How To Guide

Sexual and Gender-based Violence Programme in Guinea

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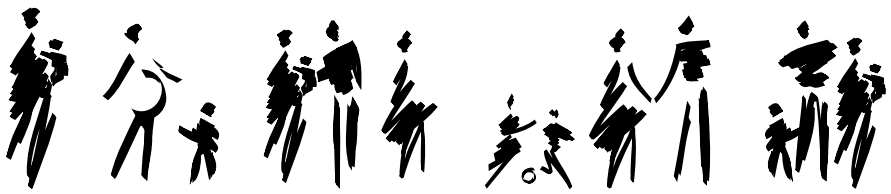
Health and Community Development Section

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES



This is the seventh in a planned series of HOW TO GUIDES that document how Reproductive Health (RH) activities were implemented in the field. It was compiled by Trish Prosser who acted as the International Rescue Committee Project Co-ordinator for Guinea in 2000.

Each How To Guide documents one field experience and illustrates and innovative approach to a particular area of RH. The Guide is not meant to present a definitive solution to a problem. Rather, its recommendations should be used and adapted to suit particular needs and conditions of each refugee setting.

Should you have any questions about this Guide, please contact UNHCR Guinea or the Health and Community Development Section at UNHCR Geneva (e-mail: HQTS00@unhcr.org).

Other HOW TO GUIDES:

❶ Crisis Intervention Teams: Responding to Sexual Violence in Ngara, Tanzania (January 1997)
❷ From Awareness to Action: Eradicating Female Genital Mutilation with Somali Refugees in Eastern Ethiopia (May 1998)
❸ Reproductive Health Education for Adolescents – Prepared by the IRC, Guinea (February 1998)
❹ Building a Team Approach to Prevent and Respond to Sexual Violence in Kigoma, Tanzania (December 1998)
❺ Strengthening Safe Motherhood Services, Tanzania (November 1998)
❻ Monitoring and Evaluation of Sexual Gender Violence Programmes, Tanzania (April 2000)

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WHAT IS THIS GUIDE ABOUT?

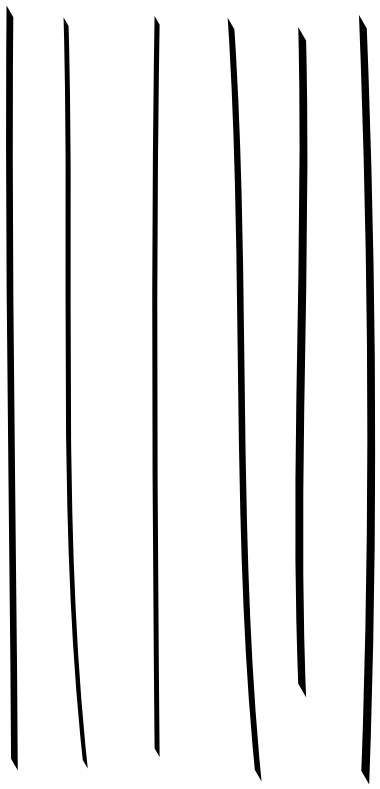
This guide provides an overview of the Sexual and Gender-Based Violence (SGBV) programme for refugee areas in the Republic of Guinea. Its purpose is to assist other on-going SGV programmes or those in the initial planning stages through summarising what was accomplished, how it was done and the lessons learned during the implementation of activities.

This guide describes the programme throughout the period October 1999 to September 2000 when programme activities were suspended due to instability in the country. A needs assessment had led to a programme proposal that received funding through Ted Turner funds and other donors. The previous Programme Manager left in early September 1999 and it took 6 weeks until his successor assumed responsibilities. There was no formal handover of functions and documentation was limited. There was a refugee programme officer and secretary and 12 community workers who all had received a four-day training. An interview process had taken place for Community Trainers, as well as some sensitisation with refugee community leaders. A three-day workshop took place with UNHCR and other implementing partners to identify needs and delegate responsibilities for response to SGV. A lack of continuity and staff turnover had negatively impacted the planned responses. Cases had been identified by community workers and had assisted survivors as best they could with their limited training.

One of the main problems encountered involved the accurate and appropriate documentation of cases. Included in the

Appendix is the last draft of the Incident Report Form and other record keeping documentation for which the programme had been using on a trial basis until the security situation forced the suspension of activities. Although in programmatic terms response to SGV is relatively new (although an age-old problem), material is relatively sparse. It is hoped that this guide will be of assistance and used as a tool for other programmes in the important project planning phase and thus lead to complementary approaches that are necessary to further develop the prevention and response to SGBV.

This guide will follow the format of the Programme Cycle as laid out on Page 3 for logical order. However, we will first look at some of the challenges as a whole for establishing an SGV programme.



CHALLENGES IN ESTABLISHING AN SGV PROGRAMME

POLITICAL
Authorities
Resistance
Protection
Recognition
Infrastructure

LARGE SCOPE OF THE PROGRAMME

WHERE TO BEGIN?

MEDICAL
Medication/treatment
Follow-up
Confidentiality

STAFF
Experience
Personal security
Individual support & supervision
Advocacy

COMMUNITY
Mobilisation/active participation
Cultural resistance
Education

PROGRAMME
Assessment/baseline data
Information on prevalence
On-going record keeping
Protocols/follow-up guidelines

LEGAL/PROTECTION/SECURITY
Physical protection of survivor
Safety of staff
Law of host country
Corruption
Securing perpetrator

INTERAGENCY COLLABORATION
Staff turnover
Continuity
Align and complement activities

RESOURCES
Finances/logistical
Constraints/equipment
Procurement
Continuity and timelines of funding

Policy/Procedures/Communication/
Advocacy/Security/Confidentiality/
Protection/Resources/Collaboration/
Information/Education/Management

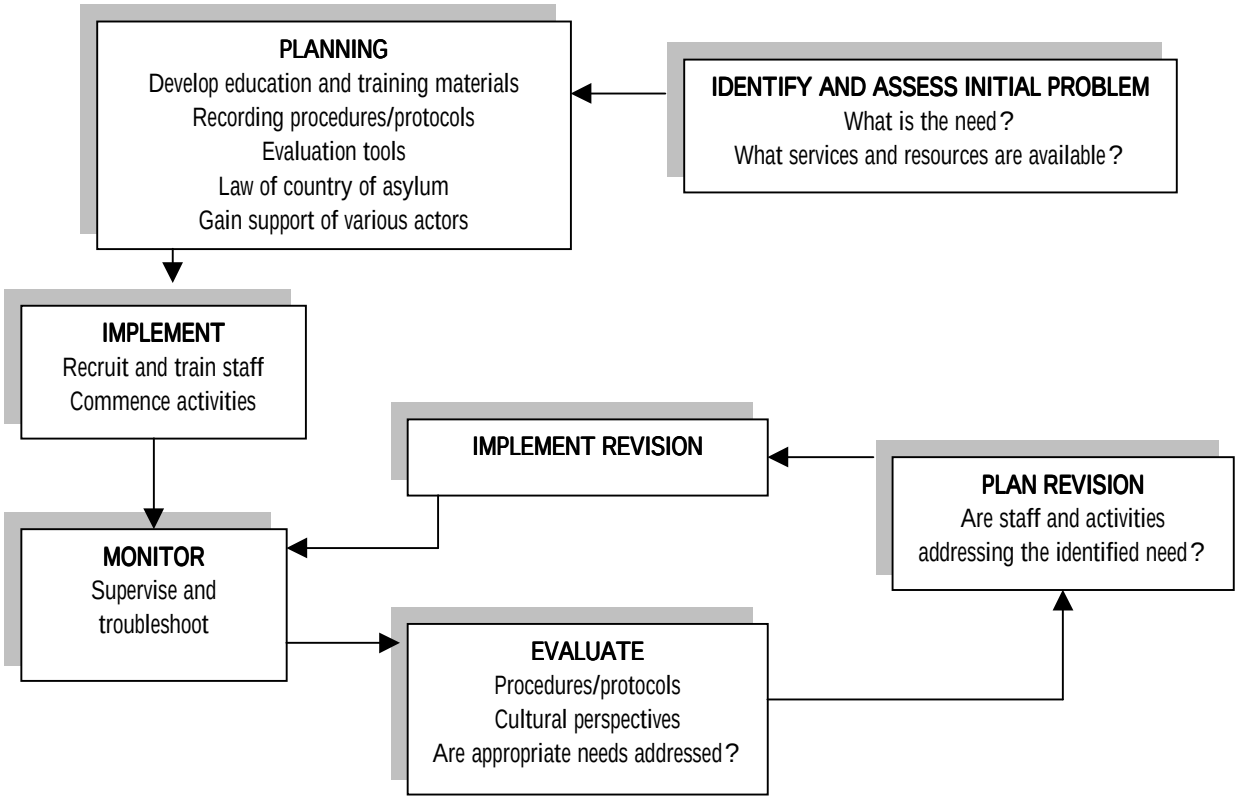
SURVIVOR
Confidentiality
Culture/stigma
Security/support
Advocacy

SUSTAINABILITY

BUT WHERE DO YOU BEGIN?

WITH THE PROGRAMME CYCLE !

WHAT IS THE PROGRAMME CYCLE?



Phase I Needs and resource assessment.

Phase II Planning - including evaluation tools and indicators.

Phase III Implement planned activities.

Phase IV Monitor. Field supervision. Find the best solution to problems encountered.

Phase V Evaluate - is the programme addressing appropriate issues according to the needs of the community?

Phase VI If the correct needs are identified, are they being attended to in a manner that is complementary for the community? This is the only way to achieve sustainability.

Phase VII Encourage community response and action through implementing activities that are meaningful.

BACKGROUND

Since 1989, civil conflict in Liberia and Sierra Leone had resulted in the exodus of over half a million refugees to the Republic of Guinea. Over the past decade, large numbers of Sierra Leonean and Liberian refugees have repatriated to their respective countries, only to flee again to Guinea as a result of continuing political instability and violence. In 2000, the situation remained fluid with no enduring peace in sight. Protecting refugees in this context remains a major challenge.

Human Rights Watch reported a series of human rights abuses that occurred during both conflicts, involving physical mutilation, torture, rape and murder. In Sierra Leone in particular, there were recorded cases of limb, ear, lip amputation; the gouging of eyes; gunshot wounds; burns; injections with acid; scarring; and tattoos. There were numerous identified cases of girls as young as five years old who had been held as slaves by rebels for prolonged periods of time, and repeatedly raped by numerous perpetrators.

OVERVIEW OF THE REFUGEE SITUATION IN GUINEA

Over the past decade, a number of systems, organisations and services have been developed by international and national organisations to assist refugees living in Guinea. However, after such a prolonged period of time international attention has waned, and together with it - resources.

Refugees in Guinea had lived in mixed environments - some in urban areas whilst others in camps. The population of some towns had increased considerably to accommodate them, mainly in the Lower Forest Region and the capital, Conakry. There were approximately 100 refugee camps in Guinea, the largest concentration – mainly Sierra Leonean - in the Gueckedou-Kissidougou prefectures. The Forecariah region also played host to a number of refugee camps. By 2000, only limited and discrete groups of Liberian refugees were still living in camps and eligible for assistance.

In the Guinea camps, many unaccompanied women, children and others considered vulnerable suffered from inadequate protection. There were delays in the distribution of temporary/ration cards thus reduced access to food and non-food items. Some refugees had simply returned to their country of origin hoping for better conditions than those experienced as refugees.

The presence of former combatants amongst the refugee population had hampered humanitarian assistance and protection. The proximity of many camps to the border areas presented a problem for aid delivery aid, whilst the fluid border situation allowed for the movement of combatants back and forth. In other camps, ex-combatants

were living side-by-side with the general population and thus created problems. Some of these ex-combatants were separated minors, whilst other ex-combatants families' refused to acknowledge them or even allow them access to their homes due to their unpredictable and often aggressive behaviour. This will probably become a more serious problem in the future. The already stretched Guinean infrastructure had been pushed to the limit. Guinea has experienced it's own internal problems over the past 30 years. The health and judicial systems had been poorly resourced as were communications and roads. Guinea also had it's own political and ethnic tensions.

Operations for humanitarian organisations had permeated between emergency, care and maintenance, and development. Organisations had arrived and left again; some only to return directed by their mandates. This was also affected by funding sources - it was not uncommon to find NGOs working in certain camps doing certain activities, whilst other camps received minimal assistance. Staff turnover was high, and enhancing collaboration a continuous process.

By the beginning of the year 2000, the move for many programmes was towards integration of the refugee population from an anglophone to a francophone environment. There the Guinean government ministries would eventually take on a greater role of responsibility for the refugees in their country. For organisations committed to continuing work in Guinea, this was a necessary consideration. Since October 1999, the aim of the SGV programme had been to engage the refugee community, host community, and aid community to develop a needs-based, community-driven, effective and compassionate system for

assisting the survivors of SGV and preventing future sexual and gender-based violence.

WHY WERE PROGRAMME ACTIVITIES SUSPENDED?

On 12 September 2000, as a result of attacks on the Guinean borders, NGOs were ordered to terminate the employment of all refugee staff who were not camp-based within 24 hours. Attacks on the borders in the Macenta, Kindia and Forecariah regions were said to have been perpetrated by a variety of groups including Liberians, Sierra Leonean rebels (RUF) and Guineans opposed to the current regime. As a result, all refugees living outside camps were to be moved within a 7-day timeframe to camps where they would be contained. There was a great deal of tension and antagonism from the host population towards the refugees. Beatings, looting, destruction of property and rapes were all too frequently reported. An attack on the Forecariah region on 6 September led to a suspension of activities. The situation further deteriorated and on 12 September expatriate staff were evacuated. In Conakry, refugees were gathered and placed in makeshift holding centres at various locations within the city. Others fled to the Sierra Leonean Embassy for protection from the military who were conducting door-to-door searches. On 18 September the situation in Gueckedou became untenable and all expatriate staff members were forced to evacuate. Many local staff evacuated to Kissidougou.

On 20 September UNHCR officially suspended all programme operations in Guinea pending a further security assessment. In October, many international UN and NGO

staff left Guinea. The security situation remains unsettled. For the SGV programme, the whereabouts, condition and safety of many refugee staff remains unknown.

PREVIOUS PROGRAMME ASSISTANCE OVERVIEW

UNHCR had been the umbrella organisation for implementing international and national NGOs, and for liasing with Guinean organisations and the government for services to refugees. The responsibilities of many organisations had changed over time due to mandates and funding. There were other organisations that did not come under this umbrella, as they were development oriented and concerned with the Guinean population only.[1] The following is a brief description of who was involved and what problems resulted in area of basic needs (i.e. health, community services and security).

❶ BASIC NEEDS (FOOD, SHELTER, CLOTHING, HYGIENE)

WHO WAS INVOLVED?	SERVICES PROVIDED?
World Food Programme CARE ACF IRC	Food items, distribution, nutrition School feeding
GTZ Red Cross	Non-food items, logistics
MSF GTZ	Water and sanitation
Red Cross / FISCR SECADOS	Identification of vulnerable requiring special assistance
Handicap International	Specialised services for vulnerable persons, e.g. amputees, the blind

CHALLENGES AND CONSTRAINTS

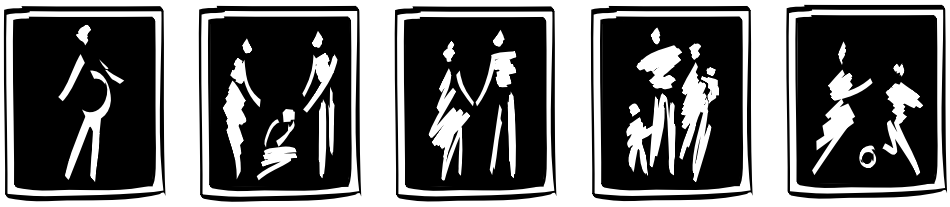
- Lack of resources.
- Limited and timely provision for 'new arrivals'.
- Geographical coverage of all camps.

OVERVIEW OF BASIC NEEDS

Most refugees were living in small, single-family mud huts. Some of the 'new arrivals' lived in family booths or 'hangars'. Most of the camps were large crowded communities, with huts constructed very close together. Most refugees, especially children, did not have adequate clothing and other essential non-food items.

Although census/verification were carried out regularly, there were still many refugees not officially registered. Thus a backlog of ration cards to be reissued after verification. There was also the ever-present difficulty of dealing quickly with 'new arrivals' from Sierra Leone.

It all made for a confusing picture where staff and resources were unable to keep up with the demands of such a fluid situation.



❷ HEALTH CARE SECTOR

WHO WAS INVOLVED?	SERVICES PROVIDED?
DPS MSF RHG	Community Health Centres
DPS	Regional hospitals
GTZ USAID PRISM ARC-Sante	Capacity building and funding
RHG	Reproductive health Emergency contraception

CHALLENGES AND CONSTRAINTS

- No medication or equipment.
- Lack of appropriately trained staff in Health Centres and Hospitals for SGV cases.
- Lack of confidentiality.
- Language barrier.
- Protocols for SGV cases are loose and not followed.
- Lack of transport and care for refugees once referred to a Regional Hospital.

OVERVIEW OF THE HEALTH SECTOR

The Guinean Ministry of Health or DPS (supported by UNHCR) provided health services to refugees who had a

temporary card. Over time the DPS had received financial support and capacity building from GTZ, UNHCR, PRISM and USAID. In most refugee camps there was a health post, staffed by a nurse (Guinean or Sierra Leonean) and a midwife (usually an RHG worker). In other camps, health posts were run by MSF. In theory, health posts were able to provide simple, non-surgical, basic preventative health care and simple curative services, such as medications, including reproductive health care. Other cases requiring further medical assistance were referred to the DPS run hospitals in the larger centres such as Ouende Kenema, Gueckedou, Kissidougou or Forecariah. For example, if there was a medical problem requiring surgery, the patient was either examined by a DPS doctor who made rotational visits to the health centres, or sometimes health centre staff referred the patient directly to these larger centres.

In practice there were a number of challenges:

- If the refugee did not have a temporary card, they were forced to pay for the treatment themselves. Despite having a temporary card, some refugees were still forced to pay for treatment.
- The majority of DPS staff spoke French, especially at the regional level. In the health posts it was usually possible to obtain translation from another member of staff if necessary.
- There were frequent complaints about medications not being available, except in the MSF health posts. If medications were prescribed and not available, they could sometimes be bought at 'black market' pharmacies, usually at inflated prices and with no assurance of quality.

- Confidentiality was a major complaint from those who had received treatment. In one example, an SGBV camp-based worker sought assistance from the Health Centre for treatment of a bad infection and fever. Within three days she had heard a rumour in the camp that she had HIV.

- Knowledge and skill of staff at the health posts regarding SGBV was questionable.

- Protocols for rape and other forms of sexual violence existed on paper, but were not practiced in health facilities. Staff were generally untrained and unaware of the correct and effective management of such cases. For example, the Reproductive Health Group (RHG) was trained and had emergency contraceptives available for use in the camps. They reported they had not had a single case where someone had requested emergency contraceptives. From discussions with many groups of women, they were unaware that this medication existed. In the general reporting forms for DPS staff there was no section to list any cases of sexual violence other than treatment for infection or injury.

❸ PSYCHO-SOCIAL / COMMUNITY SERVICES

WHO WAS INVOLVED?	SERVICES PROVIDED?
CVT (4 camps) BMZ-ARSL (5 camps) SECADOS Red Cross/FISCR (N'Zerekore, Forecariah, Macenta, Gueckedou)	Traumatised adults Identification of social problems General CS
ERM (5 camps) Handicap International (5 camps)	Traumatised children Post-amputees
IRC CMR	Tracing for separated children
IRC	SGV
BMZ-ARSL ARC CECI (Forecariah) CVT	Income-generation projects

CHALLENGES AND CONSTRAINTS

- Unequal distribution of services at some camps and regions.
- High staff turnover.
- Difficulties with collaboration/co-ordination at camp and central office level).

OVERVIEW

UNHCR encouraged - through community development partners - the setting up of women's group in all camps. These groups were forming, growing and seeking support. As a backlash, however, some of these groups had become 'too'

political and as a power base did not necessarily represent, nor seek to represent the interests of those women who needed them, such as the vulnerable and female-headed households.

There was a network of 'social workers' and NGO agents in the camps. In the Gueckedou-Kissidougou prefectures where most of the camps were, the camps with social and community development activities had been divided between SECADOS and the Guinean Red Cross/FISCR. In the Forecariah region, it was the Guinean Red Cross/FISCR. SECADOS was funded by UNHCR, and the Red Cross funded partially by UNHCR and the International Federation of the Red Cross. These organisations were the 'first line' for established refugees and new arrivals. Their primary activity was to identify refugees who qualified as "vulnerable" in accordance with UNHCR criteria (whether it be victims of violence, survivors of violence or extremely vulnerable individuals), and to ensure provision of special services and material support. Their role was also to refer cases to the most appropriate organisation existing in that particular camp to tend to the specific needs of the refugee. This required good collaboration, knowledge of other NGOs available and the type of services they provided, while personalities typically entered into the equation also.[2]

❹ SECURITY / PROTECTION

WHO WAS INVOLVED?	SERVICES PROVIDED?
Camp committees UNHCR IRC/SGV community groups	Co-ordination of security at camp level, security materials
UNHCR Guinean authorities	Reporting, legal follow-up or other necessary actions e.g. relocating refugees

CHALLENGES AND CONSTRAINTS

- Inadequate number of staff to deal with protection cases per population.
- Co-ordination and collaboration with refugees and Guinean authorities.
- Guinean judicial process.

OVERVIEW

Security was organised at camp level through the sector chiefs and the camp committee of the relevant camp. It was organised also this way in towns. UNHCR and SGV had provided materials to augment the security. SGV had specific volunteer security (men and women) who generally worked in co-ordination with camp security and patrolled areas that were considered 'unsafe'.

Camps had a security post where offenders could be detained. Offenders were either dealt with by the camp committee or handed over to the Guinean authorities, depending on the crime. For a typical offence such as

stealing, the camp committee may recommend a fine. This certainly happens with many cases of domestic or sexual violence. Matters could also be taken to the Guinean sous-prefecture for decision. This was largely dependent upon the relationship between the refugees and the sous-prefecture.

WHAT DO WE KNOW ABOUT SGV CASES IN REFUGEE SITUATIONS?

We know that in times of conflict and with forced migration, it is women and children who are more vulnerable and therefore more at risk. Previous information cites:

- 1985 - Vietnamese boat people
  39% abducted or raped at sea
- 1989-94 - Liberia (n=205 women, 15-70yrs)
  495 reported SGV; 15% reported a form of rape
  Factors: age, ethnicity, exposure to military
- 1997 - Tanzania (n=339women, 12-49yrs)
  26% reported SGV
- US: 14-20% women will experience a completed rape in their lifetimes
  5-8% of adult sexual assault reported to police

So we may assume a high starting point and expect underreporting.

NEEDS ASSESSMENT

WHAT WAS THE PROBLEM AND HOW WAS IT ASSESSED?

Focus groups were conducted in early 1999 to begin to understand SGV and types and magnitude of the problem. In a camp in the Gueckedou region during a women's association meeting, the chairwoman of the camp committee shared with her female audience that she had been kidnapped and raped. Afterwards, 58 out of the 150 women present admitted to being survivors of rape.

In small group discussions women suggested that rape during conflict or in-flight, was so widespread that to draw attention to any one individual - unless the case was particularly brutal or the survivor very young - was almost meaningless.

Many cases of rape or sexual exploitation only surfaced if the survivor needed medical attention due to injury, pregnancy or other health complaint such as an STI.

A number of concerns were identified and cited as reasons for rape, exploitation or sexual bartering:

- Lack of food, food distribution problems, inappropriate food items, lack of registration cards.
- Sexual bartering for food or non-food items was widespread among single female-headed households and adolescent girls. This was viewed as shameful, but necessary due to circumstances.

- Land allocation, which rests in the hands of the camp committee, rarely considered the protection of women. Female heads of households were safer in camps where they were surrounded by other females or families in preference to single men - some of these being ex-combatants. The situation had improved in some camps, but in many camps, recognised 'vulnerable' individuals and 'new arrivals' were housed in the same area providing a greater opportunity for them to be harassed.

- Polygamy among men was a widespread practice, as was "loving out". There were also many cases of husbands or wives who had relocated to Guinea as refugees, found partners, only to have a former spouse appear. This created a number of social problems, particularly when children were involved, and often led to violence.

- Wife beating was also commonly practiced, and generally accepted as "my neighbours business". There were a number of women who affirmed their belief in this practice and felt it was because the wife had been 'bad' or it was an expression of 'love'.

- Refugee men, women and children knew about the atrocities committed by the rebels and generally felt compassion for the survivor, but also felt great shame and embarrassment and tried not to discuss it.

- Forced marriage was practiced; young girls (13 – 15 years) were forced to marry older men. Young refugee girls were also married off to Guinean men to assist in the survival of the refugee family.

- Female genital mutilation was commonly practiced in home countries and was still practiced in Guinea, with special land allocated for the ceremony.

- Reports suggested an increase in promiscuity before marriage, infidelity within marriage ("loving out"), increasing the numbers of STI cases and unwanted pregnancies. As seen before in refugee settings with the breakdown of the traditional social structure and 'forced urbanisation', these problems become exacerbated.

- It was reported that some traditional healers advocated the practice of raping a virgin as a means of curing HIV and other STIs.

- Traditional gender roles had changed due to the refugee situation. Many women, as single heads of households, were forced to become more self-sufficient without skills or previous experience, or the means to improve these. Men were aware of the loss of control, some turned to alcohol, some tried to re-exert control over more vulnerable individuals or became heavily involved in the nuances of camp politics to address this.

Stigma and blame still accompanied the survivor and led to lack of reporting of incidences.

GOALS AND OBJECTIONS OF THE SGV PROGRAMME

The primary goal of the SGV programme was to address the physical and mental health impact experienced by survivors of sexual and gender-based violence (SGV), and to change communities' perception of SGV through the implementation of a community-based health referral system and SGV education programme. The objectives were to enhance awareness, knowledge and understanding of: types of gender-based violence; its causes, risk factors, treatment and prevention strategies; protection and security issues; and intervention with respect to legal and health care concerns.

In essence, the programme educated communities on SGV, while at the same time providing support and services to individual SGV survivors. The overall objective, as with all SGV, was to prevent incidences.

By January 2000, the programme was active in four field sites and their regions: Gueckedou, Forecariah, Macenta and N'Zerekore. Although the programme initially targeted refugees, it was refocused to also cater to the Guinean population.

The programme concentrated on a multi-sectoral approach including protection and security; health; psycho-social needs; and socio-economic status. It was considered an evolving process that was designed to be community-driven. The SGV programme provided assistance through: orientation, co-ordination; training; education and raising awareness; advocacy and liaison with UNHCR, other NGOs and the Guinean government and health authorities.

Additionally, some material assistance was provided for therapeutic groups and camp security.

To achieve programme objectives and target the relevant groups, a structure was developed that incorporated two different types of field staff: *Community Workers* and *Community Trainers*. The staff structure was continuing to expand and evolve dynamically to meet the growing demand for such services within both the refugee and Guinean communities.[3]

WHAT DID WE DO?

Staff were recruited and trained, and activities focused on two main areas:

- Information, education and community support.
- Individual survivor support and services.

Key elements in these were:

- Staffing expertise.
- Cultural appropriateness.
- Confidentiality/advocacy/dignity.
- Protocols/procedures/documentation.
- Security/Protection.
- Medical response
- Follow-up.
- Community driven = Sustainability

CONSTRAINTS / DIFFICULTIES:

- Ensuring appropriateness of activities.
- Competency and comprehension of objectives by staff to be stressed.
- Finding information at all levels.
- Reinforcing necessity of confidentiality and dignity.
- De-stigmatise reporting by survivor.
- Developing consistent protocols that were achievable.
- Overall adherence to protocols at all levels.
- Developing documentation that was meaningful and utilised correctly.
- Ensuring medical response was available.
- Ensuring legal/protection follow-up and link with local structures.
- Sustainability is reliant upon cultural attitudes and community support.
- Community driven also means going at the pace of the community.

HOW WAS THE PROGRAMME STAFFED?

There were two types of field staff involved within the programme:

- Community workers were paraprofessional social workers that lived in the camp in which they worked. Each community worker provided camp-specific services for individual women, women's groups and the community. They also served as a focal point for their communities' sensitisation to gender-related issues and organisation of gender-related activities.[4]

- Community trainers were educators and facilitators, moving within a designated region to provide sensitisation and education to those communities that did not have community workers. Community trainers also mobilised such communities through a participatory problem-solving process to establish their own systems for prevention and response to sexual and gender-based violence.[5]

COMMUNITY WORKERS

- Community workers were sought for camps exceeding 10,000 refugees.[6] Emphasis was placed on the newly arrived Sierra Leonean refugees who were predominantly camp-based. Reports by various parties, including Human Rights Watch, also suggested a high incidence of sexual abuse cases by warring factions prior to or during flight.

- Meetings were conducted in the selected camps with representatives from the women's committee, camp

committee, social workers/counsellors, NGOs and other interested groups.

- Men and women were represented equally and great care was taken to include those previously involved in SGV workshops, meetings, activities and/or services.
- The meeting included a discussion about the role of the worker, which entailed the candidates to be women, desired qualifications, and a request for the community to assist in the selection process of the community worker.
- A written summary and timeframe were given to each group.
- Each camp was asked to nominate three candidates for the position of community worker.
- IRC screened and interviewed the recommended candidates from each of the camps and made the final selection.
- Written notices were sent to the women's committee, the camp committee, the selected individuals, and the candidates who were not selected, to inform them of the final decision.
- Twelve women were hired to work in eleven camps as SGV community workers.[7]
- The community workers were given initial training covering such topics as: human rights, gender equality, gender-based violence, peace education, conflict resolution, community organising and group facilitation.
- More training was conducted later in basic counselling skills and interview techniques.

- A report form was developed for the collection of statistics that would document new cases of domestic violence and sexual assault in the camps. The community workers also received training in the utilisation of this form.
- Community workers were given a set of tasks to initiate the programme in their camps.

They were to:

- Begin sensitising their respective communities on SGV issues.
- Recruit representatives from the various camp committees, women's committees, religious representatives, and NGOs in the camp to form an Advisory Committee[8], which would support and assist them.
- Mobilise the community to address security matters in the camp by identifying unsafe areas, request security materials and then organise security patrols.[9]
- Construct safe spaces.[10]
- Encourage women to form groups for self-reliance activities.
- Not begin 'counselling' until the above matters were in place.[11]

QUALITIES APPROPRIATE FOR A COMMUNITY WORKER

- Well established and respected within their communities.
- Acquainted with previously identified cases of sexual abuse in their camps.
- Previous experience dealing with SGV issues.
- Appropriate education and language skills.

Because of their background, community workers were equipped to assist survivors of sexual abuse and domestic violence after the occurrence of such events in the camps.

COMMUNITY TRAINERS

They were mobile field staff that facilitated an "evolutionary process":

- They made initial contact with communities as trainers and educators, raising awareness about human rights, gender issues, and sexual and gender-based violence. They used various methods to sensitise such as drama, songs, debates, information groups, and radio plays in various languages.
- Using a participatory problem-solving process, they mobilised communities to think about SGV issues and how to address them.
- Communities were then encouraged to request a community worker position, once the capacity to support one, existed.

Trainers worked in refugee camps, villages and towns with refugees, Guineans, NGOs and UN organisations. The regions covered by the trainers included: Gueckedou-Kissidougou, Forecariah, N'Zerekore and Macenta.

HOW WERE THEY CHOSEN?

- Applications were requested and selected based on prior experience and education, written and verbal screening tests, and languages spoken.[12]
- Those selected participated in a two-week intensive training where topics included: human rights, gender issues, trauma, conflict resolution, peace building, tools of analysis, participatory rapid appraisal techniques, listening and communication skills, group formation and animation, planning, monitoring and evaluation.
- This training was followed by assistance in strategic planning.
- Assignments were made to zones and regions in teams of one man and one woman according to language.
- Initial supervision included formal introductions and an introduction of the programme to collaborating organisations and government officials in the field.
- They were also given a set of tasks to initiate the programme in communities in their various regions.

Expansion of the programme was dynamic and reliant upon communities being sensitised by the community trainers to the point where they were ready to support and facilitate a community worker position.

Central staffing included a focal person and women's liaison officer.[13] The focal person was the designated contact person for the SGV programme in the relevant field site office. They assisted in planning activities and followed up reports and individual cases brought to them by the field workers. They were also to work closely with the women's liaison officer who was a Guinean national and liased with Guinean organisations and authorities. These two positions were only recent additions to the programme and would have been developed accordingly.

The programme officer and assistant provided field supervision and facilitated team meetings. The programme was based on a 'lessons learned' approach to discover which techniques and strategies were most useful and appropriate.

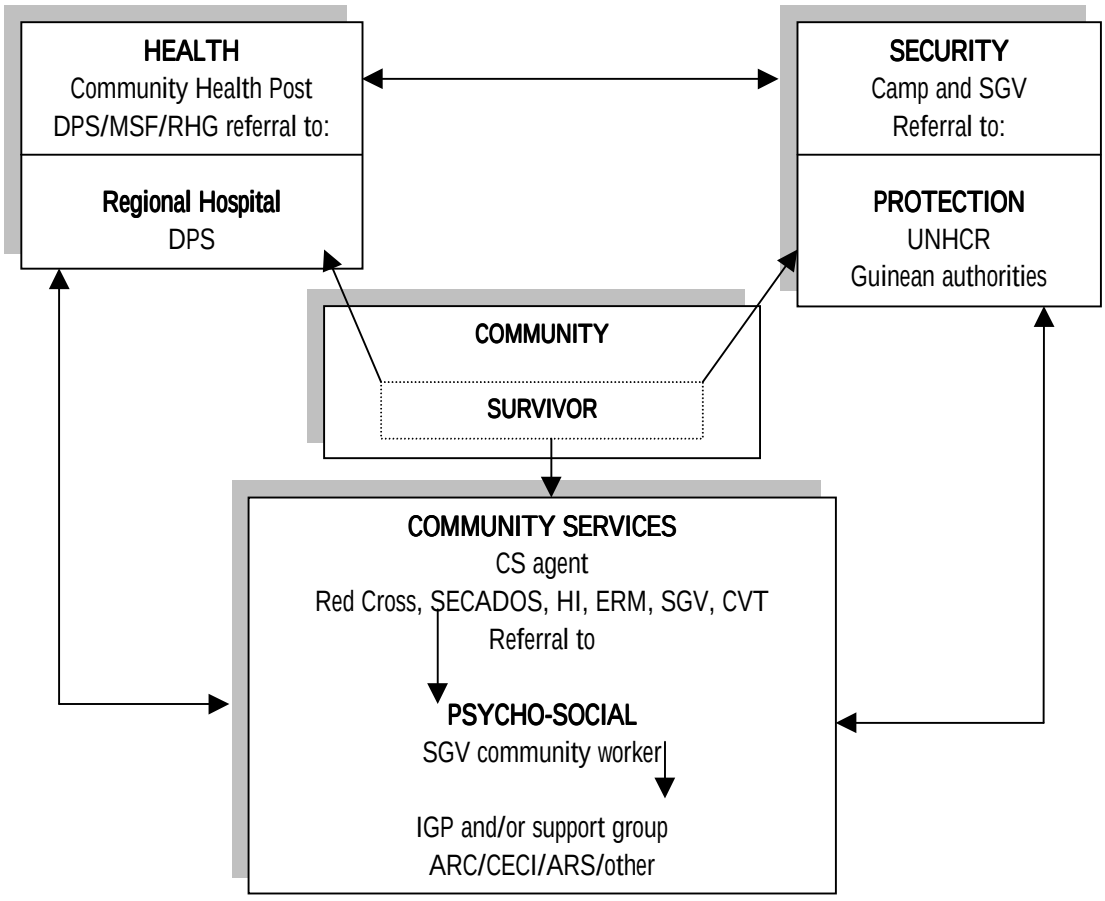
A number of new positions were being considered for the future.

- A community helper who would be a male based in the camp alongside the community worker.
- A male counterpart for the women's liaison officer to assist with the Guinean authorities, who are predominantly male.
- A core group of English/French trainers to deal with the large numbers of health staff, law enforcement community and staff of other organisations, which required more specialists training.
- To create SGV national committee.

WHAT DID THIS MEAN FOR THE SURVIVOR?

In theory, an SGV survivor could present themselves at any point in a community where there was a community worker, and receive information and assistance. In practice, this relied on field-level collaboration and acceptance of the programme. The assistance available to the survivor was also reliant upon the personalities and mechanisms generally purported to be available to *all* refugees in their respective communities. However, for each area of the graphic below there could be a possible breakdown for numerous reasons[14]. A great deal of time was spent 'troubleshooting' these breakdowns and assisting survivors on an individual basis, particularly with health care or legal/protection matters.

SURVIVOR COMMUNITY BASED REFERRAL



HOW WAS INTERAGENCY COLLABORATION ENSURED?

In October 1998, the UN Foundation (UNF) awarded US$ 1.65 million to UNHCR to strengthen its efforts (and those of other humanitarian actors) to prevent sexual violence against women and adolescent girls in refugee situations in five countries in Sub-Saharan Africa, and to put into place services to respond compassionately to survivors. The IRC had begun to assess the problem of sexual and gender-based violence at this time in Gueckedou, Guinea.

Funds were released in February 1999, and a series of participatory design workshops were held in May and June 1999, to initiate the Project in Guinea, Liberia and Sierra Leone. On 25 - 26 May and 7 June 1999, three one-day workshops were conducted in Gueckedou and Forecariah, Guinea. Participants for the workshops included 30 staff from UNHCR and representatives of 14 NGOs, from the Guinea field sites and Conakry, and also included UNHCR staff from Geneva, Abidjan and Liberia.

The aim of the workshops was to introduce the initiative; increase awareness and share information about SGV; increase awareness of the need for shared responsibility from all sectors and organisations; and develop an action plan through interagency and inter-sectoral co-ordination.

The workshops were conducted in a combination of plenary and small group sessions. SGV being a complicated issue, a series of tasks or questions were assigned to small groups who would then provide feedback to the larger group. The main aim was to consider the response

to, and prevention of SGV through consideration in programming.

The main conclusions were that:

❶ Gender and sexual violence is a violation of basic human rights.

❷ The refugee community must be at the centre of decision-making processes of programming.

❸ Involvement, information sharing and co-ordination among the various UNHCR sectors, the NGO community, and the host community are essential to push forward the cause of SGV.

❹ The health delivery system for refugees must be evaluated and improved, with UNHCR taking an expanded co-ordination role, if SGV survivors are to receive the evaluation and treatment they need.

❺ Registration is essential for the safety and protection of females. Without the proper papers, women are forced to seek alternative means of receiving food, which often leads to forced prostitution and sex.

This led to the overall conclusion that if response and prevention of sexual and gender-based violence is to be successful, it requires the co-ordination of efforts from the sectors of:

SECURITY, HEALTH, PROTECTION AND COMMUNITY SERVICES

More specific objectives for each sector were outlined and commitments made to work toward the accomplishment of these objectives.[15]

In August 2000, a second participatory meeting occurred to follow-up the first. The aim was to review what had been achieved in accordance with the specific objectives set out in the 1999 meeting and develop further an action plan for how to proceed. The meeting was held in Gueckedou over two days, with the similar format of plenary sessions and then small group discussions. Participants again included UNHCR staff from the Guinea field offices, Abidjan and Geneva and representatives of 5 NGOs. Seven of the participants had attended the first workshop.

Again, the importance of the co-ordination of the 4 sectors of security, health, protection and community services, became evident throughout the discussions.

On the morning of Day Two, the participants divided into two groups and travelled out to two of the better-resourced and more accessible camps to determine what had been achieved at camp level. Each of the groups was divided into smaller teams to specifically target each of the four sectors identified.

Each camp had responded in different ways to the issue of SGV. This response was dependent upon many different variables; one of the major factors was individuals and their understanding, and motivation to respond. Overall, it was noted that there was an

awareness of the issues of sexual and gender-based violence.

Protocols existed in most cases for the health, welfare and protection of survivors. However, the actual efficient, compassionate follow through of these protocols varied, again due to a number of factors, many personality related. For example, if a health clinic had medication to address the needs of the survivor, why were survivors not using this option? It seemed there was a lack of specific information, or concerns of confidentiality, or corruption. There may have been inappropriate treatment previously or the attitude to the survivor was negative. From a security or protection point of view action was not expedient, was not consistent and not survivor-friendly. Again it was pointed out that this was personality and individual-related.

There had been minimal co-ordination between UNHCR and NGOs after the first meeting. What had been achieved was more a factor of the personal relations between individuals. Overall, a system of functional protocols through formal and professional co-ordination that transcended personalities was not evident.

High turnover of staff was a reality and notable in the fact that only seven people were present in both meetings. If, as it appeared, informal relationships were the main motivating factor for achieving a measure of success, the difficulties with high staff turnover are obvious.

The conclusion of the first set of workshops had been that UNHCR and NGOs work closely together on sexual and gender-based violence issues in all programmes, all

sectors, and at all levels. In the second meeting it appeared that co-ordination at a formal level was still lacking in the majority of circumstances.

WHAT DID WE LEARN?

As there was no baseline measure of prevalence, type of SGV or follow-up, it was not possible to make a comparison to numerically gauge the effectiveness of programme activities for the identified 12-month period. In a sense, programme activities were leading to, and developing, the tools for which this may have been possible in the next 12-month period, while dealing with current cases of SGV and embarking upon community education.

From September 1999, community workers recorded numbers of survivors reporting to them in the 11 camps where they were based. Taking a view of possible prevention, the workers were asked to collect only numbers of those who had been raped in the present camp set-up. This was extremely difficult to track however. While many community workers reported this way, others misunderstood and reported all cases addressed to them of so-called 'old caseload' and 'new caseload', which led to a revision of the format used. In the period September 1999 to July 2000[16] there were 573 incidences of sexual assault and 1,045 incidences of domestic violence perpetrated against women which were reported to community workers from an estimated total population of 135,687 registered refugees[17] in the 11 camps. However, it was impossible to say whether all of these cases of sexual assault had been in the current camp context.

Through reports, anecdotal information and in the general implementation of activities, there was information to be gained, and challenges to respond to.

SECTOR	FINDINGS	CHALLENGES	RESPONSE
Health	775 reports of SGV related health complaints in 11 camps (Sept 99 – July 2000) Lack of availability of medications/inappropriate medications/treatment Lack of confidentiality and dignity in treatment of survivor	No accurate record of follow-up of these cases and whether health intervention was appropriate Interagency collaboration with primary health care providers Professional competency of some health care providers and lack of health infrastructures	New forms to document health complaints and follow up in English and French Regular meetings instigated with the DPS, UNHCR Social Services, Community and Protection Further specialist training to 'grass roots' health staff
Legal Security Protection	Procedures existed, but were not "survivor friendly" and the response slow Great difference between rural and urban response by law enforcement community and what options were available "Local" courts existed, fine was usually paid by the perpetrator Differing community response to security initiatives	Difficulty of required medical exam within 72 hours for legal follow-up Appropriate and timely response by legal actors Language and communication difficulties Quick action to ensure security of survivor Security of SGV staff In-country security situation	Continued education and sensitisation of law enforcement community and "local court" responsibles Advocacy for survivor on an individual basis facilitated through the recruitment of staff to liaise with authorities (Women's Liaison Officer) Improved documentation and follow-up of cases based on revised format in English and French

SECTOR	FINDINGS	CHALLENGES	RESPONSE
Psycho-social/ Community	SGV education expanded to 43 refugee camps/rural communities and four urban areas, populations included both refugee and host country. Communities were requesting programme involvement, therefore programme base was community driven Reporting of cases (Sept 99 – July 2000) 573 incidences of sexual violence 1,045 incidences of domestic violence	Widespread differences in how SGV sensitisation was received and action for prevention Traditional/cultural attitudes/shame/stigma/general perceived status of women Large programme base, 4 separate field sites and their regions and all of the logistical difficulties that this implies Staffing Language Education/literacy of women	Recruit and train more staff for sensitisation activities Development of recording procedures for number and types of sensitisation activities and breakdown of general attendance. Using larger scale public education tools such as radio, animation, posters, and pamphlets Continued development of women's support groups through activities, including income generation Regular meetings with partners at central level and camp level (advisory committees)

Many of the programme responses hinged upon improved documentation of cases.[18]

THE INCIDENT REPORT FORM

The first draft of the incident report form was circulated to partners in January 2000. No response was received, so in February/March 2000 the community workers were given a four-day training on counselling and interview skills and how to use the form for documentation. Twenty copies were given to each community worker to pilot.

From the initial pilot of the incident report form in March, 31 current cases of SGV were reported and documented appropriately and returned to the office.

Out of these cases the mean age equalled 16 years, with a range of 4 years to 65 years of age, while 20 out of the 31 reports were of girls 15 years or under. Eight reports were made to the Guinean authorities and 5 perpetrators were detained. From these, 2 perpetrators were released within a few days, 3 are still in detention and awaiting trial. Twelve of these cases had medical documentation of rape and 19 were reported to camp authorities. There were also 2 cases of girls (4 year old and 9 year old) who were survivors of incest.

WHAT DID THIS TELL US?

How difficult it was to get accurate documentation and therefore to provide proactive follow up, prevention strategies and an evaluation tool.

Documentation for these cases was coming from the community and until the community prioritised SGV as an important issue, assessing prevalence and evaluating the success of an SGV programme will be a continuing challenge.

REVISION OF THE DOCUMENTATION PROCESS

There were three main reasons given by the Community Workers for not completing the incident report forms:

❶ Prioritising the use of the incident report form was difficult with all of the other tasks the community workers were assigned. It was hoped that by using the registry format and then transferring information onto the incident report form for recent sexual assault cases *only* and domestic violence cases that require out-of-community follow-up (a rarity), the paper work would have been reduced dramatically.

❷ The survivor did not want any documentation as they were concerned about confidentiality and were fearful of whose hands the forms may fall into.

❸ The incident report form was confusing for the Community Worker (which led to numerous other drafts, until the latest draft which is included in the Appendix).

Note: cases were reported to Community Trainers because they were identified as being a part of the SGV programme. These reports were not included in the general numbers as Community Trainers were to refer such cases to the most appropriate NGO working in that area. The concern was that if Trainers were identified as taking individual documentation, it would force them into a counselling role, which was not their original assignment, nor were they trained in counselling skills. This remained a difficult distinction for communities and left us with the question of whether the programme needed to re-evaluate the work of the Community Trainers.

The type of information gained from the new incident report format and registry was designed to allow us to view:

- type of SGV and prevalence
- age and nationality
- location (for prevention purposes)
- 'old' or recent case
- whether survivors were reporting within the designated 72 hour period
- whether they were seeking medical or legal follow-up and who was responsible for this
- whether medical intervention was appropriate

CONSIDERATIONS FOR THE FUTURE

NEEDS AND RESOURCES ASSESSMENT

- How does the community view SGV?
- Is/was it a problem? Who identified SGV as a problem?
- Is the infrastructure available in the host country to support an SGV programme? (i.e. legal, medical, agency support, logistics, donor support)
- If there are limited resources in particular areas, how does this effect the objectives we want to achieve?
- What is the security situation - stable, instable, is the government stable? Are militias active? Where/who is the power base?
- Religion; social morels; traditions; culture.

PLANNING PHASE

- What are our objectives? (prevention, community education, assistance when SGV occurs in the current context, Assistance for so-called 'old caseload')
- Are they realistic/achievable in the current context?
- Are they appropriate for the community/population in this context?
- According to our objectives, what type of data do we collect?
- How do we want to use the data?
- When do we want to begin collecting data?

- What evaluation tools can we use and how in this context?
- Are the evaluation tools and data relevant?
- Are other agencies/host countries in agreement with our objectives?
- Are they supportive? Who plays the co-ordination role?
- How is information disseminated between all the actors?
- Is there agreement in using same data collection process, protocols and follow-up?
- Is longer-term financing secured or will valuable time be spent justifying programme existence, particularly as donors tend to want results in a short period of time?
- Careful selection of indicators.
- Is a pilot achievable (or indeed ethical, given the circumstances)?

IMPLEMENTATION AND MONITORING

Developing materials, recruitment and training of staff is time consuming and requires more than one individual with the technical expertise. Staff, particularly for SGV programmes, must be carefully selected and have varying backgrounds and educational levels.

Is there technical expertise and logistical support to provide required field supervision and 'trouble-shooting'/case management?

Is there adequate co-ordination and commitment to follow-up on the efficacy of field activities and to support the survivor with whichever course of action s/he choses?

EVALUATION

External evaluations are useful for objectivity, preferably an individual with the specific expertise and experience who is there to be constructive and assist in planning realistic revisions.

Use the community/target population to assist in the evaluation through questionnaires and surveys, small group discussions and meetings with responsible and interested parties.

ENDNOTES

[1] See Appendix I for a list of organisations, the roles they played and responsibilities

[2] For example, in one of the best resourced camps: Red Cross provided primary identification of the vulnerable and outreach through its 'social projects' arm; MSF was responsible for the health post and water and sanitation; RHG dealt with RH needs; Handicap International had both it's rehabilitation (physical handicaps, such as amputees) and psycho-social activities; ERM had it's activities for traumatized children; the International Rescue Committee was responsible for school administration, health education, construction, school feeding, separated children and the SGBV programme; and ARC provided income generating activities; CARE was responsible for food distribution; UNHCR provided Protection, Social Services and coordination through the field officer and assistants; liaison and security were through the refugee Camp Committee (security was also supplemented by UNHCR and the SGV programme). This camp held weekly coordination meetings with all the NGOs, made referrals among themselves and a report to the Camp Committee, who then met with the UNHCR field officer. There was also a weekly meeting of the SGV advisory committee to deal more specifically with SGV cases and appropriate referral and action. The members of the advisory committee include religious representatives and 'elder advisors' who are not involved in the NGO co-ordination meeting. Other camps had fewer resources, and these varied greatly. Some had CVT, who provided counselling in four camps for traumatized persons; BMZ-ARSL, a Sierra Leonean organisation who provided some counselling and supported income generating activities; ARC-Sante, provided health; CECI provided income-generating activities in the Forecariah region. Other local organisations

such as CMR had limited their activities due to cutbacks in UNHCR funding.

[3] See the Organisational Chart, Appendix II.

[4] See Community Worker Job Description, Appendix III.

[5] See Community Trainer Job Description, Appendix IV.

[6] While the original emphasis was on refugee camps and rural areas, the programme is now also targeting towns and the Guinean population. Towns are divided into quartiers with chiefs and committees, and these established areas could be worked with in the same way a camp would be.

[7] More than 11 camps were approached, but it was these camps that provided candidates within the required timeframe.

[8] Advisory committees provided support to the efforts of the community worker, and facilitated collaboration between organisations operating in the camp with respect to SGV issues. Each advisory committee consisted of approximately 11-18 individuals, and included representatives from the camp committee, women's committee, religious groups, health centre, schools, NGOs, and other camp organisations. The advisory committees generally met either weekly or biweekly.

[9] Members of the camp community volunteered to patrol identified "unsafe areas" in the camp - generally, those areas that were dark or secluded - during the evening hours. While these volunteers were not remunerated for their services, the SGV programme provided them with flashlights, lanterns, whistles, and raincoats to utilize in their efforts. The upkeep of these materials was the responsibility of the community.

[10] "Safe spaces" served as a temporary shelter for women that had experienced an incident of sexual assault or domestic

violence. The community worker also kept her office in the safe space, from which she provided outreach, counselling, and advocacy services to survivors.

[11] Security and safety of the community workers were issues of concern. These women were living in the camps where they were working. People knew the location of their homes, and they were involved in camp activities. It was important for them to gain credibility, support networks including the advisory committee, so that should occasions have arisen where their safety was compromised, they had immediate backup. It was the role of the programme coordinator to liase with the proper authorities. This was to enable the community workers to abdicate direct responsibility, should unfavourable social or legal consequences have arisen.

[12] Efforts were made to select a variety of personality types and age groups, through a half-day participatory format.

[13] See Job Descriptions, Appendix V & VI.

[14] As discussed in the *Services within Guinea* section.

[15] Refugee Communities Against Sexual and Gender Violence, Particpatory Design Workshops, Guinea – May 1999.

[16] After July, there was a new influx of Sierra Leonean refugees, which continued until Guinea closed its borders in August, while the security situation deteriorated, programme activities were limited, then suspended and Forecariah, Macenta and Gueckedou, evacuated in September.

[17] This number included both male and female, the exact breakdown of men, women and children was difficult to define due to camp movements.

[18] All updated forms including the Incident Report Form and Manual are provided in the Appendix.

APPENDIX I

ROLES AND RESPONSIBILITIES

ORGANIZATION	RESPONSIBILITIES
ABC (Forecariah)	Social services (local Sierra Leonean NGO)
Action Contra La Faim (ACF) Gueckedou	Nutrition
ADRIP	Agriculture (allied to WFP)
American Refugee Committee (ARC) Gueckedou	Income-generation projects Health
BMZ-ARSL Gueckedou	Income-generation projects Traumatized adults
Camp committee	Camp organization and security
Canadian Co-operation (CECI) Forecariah	Income-generation projects
CARITAS (Forecariah)	Peace building and Reconciliation/Child protection
Catholic Mission for Refugees (CMR)	Child tracing
CARE Gueckedou	Food distribution Water and sanitation
Center for Victims of Torture (CVT) Gueckedou/4 camps	Traumatized adults Income-generation projects
Departement Prefectoral du Education (DPE)	Regional Guinean Education
Departement Prefectoral de la Sante (DPS)	Regional Guinean Health
Enfants Refugies du Monde (ERM) Gueckedou/5 camps	Traumatized children
GTZ Gueckedou	Non-food items Transport/logistics Vocational skills training
Guinean government Bureau National pour la Co-ordination du Refugies (BCR)	Relevant Ministries Security/Refugee affairs Legal/Judicial
Handicap International Gueckedou/5 camps for psychosocial	Rehabilitative services for physically disabled Psycho-social activities for children
The International Rescue Committee (IRC) Gueckedou/Kissidougou N'Zerekore Macenta Forecariah	Refugee school administration, Vocational skills training, Construction, Health Education, School feeding, Separated Children, Sexual and Gender Violence

Medecins sans Frontieres MSF	Health Water and sanitation
PRISM	Health and development in Guinea
Promotion Agricole	Agricultural development in Guinea
Red Cross	Community services, identification of vulnerable, counselling and referral
Reproductive Health Group (RHG)	Reproductive Health
SECADOS	Community services, identification of vulnerable, counselling and referral
UNHCR	Co-ordinating umbrella organization Protection Community Services Health Field Office
USAID	Capacity building, health, agriculture, environment
World Food Program	Food ration and monitoring

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APPENDIX II

ORGANIZATIONAL STRUCTURE

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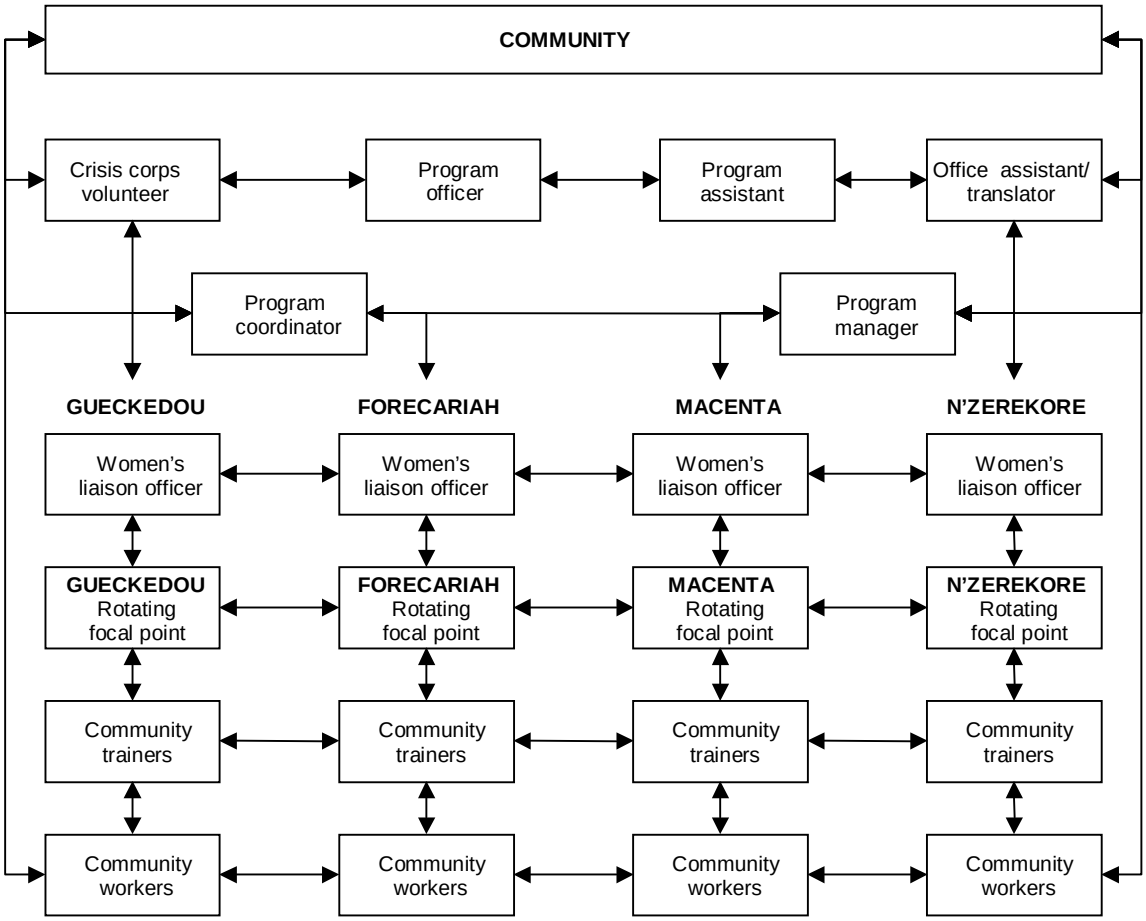

ORGANIZATIONAL CHART
SEXUAL AND GENDER-BASED VIOLENCE PROGRAMME
REPUBLIC OF GUINEA

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APPENDIX III

COMMUNITY WORKER JOB DESCRIPTION

The Sexual and Gender-based Violence Programme
The International Rescue Committee
Republic of Guinea

Job Description

TITLE: Community Worker
PROGRAMME: Sexual and Gender-Based Violence Programme
BASE LOCATION: Refugee camp or Gueckedou town
SUPERVISOR: Sexual and Gender-Based Violence Programme Co-ordinator

SUMMARY

The Community Worker is a camp-based position, working to establish community-based systems and raise community awareness to prevent gender-based violence and to respond to any incidents in a timely, compassionate and caring manner. The Community Worker works in close collaboration with camp-based women's organization, camp leadership and community groups.

DUTIES AND RESPONSIBILITIES

- Facilitate activities in the camp to assist survivors of gender-based violence. This includes:
  a. outreach to encourage survivors to come forward
  b. counseling for the survivor and her/his family members
  c. advocacy and assistance with health care
  d. advocacy and assistance with camp authorities and Guinean authorities, if the survivor chooses to report the incident
  e. ensuring 24 hour availability of helpers/counselors

- Establish co-operation and co-ordination with:
  a. staff at the Health Post/Health Centre
  b. local Guinean authorities
  c. camp authorities
  d. camp women's organization

- In collaboration with the women's organization, lead the effort to establish a community-based "safe space" for women.

- Establish an Advisory Committee of men and women representatives of the different sectors in the community to meet regularly and provide a forum to discuss and develop programme activities.
- Co-ordinate and conduct community education and awareness-raising activities.
- Facilitate the development and implementation of community action plans to prevent violence.
- Establish regular co-ordination with staff of other NGOs and organizations working in the camp.
- Develop monthly objectives and action plans and submit to IRC by the end of each month.
- Write monthly reports, based on objectives and action plans and submit to IRC by the end of each month.
- Attend staff meetings and training events as required.

REQUIREMENTS

- Refugee woman and resident of the refugee camp.
- Must be respected by the community, proven trustworthy and able to follow through with commitments.
- Must be able to discuss sensitive subjects in an honest, open, effective and respectful manner in groups
- Must possess interest and commitment to human rights and gender equality.
- Must be fluent in both English and the language spoken by most refugees in the concerned camp.
- Must be able to read and write.
- Prefer high school diploma.
- Prefer previous work or volunteer experience in community development, counseling, health, community services or social services.

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APPENDIX IV

COMMUNITY TRAINER JOB DESCRIPTION

The Sexual and Gender-Based Violence Programme
International Rescue Committee
Republic of Guinea

Job Description

TITLE:	Community Trainer
PROGRAMME:	Sexual and Gender-Based Violence
SUPERVISOR:	Sexual and Gender-Based Violence Programme Co-ordinator
BASE LOCATION:	IRC offices in Gueckedou/Forecariah/Macenta or N'Zerekore with frequent fieldwork

SUMMARY

Community Trainers work in teams of two (one man, one woman) providing community education, community development, and facilitation of community action concerning the issues of sexual and gender-based violence. These activities are conducted in refugee camps and villages throughout Guinea, and also with local and international NGO and UN staff. Generally, Community Trainer teams are assigned to geographic areas and spend 4 days per week in education and development activities in the field, while the 5th day is for planning and documentation.

DUTIES & RESPONSIBILITIES

- Conduct community education activities to raise awareness and action concerning the issues of gender-based violence. Participants in these activities will be refugees, NGO and UN staff, and Guinean community members and authorities.
- In addition to workshops utilize creative methods, such as drama, dance, song, games for education and sensitization.
- Conduct brief community-based assessments around the issues of gender-based violence in camps and refugee communities, using the tools of Participatory Rural Appraisal and other methods
- Spend time with each refugee community to conduct assessments and then to share information and facilitate action on the part of refugee communities to develop plans for prevention and response to gender-based violence.

- Prepare written reports about each community, following programme format and guidelines.
- Perform job duties in assigned geographical area, become familiar with refugee issues and needs, and keep Program Manager and Programme Officer informed.
- Attend staff meetings and continuing education activities as required.
- Be aware s/he is representing IRC to refugee communities, NGO and UN staff, Guinean citizens and authorities and conduct oneself in a manner appropriate.

REQUIREMENTS

- Must be fluent in both English and one or more other languages spoken by refugees or citizens.
- Must be able to read and write in English.
- Preference will be given to high school graduates.
- Prefer experience and/or education in community development, training, education, community organizing, or other related activity.
- Prefer previous work or volunteer experience in training, community development or community organizing.
- Must possess interest and commitment to human rights and gender equality.
- Ability to lead, facilitate and animate groups of people from diverse backgrounds and all "status" levels in a professional, respectful and supportive manner.
- Ability to engender trust among refugee groups, citizens, NGO and UN staff.

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APPENDIX V

SGV TEAM FOCAL POINT JOB DESCRIPTION

The Sexual and Gender-Based Violence Programme
International Rescue Committee
Republic of Guinea

Job Description

TITLE: SGBV Team Focal Point
PROGRAMME: Sexual and Gender-Based Violence (SGBV)
SUPERVISOR: SGBV Programme Co-ordinator
BASE LOCATION: IRC offices in Gueckedou/Forecariah/Macenta or N'Zerekore with frequent fieldwork.

SUMMARY

The Community Trainer Focal Point will be responsible for compiling the office data/reports submitted by the team of Community Trainers and Community Workers based in each of the regional IRC offices. The Focal Point will provide assistance and support to the SGBV team based in that regional office. There will be administrative duties, report writing and liaison with the Field Co-ordinator for the relevant IRC office. The Focal Point will be required to represent the SGBV programme with UNHCR, other NGOs and Guinean government authorities. The Focal Point will assist the team by collaboratively developing plans of action in conjunction with the team. The Focal Point will also be required to collate reports given to them by the team and submit monthly reports to the Field Co-ordinator and the SGBV Programme Co-ordinator. The Focal Point may be required to travel to field sites to assist the Community Trainers and Workers for other relevant programme activities. The Focal Point is the designated contact for the SGBV programme in the relevant field office.

DUTIES & RESPONSIBILITIES

- Assist, support and advise the SGBV team based in each of the IRC regional offices.
- Travel to the field as required, to support and assist the various SGBV team members.
- Represent the IRC/SGBV programme to donors, at meetings and other formal discussions as required.

- Liaison with UNHCR, NGOs, Guinean government authorities and other groups where required.

- Provide monthly reports and other documentation as required to the relevant Field Co-ordinator of the regional office and the SGBV central office in Gueckedou.

- Attend monthly meetings, continuing educational activities and other meetings as required by the SGBV central office in Gueckedou or the Field Co-ordinator of the relevant IRC regional office.

- Be aware s/he is representing IRC to refugee communities, NGO and UN staff, Guinean citizens and authorities and conduct oneself in a manner appropriate.

REQUIREMENTS

- Must be fluent in both English and one or more other languages spoken by refugees or citizens. French is an advantage.

- Must be able to read and write in English and be a high school graduate.

- Prefer computer literacy to report writing level in Microsoft Word.

- Prefer experience and/or education in community development, training, education, community organizing, or other related activity.

- Prefer previous work or volunteer experience in training, community development or community organizing.

- Must possess interest and commitment to human rights, gender equality and other gender issues.

- Must have participated in the SGBV Community Trainer workshop.

- Ability to lead, facilitate, motivate and support a team of people working in a politically and culturally sensitive field and to work with them in a professional and respectful manner.

- Ability to engender trust among refugee groups, citizens, NGO, UN staff and fellow employees and teammates.

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APPENDIX VI

WOMEN'S LIAISON OFFICER JOB DESCRIPTION

The Sexual and Gender Based Violence Programme
International Rescue Committee
Republic of Guinea

Job Description

TITLE: Women's Liaison Officer
PROGRAMME: Sexual and Gender-Based Violence (SGBV) Programme
SUPERVISOR: SGBV Programme Co-ordinator
BASE LOCATION: IRC office in Gueckedou/Macenta/ N'Zerekore or Forecariah with occasional travel to other IRC offices and programme sites.

SUMMARY

The Women's Liaison Officer will represent the SGBV programme to national and international NGOs, the UN, Guinean government authorities and other national women's organizations, which have a commitment to SGBV issues. The Women's Liaison Officer will develop relationships with these various parties to facilitate information sharing and build capacity within these organizations, where necessary, to prioritize the issues of SGBV and elicit support for SGBV activities. Some information seminars are envisioned and the development of collaborative projects. This position will also require advocacy, liaison and the sensitive handling of survivors of SGBV who wish to make a legal report to the relevant Guinean authorities. This position will be further developed as needs require.

DUTIES & RESPONSIBILITIES

- Liaison with national and international NGOs, the UN, Guinean government authorities and other national women's organizations who have a commitment to SGBV issues.
- Conduct meetings, seminars or other appropriate activities to raise awareness and action concerning the issues of SGBV. Participants in these activities will be national and international NGOs, the UN, Guinean government authorities and other national women's organizations.
- Assist survivors of SGBV who wish to make legal follow up with the relevant Guinean authorities, through advocacy, liaison and sensitive handling of such a situation.
- Travel as required to other regional offices and programme sites.

- Prepare written reports on a monthly basis and as required following programme format and guidelines.
- Perform job duties with assigned parties, build relationships and keep Programme Co-ordinator and Manager informed.
- Attend staff meetings and continuing education activities as required.
- Perform other duties as may be required by the Programme Co-ordinator and Manager.
- Be aware she is representing IRC to national and international NGOs, the UN, Guinean government authorities and other national women's organizations and conduct oneself in a manner appropriate to this politically and culturally sensitive topic.

REQUIREMENTS

- Must be fluent in both spoken and written English and French.
- Preference will be given to high school graduates.
- Prefer experience and/or education in community development, training, education, community organizing, or other related activity.
- Prefer previous work or volunteer experience in training, group animation and facilitation.
- Must possess interest and commitment to human rights, gender equality and other gender issues.
- Ability to lead, facilitate and animate groups of people from diverse backgrounds and all "status" levels in a professional, respectful and supportive manner.
- Ability to engender trust among refugee groups, citizens, NGO and UN staff.

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APPENDIX VII

FORMS FOR FIELD WORKERS

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Monthly Case Statistics Manual

New Cases This Month Table: **You will only record the number of cases that happened *this month in Guinea*. DO NOT record any case that happened in Liberia or Sierra Leone, or any case that happened *before* this month in the box. Use the date that the incident *happened*, and NOT the date that you wrote the incident report.** The categories, ("S/L, LIB, GUINEA"), refer to the nationality of the survivor, and NOT where the incident occurred. So, for example, a Sierra Leonean refugee who reports to you that she was raped last week in Sierra Leone would NOT be included in this total. Also, a Sierra Leonean who reported to you that she was raped last month in Guinea would also NOT be included in this total. ***But*** a Sierra Leonean refugee who reported to you that she was raped last week in Guinea would be counted under the SA/Sierra Leone category.

Questions: ***These are ONLY for the sexual assault cases; NOT the domestic violence cases:***

Number of survivors this month who talked to the CW about a rape/sexual assault that happened *in Guinea this month*: **If you add up the totals of the first three rows of the table, you will get this number.**

Number of survivors this month who talked to the CW about a rape/sexual assault that happened *before* coming to Guinea: **This is where you will record any cases that were reported to you during this month, but that *happened* in either Sierra Leone or Liberia (no matter when they happened). You will NOT be recording any cases that happened *in Guinea* prior to this month here.**

Number of SA survivors this month who went to the health post for a medical examination (either alone or accompanied by someone): **Out of the number of new sexual assault cases that occurred in Guinea this month, (same as the number/total in question #1), how many went to the health post? Record this number here.**

Number of sexual assault survivors this month who went to the health post *within 3 days* of the rape/sexual assault: Out of the number above that went to the health post, how many went to the health post ***within three days*** of the incident? Record this number here.

Number of sexual assault survivors this month who were given an emergency contraceptive: Now again, out of the number above (of new SA cases in Guinea that went to the health post within three days of the incident), how many of them were given emergency contraceptives? Record this number here.

Number of sexual assault survivors this month who were treated with an antibiotic for STDs: **Out of the number of new sexual assault cases in Guinea this month that went to the health post, how many of them received** antibiotics **for STDs? Do NOT include those cases in which the survivor was only given chloroquine and/or aspirin. Only those that *you know were given* *antibiotics*. Also, do not include any old cases, regardless of when the report was made:** *only new cases in Guinea this month*.

Number of survivors this month who wished to have legal follow-up: **Out of the number of new cases in Guinea this month, how many of them wished to have legal follow up? This includes contacting the camp authorities, *or* the Guinean authorities, *or* HCR.**

SGBV MONTHLY STATISTICS FORM

_____

Community Workers

Month: _____ *Year:* _____

Camp: _____

Region: _____

MONTHLY CASE STATISTICS

	Q1			Q2			Q3			Q4			Q5			Q6			Q7			TOTAL
AGE	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
0-10																						
11-18																						
19-30																						
31-40																						
41-50																						
+50																						
TOTAL																						

1. Rape/Sexual Assault (Sierra Leone).
2. Rape/Sexual Assault (Liberia).
3. Rape/Sexual Assault (Guinea).
4. Domestic Violence (Sierra Leone).
5. Domestic Violence (Liberia).
6. Domestic Violence (Guinea).

7. Other.

- Number of survivors this month who came to the CW within 3 days of the rape/sexual assault: _____
- Number of survivors this month who talked to the CW about a rape/sexual assault that happened *SINCE* coming to Guinea: _____
- Number of survivors this month who talked to the CW about a rape/sexual assault that happened *BEFORE* coming to Guinea:
  # in S/L: _____# in LIB: _____
- Number of rape/sexual assault survivors this month who went to the health center for a medical examination (either with someone or alone): _____
- Number of survivors of rape/sexual assault this month who were treated with an antibiotic for STDs (antibiotics include…
- Number of rape/sexual assault survivors who wished to have legal follow-up: _____

_____

COMMUNITY WORKER REGISTRY

REGISTRY NO.	DATE OF INCIDENT	TYPE OF INCIDENT (USE LIST ON IRF CONFIDENTIAL FORM)	SURVIVOR AGE	SURVIVOR SEX	COUNTRY OF ORIGIN/TRIBE	DID INCIDENT HAPPEN BEFORE OR AFTER ARRIVAL IN GUINEA?	DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT	PERP RELATION TO SURVIVOR

REGISTRY NO. (SAME AS PG.1)	DID THE SURVIVOR WANT TO TELL THE AUTHORITIES? (Y/N)	WHO WAS THE COPY OF THE INCIDENT REPORT FORM GIVEN TO (NAME, ORGANIZATION)	DID THE SURVIVOR GO TO THE DOCTOR? (Y/N)	DID THE SURVIVOR GO TO THE DOCTOR WITHIN 3 DAYS?	WHAT MEDICINE DID THE DOCTOR GIVE THE SURVIVOR?

WEEKLY FORMS FOR COMMUNITY TRAINERS

_____

SENSITISATIONS BY COMMUNITY TRAINERS ONLY

Activities	Types	Number	No. Attendees
Workshop	Rape/Sexual assault	_____	_____
	Domestic violence	_____	_____
	Gender equality	_____	_____
	Forced marriage	_____	_____
	Others: _____		
	_____		
Role-play/Drama	Rape/Sexual assault	_____	_____
	Domestic violence	_____	_____
	Gender equality	_____	_____
	Forced marriage	_____	_____
	Others: _____		
	_____		
Discussion/Debate	Rape/Sexual assault	_____	_____
	Domestic violence	_____	_____
	Gender equality	_____	_____
	Forced marriage	_____	_____
	Others: _____		
	_____		

SENSITISATIONS TOGETHER WITH COMMUNITY WORKERS

Activities	Types	Number	No. Attendees
Workshop	Rape/Sexual assault	_____	_____
	Domestic violence	_____	_____
	Gender equality	_____	_____
	Forced marriage	_____	_____
	Others: _____		
	_____		
Role-play/Drama	Rape/Sexual assault	_____	_____
	Domestic violence	_____	_____
	Gender equality	_____	_____
	Forced marriage	_____	_____
	Others: _____		
	_____		
Discussion/Debate	Rape/Sexual assault	_____	_____
	Domestic violence	_____	_____
	Gender equality	_____	_____
	Forced marriage	_____	_____
	Others: _____		
	_____		

Community Training on Gender-Based Violence
IRC Guinea Program

MONITORING AND EVALUATION FORM

_____

COMMENTS	RECOMMENDATIONS

ACTIVITIES	TYPE

Submitted: _____

SUMMARY

_____

CONSTRAINTS - C	OPPORTUNITIES - O

STRENGTHS - S	WEAKNESS - W

Submitted: _____

MONTHLY FORMS FOR COMMUNITY WORKERS

_____

SENSITISATIONS BY COMMUNITY WORKERS ONLY

Activities	Types	Number	No. Attendees
Workshop	Rape/Sexual assault	_____	_____
	Domestic violence	_____	_____
	Gender equality	_____	_____
	Forced marriage	_____	_____
	Others: _____		
	_____		
Role-play/Drama	Rape/Sexual assault	_____	_____
	Domestic violence	_____	_____
	Gender equality	_____	_____
	Forced marriage	_____	_____
	Others: _____		
	_____		
Discussion/Debate	Rape/Sexual assault	_____	_____
	Domestic violence	_____	_____
	Gender equality	_____	_____
	Forced marriage	_____	_____
	Others: _____		
	_____		

SENSITISATIONS TOGETHER WITH COMMUNITY TRAINERS

Activities	Types	Number	No. Attendees
Workshop	Rape/Sexual assault	_____	_____
	Domestic violence	_____	_____
	Gender equality	_____	_____
	Forced marriage	_____	_____
	Others: _____		
	_____		
Role-play/Drama	Rape/Sexual assault	_____	_____
	Domestic violence	_____	_____
	Gender equality	_____	_____
	Forced marriage	_____	_____
	Others: _____		
	_____		
Discussion/Debate	Rape/Sexual assault	_____	_____
	Domestic violence	_____	_____
	Gender equality	_____	_____
	Forced marriage	_____	_____
	Others: _____		
	_____		

CONFIDENTIAL

Sexual and Gender Based Violence

Incident Report Form

Registry Number: ..... Case Number.....

Date of incident: ..... Date of interview: .....

Type of Incident: (circle the most appropriate choice)

1. Rape
2. Sexual Assault
3. Sexual Harassment
4. Domestic Violence

Other .....

Where did the incident happen?

1. In Guinea
2. During flight from country of origin
3. In country of origin

Name of Survivor: (full name)

.....

Current Age: ..... Sex: (circle) Male Female

Camp or Town: ..... Zone/Quartier: .....

Currently Living with (name, age, relation):

.....

Marital Status of Survivor: (circle)

1. single
2. married
3. separated
4. divorced
5. widowed
6. remarried

Is the survivor the head of the household? Yes No

Present Occupation: .....

Country of Origin (circle):

1. Sierra Leone
2. Liberia
3. Guinea

Ethnic Background: .....

INCIDENT REPORT FORM

Registry Number:.....
(same as confidential form)

Case Number: .....
(same as confidential form)

Date of Incident: .....

Day of Incident: .....

Time of Incident: (circle)

1. Morning (6am to noon)
2. Afternoon (7pm to 6am)
3. Night (7pm to midnight)
4. Late Night (midnight to 6am)

Location of Incident (be specific):

.....

.....

Number of perpetrators: .....

Are the perpetrator(s) known by the victim?

1. Yes
2. No

If yes, specify whether (circle):

1. Husband
2. Boyfriend
3. Male Relative
4. Female Relative
5. Neighbour
6. Other: .....

Description of the perpetrator(s) (include identifiable features and names if known):

.....

.....

.....

Description of incident: (please attach extra paper if needed)

.....

.....

.....

Was the incident in the survivor's home?

1. Yes 2. No

If No, specify where:

……

Circle the nature of the (sexual) violence:
(circle best choice)

1. Rape / Forced intercourse
2. Vaginal destruction
3. Beating / Flogging
4. Attempted Rape
4. Sexual disturbance
5. Forced marriage
6. Kept as sex tool

Other, specify: ……

Did the survivor say that he or she was specifically targeted by the assailant?

1. Yes 2. No

If yes, why?

At the time of the incident, was there anyone with the survivor (other than the perpetrators)?

1. Yes 2. No

Who? (Give the name, relationship, and contact information of any witnesses)

Has the incident been reported to the authorities? (circle)

1. Yes 2. No

If no, why not?

If a report has been made then to which authorities? (circle)

1. Camp committee
2. Guinean authorities
3. UNHCR Protection
4. SGBV community worker, IRC

Other, specify:

……

Specify who reported (name, title, and organization:

……

When? ……

Was action taken?

1. Yes
2. No

What action?

Has the survivor been assaulted before?

1. Yes
2. No

If yes, when? (circle)

1. Before arriving in Guinea.
2. Since living in Guinea.

What is the victim's greatest concern related to this incident?

Comments:

Name of the interviewer:
Signature: Date:

Position:

Name of interpreter (if required):

Signature: Date:

HEALTH COMPLAINTS MADE TO THE COMMUNITY WORKER INCIDENT REPORT FORM

Registry Number: ……. (same as confidential form)

Case Number: ……. (same as confidential form)

Did the survivor choose to go to the health post, centre, or hospital?

1. Yes 2. No

If No, specify why the survivor did not wish to go to the health post, centre, or hospital? (circle)

1. He or she was shameful and wanted to avoid figure pointing.
2. He or she was concerned about confidentiality.
3. He or she had a bad experience at the health center before.
4. He or she did not think she could get medicine.
5. Other ……

Has the survivor received medical treatment or care from a traditional healer because of the incident?

Specify: ……

At the health post, center, or hospital was medical treatment available for the survivor?

1. Yes 2. No

If Yes, did the survivor receive treatment within 3 days (72 hours) of the incident?

1. Yes, treated within 3 days (72 hours).
2. No, treated after 3 days (72 hours).

If treated within 3 days (72 hours), what type of treatment did the survivor receive?(circle)

1. Emergency contraception against pregnancy.
2. Emergency STD medicine
3. Other, specify: ……

If the first treatment is after 3 days (72 hours), what kind of treatment did the survivor receive?

Who examined the survivor?……

Are there any other health complaints that resulted from the incident? What kind? (Please describe)