual households and sell goods in urban markets for significant profits.

Early marriage is often seen as a survival strategy by those unable to move from these isolated settlements, forced to depend on subsistence farming and trapped in poverty. Some girls hope to enjoy greater economic security if married. For their parents the brideprice can be an important financial asset. Many parents also view early marriage as the best – and often only – means of safeguarding their daughters from the high levels of SGBV prevailing in Uganda's refugee settlements. Officials often ascribe early marriage to cultural preferences but it is clear from talking with refugees themselves that motivations of economic and physical security, often linked to basic survival, are more important determinants.



A Sudanese refugee family living in a traditional hut in Rhino Camp, Arua, Uganda.

Some parents explain that before they were displaced early marriage was closely related to income levels: those with greater means got married later. In Uganda, however, early marriage is typically arranged as a hasty response to sexual relationships. Many girls end up getting married at a significantly younger age than was traditionally the norm. Given the protracted nature of displacement, especially amongst southern Sudanese, this is now happening to a second generation.

Extreme poverty, harassment and threats of sexual violence often prevent girls from attending school, causing them to be increasingly vulnerable to SGBV in and around their homes and fields. With no other economic opportunities and no effective means of protecting girls from assault and rape, parents and young women themselves often see little alternative to early marriage. This in itself, however, can represent a form of violence, leading to ill-health from early child-bearing and continued impoverishment exacerbated by denial of educational opportunities.

Gender imbalances pervade refugee schools in Uganda: the higher the school level, the greater the disparity. Girls face many obstacles to enrolment and achievement: the gendered division of household labour, the popular perception that sending girls to school is less likely to benefit the family, and the teasing and sexual harassment that girls commonly face at home, in the community and even at school.

Family members and neighbours frequently regard a few years of primary school as sufficient for girls and deride – and harass – those who seek to continue to secondary school. At school, girls report sexual harassment from other students, teachers, men living near schools and even from men who come to the school grounds specifically to look for young girls. It is common to find children of many ages studying in the same class; girls of 12 may find themselves studying alongside 17-19 year old young men.

Recent cuts in international funding for education, particularly at secondary level, have made matters worse. Many girls who previously received scholarships have returned home where they report harassment by neighbours and pressure from family friends seeking to marry them. In refugee settlements girls who have been forced to drop out of school for financial reasons often have little or no immediate prospects of returning. Most parents interviewed believe that once girls stop studying they should marry, regardless of their age, and it is often easier for parents to marry them off rather than trying to raise money for school fees. Moreover, the desire for financial stability and physical protection leads many girls to pursue marriages soon after leaving school. Once married, few girls return to school even if it becomes economically viable. Girls married before the age of 18 often become trapped in abusive or neglectful relationships or are abandoned by husbands.

Early marriages in refugee settlements are most commonly a result of pre-marital sex between young people, at least one of whom is a minor. Under Ugandan law, sexual intercourse – both consensual and non-consensual – with a girl under the age of 18 is a criminal act,

regardless of the age of the male involved. The Ugandan legal system has a huge back-log of ‘defilement’ cases. Most cases are resolved out of court through payment to the girl’s family. Boys whose families are unwilling or unable to pay may spend long periods in prison. ‘Defilement’ is usually detected when girls become pregnant and the usual response is either a hastily-arranged marriage or the payment of a fee for ‘spoiling’ the girl and blighting her marriage prospects. As boys who are unable or unwilling to pay either the dowry or the fee may be ostracised, assaulted or even murdered, they often see little alternative but to leave the settlement. Although parents often bring their daughters back home when boys depart, some girls remain with in-laws who often mistreat them or blame them for their son’s imprisonment or flight. Even those who return to their parents are often looked down upon and subjected to abuse.

Alcohol plays a major role in exacerbating domestic and sexual violence. Money spent on drinking results in less money to pay school fees, often leading parents to pursue bride price though early marriage either to pay for household expenses, school fees for male children or more alcohol. Furthermore, chronic drunkenness is directly related to elevated levels of sexual violence including incest and rape.

NGOs and UNHCR are working to sensitise communities on these issues. Without economic alternatives or genuine physical security, however, thousands of young refugees in Uganda will continue to be subjected to early marriage and its associated sexual violence. To tackle these problems, the international community, host government and refugee communities must work together to:

- n recognise that early marriage is both a cause of and a response to reduced livelihood options
- n reform Uganda’s defilement laws to decriminalise consensual sexual relationships between minors
- n provide alternatives to marriage as a survival strategy

- n eliminate the hostility that girls often encounter in their attempts to pursue even rudimentary education
 - n enforce zero tolerance of sexual harassment in schools by students, teachers and administrators
 - n train senior male and female teachers to provide sexual education and counselling to students and parents
 - n encourage girls to return to school once they have given birth
 - n rethink current policies that force pregnant girls to leave school but allow the boys responsible to continue their education without punishment
 - n implement locally-developed restrictions on hours of permitted alcohol sale and consumption
 - n provide SGBV programmes that specifically target boys' needs and experiences.
- If even a few of these recommendations were acted upon there could be a significant reduction

in levels of violence and exploitation and more young refugees would be enabled to escape the cycle of poverty and violence that denies them full enjoyment of their human rights.

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Establishing services in post-conflict Sierra Leone

by Amie-Tejan Kellah

During Sierra Leone's 11-year civil war – which ended in 2001 – there was a high incidence of sexual assault against women and young girls.¹ Return of peace has not meant that women and girls are safe from sexual assault.

Years of conflict have weakened the rule of law and survivors of gender-based violence (GBV) have few opportunities to access appropriate services. As survivors are often blamed and stigmatised, women and girls are hesitant to come forward to seek assistance and/or denounce their assailants.

Sexual assault is a criminal offence in Sierra Leone but many cases are still handled by traditional community authorities. Sanctions they impose are generally more harmful to survivors than perpetrators – such as forcing the survivor to marry their assailant. In many instances, women cannot report incidences of sexual assault to police without first receiving consent from the local chief.

IRC has partnered with the Government of Sierra Leone to establish three Sexual Assault Referral Centres (SARC) – locally referred to as 'Rainbo' centres. One is in the capital, Freetown; the others are in provincial capitals, Kinema and Kono. Each centre offers free medical,

psychosocial and legal support. From March 2003 to September 2005, the Centres provided services for 1,769 survivors of sexual assault – 75% of whom had been raped.

Singled out by UNHCR in 2004 as one of seven 'best practice' GBV programmes worldwide, the SARC project has taken a multi-disciplinary approach to sexual assault. Since no single agency or organisation has the mandate or the capacity to address GBV alone, SARC has worked with a range of government and non-government stakeholders. Partnership with the branch of the Sierra Leonean police charged with investigating domestic, sexual and physical violence against women and children has led to a huge increase in referrals.

Each Rainbo Centre is closely connected to a government hospital and provides free and confidential counselling, forensic medical examination and treatment, transport, food, clothes and legal advocacy. In order to ensure that all female survivors have the option of

being seen by female doctors, the SARC project trained eight female doctors to conduct all preliminary medical consultations and to prescribe treatment for clients at the Freetown centre. Since female doctors are not available in the provinces, the project trained two health ministry doctors to work alongside Rainbo Centre midwives.

The SARC project, in conjunction with partner agencies, also works to educate the community on accessing services at the Centres on the consequences of sexual assault and on advocacy. IRC conducts regular capacity-building trainings with partner agencies on topics including clinical management of rape and communications skills in working with survivors. SARC's medical, psychosocial and legal services will eventually be transferred to the control of the Sierra Leonean government.

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1. Human Rights Watch (2003) report *We'll Kill You if You Cry: Sexual Violence in the Sierra Leone Conflict* estimates that as many as 257,000 Sierra Leonean women and girls were raped during the civil war. <http://hrw.org/reports/2003/sierraleone/>

Trauma response and prevention: precondition for peace and justice

by Selmin Çalıþkan

Assistance to survivors of sexual violence should always be underpinned by international action and advocacy.

During the war in Bosnia, thousands of women were raped. Medica mondiale was founded in 1993 to respond to their urgent need for protection and support – and now also works with women in Albania, Kosovo, Afghanistan, Liberia, Iraq, India, Sudan, DRC, Uganda, Turkey and Mexico. We provide psychological, psychosocial, therapeutic, legal and medical support for women and girls. We also undertake political lobbying and awareness raising in order to build greater sensitivity within healthcare, social welfare and legal systems and humanitarian agencies. In strongly patriarchal societies we work to counteract the constant devaluation of women.

Survivors of sexual and gender-based violence (SGBV) usually have little opportunity to talk about their experiences. Those who do know what has happened – their families or communities – often react negatively. Even if a survivor is not rejected by her family, she may well receive less food and support than the rest of the family and may not be allowed to visit a doctor. Women who have experienced sexual violence or abuse are at high risk of being re-victimised. Health professionals and others who have direct contact with displaced people must be made aware of these issues and should know how to gather information in a sensitive way, address the needs of sexually traumatised women, document sexual violence and secure more specialised help when needed.

Project staff at Medica Zenica – our Bosnia project – found that many husbands were supportive of their wives who had been raped during wartime because they themselves had survived concentration camps or torture. Knowledge about mass rape during the war was widespread and Muslim religious leaders issued

a *fatwa* that survivors of SGBV were innocent victims who should be fully respected. However, such understanding is lacking when it comes to rape outside wartime. Bosnian rape survivors still struggle to cope with prejudice and a lack of community support. We have worked with Bosnian NGOs to urge the authorities to acknowledge rape survivors as victims of war. As a result Bosnia has become the first post-conflict nation to provide rape survivors with a monthly pension – a potential example for other war-torn societies.

Medica Kosova has had to work within an extremely patriarchal society. Discussion of SGBV that occurred during wartime was completely taboo. Survivors were stigmatised and often excluded by their family and/or community. Staff had to develop special strategies to enable survivors to access the centre. By undertaking awareness raising and advocacy at different levels of society, the project has now been accepted by government authorities – and women suffer less social stigma. As there were no professionals specialised in the field of social, psychological or therapeutic work in Kosovo, Medica Kosova developed a four-year training programme for staff. Ten women have since gained university accreditation in the new profession of ‘psychosocial counsellor for women’.

“I was not afraid of being killed. I was afraid of being raped!”
Kosovan woman raped by
Serb militia men in 1999.

Vital role of International Criminal Court

National and international courts must acknowledge sexual violence

during war and at times of crisis as a grave breach of human rights. States should be encouraged to incorporate International Criminal Court (ICC)¹ provisions into local law in order to increase prosecution rates. Witnesses to sexual violence are often re-traumatised and stigmatised by trauma-insensitive investigation practices.

A Victims Trust Fund² was established by the ICC to channel compensation funds to victims – either directly to individuals or to agencies assisting survivors. The money is either paid directly by the perpetrator or, if the perpetrator lacks funds, from external sources such as government grants. However, women currently receive little from the ICC’s Victims Trust Fund because states are not providing adequate funding.

Will the ICC help transform the legal and cultural acceptance of sexual violence? If its norms become accepted as part of both military and domestic law, sexual violence will no longer be exempt from punishment and, it is hoped, will become less culturally tolerated. The survival of the court is crucial to legitimating norms of gender justice and shifting both blame and shame from victim to perpetrator. This requires committed, knowledgeable and sensitised judicial personnel as well as persistent civil society engagement. Women’s NGOs must remain vigilant, supporting efforts to ensure sexual violence is no longer exempt from punishment, empowering women to reject the socially-imposed role of shamed victim and enabling women to obtain redress and to participate fully in peacebuilding.

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1 www.icc-cpi.int

2 www.icc-cpi.int/vtf.html

Time to end violence against Palestinian women and girls

by the FMR editors

Domestic violence is an all too common response to the pressures of life in crowded refugee camps and communities living under occupation. The Palestinian Authority (PA) has failed to establish a framework to respond to violence against women and girls.

A report from Human Rights Watch (HRW) has documented how cases of violence ranging from spousal and child abuse to rape, incest and murders committed under the guise of family 'honour' often go unreported and unpunished. Discriminatory criminal legislation in force in the West Bank and Gaza has led to virtual impunity for perpetrators of sexual violence and has deterred victims from reporting abuse. These laws include provisions that: reduce penalties for men who kill or attack female relatives who commit adultery; allow rapists who agree to marry their victims to escape criminal prosecution; and allow only male relatives to file incest charges on behalf of minors.

With some exceptions, Palestinian police lack the expertise and the will to address violence against women in a manner that is effective, sensitive to the needs of the victim and respectful of their privacy. As a result, police officers often turn to informal measures rather than serious investigations. When questioned, many were unapologetic about their efforts to encourage marriage – sometimes with the assistance of influential clan leaders – between a rapist and his victim. They see intervention as a means of 'solving' these cases. In addition, police often force women to return to their families even when there is a substantial threat of further harm.

"PA officials across the political spectrum appear to view security only within the context of the ongoing conflict and occupation, all but ignoring the very real security threats that women and girls face at home."
Farida Deif, Women's Rights Division, HRW

The absence of medical guidelines for doctors also seriously affects the quality of treatment afforded to female victims of violence. The health care system is typically the first and sometimes the only government institution that victims of abuse come into contact with, yet doctors are ill-equipped to deal with such cases. The Ministry of Health has no medical procedures or protocols to guide medical professionals or ministry staff in their treatment of domestic violence cases. Doctors lack specialised training and guidance on how to treat women victims of violence, preserve evidence of the abuse and maintain confidentiality.

While the availability of shelters has increased in the West Bank, Israeli-imposed movement restrictions within and between the West Bank and Gaza make it impossible for some victims of violence to reach them. At times the lack of shelters and socially acceptable living arrangements for single women has forced Palestinian women's organisations and the police to house victims in police stations, governors' offices, private homes, schools and orphanages.

Israeli actions – including attacks on PA institutions and security services and Israel's refusal to remit tax revenues – have significantly weakened PA capabilities but, argues HRW, this is no excuse for inaction. HRW calls on the PA to establish guidelines for responding to family violence in line with international standards and to train government employees to recognise and respond appropriately to the needs of gender-based violence (GBV) survivors. The PA should enact a specific law criminalising domestic violence

and repeal discriminatory laws that hinder efforts to tackle GBV.

The PA urgently needs to adopt a zero-tolerance policy for all forms of violence against women and girls. Failing to offer women and all members of Palestinian society the highest protection of the law will only further erode faith in the Palestinian criminal justice system.

A Question of Security: Violence Against Palestinian Women and Girls is available at <http://hrw.org/reports/2006/opt1106>

Sameera, her three daughters and husband, Adel, live in dire circumstances in Gaza's Al-Bureij refugee camp. For years Sameera was regularly beaten, Adel accusing her of having a genetic defect since she had not given birth to a boy. Fearing Adel's wrath, Sameera's first visits to the UNFPA-supported Al-Bureij Women's Centre were veiled in secrecy. Centre staff provided Sameera with psychosocial counselling and medical support that nurtured her back to health. She learned about reproductive health and rights and how to care for her daughters. Counsellors in the centre's Male Intervention Unit succeeded in getting Adel involved in their 'man-to-man' programme and, later, in group counselling. Adel's attitude to his family has been transformed. Sameera and Adel credit the centre with changing their lives and are encouraging other couples to learn about building non-violent partnerships and to take advantage of the ante- and post-natal care, family planning, legal and psychosocial counselling, health education, physiotherapy, exercise classes and lab services the centre provides.

For more information about the Bureij Women's Health Centre contact the director, Feryal Thabet (whc_cfa@hotmail.com) or see UNFPA News www.unfpa.org/news/news.cfm?ID=676

Involving men on the Thai-Burma border

by Melissa Alvarado and Benny Paul

Programmes to address gender-based violence (GBV) must address and include all members of the community, including men. Implementing these initiatives, however, is an enormous challenge.

It has long been recognised that to fully address the issue of GBV, both prevention and response activities must be in place. What has only more recently been acknowledged is that active male engagement is fundamental to successful GBV prevention activities. Men can play a significant role in helping to end GBV in their various roles as brothers, fathers, husbands, friends and community leaders. As the majority of perpetrators of GBV are men, it is important for men to reflect on attitudes towards gender and violence that disproportionately affect women and girls. Unfortunately, there have been few efforts to involve men in addressing GBV in conflict-affected settings.

Since 1992, the International Rescue Committee (IRC) has been providing health, nutrition and sanitation assistance in two refugee camps along the Thai-Burma border in Mae Hong Son Province, Thailand. Responding to high incidences of domestic violence and several high-profile sexual assault cases, in 2004 IRC began a GBV programme which includes a 'men involved in peace-building' (MIP) component. The MIP project has not been without difficulties. Changing men's attitudes towards gender is a formidable task in any setting; in the context of closed refugee camps, the challenge is all the more significant. The MIP programme requires a steady, long-term and flexible approach.

Initial results and reactions

The MIP project began with a series of focus group discussions with married and unmarried men to discuss their attitudes and beliefs about gender roles, GBV and violence in the community. These first sessions seemed to catch men off guard. Many

it became clear that some staff members were themselves beating their wives. Clearly, the selection and supervision of staff had to be re-evaluated. The programme recruited new male staff members with a clear commitment to the work, and developed written agreements on non-violent behaviour and a code of conduct for staff members.

The men insisted that they too have suffered loss of self-esteem and power and questioned why the GBV programme only focused on

women's issues and women's rights. The MIP project has helped to highlight the issues of disempowerment that men feel and has enabled dialogue about their role in relationships and family life and in resolving community problems. The frustrations of men in these refugee communities must be understood to fully address the causes and contributing factors to GBV. The project tries

to identify areas of strength where men can and want to get involved.

While it is important to acknowledge the validity of the issues faced by men, their concerns also reveal misconceptions about GBV (for example, that a wife's complaints are a form of violence against them). The GBV programme as a whole, including the MIP project, has needed to clarify the definition and meaning of GBV. The patterns, causes and consequences of GBV have an enormous impact on the refugee community and cannot be easily equated with the loss of rights that men feel. The programme strives to improve understanding of the issue and develop concern for the terror of personal violence, experienced primarily by women, while



Andrew Levack/EngenderHealth

Young Burmese men, Mount Popa, Burma/Myanmar

claimed that it was the first time they had been asked to reflect on these issues. The initial results from the focus groups indicated a very male-dominated social structure strongly influenced by militarisation, and attitudes that condoned violence as an appropriate means of conflict resolution. While violence against women was an acknowledged, documented problem in the camps, it was not accepted as a community problem by many men. When the results of the focus group discussion were made public, some men reacted defensively, claiming they were unfairly being blamed for violence.

Male camp-based staff were hired to facilitate further activities with men but their commitment was half-hearted. To make matters worse,



In November 2006 in Ban Mae Nai Soi camp for Burmese refugees, Thai government officials open the first Legal Assistance Centre in a refugee camp anywhere in the world.

to document their stories and experiences; training peer educators to work with adolescent boys; training community, school and religious leaders; and developing a mass media campaign. The MIP project will also collaborate more closely with other community organisations to raise awareness and create a shift in social attitudes. MIP also plans to work with the local women's organisation in the camps to train peer educators

and to broaden awareness about the connections between drug and alcohol use and violence.

recognising that men have a critical role to play in addressing violence.

Lessons learned

Since its beginning, the MIP programme has met significant challenges – challenges that have enabled us to learn important lessons about gender dynamics in refugee camp settings. The MIP project has had to keep pace with the community's readiness to address issues surrounding GBV. Men in particular need to be afforded significant time and space to reflect and internalise new concepts related to gender roles and violence.

MIP has identified and support key individuals in the community – men and women – who understand GBV and either directly or indirectly support the programme. Over time, many men have expressed the desire to be involved in community change projects and to become more knowledgeable about issues such as GBV in order to be active in finding solutions. Many people, including many male leaders, now openly recognise that they do not have the skills to deal with problems related to GBV and need assistance. A number of recent GBV-triggered suicide attempts have underscored the need for an appropriate understanding of GBV dynamics by the entire community. Other lessons learned include:

- n Male beliefs condoning GBV must be addressed in order to effectively implement community-based GBV programmes.
- n GBV must be presented from the outset as a community-wide issue, not merely as a women's issue.
- n Programmes should focus on the positive potential of all men to be partners in prevention.
- n Time, pragmatism and sustained funding are needed to achieve change.
- n Careful screening and selection of staff are critical. Expectations about behaviour outside of work-related activities must be clear.
- n Training must be context-relevant: where there are no local words for the idea of gender, staff and translators must find vocabulary to describe the different social roles and expectations of men and women.

In light of the lessons learned, the MIP project recently reviewed its strategy and goals in order to meet the challenges ahead. Married men and adolescents are now prioritised as target stakeholders. In the next year, MIP activities will focus on capacity building for male leaders and reaching the broader male community. These include: identifying male role models

Challenges ahead

There are competing priorities in this community. Ongoing conflict across the border and continued displacement are constant preoccupations. Ensuring that GBV is taken seriously requires constant re-evaluation of programming methods and strategies. Redefining masculinity in a closed camp environment is especially difficult. In this militarised, inward-looking community there are few male role models to promote non-violent solutions to problems. It will take much time and effort to identify men who have the capacity to effectuate changes in attitudes. Encouragingly, the GBV programme has received feedback that gender roles and relationships have very clearly become a new topic of discussion and debate in camp. Slowly but surely the community is beginning to openly discuss the hitherto silent epidemic.

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Demobilisation of female ex-combatants in Colombia

by Gunhild Schwitalla and Luisa Maria Dietrich

Among the millions of Colombian IDPs one group is particularly invisible – women and girls associated with illegal armed groups. The current demobilisation process does not adequately address the consequences of the sexual violence they have suffered before, during and after conflict.

For several decades Colombia has been fought over by legal and illegal armed actors – the Colombian armed forces, right-wing paramilitaries and left-wing guerrillas. Negotiations between the Colombian government and the right-wing Autodefensas Unidas de Colombia – a federation of right-wing paramilitary groups – resulted in July 2005 in congressional approval of the Justice and Peace Law. A cornerstone of President Álvaro Uribe's policies, it offers rank-and-file combatants a comprehensive reintegration package. Leaders alleged to have committed serious crimes are expected to stand trial at special courts, with the promise of receiving drastically reduced sentences in exchange for full disclosure of their crimes.

Colombia's disarmament, demobilisation and reintegration (DDR) process has involved both 'collective' demobilisation – the result of official negotiations with paramilitary groups – and 'individual' demobilisation whereby men, women and children voluntarily return to civilian life. It is estimated that nearly 41,000 men, women and children have been demobilised – some 31,000 'collectively' (6% of whom are female). A further ten thousand are thought to have done so under the individual demobilisation scheme (of whom 14% are women). Girls comprise about a quarter of demobilised children.

Female invisibility

Colombian women and girls have been – and remain – invisible. In a patriarchal society their role as instigators of conflict, perpetrators of violence, victims of conflict and eligible for demobilisation and reincorporation processes has received little attention from policymakers or the media.

It is important to acknowledge the many reasons why women and girls have joined armed groups – to escape from domestic violence (including sexual abuse), to take revenge, to join a partner or because of lack of future opportunities. Some have also been recruited by force. Interviews with demobilised women have revealed that many suffered from previous sexual abuse – from fathers, brothers and other relatives – from early childhood.

Colombia's conflict is ongoing and fuelling a massive movement of rural populations to urban areas. Demobilised females are doubly disadvantaged. They have transgressed traditional gender norms and for most the prospect of return to their families is out of the question. Many also live in well-founded fear of reprisals from members of their former armed groups who regard them as traitors. Official data indicate that demobilised women were born in all but one of Colombia's 32 departments but 85% of those who individually chose to leave armed groups are now reported to live in Bogotá and Medellín, anonymous urban environments which offer them some small degree of security.

Many ex-combatant women and girls have suffered sexual violence during time spent within illegal armed groups. Rape, forced contraception, forced abortion, forced sterilisation, sexual slavery and forced prostitution have been commonplace. Colombian law designating fourteen as the age of consent was regularly violated. There have been reported cases of gang rape as a form of punishment meted out to those who disobeyed commanders. Some women preferred to submit to abuse by a commander in order to reduce the risk of attack from other male combatants.

Challenges for reintegration

It is crucial to break away from a simplistic view of perpetrators and victims, for some women have been both. Policymakers must recognise that many of the women and girls who participated actively in the conflict have also been victims of sexual violence.

Colombian public opinion is strongly in favour of peace, justice, acknowledgement of human rights abuses and reparations. Nearly 90% of those interviewed in a recent report by the International Centre for Transitional Justice¹ believe that the victims of violations have a right to receive reparations from the perpetrators and their leaders. Nearly 70% believe the government is also partially responsible for providing reparations.

Lessons learned from past reintegration exercises and their capacity to address the needs of former women combatants must be systematised and analysed from a gender perspective. Such analysis is essential for informing future reintegration efforts, bearing in mind the high number of female combatants in the two main leftist guerrilla forces.² If the Colombian DDR process is to become inclusive it will be necessary to:

- n ensure a holistic gender-focused approach encompassing all forms of discrimination and violence against women – and not only sexual violence
- n publicly acknowledge the scale of sexual violence against women and girls during conflict and do more to bring perpetrators to justice
- n ensure that the specific sexual and reproductive needs of women and girls are acknowledged and met
- n provide psychological assistance and help to rebuild self-esteem
- n raise awareness within society of the needs of demobilised women and girls, currently shunned by their families and communities
- n understand why so few abused women and girls denounce their

attackers: their silence should not be interpreted as evidence of absence of sexual violence

- n ensure that reintegration programmes include provision for raising awareness of sexually transmitted infections, HIV testing and provision of appropriate medical care and drugs

- n support women and girls who have given birth as a result of sexual violence during their time with armed groups: it must be recognised they are very likely to have ambiguous feelings towards their babies.

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1. www.ictj.org/en/news/press/release/1094.html
2. ELN (Ejército de Liberación Nacional) and the FARC (Fuerzas Armadas Revolucionarias de Colombia).

Justice for survivors in Peru

by Flor de María Valdez-Arroyo

Peru has taken steps to assist women survivors of sexual violence during armed conflict in their quest for justice and redress but lack of a gender and cultural perspective in establishing appropriate mechanisms jeopardises the process.

Manta is an isolated rural community in Huancavelica, a poor Andean region of Peru. According to the Peruvian Truth and Reconciliation Commission (CVR) Final Report,¹ Manta endured systematic sexual violence during the 1980-2000 insurgency led by Sendero Luminoso (a Maoist guerrilla movement) and the Tupac Amaru Revolutionary Movement. The main victims were poorly-educated women and young girls from highland peasant communities, speakers of Quechua or other indigenous languages who have been traditionally marginalised by both the state and civil society. Manta had a military base throughout the conflict. According to the CVR, the majority of sexual violence crimes were committed by members of the armed forces – whose role it was to protect the civil population. Crimes were often perpetrated during army raids on the houses of suspected subversives and when women came to the base seeking information about detained relatives.

Most of the women remain silent about the sexual violence suffered – because of shame or fear of their family's and/or partner's reactions. The community collectively denies the existence of widespread sexual violence and insists that most sexual contact between women and the military was consensual. They refuse to acknowledge the conclusions of the CVR because they do not want to be known as the 'village of the raped'. Women who seek justice may be accused of

lying in order to obtain compensation or welfare benefits. So intense is social pressure that at one stage only women who had been displaced by the conflict or who had voluntarily moved out from the community were able to speak out and seek justice.

If there is impunity in conflict and post-conflict contexts, crimes of sexual violence against women will recur. The CVR's Final Report was meant to start a process of legal redress and reparation for all victims of violations of human rights, including those of sexual violence within the internal armed conflict in Peru. It proposed a reparations plan to the Peruvian parliament and proposed cases – including Manta – for judicial prosecution.

However, three years after submission of the report, little has been done. The main obstacle to justice for the women of Manta is the failure of the Peruvian criminal code to define sexual violence during conflict as a crime against humanity. Sexual violence can thus only be prosecuted as straightforward rape, rather than as a weapon of war and options for punishment are less severe and subject to statutes of limitation. Peruvian judges and prosecutors are reluctant to apply international customary law to fill this legal void. After all these years and despite all the evidence submitted, no judicial process has been started in Manta.

In 2006 the Peruvian Congress passed a law to implement a reparation plan for all victims of the armed conflict. However, only women survivors of rape are eligible for legal redress. No other forms of sexual violence – such as the sexual slavery, enforced prostitution, forced nudity and forced abortions suffered by many women in Manta – will be considered. Women who were linked to the insurgents are expressly excluded. Sexual violence was part of the strategy used by all protagonists towards women. While the army used humiliation and torture, the insurgents controlled women and used them as combatants, housekeepers and sexual partners for their leaders. A further defect is that all survivors must be included in an official victims register. There is no provision, however, to ensure that their testimonies will be registered with sensitivity and confidentiality. Inclusion on the registry is also dependent on having ID documents such as birth certificates which most rural survivors, especially indigenous women, cannot provide.

Without clearer guidelines and greater political will, survivors of sexual violence in Peru will continue to lose out in the search for justice and reparation.

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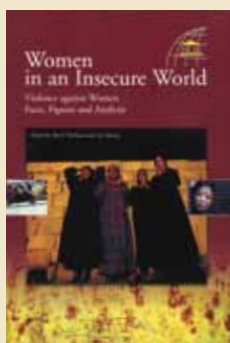
A longer version of this article is available at <http://terra.ezo.net/article486.html>

1. Comisión de la Verdad y Reconciliación www.cverdad.org.pe

Resources

Women in an Insecure World: Violence against Women – Facts, Figures and Analysis

Geneva Centre for the Democratic Control of Armed Forces (DCAF). ISBN 92-9222-028-4. 335pp. 2005.



Contributions from over 60 authors highlight the active role women can play in peacemaking and post-conflict reconstruction. The book provides analytical data and statistics, legal documents and policy recommendations complemented by feature stories and illustrations. €22. Available from DCAF, Rue de Chantepoulet 11, Case postale 1360, 1211 Geneva 1, Switzerland. Executive Summary online at www.dcaf.ch/women/bk_vlachova_biason_women.cfm. For more information email: k.grimm@dcaf.ch

Broken bodies, broken dreams: violence against women exposed

ISBN 9966-7108-0-9. 250pp. www.irinnews.org/broken-bodies/default.asp



Published by the Integrated Regional Information Networks (IRIN), Broken Bodies offers a powerful testimony of the different types of gender-based violence experienced by women and girls worldwide throughout their lives, through the use of photographs, individual case studies and illustrative text. \$30, including training CD. For more information email: brokenbodies@irinnews.org

Clinical management of survivors of rape: developing protocols for use with refugees and internally displaced persons

www.who.int/reproductive-health/publications/clinical_mngt_survivors_of_rape

Jointly developed by the World Health Organisation, UNFPA, UNHCR and the International Committee of the Red Cross, the guide has been field tested by a range of humanitarian agencies. Intended for use by qualified healthcare providers, it includes detailed guidance on the clinical management of women, men and children who have been raped. UNHCR and UNFPA have trained over 300 medical staff working in GBV programmes in some 20 countries with refugee or other emergency situations on the application of this guidance. Workshops are ongoing and the training modules are available to the people who have been trained, so that they can conduct their own workshop for their colleagues. For more information, contact Wilma Doedens, Humanitarian Response Unit, UNFPA. doedens@unfpa.org

Guidelines for Gender-based Violence Interventions in Humanitarian Emergencies: Focusing on Prevention and Response to Sexual Violence IASC (see p29).

www.humanitarianinfo.org/iasc/gender

Gender and Armed Conflict Overview Report by Amani El Jack. BRIDGE. 2003.

www.bridge.ids.ac.uk/reports/CEP-Conflict-Report.pdf?bcsi_scan_A8AA4F79F19141A2=0&bcsi_scan_filename=CEP-Conflict-Report.pdf

Supporting Resources Collection by Emma Bell with Lata Narayanaswamy. BRIDGE 2003.

www.bridge.ids.ac.uk/reports/CEP-Conflict-SRC.pdf

Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations

Reproductive Health for Refugees Consortium, 2002.

www.rhrc.org/pdf/gbv_vann.pdf

Gender-based Violence Tools Manual for Assessment & Program Design, Monitoring & Evaluation in conflict-affected settings Reproductive Health for Refugees Consortium, 2004.

www.womenscommission.org/reports/gbv_tools.shtml

A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers UNFPA, 2001.

www.unfpa.org/upload/lib_pub_file/99_filename_genderbased.pdf

Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response UNHCR, 2003.

www.womenwarpeace.org/issues/violence/GBV_nairobi/PR_UNHCRguide.pdf

Training of Trainers: Gender-based Violence Focusing on Sexual Exploitation and Abuse UNICEF, 2002.

www.reliefweb.int/library/documents/2003/unicef-tot-25sep.pdf

The UN Secretary-General's Study on Violence against Children 2006

www.violencestudy.org/r25

The UN Secretary-General's In-depth Study on Violence against Women 2006

<http://daccessdds.un.org/doc/UNDOC/GEN/N06/419/74/PDF/N0641974.pdf?OpenElement>

Women are the Fabric: Reproductive Health for Communities in Crisis

UNFPA, 2006.

www.unfpa.org/upload/lib_pub_file/645_filename_Women%20are%20the%20Fabric_English.pdf

Women, Girls, Boys and Men, Different Needs – Equal Opportunities: a Gender Handbook for Humanitarian Action IASC, 2006.

www.humanitarianinfo.org/iasc/content/documents/default.asp?docID=1948&publish=0

Women, War, Peace: The Independent Experts' Assessment on the Impact of Armed Conflict on Women and Women's Role in Peace-Building by Elisabeth Rehn and Ellen Johnson Sirleaf. 2002. (See page 33 for details.)

www.unifem.org/resources/item_detail.php?ProductID=17

A more detailed listing of resources on sexual violence is online at:
www.forcedmigration.org/browse/thematic/sexualviolence.htm

Iraq's neglected humanitarian crisis

by Andrew Harper

Over three million Iraqis are currently internally displaced or have left Iraq, with possibly one million of these having been displaced since the February 2006 Samarra bombings. Refugees, IDPs and host communities have exhausted their resources. Donors are unresponsive to their needs and governments oblivious to the likely secondary displacement to Europe and further afield.

Iraq is haemorrhaging, with no end in sight to the massive and escalating displacement in the face of extreme violence. The security, political, social and financial impact on Iraq, the region and the rest of the world will be felt for many years. Addressing the Iraqi displacement is a massive and long-term challenge to the stability of the entire Middle East.

We are witnessing the largest long-term population movement in the Middle East since Palestinians were displaced following the creation of the state of Israel in 1948. Around one in eight Iraqis is displaced. The international community has provided billions of dollars in funding for recovery and development programmes for Iraq¹ – many of which have not been implemented because of security concerns – yet humanitarian needs inside Iraq and in neighbouring states remain grossly neglected. UNHCR and other humanitarian agencies lack the funds required to cope with the growing numbers of displaced and increasingly desperate Iraqis needing help both within and outside their country.

Obtaining accurate IDP and refugee statistics is fraught with difficulty due to the politicised nature of displacement. Often IDPs see little reason to register. Reporting is often erratic and confined to areas under

Many were displaced prior to 2003 but increasing numbers are fleeing now. UNHCR believes that some 425,000 Iraqis have fled their homes for other areas inside Iraq this year and that internal displacement is continuing at a rate of some 40,000 to 50,000 a month. A recent report from the Brookings-Bern Project on Internal Displacement² chronicles the sharp rise in displacement since the bombing of the Shi'a shrine in Samarra's Golden Mosque in February 2006. Ongoing sectarian attacks, abductions, kidnappings, killings and criminal extortion are

transforming the social and demographic make-up of urban Iraq, fragmenting the country along religious and ethnic lines. The violence is now reminiscent of the dynamics of sectarian violence and ethnic cleansing in the former Yugoslavia, the Great Lakes, the Caucasus, Sudan and other great human rights disasters of the past 15 years.

Baghdad is breaking up into militia-controlled neighbourhoods.

The worst slaughter is happening in the towns on the outskirts of Baghdad where Sunnis and Shi'as live side by side. Displaced Sunni Arabs from Shi'a majority areas are the IDP group that has grown most dramatically in 2006. Shi'a from majority Sunni areas have been under pressure since before the fall of Saddam's regime. In addition there are members of religious and ethnic minority groups who are specifically targeted. These include:

An Iraqi refugee woman speaks to her son living in Baghdad from her temporary quarters in Amman, December 2006.



government control. Sectarian, ethnic and tribal groups may overstate numbers to strengthen their claims to power and resources. As neighbouring governments attempt to restrict escape routes, it is hard to quantify the numbers leaving Iraq.

Scale of internal displacement

UNHCR estimates there are at least 1.6 million Iraqis displaced internally.

Assyrians, Chaldean, Armenian and Catholic sects; Palestinians; Sabeen Mandean; Turkmen; Kurds; Yazidis, Jews and other minorities. Christians and Kurds are often being targeted on suspicion of supporting the government. Individuals who had been members of or associates of the former Ba'ath regime are subject to attacks by Shi'ite extremists. Both Sunni and Shi'a have little confidence in the government's ability to protect them and voices of moderation are lacking. Most of those displaced have little expectation of being able to return home. Brookings-Bern research suggests hundreds of thousands more are teetering on the edge of displacement in Baghdad and Basra and mixed Sunni-Shi'a areas. Violence along the fault line between Arab and Kurdish Iraq, such as in Mosul or in the oil-rich and strategically important region of Kirkuk, is likely to worsen and cause even greater displacement.

Women are particularly affected by security-driven constraints restricting movement, education and livelihood activities. Women are increasingly pressurised to conform to fundamentalist religious norms of dress and conduct. They are vulnerable to sexual and gender-based violence (SGBV) from militias, Islamic extremists and opportunistic criminals.

WFP estimates that at least 4 million Iraqis are food insecure with another 8.3 million dependent on the official state food distribution system for basic supplies. If the food and water supply systems break down we can expect hundreds of thousands more to be displaced. Increased targeting of teachers, professors and students, particularly in Baghdad and Mosul, has been the trigger for many families to move. In several governorates the resources of host communities have been exhausted. Disturbingly, the Governorate of Karbala recently stopped accepting new IDPs due to the strains they place on existing infrastructure and social services.

Iraqis abroad

UNHCR estimates that there are some two million Iraqis in neighbouring states. There may be between 650,000 to a million displaced Iraqis in both Syria and Jordan, with lesser numbers in Egypt, Lebanon and Iran. UNHCR believes that up to 2-3,000 leave Iraq each day, the vast majority to Syria but also to Jordan, Turkey and the Gulf States. Iraqis are reporting that it is increasingly difficult to

that situation has changed and many refugees are no longer able to look after themselves. Their legal situation is ambiguous. They have access to Syrian public schools and healthcare but have to travel out of the country every six months to renew their visas. They cannot hold work permits. Most Iraqi professionals – including doctors, university professors and businessmen – found it relatively easy to obtain Jordanian residency permits. However, hundreds of thousands of other Iraqis have only been given three-month tourist visas which have to be renewed by exiting and re-entering the country or else paying a fine of \$2 for each day overstayed. Most lack funds to do so and it is believed there are now more than 400,000 illegal Iraqis living in Jordan. Iraqis are mostly found in the highly populated cities of Amman, Zarqa and Irbid. Many Iraqis apparently fear sending their children to be vaccinated at government-run health centres or attend public schools lest they be identified as illegal residents and deported. More worrying are reports that many vulnerable Iraqis who have been the subject of assault, sexual abuse or robbery are unwilling to report these incidents.

UNHCR and other UN agencies are concerned about the increasing credible reports of vulnerable Iraqi women and girls being trafficked into

the sex trade, particularly in Syria and a number of the Gulf States. For some households this is their sole source of income. The Women's Freedom NGO estimates that nearly 3,500 Iraqi women have gone missing since the US-led occupation of Iraq began in 2003. It estimates that a quarter have been trafficked abroad since the start of 2006, many unaware of their fate. UNHCR offices have activities to provide protection and support to survivors of SGBV – including an increasing number of women and children suffering from domestic violence – but funding for many programmes has been cut. In at least one country UNHCR can only afford to place survivors of



UNHCR/P. Sands

enter Jordan and on a number of occasions the border has been closed. Should the borders be closed then the international community may be faced with a potential humanitarian catastrophe in attempting to provide emergency assistance to tens of thousands in an insecure, hostile and remote location. Unfortunately, due to the lack of practical protection or assistance that UNHCR can offer in the region, most Iraqis do not register with the agency when they do enter neighbouring states.

When Iraqis first arrived in Damascus and Amman most brought resources with them and many were not in need of assistance. Several years on,

An Iraqi woman sells cigarettes on a central Amman street to make ends meet. December 2006.

SGBV in a 'safe house' for three days before they are required to look for alternative accommodation – which, in most cases, means going back to the perpetrators of the violence.

The situation of Palestinian refugees inside Iraq and in neighbouring countries is particularly desperate. Many of the 34,000-strong Palestinian community in Iraq who had been living in the country since 1948 and have known no other home are believed to have fled Iraq. Stereotyped as supporters of Saddam Hussein, and prime candidates for the insurgency, many today face harassment, threats of deportation, media scapegoating, arbitrary detention, torture and murder.³ Despite the difficulties in leaving Iraq UNHCR believes that the Palestinian population in Iraq may have decreased to 10-15,000. Some Palestinians trapped in the no-man's land between Iraq and Jordan are facing their fourth winter in the scorpion-infested desert site. The level of despair is acute. Some have harmed themselves and gone on hunger strike. It is critical that neighbouring states and resettlement countries provide an urgent, humane solution for those Palestinians remaining in Iraq or trapped at its borders before more are kidnapped, raped or killed.

Thousands of Iraqi refugees are now moving beyond the region, including to Europe. Statistics received from 36 industrialised countries for the first six months of 2006 showed a 50% increase in Iraqi asylum claims over the same period a year ago. Sweden, the UK, France, Egypt and Malaysia are among countries reporting up to a five-fold increase in the number of Iraqi asylum seekers compared to 2005 levels.

Funding crisis

Displacement and ongoing violence present a daunting humanitarian challenge and extreme hardship for both the displaced and the Iraqi families trying to help them in host communities. The enormous scale of the needs, the ongoing violence and the difficulties in reaching the displaced make it a problem that is practically beyond the capacity of humanitarian agencies, including UNHCR.

UNHCR is now facing a far larger humanitarian crisis than we initially prepared for in 2002-2003 but with far fewer resources. Prior to the Coalition invasion we prepared a budget of \$154 million to respond to a possible exodus of up to 600,000 refugees. Since then, donations to UNHCR's Iraq programme have plummeted despite the ever-increasing numbers of displaced people.

The international community remains fixated on the unquenchable violence and sterile debates about whether Iraq fits the definition of a 'civil war'. This diverts attention from the consequences and humanitarian impact of this tragic chapter in Iraq's history. Rather than focusing on the daily indicator of numbers killed, we need to look at what each death means to the remaining family members or to the minority communities from which they originated. How many single mothers have been left behind? How many orphans? How many wounded, sick or elderly are now completely destitute? Whether the number killed since 2003 is merely 50,000, or the 655,000 cited in a recent *Lancet*/John Hopkins University report,⁴ it is still a catastrophic situation.

Much of our work in the three years since the fall of the previous regime was based on the assumption that the domestic situation would stabilise and hundreds of thousands of previously displaced Iraqis would be able to go home. Instead, displacement has risen to unprecedented levels. Today, we are faced by the needs of hundreds of thousands more displaced people than we planned for in 2002-2003 but only have a \$29 million budget that is only about 60% funded. We are suspending a number of crucial activities for single mothers and elderly Iraqi refugees. The UNHCR Damascus office requested an overall 2006 budget of \$1.3m but got only \$700,000. This amounts to less than \$1 per Iraqi refugee per year, not including the agency's operating costs and its expenditure on non-Iraqi refugees.

Iraq has seen the largest and most recent displacement of any UNHCR operation in the world, yet even as more Iraqis are displaced and their needs increase the funds to

help them are decreasing. This growing humanitarian crisis appears to have slipped off the radar screen of most donors.

The co-chair of the Iraq Study Group⁵ – the bi-partisan expert group set up by the US Congress to consider options for US Iraq policy – noted that the cost of the US intervention has reached \$400 billion and that the total price tag could rise to a trillion dollars. A tiny fraction of this sum would enable states neighbouring Iraq to keep their borders open and to maintain the generous hospitality and temporary protection they have offered. Countries beyond the immediate region must help carry the humanitarian burden and prevent the creation of a new long-term displaced population which could, if unchecked, parallel the Palestinian diaspora. In responding to the Iraqi displacement crisis the international community needs to also recognise the continuing anxiety and focus of the Arab world with regard to the millions of Palestinians whom they continue to accommodate. The situation in Iraq is getting worse and there is no prospect for IDPs or refugees to return. The time to do something is now. UNHCR needs donor countries to extend their funding of the Iraq regional programme to an initial budget of \$38.5m for 2007. Even if that figure is achieved it may be too little too late to help rebuild the lives of many Iraqis.

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This article is written in a personal capacity, and does not necessarily represent the views of the United Nations.

A longer version of this article is online at: www.fmreview.org/pdf/harper.pdf

1. The USA reports it has provided over \$5bn of humanitarian assistance to Iraq, including tens of millions of dollars to IDP programmes. USAID Iraq. 'Success Stories' November 2006 www.usaid.gov/iraq/updates/nov06/iraq_fs01_110106.pdf
2. www.brook.edu/fp/projects/idp/20061018_DisplacementinIraq_Khalidi-Tanner.pdf
3. See G Wengert and M Alfaro 'Can Palestinian refugees in Iraq find protection?', FMR26 www.fmreview.org/FMRpdfs/FMR26/FMR2609.pdf
4. www.thelancet.com/webfiles/images/journals/lancet/s0140673606694919.pdf
5. www.usip.org/isg

IDPs from Kosovo still awaiting durable solutions

by Anika Krstic

As the Balkans anxiously await delayed UN recommendations on the final status of the Serbian province of Kosovo, displaced persons from Kosovo remain torn between uncertain return prospects and denial of local integration.

Seven years have passed since NATO forced Serbian security forces to withdraw from Kosovo, Kosovo Albanian refugees returned home and around 250,000 people – mostly but not exclusively Serbs – were displaced into Serbia proper. UN proposals for the future status of the province are now expected after Serbia's parliamentary elections on 21 January 2007.

"The majority of the IDPs and refugees who fled the Kosovo province of Serbia and Montenegro after the ousting of the Yugoslav army and the return of the ethnic Albanian majority in mid 1999 are still in their places of displacement and the situation of the minorities remaining in Kosovo is still precarious ... there is still some 'unfinished business' in the Western Balkans." UNHCR, November 2006¹

IDP children
in a camp near
Belgrade.

According to UNHCR, there are 207,069 displaced persons from Kosovo in Serbia, 16,284 in Montenegro and 22,000 within Kosovo.² The great majority are Serbs but they also include Roma, Egyptians,³ Ashkali,⁴ Gorani,⁵ Bosniaks, Turks and other smaller groups. They mainly reside in private accommodation, with extended family or friends, while a smaller percentage remain in recognised and unrecognised collective centres. Almost all have to fend for themselves, due to the limited and sometimes erratic assistance provided by the Serbian government and aid agencies. Poverty among IDPs is widespread and their living conditions are generally poor or substandard. There is substantial diversity within the IDP community, depending on their place of origin

in Kosovo and whether they come from urban or rural areas. Forced to be proactive, they have established associations advocating for return to their communities of origin, engaging in inter-ethnic dialogue and liaising with major stakeholders and agencies.

In Serbia, IDPs have the right to social services and healthcare, education, employment, housing, justice and freedom of movement. However, they face serious problems in realising their rights as a result of overly bureaucratic procedures and/or discrimination. Many Albanian-speaking Roma children living in central and northern Serbia are out of school due to the absence of Albanian-medium education.

Many elderly IDPs have not received their full pension entitlements for many years. Large numbers of IDPs lack personal documentation, without which it may be impossible to establish entitlement to benefits and services. Lack of ID also severely restricts the ability of IDPs to find secure jobs and decent accommodation. In some cases, especially in Roma communities, IDPs are unable to obtain a citizenship certificate, rendering them practically stateless within their own country.⁶ The Serbian Commissariat for Refugees – the state agency charged with issuing the cards required to access collective

accommodation and aid programmes – requires IDPs to renew their cards every three months. This greatly curtails their freedom of movement.

After seven years of administering the province, the United Nations Mission in Kosovo (UNMIK)⁷ has signally failed to rebuild a multi-ethnic Kosovo. Ethnic communities have been drawn even further apart. An outbreak of ethnic violence in March 2004 newly displaced some 4,200 people – most of them Serbs but also Roma and Ashkali – and effectively put a halt to the return momentum which had slowly built up in previous years. The clashes marked a step further in the separation of communities and resulted in a serious loss of confidence in the capacity of local authorities and the international community to rebuild a multi-ethnic Kosovo. According to UNHCR "members of ethnic minorities continue to suffer from



'low-scale' ethnically motivated security incidents such as physical and verbal assaults/threats, arson, stoning, intimidation, harassment, looting, and 'high-scale' incidents such as shootings and murders.'⁸

UNHCR reports that 12,700 persons from minority groups have so far returned to Kosovo (6,000 Serbs, 3,300 Egyptians, 1,400 Roma and 1,150 Bosniaks). IDPs from Serbia mostly return to rural areas where they constitute a majority. Urban returns are still lagging hugely behind. The small number of returns is mainly due to the poor security situation (where violent attacks on returnees are commonplace), lack of freedom of movement, bleak economic prospects and the uncertain future status of Kosovo. Displaced people are routinely prevented from recovering their homes or agricultural land, receiving compensation for destroyed property or receiving rent from properties.

In June 2006 a protocol on voluntary and sustainable return was signed between UNMIK, the provisional self-government of Kosovo and the government of Serbia to establish preconditions for sustainable and voluntary return of IDPs to Kosovo.⁹ This document could pave the way for belated reversal of conflict-related population movements but much will depend on its implementation. Much

more needs to be done to establish a secure environment for sustainable return, to guarantee returnees access to services and to promote reintegration. Ethnically-based crimes and incidents must be investigated and avenues for redress established.

Looking ahead

The decision on the final status of Kosovo – originally expected in November 2006 – will undoubtedly have an impact on regional stability. It could either trigger new waves of displacement or provide a framework for the resolution of age-old strife. A creative solution will look for common interests, rather than divisions. No sides should be given any excuses for undermining the return process.

Our experience shows that no equitable solution can be found without a comprehensive dialogue between ethnic communities, using all available fora and procedures. An essential part of the dialogue is the commitment of leaders on all levels to encourage their constituencies to interact. Security, financial support and psychological motivation are vital for sustainable return, as is the participation of minority communities in the negotiations and public administration of Kosovo. For its part, Serbia needs to ensure full

realisation of rights by IDPs during their displacement and facilitation of conditions in which they can reach a free and informed decision on whether to return or integrate.

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1. G Ambroso, 'The Balkans at a crossroads: progress and challenges in finding durable solutions for refugees and displaced persons from the wars in the former Yugoslavia', UNHCR Research Paper No. 133, November 2006, p1 www.unhcr.org/research/RESEARCH/4552f2182.pdf
2. Data as of 31 August 2006 at statistics section, UNHCR Serbia and Montenegro webpage www.unhcr.org.yu/default.aspx
3. An Albanian-speaking minority, formerly associated with the Roma, but now acknowledged as a separate ethnic group.
4. An Albanian-speaking minority, the great majority of whom fled Kosovo to escape persecution after 1999. www.ashkali.org.yu
5. A small Muslim Slavic minority, only half of whom now remain in the mountainous Gora region of southern Kosovo.
6. For more information, see the Serbian Refugee Council report at www.ssi.org.yu/images/stories/SSIReports/AccessToRightsIDPsInSerbiaAnalyticalReportENG.doc
7. www.unmikonline.org/
8. Ambroso, p8
9. www.unhcr.org/cgi-bin/texis/vtx/news/opendoc.htm?tbl=NEWS&id=448991e82

Out of Africa: misrepresenting Sudan's 'Lost Boys'

by Brandy Witthoft

The US media has taken an intense interest in the experience of a relatively small group of young males who walked from South Sudan to Ethiopia, spent up to a decade in the Kakuma refugee camp in Kenya and were eventually re-settled in the USA in 2001. What is behind the celebrity status – and the cultural misunderstanding – of those dubbed the 'Lost Boys'?

While working for a programme to integrate the 'Lost Boys' in Syracuse, New York state, I became aware that there are significant discrepancies

between typical media narration of their collective experience and the recollections of individuals. Glib articles have focused on aloneness,

resilience and wandering and ignored the key questions such as: how did a large number of male – but hardly any female – adolescents become separated from their families and survive a traumatic experience apparently unaided?

Host-country media constructions of migrants and refugees shape the way they are received. US print media, the Internet and church groups have endlessly retold and reshaped their



Peter Dut, 'Lost Boy', collects supermarket trolleys, Olathe, Kansas

collective narrative. 'Lost Boy' articles are overwhelmingly sympathetic and compassionate but tend towards sensationalist stereotyping. Coverage has pulled heart strings, got 'Lost Boys' on the Oprah Winfrey show and generated an outpouring of donations and assistance. However, it has also dehumanised individual members of the group. Articles gloss over the circumstances in which each of the boys left home but give the impression they were forced to flee when their communities were attacked by forces loyal to the Arab and Muslim government of Sudan.

The media and the Internet are replete with misrepresentations:

"A group of 20,000 young boys formed, wandering the desert seeking safety. They became known as the 'Lost Boys of Sudan.' The boys crossed hundreds of miles of desert. They faced enemy fire, lion attack and hunger. Thousands died along the way. The survivors found safe haven in UN refugee camps in Ethiopia and then Kenya. With peace in the Sudan unforeseeable and without family or opportunity in the camp, the US government decided to bring the 'Lost Boys' to America. In 2001, four thousand of the boys, who are now young men, were given high priority refugee status and began settling all across America—from Houston to Kansas City, San Jose to Little Rock." Publicity for 'Lost Boys' film.¹

"As a boy of seven I ran barefoot and naked into the night and joined up with streams of other boys trying to escape death or slavery ... Bullets replaced

*food, medicine, shelter and my loving parents. I lived on wild vegetables, ate mud from Mother Earth and drank urine from my own body."*²

Stereotypes are reinforced by US aid agencies:

"Named after Peter Pan's cadre of orphans, some 26,000 Sudanese boys were forced by violence from their southern Sudan villages ... thousands died along the way – they drowned, were eaten by wild animals, shot by military forces or overcome by hunger, dehydration or fatigue ... Older boys – some just nine or ten – looked after the youngest ones and small cliques of boys formed their own family groups. Their only relief came when Red Cross helicopters dropped them food or water." American Red Cross³

"No more than six or seven years old, they fled to Ethiopia to escape death or induction into slavery and the northern army. They walked a thousand miles through lion and crocodile country, eating mud to stave off thirst and starvation. Wandering for years, half of them died before reaching the Kenyan refugee camp, Kakuma." International Rescue Committee⁴

Interviews with individual 'Lost Boys' suggest a very different reality. Their accounts confirm long-established anthropological research findings: southern Sudanese boys do not hang around in their villages but may have to roam far in order to find grazing for their families' cattle herds. Male adolescents are traditionally expected to fend for themselves and

to develop strong bonds with their age mates. When their home villages were attacked, many were far away in cattle camps. Unable to return, did they really set off on an epic trek – unprompted and without compasses or geographical knowledge?

Rädda Barnen researchers first cast doubt on the naïve flight narrative in a 1994 report. They suggested that the group was guided to Ethiopian refugee camps by units of the Sudan People's Liberation Army – the main southern Sudanese opposition, now leading the government of South Sudan. My interviews confirmed this is what happened as the 'Lost Boys' roamed hither and thither, uncertain where to go and unaware of the movements of Sudanese government forces. Far from being left to their own devices, they said groups were often accompanied by a few adults and that other adults guided and helped them. One, who was six at the time, describes being carried much of the way by his uncle.

The ex-'Boys' tell a story in which they endure difficulties and overcome trauma thanks to their own efforts and to the support of others. They describe the specific decisions they made to survive and achieve their goals. Articles and films about them ignore their agency and portray them as helpless victims at the mercy of fate until they were 'discovered' by the international community and eventually brought to America.

Life in the USA has been a struggle. Some have now graduated from college but accessing education has not been as easy as many had hoped. Resettlement agencies and church groups offering support concluded that many were too old to complete high school education. Forced into low-paid menial employment many struggle to pay their bills, complete high school and send financial support back to relatives in Sudan or still languishing in Kakuma.

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1. www.lostboysfilm.com

2. www.msnbc.msn.com/id/9785295/site/newsweek

3. www.redcross.org/news/in/africa/0108lostboyspage.html

4. www.lostboysofsudan.com

From Somalia to Yemen: great dangers, few prospects

by Hanno (J H) van Gemund

Growing numbers of people are escaping conflict and poverty in Somalia and Ethiopia by making a hazardous journey across the Red Sea. Yemen, their initial destination, has signed the 1951 Refugee Convention – unlike its Arabian peninsula neighbours – but this poorest of Arab states lacks the means to provide support.



A young Somali girl who survived eight days adrift at sea in a smuggler's boat recuperates in Bossasso, Puntland's port on the southern coast of the Gulf of Aden. February 2006.

On 28 December 2006 four fishing boats approached the Yemeni coast, manned by smugglers planning to drop off their contraband: 515 people fleeing fighting, insecurity and poverty in the Horn of Africa. Yemeni security forces reportedly shot at two of the boats that had already offloaded their human cargo. In the ensuing panic smugglers on the two other boats tried to escape pursuing coast guards. Both capsized, leaving seventeen people dead and some 140 missing. Somali survivors said they came from central Somalia. Many claimed they had fled the fighting between the Ethiopian-backed Somali Transition Federal Government and the Islamic Courts Union.

Like so many before them they had made the 300 km journey from Puntland, a self-declared autonomous state in north-eastern Somalia. Many hope not to stay in Yemen but only to pass through on their way to the rich Gulf states. The crossing is extremely dangerous and many drown or die of dehydration. The smugglers often force people to jump off the boats a mile from the coast to avoid being arrested by the Yemeni

authorities. Sometimes the boats capsize as a result of overcrowding. Those who do make it safely ashore report how traffickers steal from them and verbally and physically abuse passengers during the crossing, sometimes even throwing ill passengers overboard into shark-infested waters. In 2006 alone, at least 330 bodies have washed up on the shores of Yemen while almost 300 people have been reported missing.

"Despite efforts to halt this horrible trade, brutal smugglers continue to prey on the desperation of poor people fleeing persecution and violence and those looking for better economic opportunities elsewhere. We urgently need a concerted international effort aimed at addressing root causes, educating would-be migrants and cracking down on the smugglers and traffickers based in Somalia."

High Commissioner for Refugees António Guterres

"What is happening in the Gulf of Aden is tantamount to murder at sea. Unlike Europe – where migration is the topic of the day – the Gulf of Aden seems to be off the radar. It is a sheer tragedy that not more is being done by the international community and local governments to turn the tide and prevent more people from dying or leaving their homes in despair."

Ekber Menemencioglu, UNHCR's Middle East director

It is not clear whether the tough approach of the Yemeni authorities towards smugglers' boats will lead to a decrease of people coming to Yemen. Since the tragedy of 28

December weeks passed without any boats arriving off the coast of Yemen.

UNHCR has been working with local authorities in Puntland to inform people of the dangers of using smugglers to cross the Gulf of Aden. It appears, however, that many of the people who board the boats do not know about the risks but such is their desperation to leave Somalia that they are prepared to pay \$50-70 for the journey. In Puntland's main city of Bossasso thousands of displaced Somalis and Ethiopians live in make-shift shelters, most without clean water and sanitation. As hardly anybody considers returning to where they came from an option, crossing the sea is their only way out.

Since the beginning of October of 2006 the Puntland authorities have started cracking down on the people-smuggling business. Many people have been sent back to the Ethiopian border or to south Somalia. So far, however, this appears to have had little, if any, effect as the number of people crossing the Gulf of Aden is now higher than ever.

The Somalis who arrive in Yemen come mostly from the south of the country, where poverty and insecurity have been forcing people to leave for over 15 years. Recent months have seen more and more people fleeing the Somali capital, Mogadishu, and surrounding areas. They left in fear of the inevitable military conflict between the Islamic Courts of Justice – the militia controlling Mogadishu – and forces loyal to the Transitional Federal Government, Somalia's internationally recognised, government. The short war which followed in January 2007 has not yet brought peace and many more refugees from the south are expected. An increasing number of Ethiopians are also travelling to northern Somalia to board the smuggling boats. The majority of these do so in search of work, although there are some who are fleeing persecution.

Refugee life in Yemen

No one knows for sure how many Somalis have made their way to Yemen since the collapse of their country's unified government in 1991. The last months of 2006 saw a significant increase in the number of new Somali arrivals: UNHCR registered the arrival of 25,898 migrants in 2006. Yemen has a 2,400 km coastline and it is likely that far more have arrived of whom UNHCR is unaware. Of those officially recorded, no fewer than 13,976 crossed the Gulf of Aden after 1 September after the stormy summer season came to an end. The number of new Ethiopian arrivals is also substantial, with at least 11,727 having arrived on Yemeni shores last year. In total an estimated 95,000 refugees were present in Yemen at the end of December 2006.

The main point of entry is the coastal village of Bir Ali, directly north of Bossasso, 200 km from Yemen's main port of Aden. Close to Bir Ali UNHCR runs a reception centre at Mayfa'a. Here refugees and asylum seekers are registered and provided with basic assistance, including accommodation, food and medical care. Only approximately half of the new arrivals choose to go to

Mayfa'a, with many aiming straight for Sana'a, Aden and the northern border with Saudi Arabia. A mere 5% of the arrivals choose to live in the officially designated refugee camp at Kharaz, an arid and isolated region 165 km west of Aden.

Currently, there are close to 10,000 prima facie refugees residing in Kharaz camp, mostly Somalis. In the camp, UNHCR – with its four implementing partners and the World Food Programme – implements a monthly distribution of food along with a variety of non-food items and provides healthcare, primary education, a school feeding programme, water and sanitation, vocational training, horticultural and income-generating projects and projects specifically targeting and benefiting refugee women.

Yemen is the only country in the Arab peninsula to have signed the 1951 Convention and the 1967 Protocol relating to the status of refugees. In 2000 a National Committee on Refugee Affairs was established comprising representatives from the ministries of Human Rights, Justice, Interior, Foreign Affairs and political security. A legal committee was also set up to draft national refugee legislation. However,

progress on incorporating the Refugee Convention into national legislation has been slower than expected¹ and the draft law is still being discussed in parliament.

Yemen has granted prime facie refugee status to Somalis arriving in the country since the civil war in Somalia caused the first mass influx of refugees in 1988. This generous open-door policy still applies to all Somalis. However, asylum seekers from Ethiopia and Eritrea do not qualify for refugee status the moment they enter Yemen. They are, instead, required to go through UNHCR's refugee status determination process. Iraqis are still governed by the Temporary Protection Regime since the fall of the former regime in April 2003 and the Sudanese from Darfur are afforded similar protection.

At present many non-Somali asylum seekers do not get a chance to be interviewed by UNHCR, as Yemeni officials announced to UNHCR that all non-Somali new arrivals should be detained and deported to their home countries. Consequently, most Ethiopians are detained upon arrival and are waiting to be deported. UNHCR has urged the government to respect its international obligations and to continue keeping its doors

Henna skills-training for Somali refugees in Kharaz camp, outside Aden, Yemen. February 2006.



open, also to other nationals, who might fear persecution in their countries of origin. UNHCR has also reiterated its willingness to assist the government with the screening and registration of all new arrivals.²

In the cities, refugee children have access to education and in theory refugees have the right to work. Both in Sana'a and Aden, UNHCR cooperates with implementing partners³ to offer healthcare, language courses, vocational training, micro-credit projects for self-reliance and other services aimed at promoting independence and empowerment.

Yemen ranked 151st on the index of the 177 countries on the 2005 UNDP human development report.⁴ Things are getting worse. Poverty has increased dramatically in Yemen, while the population has grown by two and a half times since 1975. A growing number of Yemenis have no access to adequate housing, safe drinking water, healthcare services, education and sufficient nutrition. The natural resources of the country are overexploited and at risk of being depleted.

Despite having the right to work and assistance from UNHCR and its implementing partners, life for urban refugees is hard. Yemen itself has a huge rate of unemployment. A few years ago thousands of Somalis lost their jobs as teachers thanks to a government campaign offering these jobs to Yemeni citizens. Now Somali men are fortunate if they can find daily labour jobs in road or sewer construction and cleaning, or can make some money by washing cars. Both Somali and Ethiopian women often find work as domestic workers in Yemeni households but are severely underpaid and often work in very difficult circumstances.⁵

"In Yemen my husband was cleaning cars, and I was sometimes working as a housemaid. Then my husband divorced me because of our life of poverty and because one of our children died. We were fighting all the time. Now I am sick so I cannot work. I tried to sell incense. Later I started begging at restaurants. My children do not go to school. A friend helps me with the rent and we eat leftovers from restaurants."

Despite their evident contribution to the Yemeni economy and the very limited cost to the Yemeni government – for UNHCR secures funds for most health and other services – public opinion towards refugees is growing increasingly hostile. Discrimination against people of African origin is widespread.

In group discussions, most refugees state categorically that they consider resettlement the only possible durable solution. Some refugees in Kharaz camp and in urban areas are wary of local integration projects because they believe that investment in their lives in Yemen will diminish their chances of resettlement. However, hopes for resettlement in the US or another western country are most unlikely to be realised. Last year a rumour spread throughout Somalia and Yemen that 70,000 refugees were to be resettled from Yemen to the US. This caused a surge in the number of new arrivals and it has proved very difficult to convince refugees that resettlement activities are limited to a few very vulnerable cases. During 2006 only 350 individuals were submitted for resettlement.

For an increasing number of Somalis the situation in Yemen is now so bad that they opt to return to Somalia. UNHCR only assists those who want to return to relatives in Puntland and to the self-declared independent state of Somaliland. Many of these UNHCR assists are female heads of households whose husbands have gone to Saudi Arabia only to be deported to Somalia. In the last months hundreds have been leaving on UNHCR-booked flights to Bossaso and Hargeisa, flying over the Gulf of Aden and the incoming smugglers' boats.

UNHCR is working to improve the lives of refugees, focusing on building self-reliance. Under the terms of an agreement between the government and UNHCR signed in July 2005, all Somali refugees are now registered and six permanent registration centres will be opened. Refugees are to receive up-to-date refugee cards which enable them to travel freely inside Yemen and which, according to the Minister of Social Affairs, can be regarded as work permits. UNHCR Yemen is preparing a number of projects to improve the living conditions of refugees.

UNHCR wants to improve the process of reception of new arrivals, from the moment they disembark to the moment they register in planned registration centres near the coast. Shelters in the Kharaz camp and in Aden need to be improved and schools upgraded and better resourced. UNHCR is also planning to significantly expand primary and reproductive health projects.

Conclusion

As long as south and central Somalia is in political and social turmoil, more refugees will join the already large refugee population in Yemen. Therefore, more aid is needed in the short term to support the thousands of refugees who arrive in Yemen and live in very difficult circumstances, and to improve their position among Yemenis. Yemen's Foreign Minister Abu Bakr al-Qurbi has called on the Gulf states and the rest of the international community to help Yemen by providing better living conditions for the refugees and to assist it in patrolling its vast coastline and saving lives of those in peril in the Gulf of Aden. A more active approach from the international community is also necessary to support Puntland and Somaliland to receive and assist thousands of displaced people. In the long term, only stability and development in the Horn of Africa will stem the flow of packed boats over the Gulf of Aden. Unfortunately, the political situation is still far from stable. UNHCR, together with other UN agencies in Yemen, is preparing for a new mass influx.

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1. See Nesyha H B Hughes 'Yemen and refugees: progressive attitudes', FMR 16 www.fmreview.org/FMRpdfs/FMR16/fmr16.12.pdf.

2. UNHCR Refugee daily 5 December 2006

3. These include the Adventist Development and Relief Agency International (www.adra.org), Marie Stopes International (www.mariestopes.org.uk/www/yemen.htm), the International Development Foundation (IDF), the Charitable Society for Social Welfare (www.cssw.org.ye) and SHS.

4. <http://hdr.undp.org/reports/global/2005>

5. See M de Regt (2006) 'Ethiopian women increasingly trafficked to Yemen', FMR 25, www.fmreview.org/FMRpdfs/FMR25/FMR2521.pdf

Comprehensive Reproductive Health in Crises: from vision to reality

by Therese McGinn and Samantha Guy

The Comprehensive Reproductive Health in Crises (CRHC) Programme is a major new initiative that will catalyse change in how reproductive health (RH) is addressed within relief organisations, field services and global decision making.

Developed by Columbia University's Heilbrunn Department of Population and Family Health, in the Mailman School of Public Health,¹ and Marie Stopes International (MSI),² the CRHC Programme aims to ensure that the full range of RH needs of IDPs and refugees are addressed. Other CRHC Programme partners include major humanitarian and development agencies, UN bodies, advocacy agencies and academic institutions.

The goal of the CRHC Programme is to ensure that good quality comprehensive RH services are routinely provided, from beginning to end, to those in humanitarian situations. RH care should be recognised as an absolute necessity for populations in crisis, just as food, water, sanitation, shelter, protection and basic health care are commonly accepted as primary needs.

The CRHC Programme will work with partners in countries including Colombia, the Democratic Republic of Congo, Sudan and Uganda.

Critical need

People are displaced from their homes for many reasons – including civil unrest and natural disasters – and are often unable to return for years. The people within these affected communities, especially women, require RH care. Yet integrated and fully comprehensive RH services are not the norm in most crisis and conflict settings.

The Women's Commission for Refugee Women and Children³ first highlighted the lack of RH services for refugees and IDPs in its seminal report *Refugee Women and*

Reproductive Health Care: Reassessing Priorities in 1994. That same year, the International Conference on Population and Development (held in Cairo) recognised the rights of refugees and IDPs to RH; these rights were further enshrined during the Fourth World Conference on Women held in Beijing in 1995. Many agencies were moved to include RH services in their humanitarian response to populations in crises. Additionally, both the Inter-Agency Working Group on Reproductive Health in Refugee Settings and the Reproductive Health Response in Conflict Consortium were founded by agencies with a shared commitment to promoting RH among conflict-affected populations.

In 1999 the Inter-Agency Working Group on Reproductive Health in Refugee Settings published *Reproductive Health in Refugee Situations: an Inter-Agency Field Manual*, which had been field tested by a range of agencies. The manual, which outlines both the initial minimum services as well as comprehensive services in refugee and IDP settings, has since been revised and become an important tool for practitioners. It provides practical information on what should be provided in a crisis setting, including the first emergency phase.⁴

Significant achievements have been made in advancing RH for conflict-affected populations over the past decade, yet there are still major gaps in RH technical areas, in RH programming in the early days and weeks of new emergencies, and for IDP populations. In 2004 a major global evaluation of RH among conflict-affected populations found that while improvements have been made, much remains

to be done.⁵ Other studies have confirmed that good quality RH services are far from being a reality.⁶

The CRHC Programme addresses the need to make comprehensive RH services the standard in humanitarian situations. We believe that with technical assistance and strong evidence from the field, coupled with a supportive policy environment and financial resources, humanitarian response agencies should be enabled to provide good quality reproductive health services from the outset of an emergency.

The CRHC Programme will work to strengthen the institutional commitment to comprehensive RH service delivery within international humanitarian agencies and networks; introduce or expand good quality comprehensive RH services in crisis settings; and fortify the policy and funding environment for the provision of comprehensive RH services in refugee and IDP situations within UN agencies, international bodies, host country authorities and donors.

Critical services

The CRHC Programme comprises critical services, including:

- n emergency obstetric care: basic and comprehensive emergency obstetric care, including post-abortion care
- n family planning: all methods, including long-term and permanent, and emergency contraception
- n sexually transmitted infections: prevention and treatment
- n HIV/AIDS: prevention, voluntary counselling and testing, prevention of mother-to-child transmission and referral

- n gender-based violence: medical response and referral.

The CRHC Programme is implementing these important services through:

- n **Advocacy:** CRHC will facilitate widespread support for comprehensive RH in crises. CRHC works with UN agencies, international bodies and humanitarian agencies, governments and private donors to influence the policy and funding environment.
- n **Technical assistance and support to partners:** CRHC provides assistance to partners to support programme development, identify training needs, carry out monitoring and evaluation activities, identify opportunities for collaboration, and coordinate research.
- n **Clinical Training:** CRHC combines on-site training and follow-up with clinical training at MSI's comprehensive

sexual and reproductive health centre in Nairobi to build the clinical skills of partners.

- n **Emergency fund:** CRHC manages a fund to enable rapid response to RH needs in emergencies, including natural disasters.
- n **Research:** In collaboration with leading research institutions, CRHC will identify research priorities and develop a programme of operations research. The findings will further strengthen the evidence base for the provision of comprehensive RH in crisis settings.

The CRHC Programme is committed to facilitating the dissemination of research and programme findings. The CRHC website will contain technical resources, programme updates and links to other useful sites. Updates of activities and findings will be published in professional journals.

There will be a CRHC Programme update in each issue of FMR, which will present lessons learned

from the field, highlight advocacy and policy experience and communicate research findings.

We welcome comments and feedback, and look forward to your involvement as we embark on this critical journey.

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For further information about the programme, please register on the CRHC website (www.crhcprogramme.org) to receive our regular e-letters.

1. www.mailman.hs.columbia.edu/popfam/index.html
2. www.mariestopes.org.uk
3. www.womenscommission.org
4. www.unfpa.org/emergencies/manual
5. Inter-Agency Working group on Reproductive Health in Refugee Settings. *Reproductive Health Services for Refugees and Internally Displaced Persons* Geneva, 2004. www.rhrc.org/resources/iawg
6. Therese McGinn, Sara Casey, Susan Purdin and Mendy Marsh, 'Reproductive health for conflict-affected people: policies, research and programmes', Humanitarian Practice Network, Overseas Development Institute, May 2004 www.odihpn.org/documents/networkpaper045.pdf

Displacement and difference in Lubumbashi

by Aurelia Wa Kabwe-Segatti and Loren B Landau

Signs on the outskirts of the second largest city in the Democratic Republic of Congo (DRC) welcome visitors to 'the city of peace'. Lubumbashi has a reputation as a haven of tolerance in a violent nation but how are displaced people treated?

For people from eastern Congo who have lived through more than a decade of violence, the city – located in the vast country's far southwestern corner – offers an undeniable allure. The copper-mining city serves as the capital of the relatively prosperous Katanga province and has escaped the direct effects of the country's civil wars. Laurent Kabila, the assassinated former president whose son won DRC's first-ever democratic election in November 2006, invited war-affected people to find protection

in a city that he conquered early in his successful campaign to oust Mobutu Sese-Seko, the despot who ruled DRC for over three decades.

Kabila's movement, the Alliance des Forces Démocratiques pour la Libération du Congo (AFDL), began its rebellion in 1996 by dismantling Rwandan refugee camps on the eastern border. Kabila later established the Commissariat à la Réintégration to assist both soldiers and displaced persons. While soldiers

who deserted Mobutu's army in the mid-1990s were assisted in Camp Uilo in Kolwezi, approximately 300 km away from Lubumbashi, tens of thousands of IDPs from across the country's war-torn east sought protection and aid in the city itself. The first IDPs to arrive came from Kalemie, a city near Lake Tanganyika that experienced at first hand the brutality of the militias who have killed and displaced millions of Congolese. Those from Kalemie were soon followed by people from the country's more northern provinces: Equateur, Province Orientale, Ituri, the Kivus and Maniema.

In a migrant labour system inspired by the South Africa model, mineworkers have long been drawn from across Congo

(especially Maniema and Kasai Provinces), and what is now Zambia, Malawi, Zimbabwe, Rwanda, Burundi, Mozambique and Angola.¹ Compromised by this diversity, the city has developed a rhetoric of tolerance and inclusion that is a proud part of its 'Lushois' identity. In line with these principles, urban sites designated for IDPs' settlement and assistance were located in the heart of the city's residential areas. The majority of the city's IDPs soon found shelter with members of their immediate or extended families that had already settled in the city. IDPs were encouraged to organise politically in order to articulate their interests with the local and national governments and in 1998 formed the Comité Provincial des Personnes Déplacées de Guerre.

Rhetoric and formal policy suggest a progressive and inclusive city, yet Lubumbashi has a repeated history

IDPs ... continue to face ongoing discrimination and political scapegoating.

of sometimes violent xenophobia against both IDPs and long-term residents with origins elsewhere in Congo – particularly those from the country's Kasai Province. Zambians have lived in the Congo for generations but few have become Congolese citizens or learned to speak French, instead using Bemba, a language spoken on both sides of the border. Moreover, almost none of the Zambians have Congolese citizenship.

Discrimination against IDPs

In discussion with IDPs in Lubumbashi, we heard that when the first trains carrying displaced people organised by the government arrived from Kalemie, the city's mayor not only immediately relocated them to Kamalongo but prevented IDPs from getting the food aid to which they were entitled. Although the IDPs were later resettled in the city, there have been repeated cases where local elites have attempted

to block assistance – at times using subterfuge by registering relatives as IDPs in order to collect food rations. The mayor remains hostile, regularly using pejorative terms like *uchafu* (dirty) or *mbalimbalikuja* (those who have come from far away) to describe and dissociate IDPs. A local politician is reported to have banned locals from marrying displaced women, alleging they are responsible for bringing HIV/AIDs into the city as a result of having been raped by Rwandan soldiers, government troops or *mayi-mayi* militias in the north.² The governor of Katanga has also accused IDPs of disturbing the province, an unfair charge from a man widely held to have close relations with the *mayi-mayi* militias originally responsible for the persecution and displacement of many of those who have sought refuge in Lubumbashi.

IDPs report daily discrimination, chastised for speaking grammatically proper Swahili instead of Lubumbashi's distinctive Swahili dialect and abused by local Lushois who are not themselves eligible for aid distributed by the World Food Programme or other relief organisations. There is also tension between groups of IDPs. Jacques Kabulo, formerly the provincial secretary of the IDP committee, reports that the IDPs who first arrived in Lubumbashi from Kalemie tried to exclude other IDPs from services and land.

Former hosts who have been negatively affected by the city's economic crisis have also tired of hosting IDPs. In some instances, they have asked IDPs to leave their homes, violating traditional norms of hospitality and generating ruptures within extended families. Many IDPs report trouble accessing health and education services. UNICEF provided textbooks for a new school for IDP children but the government failed to pay the teachers. Since many IDPs cannot afford school fees their children remain out of the classroom.

Formal IDP settlements were closed in 2001, obliging most IDPs to survive as best they can in the informal economy. Small numbers have returned home, receiving only token support from the government and Jesuit Refugee Services – a \$50 grant and a departure kit of cooking pans, blankets and

machetes – but most have accepted the kit and then remained in Lubumbashi.³ Many of those we spoke to indicated they are likely to stay in Lubumbashi for the long term although some plan on returning home if conditions improve, while others dream of resettling to Zambia, South Africa or even outside Africa.

The central government in Kinshasa has created a specialised agency to assist people displaced by the war but local politicians have not supported the initiative. Many urban IDPs and refugees live without direct humanitarian assistance.

The profile of IDPs rose in 2006 as ambitious politicians became keen to secure their votes; one candidate even undertook his own IDP census in order to boost his electoral chances. IDPs have still not found a true champion, however, and now the election is over they continue to face ongoing discrimination and political scapegoating.

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A fuller version of this article is online at: www.fmreview.org/pdf/kabwe-segatti&landaul.pdf

1. For more details, see D Dibwe dia Mwembu, *Histoire des Conditions De Vie Des Travailleurs de L'Union Minière du Haut-Katanga/Gécamines (1910-1999)*, Presse Universitaire de Lubumbashi, 2001.

2. For an account of the current situation of HIV-infected IDPs in Lubumbashi, see 'RDC Survivre au viol et au déracinement', www.irinnews.org/FrenchReport.asp?ReportID=7067&SelectRegion=Grands_lacs&SelectCountry=RDC

3. According to Faustin Kitenge Katoto in July 2006 there were 26,000 IDPs in Lubumbashi. Information sent by email 21.08.2006.

Listening to individual voices

by Siobhan Warrington and Anne-Sophie Lois

The Internal Displacement Monitoring Centre, Panos London and the Norwegian Refugee Council in Colombia have launched a project to tell the life stories of the more than three million Colombians who are internally displaced. A pilot project, it will be rolled out in other parts of the world.

Colombia has some of the most advanced national legislation on internal displacement in the world but fails to implement it effectively. In January 2004, the Constitutional Court declared the government's response to internal displacement to be in violation of the Constitution.¹ The government has allocated significant resources to IDPs but ongoing conflict makes it impossible to resolve the root causes of the displacement. The current Colombian

experiences and impacts of displacement. The stories and voices may be a valuable tool to balance official discourse around the conflict and its consequences. The life stories should serve to enable planners and policy makers to better appreciate the complex and varied impacts of internal displacement and identify more appropriate ways to respond to those affected.

The project has required significant investment of time and resources from facilitators and participants, yet it has a value beyond the tangible outcomes. IDMC recognises that the whole process of organising workshops and discussions and gathering life stories has a value in itself and is part of its investment in capacity building for civil society actors



Anne-Sophie Lois/IDMC

government claims to have improved the human rights situation since it came to power in 2002 by citing evidence of fewer displacements, massacres and homicides. The use of such indicators has been criticised by the Office of the United Nations High Commissioner for Human Rights (OHCHR) and by Colombian government agencies and civil society. The Colombian government's reliance on quantitative data fails to account for the devastating social and mental consequences of the conflict for affected individuals.

The project aims to record and communicate the personal

and IDPs. Participants have learned practical skills related to eliciting oral testimony but have also explored values and attitudes, learning how to deal with the strong emotional aspect of the work. There has also been lots of discussion and sharing of experiences and the opportunity for participants to have input into the agenda of workshops and meetings and at times to take a lead role in facilitating certain sessions.

Training to record life stories

A workshop in April 2006 prepared participants to carry out life

story interviews with IDPs. It covered listening and questioning skills, interview relationships and ethics, topic development and recording equipment.

What makes a good interview?

- n Preparation: knowing what you will be asking so you understand the answers.
- n Introduction: providing the narrator with a clear explanation of why you are carrying out the interview and describing the nature and method of interviewing to the narrator.
- n Credibility: the narrator should believe in what you are going to do.
- n Technical preparation: make sure the tape recorder is ready and working.
- n Agency: consider the narrator as actor or subject in the interview, not the object.
- n Sensitivity
- n Good listening skills
- n Be respectful, non-critical and non-judgemental.
- n Avoid leading questions: questions must invite the narrator to develop their story with trust and confidence.
- n Use appropriate language: adjust language according to age and region.
- n Appreciate the psychosocial aspects for both the interviewer and the narrator: when the narrator describes traumatic events, you need to be aware of your own fears.
- n Guarantee security for the narrator: for example, change names and place names in the transcript.
- n Consent: you need the narrator's permission to disseminate the information.

One of the participants, Andrea, working on the thematic analysis of the testimonies.

There was tremendous enthusiasm and commitment among participants to ensure outputs are widely promoted and have maximum impact. But, as anyone who has worked with life stories will appreciate, working with this rich

and detailed material is labour intensive. Turning around quality and meaningful outputs will take some time. At the moment there is a team of four reading and reviewing the testimonies with a view to making a selection of life stories and extracts for publication. A Colombian editor will be hired to produce a book, based on the interviews, for national and international audiences. IDMC

will work towards communicating the interviews via the IDMC website² for its key international audiences: the UN and humanitarian organisations, governments (refugee and asylum departments), the military, academics and researchers.

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global/program_news.asp?ID=1004).

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1. See Manuel José Cepeda-Espinosa. 'How far may Colombia's Constitutional Court go to protect IDP rights?' FMR Special Issue, December 2006, www.fmreview.org/FMRpdfs/BrookingsSpecial/full.pdf
2. www.internal-displacement.org

Global welfare: dream or reality?

by John Mitchell and Hugo Slim

Jan Egeland, the former UN Emergency Relief Coordinator, has called for “a humanitarian system that is able to respond reliably, effectively and efficiently across the full range of emergencies ... humanitarian aid must be the responsibility of all nations for the benefit of all nations.”

Is the world on the verge of establishing a basic form of global welfare for all those affected by war and disaster? Or is the idea of fair and efficient global welfare a non-starter in a world of competing political powers, massive vested interests and imminent environmental crisis when group survival, not altruism, may become the norm?

How are we doing on reforming the politics and practice of humanitarian action? Nobody really knows for sure but an important indication is provided by evaluative material produced by the Active Learning Network for Accountability and Performance. ALNAP is a membership organisation made up of UN, Red Cross/Crescent, government and NGOs, academic institutions and consultants and for the past five years ALNAP has reviewed a sample of agency evaluations in order to gauge the progress of humanitarian action.¹

Our latest Review of Humanitarian Action (RHA)² takes a step back and reviews progress since 2001. The RHA findings suggest that global welfare is still some way off.

Despite its extraordinary global reach, the formal humanitarian system is, essentially, the combined effort of about 20 western states which pay for and provide the agencies for most of the world's humanitarian action. This is not a broadly-based international endeavour with buy-in from a majority of states. It is a western niche. Two of the five permanent members of the Security Council – Russia and China – are suspicious of the western system and prefer to do their own thing, or nothing, in war and disaster. The major Islamic states and charitable institutions prefer to work bilaterally and partially, mainly in particular Muslim settings. Local and informal systems – remittance flows and local civil society institutions – can be extremely important but are often overlooked by the western system.

Although it gets a lot of profile and works with the authority of the UN, the formal western-driven system can be a very blunt, selective and insensitive instrument. It has deep preferences for focusing on strategic wars and can be hugely skewed by populist passions – hence the massive inequality of response between suffering in the tsunami and

war in the Democratic Republic of Congo. The system has no objective humanitarian measure of need and priority. Thus, the politics of the system remain deeply problematic.

So, too does agency practice. While there are many separate initiatives to try and make it perform better on the ground, there are still deep problems of good practice. Some sectors, like food aid, are over-subscribed while others, like shelter, water, camp management and protection, remain under-resourced or insufficiently understood. Complex cross-cutting areas like livelihoods and recovery remain confused.

Nor are the system and its many agencies a good learner. Today, there are more evaluations of humanitarian work than ever before but they are seldom well used. Either they are done ritually for donor accountability purposes or they are not user-friendly. Most do not employ an inspirational learning process as they go, nor are they designed to have their findings taken up by the key target groups who could bring about real change.

So, there are still real challenges. But there are also massive opportunities. The formal and informal systems are bigger and more self-aware than ever before. The ideal of eventual global welfare is an important long-term aim and could be voiced more explicitly by a range of social movements.

This year's RHA recommends that the system identify ten key objectives for humanitarian progress – some political and some practical – which can be agreed by everyone and monitored by an independent High Level Panel on Humanitarian Performance.

Then, in future, we might have a better idea of where we are going and how we are doing across the whole humanitarian system.

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1. Our Evaluative Reports Database is at www.alnap.org/resources/erd/erd.htm
2. www.alnap.org/publications/rha.htm

Shattered dreams of Sudanese refugees in Cairo

by Hala W Mahmoud

At least 28 Sudanese were killed in December 2005 as Egyptian riot police violently dispersed a sit-in near the Cairo offices of UNHCR. A year later, those responsible for human rights violations have not been held to account and some refugees who went missing remain unaccounted for.

The 30,000 Sudanese in Cairo registered with UNHCR are but a fraction of the vast Sudanese population living in the Egyptian capital.¹ In June 2004 UNHCR took the view that the signing of the Comprehensive Peace Agreement between the Government of Sudan and the Sudanese People's Liberation Movement² allowed southern Sudanese to return in safety. The agency therefore decided to grant all Sudanese asylum seekers temporary protection rather than subject them to individual refugee status determination (RSD), as had been the practice for the previous nine years.

The basic question of who is ultimately responsible for the welfare of Sudanese and other refugees in Egypt was, and is, unclear. Sudanese have long demanded an end to arbitrary detention and protested against Egyptian racism. Primary legal responsibility for such issues rests with the Egyptian government, not with UNHCR. The Egyptian government has no official mechanism through which to engage with the concerns of refugees. Therefore the protestors had no choice except to address all of their concerns to UNHCR.

Faced with unbearable living conditions and left without other options, in September 2005 Sudanese refugees started a peaceful sit-in to protest UNHCR's decision and indicate their desire for resettlement, not repatriation. UNHCR noted that most of the demonstrators' demands were beyond UNHCR's control. After initial tolerance, the Egyptian authorities violently dispersed the protest, killing an unspecified number and arresting around 650 Sudanese who were taken to a number of military camps and prisons. The protest and its aftermath were deeply traumatising as families were separated and children orphaned. UNHCR lobbied to prevent their deportation and the last of the protestors were released in February 2006.

A year on, little has changed. The tragedy attracted the interest of the media and human rights organisations but the refugees received little financial assistance or counselling. The Sudanese have returned to their harsh life in Cairo and its daily frustrations. Egypt has signed the 1951 UN Convention and the 1969 OAU Convention but continues to deny Sudanese refugees the rights to education, health care and protection which

these enshrine. UNHCR, for its part, has not investigated the whereabouts of those missing after the break-up of the sit-in. Queries regarding the status of refugee applications are rarely responded to. UNHCR needs to improve communications with the Sudanese in Cairo and be more transparent and sensitive; regular public meetings would clarify UNHCR's role and responsibilities and help to counteract the rumours which often sweep through the community.

Much could be done to make the refugees' prolonged stay in Egypt more bearable. Egypt and UNHCR should heed those refugees who call for establishment of organised refugee camps where services could be provided and the Sudanese protected from exploitation and racism. The international community could provide backing for those educated and enthusiastic Sudanese refugees who seek to initiate community-based programmes.

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For more background, see www.rsdwatch.org/index_files/Page4070.htm

1. Ghazaleh, P 'In closed file limbo: displaced Sudanese in a Cairo slum', FMR16, www.fmreview.org/FMRpdfs/FMR16/fmr16.8.pdf
2. See FMR24, Sudan: prospects for peace, www.fmreview.org/FMRpdfs/FMR24/FMR24full.pdf

Generations in exile from Africa's last colony

by Ronny Hansen



NORWEGIAN REFUGEE COUNCIL

In the Algerian *hammadas*, a hot and harsh region of the Sahara, more than half the Sahrawi people have been waiting for 31 years to go home.

The Sahrawis hail from neighbouring Western Sahara, a country invaded and occupied by Morocco in 1975. Western Sahara is on the UN list of Non-Self-Governing Territories and still considered a colony. Repeated attempts to get Morocco to live up to numerous UN Security Council resolutions – and its own earlier commitments to allow the Sahrawis to return safely to vote in an independence referendum – have come to nothing.

Another generation of young Sahrawis is now growing up as refugees but with dwindling provisions of humanitarian aid and few prospects of a lasting solution. Their parents and grandparents left their homeland for the bleak refugee camps of the Algerian Sahara in 1975, hoping to return soon to a liberated homeland. Today, some 165,000 Sahrawi refugees are still living in camps around the isolated Algerian town of Tindouf, wondering why the world has abandoned them.

Following a 1991 ceasefire between Morocco and the Frente Polisario independence movement, the UN set up a Mission for the Referendum in Western Sahara (MINURSO).¹ MINURSO's mandate to allow the Sahrawis a free and democratic choice on their future has been consistently sabotaged. Morocco has reneged on agreements and created a charade that has now cost the UN close to \$700 million, kept the Maghreb region in a constant state of tension and forced the Sahrawi refugees to remain in the camps for another fifteen years. Morocco has massively invested in the *berm* – a barrier of earth, rock and sand, reinforced with anti-personnel and anti-tank mines, trenches and radar detectors – which stretches for 2,500 kilometres from the Mauritanian border to south-eastern

Morocco, protecting the Moroccan garrisons which prevent refugees from returning to their homeland.

Morocco has stationed some 130,000 troops in Western Sahara and encouragement of settlement has resulted in the Moroccan civilian settler population now outnumbering the resident indigenous population by a factor of four. According to human rights agencies and the UN Office of the High Commissioner for Human Rights, life in the occupied territories is characterised by grave and systematic violations of human rights. International focus on providing relief to inhabitants of the Tindouf camps has diverted attention from the needs of vulnerable Sahrawi populations within the occupied territory or of desperate self-settled refugees who have left to join relatives in third countries such as Mauritania and Spain.

Based on a participatory and democratic model of organising camp life, the Sahrawi government and popular movements in the refugee camps ensure the most efficient use of the limited resources allocated by the international community. In 2006 their already precarious situation worsened. Donor fatigue and an intense campaign by Morocco to lobby donor governments has led to cuts in food aid. Repeated appeals by the World Food Programme (WFP) and UNHCR for greater humanitarian aid have largely fallen on deaf ears. In November 2006 WFP warned of the refugees' critical food insecurity and pointed out that almost two thirds of Sahrawi women in the camps suffer from anaemia and one in three children under five years of age from chronic malnutrition. There are now reports that even emergency buffer stocks are being depleted.

The Norwegian Refugee Council believes the time has come for a vigorous international campaign for the rights of the Sahrawi refugees to an honourable, durable and sustainable return to their homeland. Neglect of the needs and rights of the Sahrawi people by the UN and the international community risks destabilisation of the entire region, further war, displacement and migration. First, however, there needs to be an increased and predictable provision of humanitarian aid to the Sahrawi refugees in Algeria.

NRC calls for a concerted effort to create the conditions for a sustainable repatriation of the Sahrawi refugees once it becomes politically possible. If left unchecked, widespread human rights violations in the occupied territories will force even more people to leave the country to become refugees. Under present conditions, there is little chance that any significant number of Sahrawi refugees would want to return to their occupied homeland.

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For further information on Western Sahara, see www.arso.org and previous FMR articles.²

1. www.minurso.unlb.org

2. www.fmreview.org/FMRpdfs/FMR16/fmr16.7.pdf,
www.fmreview.org/FMRpdfs/FMR25/FMR2533.pdf,
www.fmreview.org/FMRpdfs/FMR25/FMR2534.pdf

The Norwegian Refugee Council (NRC) works to provide assistance and protection to refugees and displaced people in Africa, Asia, Europe and the Americas. www.nrc.no/engindex.htm

The Internal Displacement Monitoring Centre (IDMC) is part of NRC and is an international non-profit organisation that monitors internal displacement caused by conflicts. www.internal-displacement.org
Contact : IDMC, 7-9 Chemin de Balaxert, 1219 Chatelaine, Geneva, Switzerland. Email: ldmc@nrc.ch

New informal mechanism to monitor government follow-up on UN IDP missions



by Jens-Hagen Eschenbächer

Through a series of reports published with national civil society organisations, the Internal Displacement Monitoring Centre (IDMC) has established an informal mechanism to monitor progress in implementing recommendations made by the UN Secretary-General's Representative on the Human Rights of IDPs.

Following each country visit, the UN Representative, Walter Kälin (like his predecessor, Francis Deng) issues a publicly available mission report¹ which includes a comprehensive list of recommendations. These recommendations – primarily directed at national governments – outline what improvements should be made to ensure respect for the rights of IDPs and adequate responses to their protection and assistance needs. They are a valuable tool both for governments to guide their efforts towards better protection of IDPs and for international organisations and national civil society groups advocating for improved responses in line with the Guiding Principles on Internal Displacement.²

Progress in implementation has often been slow or – when there is lack of political will from national authorities – not immediately apparent. Walter Kälin's office only has limited resources to follow up post-mission progress with the governments of all countries visited. The recommendations' potential for advocacy is not always recognised by non-governmental or international actors.³

Recognising the important role of civil society in addressing IDP situations, IDMC has begun to collaborate with national civil society organisations to monitor and push for effective implementation of post-mission recommendations. In 2006 the first three of a series of monitoring reports were published and launched at public meetings convened by

IDMC and civil society groups from Uganda, Turkey and the Russian Federation. The reports – available on the IDMC website⁴ – are mainly based on research done by the national partner organisations: the Ugandan Refugee Law Project,⁵ the Turkish Economic and Social Studies Foundation (TESEV)⁶ and the Russian human rights network, Memorial.⁷ They analyse the extent to which the recommendations have been implemented and highlight remaining gaps and outstanding issues to be addressed. Walter Kälin supports the initiative and has contributed a foreword to each of the reports.

Taking stock after the publication of the first three reports, IDMC believes the reports have proven successful in several ways. They have:

- n raised awareness of the recommendations and their continued relevance for addressing local IDP situations, thus directly supporting the mandate of the UN Representative and contributing to enhancing the impact of his work
- n provided a unique in-depth analysis of the most pertinent issues related to each of the internal displacement crises covered. Up-to-date information and suggestions on how to address outstanding issues have helped build capacity of local actors.
- n served to support the increased involvement of NGOs and research institutes in IDP-related monitoring and advocacy.

Partnerships have created important synergies by combining IDMC's international outreach and leverage with the local expertise and access provided by national civil society organisations.

- n provided guidance for governments in their efforts to implement the recommendations: some have explicitly recognised their value.
- n provided the UN Representative, international organisations, local NGOs and donors with a powerful advocacy tool. The findings of the Uganda report have fed into discussions at the UN Security Council on northern Uganda and been used as a background document for an NRC-sponsored hearing on the conflict in northern Uganda at the European Parliament in Brussels in October 2006.

Based on the positive experience with the first three monitoring reports, IDMC will continue to initiate similar studies in other countries to be visited by the Secretary-General's Representative. It is hoped that this will further contribute to promoting the recommendations as a useful advocacy tool and fostering improved government responses to IDP situations.

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1. www.ohchr.org/english/issues/idp/visits.htm
 2. www.ohchr.org/english/issues/idp/standards.htm
 3. An important exception is the Colombian section of the International Commission of Jurists which makes extensive use of the recommendations in their advocacy work. www.icj.org/world_pays.php3?id_mot=20&lang=en
 4. www.internal-displacement.org/publications
 5. www.refugeelawproject.org
 6. www.tesev.org.tr/eng
 7. www.memo.ru/eng



Brookings-Bern Project on Internal Displacement

Uganda's IDP policy

by Joy Miller

Uganda has a massive number of IDPs – more than 1.7 million, over 6% of the national population. Although it is one of the few countries with a national IDP policy, ineffective implementation means many IDPs still face security threats, limited access to humanitarian assistance and difficulties in returning home

Some 90% of the population of northern Uganda have been uprooted as a result of conflict between the Lord's Resistance Army (LRA) and the government. Considerable additional displacement has been caused by armed cattle raiders from the northeastern Karamoja region. The majority of IDPs have been living in squalid camps – some for 10 years – where they are vulnerable to human rights abuse, disease and deprivation.

Uganda's National Policy for IDPs was adopted in 2004, following a visit by Francis Deng, former Representative of the Secretary-General on IDPs.¹ It draws on the Guiding Principles on Internal Displacement and commits the government to protect its citizens against arbitrary displacement, guarantee their rights during displacement and promote durable solutions by facilitating voluntary return, resettlement, integration and re-integration.

Walter Kälin, Representative of the UN Secretary-General on the Human Rights of IDPs (RSG), made a six-day working visit to Uganda in July 2006 at the invitation of the government. He took note of Uganda's excellent national policy and was encouraged by the relative improvement in security in the north. However, he expressed concern that serious humanitarian and human rights problems persist in the IDP camps – poor health and sanitation conditions, lack of access to schools and availability of teachers, and high levels of sexual and gender-based violence. He heard testimony of prevailing institutional impunity, also involving members of the Ugandan People's Defence Force (UPDF) and local defence units who

at times abuse the rights of the very people they are charged to protect.²

In an effort to address these issues, the RSG and the Brookings-Bern Project on Internal Displacement convened a two-day workshop in Kampala – hosted by the Government of Uganda – to identify the challenges to the implementation of Uganda's IDP policy and work towards practical solutions. Kälin reminded participants that “the work of a policy cannot stop at its adoption. The political will to set priorities, cooperate and coordinate will be critical in implementing the policy and upholding the human rights of IDPs.”

The workshop brought together over 100 participants – representatives of the government, the UPDF, the police, the UN, donor governments, the Uganda Human Rights Commission,³ local and international NGOs, IDP leaders and researchers. Taking place shortly after newly elected national and local government officials took office, the workshop provided many officials with their first opportunity to meet each other to discuss implementation of the national IDP policy and to meet face-to-face with civil society representatives and members of the international community to discuss internal displacement.

The workshop discussed key obstacles to the implementation of the policy: lack of communication between national and local authorities; little consultation or communication with IDPs; an under-resourced and often absent police force; an ineffective system for providing resources to local government; and insufficient attention to land issues and other arrangements for IDP returns.

Participants called for:

- n wide dissemination of the IDP policy to foster a greater understanding of its provisions and encourage its implementation
- n building the knowledge and skills of local and central

level government officials so that they can effectively implement the policy

- n active involvement of all relevant government ministries in implementing the policy
- n consultations with IDPs and their communities, particularly in relation to security, return and land issues
- n deployment of well-trained civilian police – including women – in camps and areas of return
- n improvements in the system for allocating resources from central to district administration
- n establishment of a functioning judicial system that includes mechanisms to resolve land disputes and protect property rights in areas of return
- n increasing security, rebuilding infrastructure and making social services available in areas of return.

At the close of the workshop, Uganda's Minister of Relief and Disaster Preparedness, Tarsis Kabwegyere, committed the government “to do what it takes to make sure that where criticisms are valid they will be addressed... Next year will find a different situation.” Since the workshop, the Government of Uganda and the LRA have engaged in a peace process that has brought hope for Uganda's IDPs. But for returns to be successful, policies and plans must be implemented, not just announced. The Ugandan government needs to take steps to promote the safe and sustainable returns of millions of people.

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1. See FMR 19, www.fmreview.org/FMRpdfs/FMR19/FMR19Brookings.pdf

2. The post-visit press release is at: www.unhcr.ch/hurricane/hurricane.nsf/view/0150C46C08623F73FEC12571A1004DCA32?opendocument

3. www.uhrc.org

Moving on, not settling down

by Roger Zetter

In 2007, as the new Director of the Refugee Studies Centre, I will have the enormous pleasure of leading its 25th anniversary celebrations.

When the RSC was established in 1982, the world of refugees and the patterns and processes of forced displacement were far simpler than today – at least it seems that way in retrospect. The label ‘refugee’ was clear-cut and the development of a humanitarian assistance regime seemed to have its own rationale. Yet little independent academic research was being conducted into these remarkable phenomena.

The RSC pioneered multidisciplinary study of the causes and consequences of forced migration. It quickly earned a worldwide reputation for its ability to provide critical insights and objective analysis. A key to its success has been its strong commitment to linking scholarship to practice through dialogue and cooperation with forced migration practitioners in governments, intergovernmental agencies and NGOs. The RSC’s global outreach to practitioners – through publications such as *Forced Migration Review*, electronic resources such as Forced Migration Online,¹ training programmes and documentation – has helped enhance understanding of the world of refugees and how agencies and practitioners respond to humanitarian emergencies.

Forced displacement and the humanitarian needs of millions of people driven from their homes are increasingly perceived as long-term global challenges set within a developmental context of rapid social, political and economic transformation. Alongside the RSC’s primary focus on refugees, it also embraces other forcibly displaced populations – people displaced internally as a result of conflicts and those displaced by natural or environmental disasters, famine or development projects. The popular phrases the ‘asylum/migration nexus’ and the ‘mixed movement of peoples’ convey something of this new complexity. They point to the difficulty which many countries have – notably in the developed world – ‘managing’ migration in a charged political climate

which resists the arrival of migrants in general and refugees in particular.

I have had a long association with the RSC both as founding editor of the *Journal of Refugee Studies*² – which RSC publishes with Oxford University Press – but also as a researcher. As the fourth director of the RSC, I have the privilege and the challenge of standing on the shoulders of predecessors who, in different ways, addressed these vital issues. With committed colleagues they have made the RSC the pre-eminent centre in forced migration studies, combining world-class academic research and teaching with a commitment to understanding the experience and impact of displacement from the perspective of those directly affected. Combining both fundamental and applied research, the RSC’s unique achievement is the effective dissemination of its scholarship in order to inform and enhance policy and practice.

Now, with a new Director and in the context of a rapidly evolving field of refugee and forced migration studies, RSC is poised for another era. We will not be rebuilding or changing the RSC’s basic format, role and orientation but I hope that under my stewardship the RSC will enhance its capacity in a number of ways. We aim to:

- n recapture and reinforce the RSC’s engagement with the ‘global south’ (primarily Africa and South East Asia but also the Middle East)
- n link with and promote regional networks and capacity building in regions most impacted by forced migration – supported by DFID funding
- n develop, expand and explore synergies between our successful outreach and dissemination functions – the Library, *Forced Migration Review* and Forced Migration Online
- n continue cutting-edge research on forced migration, seeking to

engage with the critical questions about contemporary patterns and process of forced migration and their impacts in order to provide better understanding

- n enhance the way our research informs and influences policy making by governments, intergovernmental agencies and NGOs
- n continue our highly regarded Summer School, which attracted over 70 participants in 2006, enabling practitioners to reflect on and share experiences, and explore ways of developing the Summer School as an in-region programme
- n serve the next generation of scholars and practitioners by reinforcing our doctoral programme and ensuring that our flagship MSc offers not only the best scholarship but also a distinctive set of aims to attract high-calibre students from around the world.

RSC has achieved remarkable impacts but, like the refugees it serves, it has always had a sense of restlessness, that there is more to be done. That is why we will continue to be moving on.

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1. www.forcedmigration.org

2. <http://jrs.oxfordjournals.org/>

25th Anniversary events

During 2007, the RSC will be presenting a series of public and academic lectures, workshops and conferences to celebrate the achievements of the Centre, to showcase the scope of our current academic work and to help shape our future development. The RSC will also be engaging with local refugee communities and the wider public through a range of cultural events, including exhibitions and performances.

Full details at: www.rsc.ox.ac.uk



25th Anniversary (1982 - 2007)

Brussels Call to Action www.unfpa.org/emergencies/symposium06

We, the delegates to the International Symposium on Sexual Violence in Conflict and Beyond, call for urgent and long-term action to:

- 1.** Prevent sexual and gender-based violence (SGBV) by promoting gender equity and equality and the economic, social and political empowerment of women.
- 2.** Enhance mechanisms for regional and subregional collaboration of governments, donors, international organisations and civil society to address SGBV, with special attention to highly volatile areas.
- 3.** Incorporate sexual violence prevention and protection into all aspects of humanitarian assistance including food, fuel, water and sanitation, and shelter as prescribed by the Inter-Agency Standing Committee's Guidelines for gender-based interventions in humanitarian settings.
- 4.** Prevent and respond to sexual violence in all planning and funding frameworks for humanitarian response, peacebuilding, recovery, development and political dialogue, and link relief and development funding to ensure the continuity of sexual violence prevention and response.
- 5.** Strengthen accountability frameworks and systematic monitoring and reporting on the implementation of Security Council resolution 1325 and relevant resolutions adopted by the European Council.
- 6.** Intensify international, regional and national efforts to end impunity for perpetrators by strengthening the legal and judicial systems and by enacting and enforcing legislation, and provide national justice systems with the necessary resources to prosecute cases of SGBV.
- 7.** Recognise the right and ensure access to material and symbolic reparation, including restitution, compensation, rehabilitation, satisfaction and guarantees of non-repetition for all survivors.
- 8.** Develop national action plans to address SGBV that identify comprehensive programmes and opportunities for action across sectors, including sexual and reproductive health and the prevention, treatment and care for HIV/AIDS; education and life skills; human rights; justice; security sector reform; and socio-economic recovery and livelihood support.
- 9.** Ensure the full and active participation of youth, women and other vulnerable populations, including refugees and internally displaced persons, in the development of comprehensive national action plans to address SGBV.
- 10.** Include in national plans the prevention of gender-based violence as an indicator of good governance to be used as an element in determining access to funding, including incentive tranches.
- 11.** Build and strengthen ownership of all national frameworks and develop the capacity of country partners, governmental and non-governmental organisations, particularly women's organisations, and the UN system to ensure the centrality of SGBV in poverty reduction strategy papers, sector-wide approaches, country and regional strategy papers, consolidated appeals processes, post-conflict needs assessments and national transitional strategies, and common country assessments/UN Development Assistance Frameworks.
- 12.** Ensure specific protection mechanisms for especially vulnerable groups such as unaccompanied and separated children and persons with disabilities.
- 13.** Strengthen behaviour change communication and other measures to preserve and restore positive social values and change harmful beliefs and practices to protect against SGBV and strengthen the protective capacities of families and communities.
- 14.** Incorporate strategies to prevent and respond to sexual violence in disarmament, demobilisation and reintegration and in security sector reform processes, and ensure the full engagement of the security sector, including police and army, to prevent and respond to sexual violence in a sensitive and effective manner.
- 15.** Urge all nations providing troops to UN peacekeeping operations to ratify the Rome Statute of the ICC.
- 16.** Develop awareness of humanitarian laws, human rights and gender equality for humanitarian workers and peacekeepers and enforce the UN code of conduct on zero tolerance for sexual abuse and exploitation.
- 17.** Develop comprehensive awareness-raising strategies on the nature, scope and seriousness of SGBV at all levels to ensure the protection of survivors from discrimination and stigmatisation, and engage men and boys, as well as government officials, community and religious leaders, the media, women's groups and other opinion makers in promoting and protecting the rights and welfare of women and children.
- 18.** Develop a comprehensive methodology and tools to assess the scope and nature of SGBV in conflict-affected countries and specify budgetary and cost implications.
- 19.** Undertake comprehensive, ethically and methodologically sound, qualitative and quantitative research on the nature, scope, impact, root causes and contributing factors of SGBV, and develop ongoing data collection, monitoring and evaluation, and reporting systems, including gender budgeting.
- 20.** Invest in the capacity building of all stakeholders involved in the prevention and response to SGBV in conflict and beyond.
- 21.** Empower the media to educate and advocate against SGBV.