

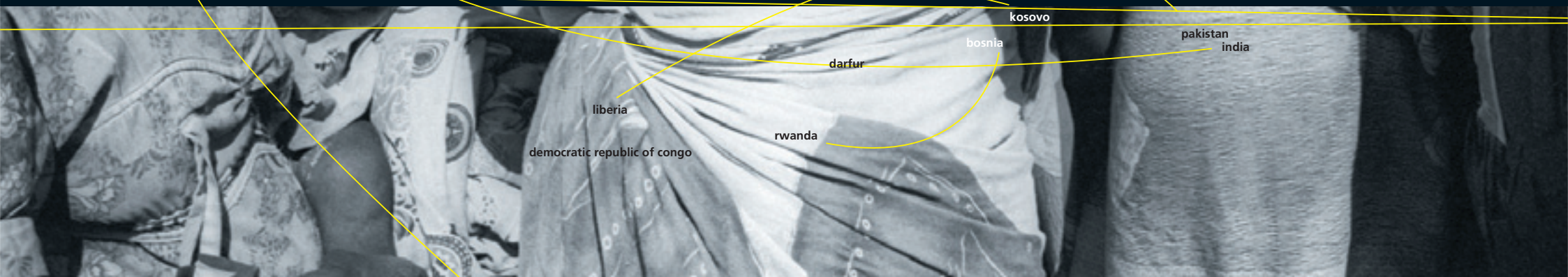


JOINT CONSORTIUM OF IRISH HUMAN RIGHTS
HUMANITARIAN AND DEVELOPMENT AGENCIES
AND DEVELOPMENT COOPERATION IRELAND

GENDER BASED VIOLENCE

a failure to protect

A CHALLENGE TO ACTION



democratic republic of congo

liberia

rwanda

darfur

bosnia

kosovo

pakistan
india



Acknowledgements:

The Consortium wish to thank Mary Jennings and Sherry McLean, Independent Consultants who carried out the research for this report.

In 2004, a group of Irish development and human rights NGOs¹ came together at the initiative of **Amnesty International** with **Development Cooperation Ireland** to discuss how best to respond to the terrible reality of very high levels of rape being reported in the conflict in Darfur, Sudan.

¹ Members of the consortium are Amnesty International, ChildFund of Ireland, Christian Aid, Concern Worldwide, Goal, Oxfam Ireland, Self Help Development International, Trócaire, and Development Cooperation Ireland

FOREWORD



What quickly became clear to the group was that the problem must be looked at beyond one very high profile example, and that the aim of the group should be to identify how best to develop institutional capacity to respond on a systematic basis to gender based violence (GBV).

GBV is a term that embraces a range of concepts that incorporate an analysis of gender inequality as the root cause of GBV. Essentially it means any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It can encompass sexual violence, domestic violence, sex trafficking, harmful practices such as female genital mutilation, forced or early marriage, forced prostitution, sexual harassment, and sexual exploitation, to name but a few.

The group decided that Ireland – and the international community - needs to move from isolated and ad hoc examples of good practice at a project level to a more systematic response at an institutional level, and seek to develop a model of best practice that would be developed and promoted for adoption at the international level. In effect, what is needed is zero tolerance of GBV.

The group commissioned research to look at best international practice, and to develop a framework that could be incorporated by all organisations in terms of policy, operations, priority and resources.

GBV has been an integral part of armed conflict throughout history and continues to be a feature of almost all recent conflicts e.g. Sierra Leone, Bosnia, Kosovo, Democratic Republic of the Congo, Rwanda, Liberia, Darfur and Afghanistan/Pakistan. It is prolific and extremely widespread; it is systematically used as a deliberate weapon of war. Some of the statistics are truly staggering – it is estimated that up to 75% of women in Liberia were raped during the conflict, and in Rwanda between 250,000 and 500,000 women were raped during the genocide – and a decade later, 67% of survivors are HIV positive.

One of the starker facts to emerge was just how endemic GBV is in post-conflict/non-conflict environments: though perhaps this should not be surprising given the very high incidence of rape, domestic violence and other forms of GBV in all societies.

There is a growing acceptance that sexual exploitation is also widespread in humanitarian situations where sex is traded for food rations, for safe passage, and for access to basic goods - reflecting the failure of the international community to protect the fundamental rights of populations affected by conflict.

GBV is an acknowledged human rights abuse and is a violation of numerous international human rights instruments that place responsibility on host governments and other players to protect human rights of affected populations.

The abuse of power and gender inequality are at the root of GBV. The perpetrators are often in positions of power and trust, such as police, army, teachers, and national and international humanitarian agency staff. The subject is shrouded in silence, impunity and complacency. The prevalence of GBV is a serious barrier to the achievement of the Millennium Development Goals, in particular in terms of women and girls participation and capacity to benefit from development programmes.

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. I strongly encourage the agencies involved to take this issue forward within their own organizations and their spheres of influence to promote zero tolerance of GBV. The impact of this work will be evident in the future in protecting and empowering women and girls in conflict and post conflict situations.

Mary Robinson
New York, October 2005



ABBREVIATIONS

AI Amnesty International

CEDAW Convention on the Elimination of Discrimination against Women

DCI Development Cooperation Ireland

DRC Democratic Republic of Congo

EU European Union

GBV Gender Based Violence

HAPS HIV/AIDS Programme Support

IASC Inter-Agency Steering Committee

INGOs International non-governmental organisations

IRC International Rescue Committee

MAPS Multi-annual Programme Scheme

NGOs Non-Governmental Organisations

ODI Overseas Development Institute

4Ps Programme Participant Protection Policy

RHRC Reproductive Health Response in Conflict Consortium

SCF Save the Children Fund

SHI Self-Help International

STDs Sexually Transmitted Diseases

UNHCR United Nations High Commission for Refugees





- 1 GBV has been an integral element of armed conflict throughout history; it is **prolific** and **extremely widespread**. It is systematically used as a weapon of war, and is on the increase especially in Africa. The atrocities, perpetrated primarily against women and girls, though men and boys are also victims², are well known. Human rights organisations, such as Amnesty International and the international media have made GBV more visible.
- 2 Sexual exploitation is widespread in humanitarian situations where sex is traded for food rations, for safe passage, and for access to basic goods. **This reflects the failure by the international community to protect the fundamental rights of populations affected by conflict.** The perpetrators are 'the trusted' including military and police, peacekeepers, host communities, international and national humanitarian agency staff. GBV is perpetrated in schools, medical clinics, distribution and registration sites.

- 3 GBV is also **endemic in post-conflict situations**, yet there is a tendency by donors and humanitarian institutions to focus almost exclusively on sexual crimes during conflict with little attention to the longer-term needs of victims. Few organisations have reflected on the extensive nature of GBV, its underlying causes and its prevalence in post-conflict situations; there are even fewer measures to reduce domestic violence.
- 4 A further issue for agencies is *what is the cost of not engaging with GBV?* The costs are significant: people's human rights are abused, atrocities and individual trauma and suffering continues and humanitarian and development interventions are undermined.
- 5 There is more than adequate documentation of GBV in conflict situations, and numerous codes of conduct, check lists for action, resource materials and training manuals have been developed. **The time has now come for action.**

[Study Findings 6 – 9 overleaf](#)

EXECUTIVE SUMMARY

Study Findings



KEY CONCEPT 1

Gender Inequality and Gender Based Violence

Gender inequality and gender based violence are interlinked. GBV is rooted in gender inequality and in the imbalance of power relations. GBV happens when a woman's right to equality, liberty and security and the right to be free from discrimination, torture and degrading and inhuman treatment are violated systematically and over long periods of time.

² There is a lack of data on GBV perpetrated against men/boys because of the silence that surrounds it but it is considered to be rife especially among child soldiers.

³ *The Rights Based Approach – Development in an uncertain world conference report, Amnesty International, 2003.*



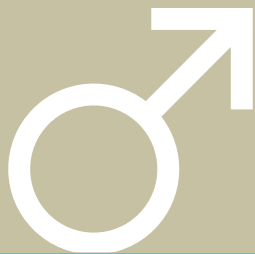
6 There is consensus that what is needed is:

- a** coordination and cooperation among agencies;
- b** a multi-agency and multi-sectoral approach to programming;
- c** engagement of local communities, without which, success is unlikely; and
- d** key services including health, psycho-social services and counselling, security and engagement with the legal context (including traditional mechanisms for protection).
- e** long-term and sustained budgets to tackle GBV.

- 7** The members of the consortium have all found a common interest and concern in tackling GBV. **The study is a starting point** for the agencies to identify and address GBV in programming: it has raised awareness of the problem and has given voice to an issue which previously has not been **explicitly discussed or systematically acted upon**.
- 8** Potential entry points for tackling GBV vary significantly among agencies depending on their ethos, their partnerships, and the nature of their programming e.g. from human rights, social justice, poverty and basic needs frameworks. The conclusion of this report is that NGOs' own existing policy frameworks offer the best option for integrating GBV.
- 9** It is hoped that **the silence has now been broken among Irish NGOs** such that it enables them to move forward on the issue.

EXECUTIVE SUMMARY

Study Findings



KEY CONCEPT 2

Human Rights & Gender Based Violence

A human rights based approach recognises that 'dignity, equality and justice can only thrive when the economic, social, cultural and political well being of all people are advanced in unison^{3f}. GBV is an abuse of human rights. It is violence on a large and endemic scale against women and children because of their gender.

The abuse of power is at its base and the best strategy for preventing GBV is to address the root causes of gender inequality and discrimination. It involves influencing and changing attitudes and behaviour of men and women, boys and girls, young and old. Ignoring or tolerating GBV raises issues of acquiescence and complicity.

colombia

equador

brazil



LINK BETWEEN RAPE AND THE SPREAD OF HIV/AIDS

The genocide in Rwanda continues to take lives ten years later, slowly and painfully. The results of a survey carried out by the Rwandan Association for Genocide Widows indicated that 67% of women who survived rape had HIV⁴. 'In the minds of those responsible for the genocide, HIV/AIDS was a three pronged weapon': 'a woman who was raped and infected with the virus became a potential source of transmission for any future sexual partner; her subsequent children would almost certainly die; and the chances or likelihood of the same woman surviving are slim. The connection between high rates of HIV/AIDS infection and conflict is also evidenced among women who have been raped in the DRC.



RECOMMENDATIONS

- 1 A Guidance Note for Management and a framework for an integrated approach to combat GBV accompanies this Executive Summary. It is recommended that agencies **identify a few key actions** on which they can realistically and feasibly move forward within the next 6 and 12 months.
 - 2 As a starting framework, and in order to build knowledge, awareness and expertise, agencies could consider taking actions at any or all of three levels:
 - a **Institutionalise GBV responses internally** within their organisation e.g. awareness creation, training and planning.
 - b **Develop programmatic responses** e.g. a simple audit of programmes, raising GBV at strategic moments to create space for information collection, sharing and dialogue, integrate the issue of GBV into terms of reference for programme design, reviews; agendas of field offices; development of country strategies.
 - c **Advocate** through establishing alliances and networks at local, national and/ or international level.
- As a body of knowledge emerges and confidence grows, a more systematic approach should be adopted.**
- 3 Development Cooperation Ireland and agencies should incorporate GBV responses into their funding and monitoring mechanisms. GBV needs a profile of its own to ensure that it is on the agenda of agencies. The consortium should facilitate the sharing of information and good practice and act as a peer support mechanism on the issue.

⁴ Source: UNAIDS Global Coalition on Women and AIDS.

⁵ Source: www.hrw.org

darfur

kosovo
bosnia

iraq

afghanistan

pakistan

india

thailand

A GLOBAL ISSUE

Act now



TACKLING GENDER VIOLENCE
What can we do?

pull out & keep

→ 1
INSTITUTIONALISE GBV AT ORGANISATIONAL LEVEL
There is a strong link between GBV & a culture of impunity. Organisations need to have a clear policy on GBV, and ensure that all staff understand and are held accountable for it. This includes ensuring that all staff are trained on GBV, and that there is a clear line of reporting and support for victims.

→ 2
SUPPORT GBV PROGRAMMING UNDERSTAND THE CONTEXT
The range and extent of GBV will vary from context to context. It is essential to understand the local context of GBV, including the cultural, social and economic factors that influence it. This includes understanding the power dynamics between men and women, and the role of community norms and values.

→ 3
INTEGRATE GBV INTO ALL PROGRAMMING
GBV should be integrated into all programming, not just GBV-specific programmes. This includes ensuring that all staff are trained on GBV, and that there is a clear line of reporting and support for victims. It also includes ensuring that all programmes are designed to be safe and effective for women and girls.

→ pull out & keep

The pull-out opposite brings together a summary of the generic steps that each agency should follow, this is a guide to a process which will help agencies respond effectively and systematically to GBV. The pull-out will be useful for distribution to field staff and partners and for those working full-time against GBV.



9

Every 14 days a Colombian woman is a victim of forced disappearance. (2001 report by the Women and Armed Conflict Work Table). (UNIFEM 2001)

50,000 women & children are trafficked in, each year, primarily from Latin America, Russia & other East European countries, & Southeast Asia. (Government Estimates, ARIAT, Country Plan of the United States, 1999). (Coalition Against Trafficking in Women, 2001)

811 women, mainly from East Europe were freed from 'white slavery' rings in 2002; two-thirds of them were violently forced into prostitution. (Federal police information, 2003)

germany

united states

colombia

ecuador

brazil



TACKLING GENDER VIOLENCE

What can we do?

pull out & keep

→ 1

INSTITUTIONALISE GBV RESPONSES AT ORGANISATIONAL LEVEL

Issue

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

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

Actions

Establish a vision or policy or integrate within an existing policy framework

Set standards of behaviour for all your staff/partners & enforce

Allocate lead, high level responsibility (a team rather than an individual)

Integrate GBV into appraisals, regional/country programming design, implementation & monitoring

Build staff capacity through documenting programme experience, research, training

Link with (inter)national human rights organisations to develop effective ways of working together

Give voice to GBV e.g. management and staff meetings at local, regional and HQ level; raise GBV in training events

Draw lessons from HIV and gender mainstreaming

→ 2

SUPPORT GBV PROGRAMMING UNDERSTAND THE CONTEXT

Issue

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

Actions

In programme design, GBV should be integrated into existing conflict and post-conflict assessment, risk & vulnerability analysis, appraisal & design mechanisms (don't base design on assumptions and stereotypes about men and women)

Ensure community participation throughout; look for local civil society input – without it you will fail

Work with national governments to respect international law and their legal responsibility to provide protection

Provide adequate resources and skills to assessment/emergency teams

Support staff working on this sensitive issue through supervision/ mentoring/ facilitating opportunities for discussion

TACKLING GENDER VIOLENCE

What can we do?

→ 3

MAKE PREVENTION AND PROTECTION CENTRAL TO PROGRAMMING

Issue

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

Actions

Protection & the prevention against GBV to be at the core of programming approach

Build staff capacity for assessment, planning, implementation and monitoring & establish a training programme

Design an inter-sectoral approach and accompanying activities, and link with agencies providing complementary services

Review camp design and management: involve local women in distribution/service delivery, ensure transparency in eligibility; provide information using appropriate methods, channels and languages; employ women staff

Establish and enforce standards of behaviour among national and international staff and don't be afraid to take action against violators

Coordinate approach with other partners on programming, and collectively hold host governments accountable to provide protection

→ 4

IMPROVE SERVICE DELIVERY: RESPONDING TO GBV

Issue

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

Actions

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

Community and social services: protection and rights awareness; outreach to survivors; counselling; support in accessing other services and the justice system; group activities that promote building support networks, gaining confidence, skills building, economic independence

Health care/HIV/AIDS: outreach and identification of survivors, examination & treatment by trained staff equipped with appropriate medical supplies; documentation of medical evidence; mechanisms in place for referral; linking with traditional healing practitioners

Security and police: coordinate with other agencies for protection of displaced people; invest in security measures e.g. fencing, lighting at night, communication mechanisms; promote appropriately trained police in security and documentation of GBV; urge host governments to live up to their human rights responsibilities

Justice and legal system: advocate for non-discriminatory laws and practices e.g. promote changes in national and traditional laws and practices to bring about stronger protection of women and children e.g. education and advocacy with displaced leaders, religious leaders, working with (inter)national human rights organisations



→ 5

ENGAGE WITH CIVIL SOCIETY

Issue

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

Actions

Engage with/form alliances and networks with (inter)national human rights organisations & local CBOs

Ensure participation of women, communities and representatives of civil society in needs assessments, planning, design and implementation of programmes

Support women's, human rights and democratisation organisations who are working towards eradicating GBV

Make a commitment for long-term partnerships as it is recognised that reconstruction takes time

Consider small scale funding for start-up organisational support and capacity building (e.g. purchase of computers, access to IT, core staff costs and training)

Support sustainable income generation activities and poverty alleviation strategies

Support research, learning, information sharing and networking initiatives between CSOs in countries which have experienced conflict & reconstruction

→ 6

COORDINATE & COLLABORATE WITH PARTNERS/OTHER AGENCIES

Issue

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

Actions

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

An integrated approach is required to overcome the risk of fragmentation of approach & services which can result in communities becoming confused and divided, or worse still, that the atrocities continue in the absence of a cohesive approach

D



TACKLING GENDER VIOLENCE

What can we do?



→ LIST OF RESOURCES AND CONTACTS

Full Report on Gender Based Violence is published on http://www.siyanda.org/docs/dci_gbv.pdf

For further training on GBV responses and best practices: www.dtalk.ie

For further information on consortium members, visit their websites:

Amnesty International at www.amnesty.ie

Child Fund of Ireland at www.childfund.ie

Christian Aid at www.christian-aid.ie

Concern at www.concern.net

Development Cooperation Ireland at www.dci.gov.ie

GOAL at www.goal.ie

Oxfam Ireland at www.oxfamireland.ie

Self Help Development International at www.selfhelpintl.ie

Trócaire at www.trocaire.ie

→ OTHER USEFUL WEBSITES

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

www.eldis.org
as above

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

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

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

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

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

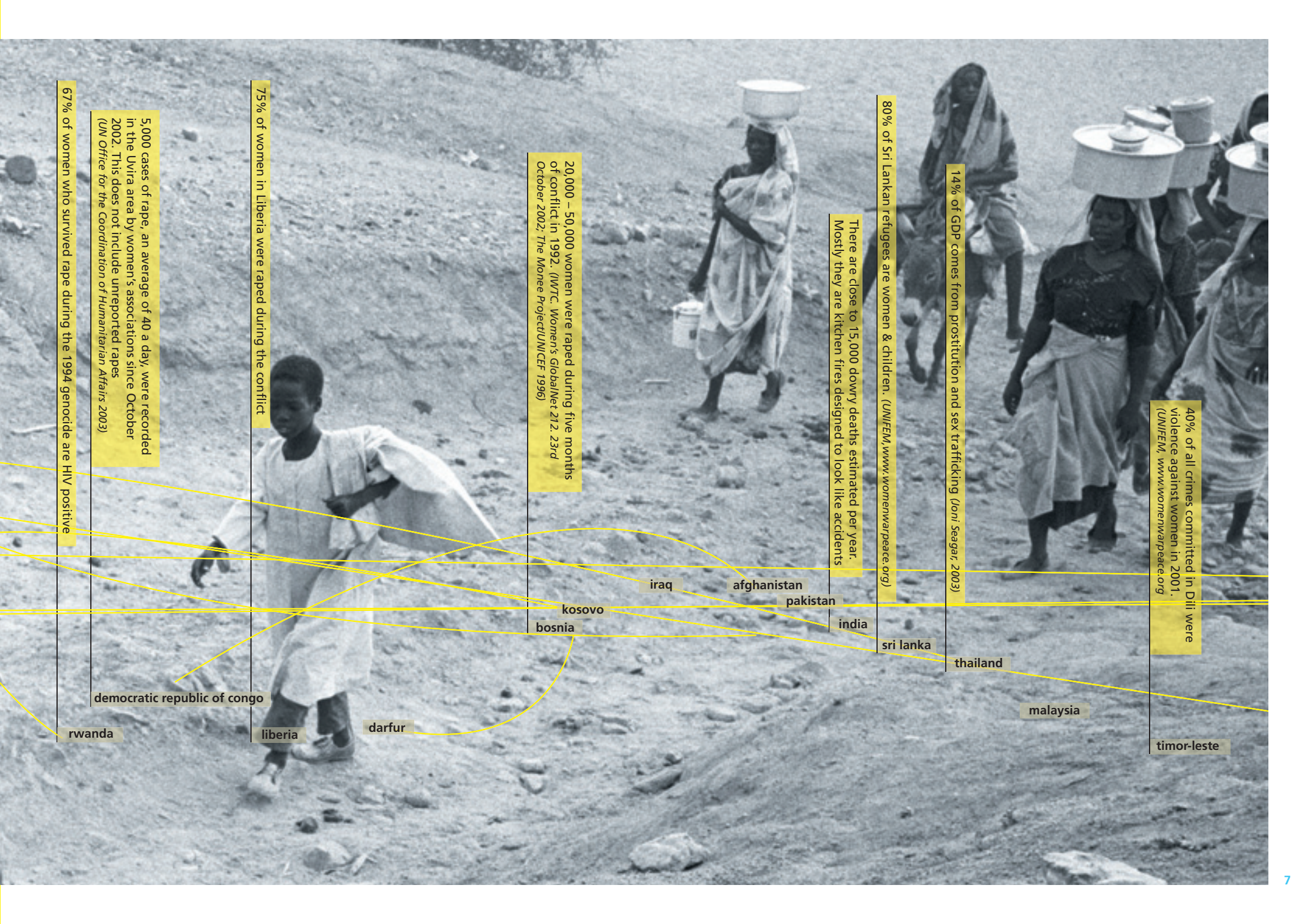
UN agencies

www.undp.org

www.unifem.org

www.unicef.org

www.unaids.org



67% of women who survived rape during the 1994 genocide are HIV positive

5,000 cases of rape, an average of 40 a day, were recorded in the Uvira area by women's associations since October 2002. This does not include unreported rapes (UN Office for the Coordination of Humanitarian Affairs 2003)

75% of women in Liberia were raped during the conflict

20,000 – 50,000 women were raped during five months of conflict in 1992. (IWTC, Women's GlobalNet 21.2. 23rd October 2002; The Monee Project/UNICEF 1996)

There are close to 15,000 dowry deaths estimated per year. Mostly they are kitchen fires designed to look like accidents

80% of Sri Lankan refugees are women & children. (UNIFEM, www.womenwarpeace.org)

14% of GDP comes from prostitution and sex trafficking (Joni Seagar, 2003)

40% of all crimes committed in Dili were violence against women in 2001. (UNIFEM, www.womenwarpeace.org)

democratic republic of congo

kosovo

iraq

afghanistan

pakistan

india

sri lanka

thailand

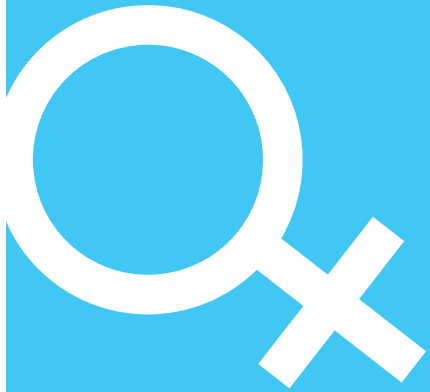
malaysia

timor-leste

liberia

darfur

rwanda



Background

This study on Gender Based Violence (GBV) *was initiated by Amnesty International*⁶ in response to the atrocities in Darfur, Sudan and is the first such initiative where Irish human rights, humanitarian and development NGOs and Development Cooperation Ireland have jointly funded such a study. This in itself is testimony to the concern that exists within agencies on the pervasiveness of GBV and is an acknowledgement of the need to take action.

Sexual Violence and Exploitation of Children

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

A controversial study by Save the Children UK (SC-UK) and UNHCR⁸ on sexual violence and exploitation of refugee children in Liberia, Guinea and Sierra Leone highlighted the extent of involvement of agency workers from local and international NGOs as well as UN agencies in the sexual exploitation of refugee children, often using humanitarian assistance and services as a tool of exploitation⁹. Staff were reported to trade humanitarian commodities and services, including medication, oil, bulgur wheat, plastic sheeting, education courses, skills-training, school supplies etc., in exchange for sex with girls under 18 years. The practice appeared particularly pronounced in locations with significant and established aid programmes

Three key words summarise the problem: endemic, silence, impunity. GBV is widespread in both conflict and post-conflict situations. Perpetrators are guaranteed impunity because social stigma acts as a deterrent against reporting, police and justice systems are weak or complicit, and because of the silence by host governments and the international community. The first challenge to Irish agencies is to give voice to the issue.

GUIDANCE NOTE for Management



guatemala honduras

colombia

ecuador

brazil

⁶ Amnesty is running a global campaign on GBV and has published research on GBV in Ireland.

⁷ UN Secretary General Bulletin, October 2003

⁸ Sexual violence and exploitation: The experience of refugee children in Liberia, Guinea and Sierra Leone, Save the Children UK & UNHCR, 2002.

⁹ A subsequent UNHCR investigation "failed to substantiate the specific allegations against named individuals, although Save the Children UK still regards the general findings of the original study as valid." (ibid). This case raises complex issues about standards of evidence. However, it resulted in the UN Secretary General issuing a special Bulletin in October 2003 that sets down clear standards of conduct for peacekeepers and UN workers.

The Implications

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

Its systematic use as a weapon of war is on the increase in Africa. These human rights abuses have resulted in psychological trauma, social stigmatisation and isolation of survivors, making reintegration into their families and communities difficult. A majority of women who are raped, test HIV positive.

The resulting long-term mistrust among communities is a particular challenge to peace building and the re-building communities.

In post-conflict situations, the prevalence of GBV is a serious barrier to the achievement of the Millennium Development Goals in terms of women's participation and women's/girls capacity to benefit from development programmes.

Men and boys (especially child soldiers) also suffer GBV but the associated stigma makes it very difficult to identify and to generate uptake of services.



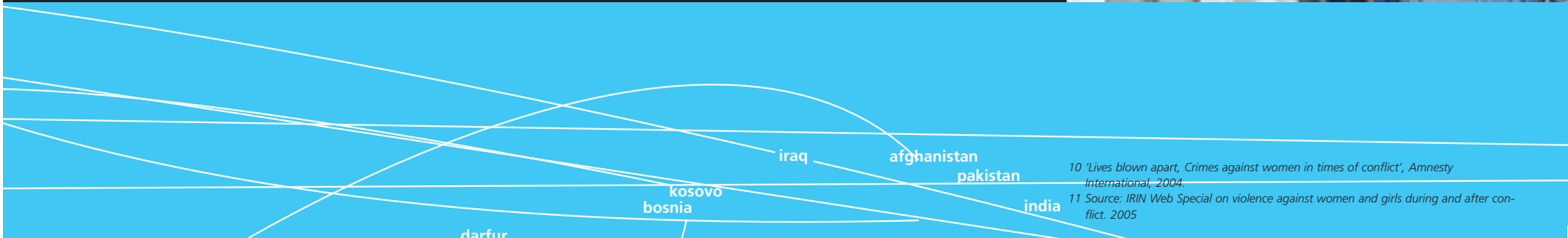
KEY CONCEPT 3

GBV as weapon of war

GBV is not incidental to conflict, but is embedded in all aspects of warfare. 'Patterns of violence against women in conflict do not arise "naturally", but are ordered, condoned or tolerated as a result of political calculations.... Stereotypical or violent attitudes to women already prevalent in society are consciously inflamed or manipulated by those forces – military, political, social or economic – which consider that such a strategy of war will be to their advantage¹⁰.' At present, those committing

violations in conflict or post-conflict environments run virtually no risk of investigation, let alone prosecution. Despite many thousands of cases of violent sexual abuse in Eastern DRC, only one man was prosecuted and later acquitted¹¹.

Most GBV crimes are committed with a knowledge of impunity, by people who know that they will go unpunished.



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

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



KEY CONCEPT 4 Violence against men

It is important to recognise that men and boys are often conscripted and killed in battle, and suffer victimisation and physical and sexual violence. Men suffer human rights abuses e.g. prisoners of war, torture, forced conscription and as the direct target of armed conflict. The increasing number of female headed households in conflict zones is an illustration of men's specific vulnerability. Men can be indirect targets by perpetrators of violence whereby the rape of women, especially in front of the family and community is a way of demoralising men and undermining their role as protector.

Not sure where to begin?

GBV is very broad and potentially overwhelming

Focus on what is achievable – not the impossible

Set priorities and focus on clear types of GBV rather than trying to deal with the entire range of abuses that are perpetrated.

Establish integrated rather than stand-alone programmes

Build a body of knowledge and capacity by drawing on existing experiences within your organisation in locations with significant and established aid programmes

What can we do? 5 Actions

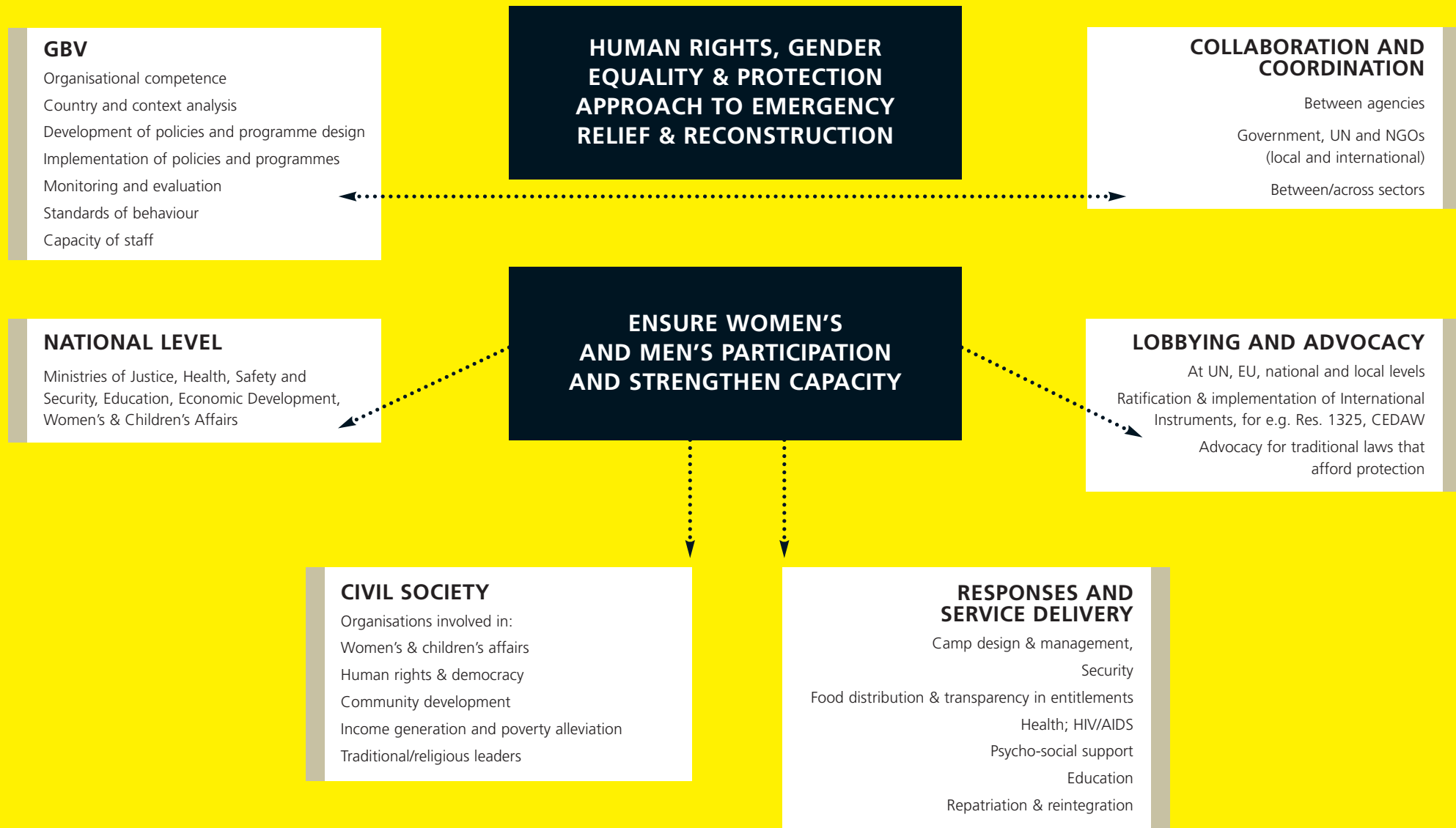
- 1 Develop a vision, set clear priorities (you can't do everything), build a body of knowledge within your organisation & monitor; share with partners
- 2 Institutionalise GBV responses e.g. develop a policy framework, allocate lead responsibility; set & enforce standards; train staff/partners
- 3 Ask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

el salvador

guatemala

honduras

FRAMEWORK FOR INTEGRATED APPROACH TO GBV PROGRAMMING IN CONFLICT AND POST CONFLICT SITUATIONS



GENDER BASED VIOLENCE

a failure to protect

A CHALLENGE TO ACTION



FRONT COVER IMAGE

Women in the Bredjing Refugee Camp, set up in Chad to shelter refugees fleeing the conflict in Darfur, Sudan.

© Jane Evelyn Atwood

INSIDE FRONT AND BACK COVERS

Aurora Filipa
Between 1995 and 2000, 331,600 women were sterilized in Peru.

© Olivier Coulange

BACK COVER

Kadira Mešanović, Bosnia:
The worst moments, you can never wipe them from your mind. It is always the same memories that haunt you, always the same.

© Isabelle Eshragi

PAGE 1

Mary Robinson

© Egon Zehnder
International GmbH

PAGE 2

1 © Goal

2,3 Bredjing Refugee Camp in Chad.

© Jane Evelyn Atwood

4 Malaya Lolás (Freedom Grandmas) at their monthly meeting speak to Amnesty researcher, Mapanique, Philippines.

© Paula Allen

PAGE 3

5 A survivor of sexual violence in Sierra Leone, where systematic rape and other forms of sexual violence have been used as weapons of war and to instil terror during a decade of internal conflict.

© ICRC/Nick Danziger

PAGE 4

6 Azabetha and Sabeta, Bosnia.

© Isabelle Eshragi

Page 5

7 Bredjing Refugee Camp in Chad.

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8 Vemancia, Peru.

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PAGE 6 – 7

9 Bredjing Refugee Camp in Chad.

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PAGE 8

10 Bredjing Refugee Camp in Chad.

© Jane Evelyn Atwood

PAGE 9

11 Cleo Phe, Peru.

© Olivier Coulange

12 Women using an official 'writer' to help with their petition to a court in Kabul, Afghanistan. Women victims of crime are denied access to justice in Afghanistan and there are few prosecutions for crimes against women.

© Amnesty International

PAGE 10

13 © Goal



PULL OUT & KEEP

A Alema Memišević, Bosnia:
I talk to people so I will not turn crazy. Even when dead in my grave I will not be at rest, I am so restless. I am afraid of myself. In my dreams I can only see dead people.

© Isabelle Eshragi

B, C Bredjing Refugee Camp in Chad.

© Jane Evelyn Atwood

D Lola Celerina and Lola Tarcila, former Comfort Women, Philippines.



