



*Global Review of
Challenges and
Good Practices in
Support of Women
in Conflict and
Post-Conflict
Situations*

*Security Council
Resolution 1325*

Hammamet, Tunisia: 21-24 June 2007



**Global Review of Challenges and Good Practices in
Support of Displaced Women in
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United Nations Population Fund (UNFPA)

PREFACE

Studies show that refugee and displaced women are treated differently from men and are also affected differently by conflict and displacement. They have special concerns stemming from their special experiences. Displaced women and girls face such challenges as malnutrition; shelter; reproductive health, including childbirth and family planning; rape and sexual abuse; relocation stress; role strains and role change; family separation; and perceived hopelessness. This report of a workshop and meeting addresses the issues and outlines ways of improving the response to these interwoven challenges.

The United Nations Population Fund (UNFPA) has been in the forefront of implementing United Nations Security Council resolution 1325 on Women, Peace and Security. The resolution recognizes that women experience war differently from the way men do, and that women's participation in peace and post-conflict reconstruction processes is essential in programme interventions in conflict and post-conflict situations. Such interventions include:

- Ensuring access to comprehensive health information and services, including sexual and reproductive health, and HIV/AIDS prevention;
- Strengthening relevant sectors to ensure an effective response to gender-based violence, in part by sensitizing and training those working in areas of conflict and camps;
- Working to empower women through training and capacity-building to ensure their presence and representation at decision-making levels by working with grass-roots organizations as well as by strengthening institutional frameworks for developing national plans for implementing resolution 1325.

UNFPA will continue working towards the implementation of resolution 1325 and its provisions to protect women in conflict and post-conflict situations and ensure their participation in reconstruction and peacebuilding efforts. The resolution is an effective tool for the advancement of the UNFPA Strategic Plan goal of ensuring the achievement of gender equality and the empowerment of women so that they can exercise their rights, particularly their reproductive health rights, and live free from discrimination.

The Inter-University Committee on International Migration, a consortium of scholars and practitioners from MIT (Massachusetts Institute of Technology), Harvard, Tufts, Georgetown University, Columbia among others were contracted to provide expert assistance to UNFPA on the urgent issue in the nexus of women, conflict and migration. This collaboration resulted in detailed policy oriented reviews, synthesis of empirical field-based research as well as country case studies and comparative analysis with policy action recommendation for UNFPA and partners to be incorporated in the programme of action in conflict and post-conflict situations addressing the needs of displaced women.

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Susan Martin, Georgetown University, “Conflict, migration, violence and women”

Sanam Anderlini, Consultant, “United Nations Security Council Resolution 1325 on Women, Peace and Security”

Manuel Carballo, International Centre for Migration and Health, “Conflict, migration, violence and women: The human face of forced migration”

Pamela DeLargy, UNFPA Humanitarian Response Unit, “Overview of UNFPA’s existing policies and guidelines”

Hafedh Chekir, UNFPA Representative to Occupied Palestinian Territory, “Data collection during crisis”

Audrey Macklin, Faculty of Law, University of Toronto, “The legal status of displaced persons”

Therese McGinn, Reproductive Health Access, Information and Services in Emergencies (RAISE), Columbia University, “Barriers to reproductive health in conflict”

Sana Asi, Palestinian Initiative for Dialogue and Democracy, “Gender-based violence among vulnerable groups”

Hani Mowafi, Boston University School of Medicine and Harvard Humanitarian Initiative, “Sexual violence during war and forced migration”, a paper by Jennifer Leaning and Susan Bartels, Harvard Humanitarian Initiative

Anita Raj, Boston University School of Public Health, “Women, migration, conflict and risk for HIV”

Jay Silverman, Harvard School of Public Health, “Intimate partner violence, sex trafficking and the reproductive and sexual health of women and girls”

Roger Zetter, Refugee Studies Centre, University of Oxford, “Gendering space for forcibly displaced women and children: Concepts, policies and guidelines

Dale Buscher, Women’s Commission for Refugee Women and Children, “Sustainability of livelihoods for women and their children in situations of migration and conflict”

Elzbieta Gozdziaik, Institute for the Study of International Migration (ISIM), Georgetown University, “Effects of armed conflict on the well-being of refugee and internally displaced women: Culturally competent responses”

Ilaria Sisto, FAO Gender, Equity and Rural Employment Division, “FAO experience with livelihood analysis: Protection and recovery of food production and agriculture-based livelihoods in emergencies and rehabilitation”

LIST OF ACRONYMS AND ABBREVIATIONS

CAP	Consolidated Appeals Process
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSO	Civil Society Organization
DDR	Demilitarization, demobilization and reintegration
FAO	Food and Agriculture Organization of the United Nations
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
HRU	Humanitarian Response Unit (UNFPA)
IAWG	Inter-agency Working Group
ICMH	International Centre for Migration and Health
ICPD	International Conference on Population and Development
IDP	Internally displaced person
ISIM	Institute for the Study of International Migration
JFFLS	Junior Farmer Field and Life Schools (FAO)
NGO	Non-governmental organization
RAISE	Reproductive Health Access, Information and Services in Emergencies
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TBA	Traditional birth attendant
UNAMI	United Nations Assistance Mission for Iraq
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WHO	World Health Organization



Expert Group Meeting





Expert Group Meeting



EXECUTIVE SUMMARY

This report summarizes the views on assisting displaced women in conflict and post-conflict situations presented at the UNFPA Expert Meeting and Workshop on Displaced Women, held in Hammamet, Tunisia, 21-24 June 2007. The first goal of the meeting was to bridge the gap between knowledge and policies regarding women's protection needs -- or gender-specific protection issues -- relating to displacement and migration in conflict and emergency settings, as well in post-conflict resettlement. The second goal was to identify specific means for the integration of emergency-related programming into the mainstream of UNFPA work.

The workshop was attended by national experts, representatives of women's non-governmental organizations (NGOs), government officials, academic and international experts, representatives from other United Nations organizations, and UNFPA staff at headquarters and in the field, working in countries that were then, or were recently, experiencing conflict.

A special feature of the workshop was a series of papers presented as a result of the UNFPA Knowledge Network. Under this initiative, UNFPA commissioned papers to be prepared by academic specialists. UNFPA field staff then read these papers and, by e-mail, described challenges and successes and offered recommendations based on their experience. Fifteen such papers were presented to the participants.

The final day of the meeting provided an opportunity to identify the major issues and recommendations. It was clear that participants from all regions were concerned about the protection of displaced women, with particular reference to the prevention of sexual and gender-based violence, the protection of victims and the provision of reproductive health services. Participants recommended that attention be paid to related areas such as HIV prevention and treatment, mental health, livelihoods and shelter.

The recommendations of both field staff and academics focused on improving data collection and evaluation; disseminating and implementing United Nations Security Council resolution 1325; improving collaboration and coordination both within UNFPA and among UNFPA and its partners, including governments; improving training, education and knowledge-sharing; involving men in programmes to empower women and prevent sexual and gender-based violence; and ensuring that programmes for displaced persons also benefit local communities.

I. INTRODUCTION

A. BACKGROUND

It is estimated that about 80 per cent of displaced persons are women and girls. Displacement leaves women vulnerable to violence, disease and scarcity of care whether they flee willingly or unwillingly. Camps for refugees and internally displaced persons (IDPs) have been criticized for not addressing women's health and security needs and concerns. A camp or a settlement intended to provide refuge is sometimes turned into an unsafe, and perhaps even dangerous, site. The United Nations, governments and civil society organizations (CSOs) serving displaced women have recently begun to address the challenge of including women's concerns in policy planning and programme implementation. The United Nations Population Fund (UNFPA) has been committed to that process, responding, in collaboration with its international partners, to women's reproductive health needs and to gender-based violence.

B. PURPOSE

This report summarizes views on assisting displaced women in conflict and post-conflict situations presented at the UNFPA Expert Meeting and Workshop on Displaced Women, held in Hammamet, Tunisia, 21-24 June 2007 (see annex 1, Agenda). The first goal of the meeting was to bridge the gap between knowledge and policies regarding women's protection needs -- or gender-specific protection issues -- relating to displacement and migration in conflict and emergency settings, as well in post-conflict resettlement and in UNFPA field-based practices and operations. The second goal was to identify specific means for the integration of emergency-related programming into the mainstream of UNFPA work.

These goals were intended to contribute to raising awareness of the issues, mandates and related policies among personnel of UNFPA and its partner organizations, enabling them to share experiences, constraints and concerns in a candid and safe setting and collectively to identify the next set of interventions required. It was also aimed at widening the network of stakeholders and to deepening the commitment within UNFPA to implement policies and address the specific needs of women in emergency and conflict-affected settings.

The intended practical outcomes of the workshop included the following:

- A better shared understanding, among academic experts and personnel working in the field, of the issues and practical challenges and opportunities;
- The identification of gaps in research and documentation;
- The identification of a knowledge network to be enhanced and strengthened;

- The identification of key constraints in implementation, possible solutions and specific steps that UNFPA headquarters and field offices can take to improve implementation.

C. PARTICIPANTS

The workshop was attended by national experts, representatives of women's non-governmental organizations (NGOs), government officials, academic and international experts, representatives from other United Nations organizations, and UNFPA staff at headquarters and in the field, working in or for countries that were then experiencing, or had recently experienced, conflict. Participants from UNFPA and other offices or organizations in the field were working on behalf of the following: Afghanistan, Azerbaijan, Burundi, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Georgia, Indonesia, Iraq, Liberia, Mexico, Nepal, Occupied Palestinian Territory, Rwanda, Senegal, Sierra Leone, Sri Lanka, Sudan, Timor-Leste and Uganda (see annex 2, List of Participants).

II. OPENING SESSION

Ms. Leïla Joudane, UNFPA Assistant Representative in Tunisia, welcomed participants.

Ms. Sahir Abdul-Hadi, Senior Technical Adviser, UNFPA, discussed the main purposes of the meeting. One of them was to develop tools to enable UNFPA staff to be more effective and systematic in helping women in conflict and post-conflict situations. The development of skills is needed whether staff are engaged in preventing, and responding to gender-based violence in conflict situations; addressing the challenges of HIV/AIDS in war-torn countries or among displaced populations; promoting human rights; providing life-saving and life-sustaining humanitarian assistance; building bridges between displaced women and governments; or conducting effective policy dialogue. As UNFPA staff deal with the multifaceted and sensitive issues of working with women in conflict and post-conflict societies, they need the tools and means to do their job in the best way possible.

Ms. Abdul-Hadi noted the importance of United Nations Security Council resolution 1325 and its emphasis on the specific experience of women in conflict and post-conflict situations (see annex 3). She described the role of UNFPA in implementing resolution 1325 and the organization's reliance on the 1994 International Conference on Population and Development (ICPD), which "placed women's rights, empowerment and health at the centre of development efforts". UNFPA has a clear mandate to assist female refugees and displaced women, building on its core areas of expertise. It has made progress on the policy front and in practice. However, it is necessary to undertake this work on a systematic rather than an ad hoc basis. Despite the progress made in establishing norms and standards, reproductive health, gender and data issues are inadequately understood, are poorly integrated into humanitarian responses and are neglected in many countries in planning for recovery.

To address these issues, the new three-year plan of UNFPA to ensure the effective integration of ICPD concerns into humanitarian and recovery programming as well as peacebuilding planning identifies two principal roles: building knowledge and commitment, and strengthening capacity for effective programming. This strategy is both inward- and outward-looking. Internal capacity-building would increase the awareness and expertise of UNFPA staff in responding to humanitarian crises. The external focus would increase the awareness and expertise of humanitarian and development agencies concerning women's issues, particularly in the areas of sexual violence, reproductive health and women's empowerment.

A key pillar in UNFPA efforts to build technical expertise and knowledge has been the building of links and partnerships with the United Nations system, academia and the NGO sector. In 2006, UNFPA commissioned the Inter-University Committee on International Migration, a consortium of scholars and practitioners from Massachusetts Institute of Technology, Harvard University, Tufts University and other universities to produce

detailed policy-oriented reviews. These reviews were presented in the course of the workshop.

Ms. Klara Banaszak, Knowledge Network consultant on resolution 1325, provided a brief introduction to the UNFPA Knowledge Network. Under this initiative, UNFPA field staff read academic papers commissioned by UNFPA and then, by e-mail, described challenges and successes and offered recommendations based on their experience. Ms. Banaszak emphasized that knowledge-sharing of this kind is one of the most important benefits that the United Nations system can bring to humanitarian interventions. Many of the issues raised through the e-mail exchange were common to all countries, despite diverse situations on the ground. Reproductive health, gender-based violence and the lack of awareness of gender issues at every level in emergency and humanitarian responses were universal challenges. Similarly, the recommendations made were cross-cutting. It is imperative to find out from women themselves what they need and to reflect these needs in guidelines, policy and programming and in legislation. Women's participation at all levels is also necessary; they should design policies and programmes and have a say in their implementation. Finally, there is an urgent need for practical tools and clear and explicit instructions.

Ms. Sanam Anderlini, Consultant, outlined the agenda for the meeting, which proceeded with the presentation of 15 papers on relevant topics, summarized in the following chapter. Participants met in daily break-out groups – organized by region or by subject – as well as in round tables and question-and-answer sessions, which served to identify challenges for UNFPA, NGOs and national governments. They also provided opportunities for participants to share their experiences and national approaches to these challenges.

III. ACADEMIC AND PRACTITIONERS' PERSPECTIVES

A. OVERVIEW: CONFLICT, MIGRATION, VIOLENCE AND WOMEN

Conflict, migration, violence and women
Susan Martin, Georgetown University

Ms. Susan Martin noted first that the objective of the commissioned studies was to advise UNFPA on strategies to respond effectively to the needs of women forced to migrate because of conflict; to focus on the responsibilities of UNFPA under resolution 1325; and to provide a life-cycle and sectoral approach. She outlined three categories of forced migrants among women: refugee women, who cross international borders; internally displaced women, who seek safety within their own countries; and internally and internationally trafficked women.

At present, about 25 million IDPs in the world are not covered by the mandate of any specific United Nations organization. IDPs are often much more vulnerable than those who have crossed a border as they may still be in conflict or disaster zones and are difficult to reach. Trafficked women have been coerced or deceived into moving so that traffickers can exploit their labour, including but not restricted to sexual labour. Such persons are covered under the United Nations Protocol on Trafficking, although no specific organization is responsible for victims of trafficking.

The life cycle of forced migration and displacement includes the following phases: early warning, mitigation and emergency preparedness; flight; the emergency phase; protracted displacement; return, local settlement or resettlement; and the (re)integration and recovery phase. Women are at greatest risk of sexual and gender-based violence during flight, whereas issues of food and shelter are most acute during the emergency phase. Protracted displacement is an established phenomenon; the average period of displacement is 17 years, which means that the period of displacement becomes multigenerational.

A sectoral approach to the issues looks at the needs of displaced populations at all stages of the life cycle and includes concerns such as the issue of sustainable livelihoods. In terms of health and reproductive health, a Minimum Initial Service Package is required to address safe motherhood, family planning, adolescent health and sexually transmitted infections (STIs), including HIV/AIDS. Addressing the trauma and resiliency of displaced women must include an understanding of both the risk factors and “protective factors” and might include psychosocial programmes, indigenous coping strategies, religion and spirituality, truth and reconciliation processes and the promotion of human rights.

A three-pronged approach to addressing sexual and gender-based violence would look at opportunities for violence, the vulnerability of displaced populations and the impunity that allows perpetrators to continue their violence. It should focus on both women and men and adopt a multisectoral approach that looks at the intersection of sexual and gender-based

violence with other issues (such as shelter and reproductive health). With regard to shelter and settlement, attention must be paid to the location, layout and design of camps, which affect physical safety and security, access to livelihoods, access to services and so on. Attention must also be paid to urban and self-settled forced migrants as well as those in camps; to property restitution in post-conflict situations; and to female heads of households.

Ms. Martin outlined the role of UNFPA in situations of forced migration and displacement, making reference to the ICPD Programme of Action and to the UNFPA three-year plan on humanitarian emergencies, which includes building knowledge and commitment and strengthening capacities for effective programming. UNFPA has established a memorandum of understanding with the United Nations High Commissioner for Refugees (UNHCR) on working with displaced people, and its involvement in the new United Nations cluster approach to humanitarian work includes leadership of the reproductive health and sexual and gender-based violence subclusters and responsibility for gender mainstreaming.

Ms. Martin recommended that UNFPA should continue to address the full life cycle of forced migration, focus on all forms of conflict-induced migration and maintain a pre-eminent role in responding to the reproductive health needs of women. She recommended that UNFPA expand its role in addressing the causes and consequences of sexual and gender-based violence against women and ensure consultation with refugee, displaced and trafficked women before implementing policies and programmes. Other suggestions were to:

- Provide culturally appropriate services that focus on the physical and mental well-being of women;
- Support initiatives to empower women, particularly through livelihood programmes;
- Engage in active advocacy in support of shelter and settlement policies that promote the safety, security and access to livelihoods, education and services of women and girls;
- Offer expertise in improving the collection of sex- and age-disaggregated data on forced migrants;
- Educate refugee, displaced and trafficked women about their rights under international and domestic law.

United Nations Security Council Resolution 1325 on Women, Peace and Security *Sanam Anderlini, Consultant*

Ms. Sanam Anderlini provided an overview of United Nations Security Council resolution 1325 on Women, Peace and Security, which was the result of a tripartite partnership of global NGOs, United Nations organizations and supporting governments. Passed unanimously at the United Nations Security Council in October 2000, this historic resolution has critical implications for the protection of women in armed conflict and the participation of women and civil society in conflict prevention, resolution and reconstruction.

The context of resolution 1325 is the increasing emergence of failed States, of civil/internal conflicts and of the overt targeting of civilians. The front lines of war are now communities, families and – all too often – women’s bodies. These factors affect the concept of “international peace and security” and the role of the United Nations. They also influence policy and practice in all sectors, including a widening range of actors – especially women - engaged in peace and security. The August 2000 report presented by Lakhadar Brahimi, Special Representative to the Secretary-General in Afghanistan, emphasizes conflict prevention, complex peace operations and peacebuilding as core elements of United Nations peacekeeping operations. Resolution 1325 reflects this shift in focus towards peacebuilding. It addresses the security needs of people and recognizes that peacebuilding and the promotion of security are not solely the domain of political and military leaders. For example, women are at the forefront of peace processes in Northern Ireland, the Balkans and Israel/Occupied Palestinian Territory.

A key aspect of the resolution is the participation of women in decision-making on conflict prevention, conflict resolution and peace processes. All actors and parties to armed conflict in peace processes are obliged to: support local women’s peace initiatives; involve women in the implementation of peace agreements; and adopt gender perspectives during repatriation, resettlement and post-conflict reconstruction.

The resolution also requires the inclusion of gendered perspectives and training in peacekeeping. The United Nations Secretary-General is required to provide members with training on protection and the rights and needs of women and to ensure that women participate in peace missions. Member States are required to include gender and HIV/AIDS awareness in training for military and civilian personnel; to increase funding for gender training and to ensure the protection of women and girls; and to address the different needs of women and male ex-combatants in demilitarization, demobilization and reintegration (DDR) and to consider the potentially gendered impact of sanctions. Women and girls must be protected from sexual and gender-based violence in conflict. Finally, the resolution deals with gender mainstreaming within the United Nations system and in reporting and programme implementation. The United Nations Secretary-General must report on the impact of women in conflict, the role of women in peacebuilding, the gender dimensions of peace processes and conflict resolution, and progress on gender mainstreaming in peace missions and related areas. All United Nations organizations have

a responsibility to implement the resolution where it relates to or overlaps with their mandates, priorities and core business, although it is the primary responsibility of governments to implement the resolution.

The core services and priorities of UNFPA related to resolution 1325 are as follows: assisting in emergency/conflict/post-conflict situations; collecting census and other data (rapid health assessments); ensuring gender equality and women's empowerment; preventing sexual and gender-based violence; engaging in HIV/AIDS prevention; and providing reproductive health care and services. These services and priorities are interlinked.

The resolution has implications for both UNFPA and its partners in the context of women, displacement and violence. There are difficulties related to data collection on the nature and location of displaced populations; questions of access to populations related to issues of legal status, nature or location, which require community-based programming; the need to address HIV through reproductive health services and to recognize broader (non-sexual) forms of sexual and gender-based violence, which have implications for protection and prevention. There are also implications for shelter and livelihoods. In addition, there are implications for work with security, political and judicial entities; with other United Nations organizations such as UNHCR and the Food and Agriculture Organization of the United Nations (FAO); with national-level actors in government and civil society; and with donors. Finally, there is a need to develop in-house capacities and expertise in UNFPA.

B. POLICIES AND PRACTICES: UNFPA EXPERIENCE AT HEADQUARTERS AND IN THE FIELD

Conflict, migration, violence and women: The human face of forced migration ***Dr. Manuel Carballo, International Centre for Migration and Health (ICMH)***

Dr. Manuel Carballo began his presentation with the observation that migration, forced migration and the movement of women are old problems that are only now beginning to be addressed systematically. More people are being displaced over greater distances and for much longer than ever before; women and girls constitute a large proportion of all displaced people, and they are exposed to major health and welfare implications, including the risk of sexual violence and neglect – including “benign neglect”. Conflict is not the only reason behind forced migration. Clandestine migration, environmental disasters and trafficking also play a part.

The push factors for displacement are huge, even before conflicts break out. One billion people in the world try to live on less than \$US 1 a day. Conflicts occur in the following cycle: a lead-up phase, rapid acceleration, an acute phase and then an often illusory “stable phase”. The community response to conflict, including displacement, mirrors this cycle. The humanitarian response, on the other hand, seldom follows this cycle, with organizations tending to come in too late and leaving too soon.

IDPs are vulnerable at each stage of displacement – being obliged to move, deciding where to move and with whom, reaching “safe havens”, starting a “new life” with personal belongings, reconnecting with family, developing a new identity, planning for a future, moving to a new home, starting a new livelihood, moving on, being left behind, being sent home. Populations are obliged to move for many reasons, including family disruption, rape and trauma, physical dislocation, disorganization of livelihood and the breakdown of services. Displacement is neither orderly nor planned. Women often move alone rather than with their families or partners. This can create a unique demographic bias, with huge populations of displaced women and men who are not together. When displaced people reach so-called safe havens, they may find that these are not safe at all – that the physical conditions lend themselves to physical insecurity, as in camps or tsunami shelters, where there are too many people too close together. IDPs have to start new lives with more or less what they can carry. This may mean that not only possessions but people may have to be left behind. They also have to develop a new identity: their pride and sources of subsistence have gone, and they have lost their autonomy and their independence.

IDPs may become illegal migrants. Women especially may be trafficked and subjected to sexual abuse by traffickers or economic abuse by employers, or both. There are 400,000-500,000 trafficked women in Western Europe alone. Women IDPs may suffer from chronic anxiety, from constant threats, and from unwanted pregnancy; illegal migrants in Europe have a rate of requested abortions five times higher than have nationals. They may suffer from unsafe abortions, STIs and HIV and other new diseases. They are often isolated and out of touch with their families. They have to develop ways of coping, including through risky behaviour, and learn to be different. They suffer exclusion and marginalization and a variable but usually poor level of care. In conflict, men and boys also may be raped or sexually abused, and may be trafficked and suffer other consequences of displacement and forced migration.

Displacement can be prevented or steps can be taken to mitigate it by preparing for it through pre-deployment, accompanying displaced persons and managing and staying with the process of displacement. Monitoring and evaluation are needed, and reproductive health and human rights must be highlighted. Sensitization campaigns should be undertaken to emphasize both the complexity and the opportunities of displacement. For example, working with refugees and IDPs can enhance the health of surrounding populations. With particular reference to women, the problem must be quantified and described locally and internationally; protection provided and the logic of protection explained; the implications in terms of human wastage discussed; sending and host countries as well as national and international staff trained; actions monitored and evaluated, and the opportunities of these actions highlighted; women must be identified and involved; and women’s skills must be strengthened and they must be given help with marketing those skills.

Overview of existing UNFPA policies and guidelines
Pamela DeLargy, Humanitarian Response Unit, UNFPA

As an organization, UNFPA is trying to determine how to build its own capacities, improve its programme and processes and support its partners better. The Expert Meeting on Displaced Women is one of a series of meetings on United Nations Security Council resolution 1325 which are important for bringing that resolution to partners and counterparts. Ms. Pamela DeLargy described the drawbacks of thinking that every country experiences the same issues and that the same processes apply everywhere. She cited several countries with a UNFPA presence in which crises are the norm.

UNFPA has improved its emergency preparedness and response, including reproductive health and the Minimum Initial Service Package – a coordinated set of activities designed to prevent and manage the consequences of sexual violence, prevent excess neonatal and maternal morbidity and mortality, reduce HIV transmission, and plan for comprehensive services in the early period of an emergency. UNFPA has also improved gender-based violence prevention and response, and data collection. However, systems require further change. New emergency procurement procedures are soon to be released. These will deal better with the specifics of emergencies and avoid the need to go through the whole of the “normal” UNFPA procedure.

In terms of post-conflict recovery and rehabilitation, responses are improving. However, much remains to be done in renovating health facilities; providing counselling, training, equipment and supplies, supporting local NGOs; and collecting and analysing demographic data.

UNFPA now works on demobilization and security reform with other United Nations partners and local partners, which provide vital entry points for reproductive health and population issues. It is also improving its partnerships with peacekeeping operations, providing HIV-prevention services, gender training, reproductive health supplies (including condoms) in collaboration with the United Nations Department of Peace-Keeping Operations and training HIV focal points. Special attention is being given to war-affected adolescent girls and boys, with UNFPA providing basic health education and counselling; working towards safe pregnancies, STI/HIV/AIDS-prevention, unsafe abortion prevention and sexual violence prevention; and providing vocational training and recreational activities. To avoid the perpetuation of cycles of violence, planners found it was important to consider gender broadly, encompassing men and boys as well as women and girls.

Ms. DeLargy spoke of the UNFPA mandate and action, and of its place within United Nations humanitarian reform. The reform process is aimed at better coordination and accountability and is based on three pillars: the cluster approach, the humanitarian coordinator and the Central Emergency Response Fund. The cluster approach has presented a challenge for UNFPA and other organizations dealing with gender, as each cluster deals with one issue and has a lead agency. Financing is also a problem, as it is a struggle to make sure that reproductive health remains a fundable activity. Deeper and

wider partnerships with governments, civil society and NGOs are therefore needed to ensure that funding continues and that it remains high on the agenda of United Nations organizations. UNFPA has the responsibility to mainstream gender into all of the clusters. In response to these challenges, UNFPA now has a three-year strategy to institutionalize a humanitarian perspective -- including contingency, emergency, and post-conflict planning -- into all UNFPA programming and procedures; facilitate the integration of reproductive health and gender dimensions into humanitarian response and recovery programming of governments, donors, NGOs and other partners; and play an appropriate role within United Nations Humanitarian Reform and as responsible for the implementation of resolution 1325.

To meet these objectives, UNFPA will have to explore mechanisms and ways of reorganizing its systems to undertake work it has not previously done. It will need to rely on capacity-building, both internal and external; partnerships, such as the new 10-agency collaboration on sexual violence in conflict; technical leadership; advocacy, both internal and external; and a reliable resource base. UNFPA must work at all levels of action: local, national, regional and global, and use all available networks, processes, legal regimes and systems. Most important, it must listen and talk to women.

Data collection during crises

Hafedh Chekir, UNFPA Representative to Occupied Palestinian Territory

Dr. Hafedh Chekir provided an overview of data needs, constraints and activities in crises, providing examples from Occupied Palestinian Territory. For the implementation of resolution 1325, there is a need both for more data and for a review of data collection methods. Dr. Chekir emphasized the need for data on socio-economic and cultural characteristics, particularly of vulnerable groups. Although often neglected, such data can be vital, especially in civil wars.

In general, three types of data collection on displaced persons are required. The first is routine data registration, which is seldom exhaustive but can give an idea of the flows of displaced persons. Second are censuses -- the best method where large movements have occurred; however, they are expensive and require technical expertise and a minimum of peace and security to be carried out. They also risk of being used for political ends. The third type is new techniques, such as satellite imagery for large movements of people.

Before a crisis occurs, data is needed for the preparation of contingency planning; for the Consolidated Appeals Process (CAP), for flash appeals and other funding processes; for vulnerability analysis and to identify early warning signals; and to raise the awareness of governments, CSOs and the international community. Also, before a crisis, staffs of various organizations need to be trained on how to plan and implement data collection procedures and how to improve the targeting of data collection, particularly for vulnerability studies. This training needs to take place early, as it is much more difficult to undertake during emergencies. The data required before crises includes: population size and spatial distribution; age and sex distribution; the location of basic services; reproductive health behaviour; and income levels and basic welfare indicators.

During the crisis, data is needed for the following: CAP and flash appeals; the coordination and delivery of humanitarian services; funding advocacy; logistical support; camp management planning; the protection of vulnerable groups; the provision of staff training to meet the needs of vulnerable groups; and planning for eventual resettlement. The data required includes estimates of size and basic characteristics of the affected population; estimates of the displaced areas; evaluation of the most urgent needs; the direction and volume of displaced people; analysis of the facilities and capacities to provide assistance to vulnerable groups; data on logistics systems to manage supplies; data on violence and particularly on gender-based violence; and basic information on the epidemiological situation.

In post-crisis situations, data is required for the following: better coordination of the activities of various agencies; the assessment and prioritization of needs; the elaboration of strategies for repatriation and DDR; peacebuilding and mediation; the re-activation of efforts in specific sectors; and the provision of psychosocial support. The specific data needed includes: the number of displaced persons requiring specific assistance; the number of demobilized combatants; human capacity needs by sector; infrastructure requirements; cases of sexual and gender-based violence; and urgent reproductive health needs.

Dr. Chekir described the challenges of UNFPA work in Occupied Palestinian Territory. A large proportion of the Palestinian population are refugees or IDPs. There is a lack of protection for civilians and a context of violence and insecurity, compounded by the fiscal and social crisis and the intra-Palestinian political crisis. There are two basic aspects to access to reproductive health services: demand and supply. The demand for access in Occupied Palestinian Territory is linked to the high expectations of the Palestinian population, due, among other things, to the high quality of services in Israel, high levels of education, experience of systems in other countries; developed coping mechanisms; and high investment in human resources. Demand is also linked to the resources of the population – individual/family resources, the insurance system and biological resources (or the health of the population) – as well as community resources. The supply of reproductive health systems is determined by geographical accessibility, the availability of services, the availability of personnel (including female health workers), the cost of services, the attitude of health providers and the health insurance system. Other factors include government budget dependency, closure of services/mobility restrictions, violence, equity issues, the multiplicity of systems and the attitudes and mechanisms of donors.

Measuring accessibility to reproductive health in Occupied Palestinian Territory is complicated by this multiple health system and by the data collection systems used. If mobility restrictions are not taken into account, surveys indicate that almost 100 per cent of the population could easily access primary health care. However, the separation barrier has made it difficult for certain populations to access different types of services, particularly education and health care. Checkpoints have impeded access to hospitals; women have given birth at checkpoints and/or arrived late for emergency procedures. Military incursions and violence have also reduced access. A survey is undertaken every six months to measure the impact of the crisis on the population, including access to health

facilities. UNFPA has followed up on the availability of reproductive health services in health centres, using indicators such as: availability of personnel (by category) and services; referral systems for each type of service; emergency obstetric care; home visits; opening times; and doctor availability.

The Pan Arab Project for Family Health/Multi Indicator Cluster Survey (PAPFAM/MICS) is a large-scale survey in Occupied Palestinian Territory. Undertaken by the League of Arab States with the support of various United Nations organizations, including UNFPA, the survey will collect data for the subnational level and areas affected by the separation wall. The main indicators will be: contraceptive prevalence rates; prenatal and post-natal care; delivery conditions; accessibility problems during delivery and for post-natal care; fertility preferences; and unmet family planning needs.

C. LEGAL STATUS

The legal status of displaced persons

Audrey Macklin, Faculty of Law, University of Toronto

Professor Audrey Macklin provided an overview of the legal status related to the three categories of displaced persons: refugees, IDPs and trafficked persons.

Refugees benefit from a legal definition based on the criteria of a well-founded fear of persecution which, if met, guarantees the right of *non-refoulement* from the host country. By contrast, the legal definition of IDPs is broad and covers those forced to move by violence, conflict or disaster. They are distinguished from refugees not only because they have not crossed an international border but because of this broader definition. Trafficked persons are covered by the Protocol to Prevent, Suppress and Punish Trafficking in Persons, which defines trafficking as the coerced non-voluntary movement of people for purposes of exploitation (forced labour, unpaid labour, labour accompanied by violence, sexual exploitation).

The definition of refugees is fairly narrow and creates the legal right of *non-refoulement*. Persecution on the grounds of gender is not made explicit in the definition; however, at international and domestic levels, the definition has been interpreted to capture gender-based persecution (e.g., sexual/domestic violence). In addition, refugees are the responsibility of the UNHCR. Refugee status is surrogate – it replaces protection by national governments.

The definition of IDPs, on the other hand, is merely descriptive and does not automatically give rise to rights. This has implications for the issue of registering IDPs -- why they are registered and to what end. Registration is not necessarily carried out for the benefit of IDPs, for example, when it takes place for security reasons. These conditions raise the question of what benefits IDP status does confer. IDP status may lead to stigmatization or to material benefits, since the definition of the category of IDP is broader than that of refugees and covers migration not induced by conflict. The IDP Guidelines – that is, the

“Guiding Principles on Internal Displacement” prepared for and presented to the United Nations Commission on Human Rights in 1998 – state that forced displacement is itself a human rights violation, aside from the human rights violations created by the conditions of displacement. Because IDPs have not crossed an international border, the State or national body is responsible for them, which makes IDP protection difficult due to the need for interaction with the government/State, especially where the State is the cause of the displacement.

Trafficking can be understood as a form of forced displacement, and trafficked persons, as a type of IDP. However, as trafficked persons are dealt with by a crime control statute, they are understood as products of crime rather than as victims and do not benefit from any rights. The State, not the person, is considered the primary victim of trafficking.

Professor Macklin then described the role of law with regard to displaced persons. Aspects of sexual and gender-based violence and reproductive health are affected by legal regimes -- for example, laws on domestic violence may focus attention on displaced populations. Most legal regimes have a prohibition on violence, which can be made to apply to sexual and gender-based violence. There is political motivation to make this connection explicit in order to counter resistance to recognizing sexual and gender-based violence. In addition, laws may positively or negatively affect identity, for example, with regard to property and land distribution, which is important during both displacement and return.

Some agencies mandated to deal with displacement, such as UNHCR and the Office of the Commissioner for Humanitarian Affairs, presuppose that displacement is temporary. As UNFPA does not have this mandate assumption, it is in a position to acknowledge, account for and deal with displacement that is potentially either chronic or permanent. UNFPA is also in a position to bring trafficking within the IDP definition – or even the refugee definition – as a means of providing support to trafficked women who are otherwise unable to access help under the trafficking definition. UNFPA also has a role in advancing legal literacy among women, who need to know their rights on a personal level. Advancing legal literacy will also enhance their ability to advocate. UNFPA can use its work with and access to women and girls for this purpose.

D. THEMATIC PAPERS

1. Reproductive Health, Sexual and Gender-based Violence and HIV/AIDS

Barriers to reproductive health in conflict

Dr. Therese McGinn, Reproductive Health Access, Information and Services in Emergencies (RAISE), Columbia University

Reproductive health in conflict is a new field: prior to the mid-1990s, most women living in crisis settings had little or no access to reproductive health services. From the mid-1990s to 2000, much was achieved in terms of research, guidelines and manuals, the recognition of the needs of women in conflict, the creation of the Inter-agency Working

Group (IAWG) and the actual delivery of reproductive health services. Progress slowed in the early 2000s, although more services were delivered, more field studies were conducted, resolution 1325 was passed and the IAWG Global Evaluation 2002-2004 was published. There has been a resurgence of activity in recent years, with regional IAWG initiatives, the revision of the IAWG field manual and increasing interest from new organizations. Nevertheless, the IAWG Global Evaluation demonstrated that refugee and IDP women, as well as trafficked women and women in disasters, cannot necessarily get the reproductive health care that they need and want. There is still not enough reproductive health care available and there are problems with quality.

Reproductive health care is not equally available in conflict situations. The types of such care most likely to be available include basic family planning (condoms, pills, possibly injections), antenatal care and HIV prevention. It is most likely to be available for refugees in stable camp settings and in countries that had good health systems before the conflict. The reproductive health care that is least likely to be available is comprehensive family planning, emergency obstetric care, gender-based violence care and STI/HIV treatment. It is least likely to be available to IDPs, to those in dispersed and unstable settings, and in countries that had relatively weak health systems before the conflict.

The barriers to reproductive health in conflict settings include: provision-of-care barriers in the form of inadequate numbers and types of trained staff, poor infrastructure, weak logistics systems, inadequate funding and insecurity. Demand barriers include low pre-existing awareness and use of reproductive health, fees, societal disapproval of reproductive health, and low levels of autonomy for women. Reproductive health is new to humanitarian agencies, and conflict settings are new to development agencies. Hence, there are now organizational barriers such as a lack of skilled staff, lack of policy or programme guides and lack of institutional experience. In addition, humanitarian agencies skilled in dealing with emergencies may be unable to provide a transition to the services needed after the emergency. Data collection is a low priority and, hence, there are limited indicators and detail. There is also minimal research, as research is not a usual focus for humanitarian agencies, and reproductive health researchers are not experienced in conflict settings. Research is also challenging in conflict settings, in terms of logistics, security and skilled staff. Moreover, there are real ethical considerations, particularly with regard to consent. Finally, reproductive health is controversial, so the staff, boards and donors of organizations may not support reproductive health activities, and organizations may expect negative responses from communities and/or may fear the politics of reproductive health.

There are also policy and funding barriers. These include health policies that may restrict care; criteria that may exclude women from reproductive health care -- for example, where a husband's or parent's consent is required or where age or parity restrictions are in place. Policy mechanisms may also be exclusionary: refugees are often left out of host country and multinational policymaking and planning; reproductive health is often left out of humanitarian policy and planning; and IDPs have no responsible authority other than their governments. Decision makers are not held accountable, so that actual contributions do not match funding commitments, and approved resolutions and passed laws are not

implemented. In addition, a lack of monitoring is a problem: “what gets measured gets done” -- accountability follows monitoring.

The practical lessons of the past few years are that we do know how to provide reproductive health services and so should apply best practices to new settings, measure the processes and results and share the findings. UNFPA and other organizations dealing with reproductive health need to reduce barriers to demand; engage women, men and youth to address their concerns; and recognize that progress is slow at first. They also need to build on organizations’ strengths; collaborate with humanitarian and reproductive health agencies; support internal learning; and document and share internal processes. Finally, they must hold decision makers accountable, analyse policies, advocate for necessary changes and monitor situations and programmes.

Gender-based violence among vulnerable groups

Sana Asi, Palestinian Initiative for Dialogue and Democracy

Ms. Sana Asi cited the definition of violence against women contained in the Declaration on the Elimination of All Forms of Violence against Women, adopted by the General Assembly in 1993:

“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.”

Under this definition, violence against women encompasses but is not limited to: physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere; trafficking in women and forced prostitution; and physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Ms. Asi depicted gender-based violence as violence on the basis of gender differences. This violence is related to cultural stereotypes and norms and is an expression of unequal power relations between men and women. Gender-based violence can be physical, sexual, verbal or psychological. It has recently been recognized as a weapon of war and a crime against humanity. Sexual abuse and rape are major sexual practices during armed conflicts. In armed conflict, gender-based violence, including sexual harassment and abuse, may be perpetrated not only by soldiers and armed forces but also by men from the community. In Occupied Palestinian Territory, it was found that sexual and gender-based violence is related to political instability. The increase in rape and abortion – as well as in consensual extramarital sexual relations – is a reaction to the political and economic situation. When

men feel that they are under pressure, their sexual needs increase; most sexual harassment arising out of this situation takes place within the family.

The goal of UNFPA programmes is to contribute to improving the quality of life through improvements in reproductive health status. The aim is to reduce gender gaps in education and increase social participation and strive towards a balance between population dynamics and socio-economic development. In relation to sexual and gender-based violence, Ms. Asi gave the example of a UNFPA Gender, Peace and Security programme in Occupied Palestinian Territory, which has adopted a multisectoral approach to resolution 1325 in dealing with survivors of gender-based violence. The programme has been implemented also in Afghanistan and Indonesia. Other programming strategies include training, consensus-building and dialogue, for example, with women leaders and grass-roots organizations on resolution 1325. Case studies have also been prepared which can provide a baseline for monitoring sexual and gender-based violence and identifying gaps in programming.

Ms. Asi emphasized that short-term strategies are a constraint on programming: attitudes and beliefs in long-term crises can be changed only by long-term strategies. She recommended more involvement with local and community-based organizations, more work with a wide variety of stakeholders and a shift from short-term projects to long-term programmes in order to achieve change.

Sexual violence during war and forced migration

Dr. Hani Mowafi

Harvard Humanitarian Initiative and Boston University of School of Medicine

Presentation of a paper by Jennifer Leaning and Susan Bartels, Harvard Humanitarian Initiative

Sexual violence may be defined in terms of sporadic instances of rape in conflict (“spontaneous rape”), of mass rape in conflict and forced migration and of systematic mass rape as a “tool of war”. The applicable international humanitarian law instruments – which often run up against issues of sovereignty and lack of enforcement -- include the 1863 Lieber Code, the 1907 Hague Conventions, the 1945 Nuremberg Charter Law No. 10, the 1949 Fourth Geneva Conventions, the 1990s findings of the International Criminal Tribunal for Yugoslavia and the International Criminal Tribunal for Rwanda, and the 2000 International Criminal Court.

With regard to the legal prosecution of sexual violence committed during war and forced migration, delayed testimony is the norm, despite the value of contemporaneous accounts for both awareness and pursuing justice claims. Obtaining more contemporaneous accounts can be assisted by alerting the international community to the issue while the conflict is occurring, building legal cases for individual accountability and establishing parameters of systematic rape and responsibility.

Policy and programme responses to systematic rape in war include actions to be taken during the conflict with regard to the support and treatment of survivors and their families

and to mitigation and prevention. Extensive work has been done in terms of support and treatment, but further refinements require a more upstream approach. Efforts in the categories of mitigation and prevention require the analytic assessment of both the conflict context and of population parameters. Systematic mass gender-based violence commonly takes place during non-declared communal wars, in which non-State actors are poorly trained. Their limited access to heavy weaponry leads to a reliance on inflicting terror and community fragmentation to ensure non-return, with women and girls a primary target of attack. Conflicts are often one-sided, and the targets are stigmatized or marginalized populations. The population parameters of systematic mass gender-based violence in conflict include attacks on poorly defended, sparsely populated villages or isolated communities; a lack of precise warning; the targeting of women and girls; and assaults characterized by their public nature, frequent gang rape and a substantial risk of death during or immediately following assault. The perpetrators of gender-based violence are usually part of small groups with no heavy weaponry and little training.

Addressing gender-based violence must involve addressing opportunity – in the sense of opportunity for attack but also in a lack of opportunity to use traditional military means, necessitating non-traditional methods such as gender-based violence. However, decision makers are often unwilling to act. UNFPA and its partners can work to:

- Promote basic training in international humanitarian law for all armed groups, before and during conflict, particularly on the distinctions between civilians and combatants and prohibitions on a wide range of attacks, including sexual and gender-based violence;
- Link this training with increased support for accountability mechanisms such as the International Criminal Court to make admonitions credible;
- Implement early warning systems, for example, by using routine voluntary reporting to highlight potential hot spots and by providing more concrete information to decision makers.

Addressing women's vulnerabilities is also a way to address gender-based violence. Those vulnerabilities are created in part by women's responsibility for others; their traditional roles in gathering wood, fodder and water; their lack of material resources and of physical and official protections; and their lack of connectivity to the outside world. The period of flight is an extremely vulnerable period as small groups can easily be trapped in unfamiliar terrain. Methods to address these vulnerabilities might include enhancing women's connections to the outside world through real-time reporting systems, using cell phones, text messaging and radios. Such systems would, at least, provide early warning. Reducing the need for outside foraging through collective security arrangements for villages at risk and providing IDP and refugee settlements for attack survivors/forced migrants would also reduce women's vulnerability. In addition, it must be assumed that where there is conflict there is systematic gender-based violence. This assumption should be built into humanitarian response in terms of reproductive health, STI/HIV and emergency contraceptive services, as well as referral or support for physical and psychological trauma.

Impunity should be curbed whenever possible by creating a climate of international stigma for State and non-State actors who resort to these tactics; training locals and NGO partners of UNFPA systematically and routinely to document and report gender-based violence as part of both development and post-conflict programmes; and designing information systems to protect confidentiality and NGO presence while ensuring adequate reporting to responsible groups. It is also important to challenge governments and agencies to act and to provide information, in the form of contemporary data from the field, to support these efforts. This data should include the extent and pattern of systematic gender-based violence in conflict settings before, during and after periods of forced flight, the location of “trouble spots” and the baseline of gender-based violence through real-time surveillance. Potentially effective measures for use in mitigating effects of systematic gender-based violence in conflict should be established and tested.

Women, migration, conflict and risk for HIV

Dr. Anita Raj, School of Public Health, Boston University

Dr. Anita Raj presented an overview and gendered analysis of the global HIV epidemic among women, identifying mechanisms by which migration, particularly forced migration due to conflict, heightens women’s risk for HIV. More than 20 million women in the world are living with HIV. While rates of HIV, mechanisms of transmission and populations at greatest risk vary across regions and nations, at a global level, women now constitute the majority of those living with HIV. The status of women directly affects their vulnerability to HIV/AIDS.

Nations characterized by HIV seroprevalence rates of 2 per cent or more have a majority of women infected, whereas nations characterized by HIV seroprevalence rates of less than 2 per cent have a majority of men infected. Women’s risk across nations is predominantly from their involvement with men engaging in risky behaviour or involvement in sex work. Although injection drug use is a risk, women are much less likely than men to inject drugs. In addition, while women experience lower status than men across all nations studied, even greater social marginalization exists among those who are younger, less educated, unemployed, and socially and economically reliant on male partners. Socially marginalized women experience higher rates of HIV and are more likely to report drug use, sex-trade involvement and victimization from gender-based violence, all of which increase their vulnerability to HIV. In more racially or ethnically diverse countries, they are more likely to be racial or ethnic minorities, including indigenous persons, and are more likely to be migrants or immigrants. Young girls are the most vulnerable of all as they are most likely to engage in high-risk behaviour and experience additional victimization and gender-based violence.

In terms of global migration more generally, there are 175 million international migrants -- 3 per cent of the global population. Half of adult migrants are women. Cross-national and rural-to-urban migration is occurring largely “by choice” and for economic reasons. Both the reasons for migration and the experiences of migrants tend to be linked to poverty, discrimination, exploitation, family instability and community instability. Forced migration

differs from migration purely for economic survival, stability or opportunity in that it is induced by conflict, development or disaster.

There is no clear data about whether forced migration is linked to increased infection risk for HIV. The data available is conflicting, not comparable, limited in scope, involves selected surveillance and, indeed, in many cases, is entirely lacking. For example, some studies from Africa, Asia, the Caribbean and the United States suggest that forced migration does increase vulnerability to HIV; other studies from Africa and the United States indicate that it does not. Some study findings indicate that when those from higher HIV prevalence areas move to areas with lower HIV prevalence, risk declines. In addition, isolation, high death rates and low levels of sexual activity may reduce HIV risk among migrants in camps. On the other hand, the marginalization of immigrant/migrant women is linked with riskier sex and increased likelihood of HIV.

Migrant women also have higher rates of HIV/STIs than women in their countries of origin or residence. Forced migration may increase vulnerability to HIV infection for a variety of reasons. Among them are the lack of health infrastructure or low access to the national health infrastructure; the use of rape as a weapon during conflict; the use of sex as a commodity by women and girls; the alteration of sexual behavioural norms in the context of chaos; and the presence of military forces, including peacekeepers.

The increased vulnerability of forced migrants has implications for practice. Whenever possible, forced migrants should be provided with STI/HIV education, counselling, testing, care and treatment, prevention and condoms; integrated into high-quality reproductive health care with access to the health infrastructure; provided with gender-based violence programmes and programmes for victims and perpetrators; and given access to educational opportunities and job training for women.

Dr. Raj then turned to surveillance and research efforts, pointing out that it is difficult for programmes to prioritize this issue, but emphasizing the value of anecdotal data. She recommended that existing HIV surveillance efforts be supported, ensuring that they include information on the national origin and length of residence of forced migrants and identifying areas where migrants have settled. Behavioural surveillance should assess risk behaviours to identify the programmes needed. Qualitative needs assessments should assess, via interviews, what migrant women require to support their needs for HIV prevention and care. Finally, programme evaluations should be conducted to determine the effectiveness and feasibility of replication of the policies and programmes that have been implemented.

Intimate partner violence, sex trafficking and the reproductive and sexual health of women and girls

Dr. Jay Silverman, Harvard School of Public Health

Gender-based violence, including intimate partner violence and sex trafficking, is widespread both in and outside conflict settings. One of the major ongoing needs for effective responses to gender-based violence – despite increased understanding of how

gender-based violence affects both reproductive health and sexual health – is the need for data and research programme logic.

Dr. Jay Silverman discussed several recent research efforts on two major forms of gender-based violence against women and girls: intimate partner violence and sex trafficking. He described two studies on intimate partner violence: the Bangladesh Demographic and Health Surveys and a study on family violence and pregnancy-related and neonatal health in Mumbai, India. The first examined the issues of intimate partner violence and sexual and reproductive health, including pregnancy-related health and birth outcomes, women's victimization, men's reports of perpetration of intimate partner violence and both men's and women's health behaviour. The Bangladesh study showed a positive correlation between unwanted pregnancy and intimate partner violence, terminated pregnancy and intimate partner violence, miscarriage and intimate partner violence, extramarital sex and intimate partner violence perpetration and STI symptoms/diagnosis and intimate partner violence perpetration. Specifically, women experiencing violence from husbands were more likely to report unwanted pregnancy, and miscarriages were more likely among victimized women. In addition, men who were perpetrators of sexual violence were more likely to be taking risks, to have multiple partners and to have STI symptoms and diagnoses. The study in India looked at the mechanisms and contexts of intimate partner violence and reproductive and neonatal health. The researchers collaborated with local partners to develop intervention programmes and policies and to evaluate whether these programmes were effective in reducing violence and improving health outcomes.

Research has also been undertaken on sex trafficking in South Asia. Because of the absence of empirical data on trafficking, including the process of trafficking women, it is impossible to define ways to prevent it. Trafficking is a major international health and human rights concern. It is conservatively estimated that between 600,000 to 800,000 people are trafficked across international borders annually, with 80 per cent of these being women and girls. Women and girls are at special risk for sex trafficking, e.g., forced prostitution and sexual slavery. The United Nations Special Rapporteur on Violence against Women underlined sex trafficking as a critical aspect of the global epidemic of violence against women. Of the hundreds of thousands of women and girls sex trafficked annually, the largest number originates in Asia, with 150,000 estimated to come from South Asia alone. Research in India and Nepal on the trafficking process reveals the youth of trafficked women -- half of all trafficked women are under the age of 18. It also shows that women may be kidnapped via drugs, abducted by force and trafficked by strangers, by acquaintances or by family members. Family disruption is an important precursor or vulnerability factor for women in terms of trafficking. Poverty is also important; the family chaos and violence caused by poverty particularly appears to precipitate trafficking.

The South Asia context is complicated by the high incidence of HIV/AIDS. India's HIV epidemic, currently second only to that in sub-Saharan Africa, is thought to be uniquely propelled by the sex trade. Contact with commercial sex workers poses a 70 per cent increased HIV risk among Indian men. Yet, despite recent practical and research attention devoted to commercial sex work as a mechanism for the epidemic, little investigation has

been conducted among known victims of sex trafficking regarding HIV. Only anecdotal evidence exists. However, Silverman's research in India and Nepal showed that in India there is a high prevalence of HIV, particularly among the very young (under 18) and an increasing risk of HIV the longer women spend working in brothels. There is, therefore, an urgent need for intervention and for extending the debate on trafficking beyond economic rights.

Intimate partner violence and sex trafficking threaten the human rights and health, particularly the sexual and reproductive health, of women and girls worldwide. Ensuring that programmes effectively address these issues will require more and better data. Needs assessments should be localized and structured, and both qualitative and quantitative. They should address the logic of men's abusive behaviours; provide resources, support and coping strategies for women; and address the responses of in-laws and other authorities to abuse. At the same time, however, the ethics of data collection must be borne in mind – safeguards must be in place, and if the data will not be used, it is more ethical not to collect it at all.

“Logical” programmes involving community partners must be developed, or existing programmes must be made logical in terms of inputs and resources, activities and short- and long-term outcomes. Both the process of programme implementation and the outcomes of programmes must be evaluated to assess their actual benefits and to learn lessons for future implementation. Finally, no single organization, group or person can achieve all of the research, planning and implementation required. Collaboration with UNFPA, academic partners and other technical resources is essential.

2. Shelter, Livelihoods, Mental Health and the FAO Experience

Gendering space for forcibly displaced women and children: Concepts, policies and guidelines

Roger Zetter, Refugee Studies Centre, Oxford University

The provision of shelter and space is a basic need. Yet, despite the huge disruption of both over the last three decades, there is a lack of research and programming on the issue. Housing is both a state of being and a state of doing: it is not only a physical commodity but also a site in which people shelter themselves and settle down.

Professor Zetter presented an overview of the key concepts and policy issues involved in shelter and space, pointing to the paradox between the permanence of shelter and the transience of forced displacement – particularly in situations of protracted displacement. He spoke of the material and symbolic destruction of shelter, which is a key ambition of conflict and not merely a by-product of it, and the new concepts of “urbicide” and “domicide”. Reconstruction in post-conflict situations is a critical challenge.

The shelter and settlement sector is dominated by certain characteristics, which have implications for policy and practice. These include: short-term horizons, although housing

is a long-term developmental process; a “bricks and mortar” approach, which does not consider gendered or social space; a top-down process, driven by agencies and by the need for implementation; agency fragmentation, a lack of planning coordination and conflicting agency mandates; the “political” control of options and locations, since refugees and IDPs represent a political challenge; masculinized norms in the design of shelter and within agencies, which present a challenge to gendered responses; inappropriate designs and lack of beneficiary participation; the “lumping” of resources; inadequate resettlement planning; humanitarian response review clustering; and the lack of an embedded gender dimension.

Professor Zetter described the “housing nexus”. Housing is a complex commodity with many attributes and levels of meaning. It fulfils basic physical needs, provides a sociocultural space and constitutes an economic resource. These aspects of housing have implications for programming – for providing shelter, for community strategies and for livelihoods. The gender implications of, and perspectives on, shelter and housing are also affected by this complexity – housing has gendered boundaries and represents a gendered social space. It is a locus of rights and obligations. The relationship between relief – that is, the provision of emergency shelter – and rehabilitation and development -- the physical and long-term investment in shelter -- also requires a gendered perspective. In emergency and post-emergency situations, changes in the patterns of daily life and social transformations are gendered; shelter programming can contribute to the participation and empowerment of women, or prevent it.

It is vital to take a rights-based approach to housing, with particular reference to the protection of the rights of women and children. The participation and representation of women must be incorporated into governance processes and accountability mechanisms, and women must be involved in the design and production of space, which will increase their empowerment and enhance their protection.

The risk factors for women in shelters and settlements include their increased vulnerability to human rights abuses and gender-based violence; the impact of enforced social and economic transformation on their roles and responsibilities and the reinforcement of their pre-conflict subordination; and the fact that the physical and cultural space of camps is alien to their lifestyle and cultural norms. Gender-sensitive protection in emergencies must include the provision of safe places and spaces, which ensure physical security, social security and legal security. In terms of shelter, issues of privacy, safety and density, relating to access to services, must be addressed. Women must be given roles in construction, so that social stereotypes are transformed and appropriate technologies provided to them; this will contribute to increasing their autonomy and empowerment. The layout of camps, their infrastructure and site planning can all contribute to women’s security and well-being, including through instituting “neighbourhoods”, providing ease of access to services and respecting cultural preferences in terms of privacy, dignity and safety. The selection and location of camps or shelters can improve women’s ability to carry out domestic activities, such as firewood or water collection, in safety and provide employment and livelihood strategies where shelter is located near markets with transport access. In the return and reconstruction phase, attention must be paid to community

enablement and collective security and to gender-aware self-help strategies and practices. Participation must be seen as both a process and a gateway to empowerment.

Participation, empowerment and governance should be mainstreamed throughout all of the above processes to address the double exclusion of women. Women's participation in design, planning, decision-making and implementation must be enhanced through targeted action and ongoing support. Progress towards gender equality may be achieved through the use of cash transfers and food for work programmes. Protection, privacy, security and empowerment are the primary areas of concern for displaced women, and shelter and settlement can potentially provide spaces and places to empower and transform gender roles.

Sustainability of livelihoods for women and their children in situations of migration and conflict

Dale Buscher, Women's Commission for Refugee Women and Children

Mr. Dale Buscher presented an overview of livelihoods in the context of displacement, including reasons for unsuccessful interventions and recommendations. A livelihood comprises the capabilities, assets and activities required to live. A livelihood is sustainable if it can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable livelihood opportunities for the next generation. Mr. Buscher pointed out that the definition of sustainability in terms of the ability of livelihoods to cope with stress and shock means that, in displacement situations, sustainable livelihoods are not being created, but rather opportunities to gain income are being provided. Livelihoods must be about building a life in the long term.

Livelihoods are gendered. When women have incomes of their own, they are less vulnerable to gender-based violence, as they are able to walk away from abusive relationships with male partners. Economic opportunities provide women with options and build both social and economic capital, which means that women are more likely to participate in community life and decision-making structures. Where women have control over their economic lives, this also often leads to some control over their reproductive lives. In addition, women's incomes are most often used for the benefit of children in terms of health and education. Conversely, where there are no economic opportunities for women, they turn to negative coping mechanisms such as prostitution, transactional sex, selling children and illegal work – putting themselves at risk of gender-based violence, STIs, arrest and so forth.

The lack of success of current livelihood programmes for women can be ascribed to various factors. Historically, displacement has been viewed as temporary, which has meant that interventions are aimed at helping people occupy their time, and at psychosocial recovery rather than long-term income generation. However, displacement situations are often long-term and therefore require more long-term livelihood solutions. Most livelihood programmes rely on a needs-based approach rather than using people's skills. They try to fit people into programmes rather than designing programmes for people -- an example being agricultural livelihood programmes for those displaced from urban areas. Women's

income is seen as supplementary or secondary to men's. Yet, in displacement situations gender roles often change, with women becoming the primary breadwinners and heads of households. This means that there is a need to make women's incomes substantive enough to support a family or extended family. There is a lack of recognition of women's unpaid skills in the form of domestic work and family care, which are often more transferable than men's skills, and the fact that these can be turned into income-generating activities such as domestic service. Livelihood programmes tend not to take into consideration the current coping strategies of families – i.e., what families are already doing to survive – and therefore fail to use the opportunity to scale up these attempts. Programmes also often offer training courses that do not match market demands and reinforce gender stereotypes, e.g., hairdressing for women and carpentry for men.

There are few evaluations of livelihood strategies for displaced people in terms of what works and the short- and long-term impacts of these strategies on families, on marriages or on the process of return. Creating more successful livelihood programmes requires assessing needs, with the participation of beneficiaries; conducting in-depth market assessments; building on existing skills, including non-monetarized skills, and tailoring programmes to individual women rather than to “displaced women” en masse; helping people to diversify their economic activities and therefore to diversify risk; and, whenever possible, preparing women to work in non-traditional gender trades, which are better paid and elicit more esteem and respect.

Mr. Buscher's recommendations for improving livelihood programmes included: using specialized staff who understand markets and labour needs; ensuring direct participation of displaced people and especially women; beginning with baseline data on skill-sets, market assessments, including market access, and current economic strategies of displaced people; capitalizing on opportunities created by changes in gender roles (e.g., female-headed households, female main breadwinners); using comprehensive approaches that build on one another (e.g., training plus apprenticeship plus placements plus micro-finance); and emphasizing the impact of women's income using social indicators such as food security and children's school attendance.

Effects of armed conflict on the well-being of refugee and internally displaced women: Culturally competent responses

Elzbieta Godziak, Institute for the Study of International Migration (ISIM), Georgetown University

Ms. Elzbieta Godziak commented that once livelihoods and shelter for displaced people are taken care of, 80 per cent of their mental health issues are also dealt with. She made a plea for more research on the well-being of displaced people and emphasized that her presentation was about women on the move – that is, refugees and IDPs -- rather than resettled women. She added that she was careful to avoid the use of the term “mental health”, preferring to use “well-being”, since the Western dichotomy between mental and physical health is not a universal belief.

The “refugee trauma pyramid” demonstrates that serious mental illness affects from 1 to 25 per cent of refugees, but that 100 per cent of refugees suffer and experience trauma or multiple traumas. Much of humanitarian attention is paid to serious mental illness, but the mental health of the rest of the population must also be addressed. The dimensions of human existence include the spiritual, the biological (including structural aspects, genetics, medical disease or injury), the psychological (personality make-up etc.) and the sociocultural (in terms of social, political and historical contexts). These all affect a person’s well-being.

Ms. Godziak pointed out that the alarming statistics on trauma are not always validated by research. There is a tension between the desire to report suffering and a medical diagnosis and the desire to report chronic, ongoing suffering (i.e., the normal response to traumatic circumstances). The research that does exist focuses on refugees, torture victims and trafficked persons resettled in North America or Europe and may fail to distinguish between “exit” trauma and the “ongoing” trauma of displacement. Studies are needed of affected populations in their original location or in the region. In addition, studies have tended to focus on individual trauma. This is linked to the Western conceptualization of the self as individual, which is not universally applicable, and it is confined to those seeking help. They may therefore overestimate trauma, because those who seek help may have more severe problems. Studies also focus on asylum seekers, who may over report trauma -- for good reason -- for asylum claims, and on pathology, which is present in only 5-20 per cent of displaced populations. Research on the 80 per cent of displaced people who function relatively well is lacking.

The field of refugee and IDP well-being has been dominated by the biomedical model of service delivery. This model assumes that wars, ethnic cleansing, civil strife and disasters constitute mental health emergencies. It treats mental health issues as a disease. It is also centred on the medicalization of suffering and the assumption of the existence of post-traumatic stress disorder as a “hidden epidemic”. More recently, and in response to the dominance of the biomedical model, alternative approaches to refugee and IDP well-being have been used. These include indigenous healing strategies – especially where there has been repeated suffering and strategies have been learned; religion and spirituality (in the sense of incorporating spirituality and the major tenets of religion into healing); human rights frameworks; truth and reconciliation approaches, which emphasize talking and empowerment; and participatory action research – involving empowering women.

The latest trend in alternatives is that of psychosocial interventions. These grew out of the critique of the biomedical model. Various models exist and the area is as yet undertheorized; there is still a focus on women’s vulnerability rather than on their resiliency. The model aims at tackling the lifelong and multigenerational consequences of armed conflict, though as yet there are no assessments of programmes. The benefits are assumed, rather than backed up by empirical research.

Ms. Godziak emphasized the need to distinguish between common self-limiting psychological responses to violence and persisting and disabling reactions. She said that the best therapies for refugee and IDP women were: safety, family reunification, effective

systems of justice, work opportunities, the re-establishment of systems of meaning and cohesion, and community-based programmes. Finally, she stressed the need to support epidemiological and qualitative empirical research and participatory action research that is readily translatable into new programme designs and policy approaches.

FAO experience with livelihood analysis: Protection and recovery of food production and agriculture-based livelihoods in emergencies and rehabilitation

Ilaria Sisto, FAO Gender, Equity and Rural Employment Division

Agriculture in emergencies constitutes a core survival strategy for rural poor: it builds self-reliance, reducing the need for relief and harmful coping strategies (such as selling assets, forced migration and sex work) and increases food security. Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. In many cases, displaced people were already vulnerable to food insecurity even before their displacement. Food security is gendered, with men and women having different roles and responsibilities in family nutrition and food security. Moreover, after a crisis, the strategies for livelihoods (the capabilities, assets and activities required for a means of living) of men and women often change.

The FAO mission and strategy after disasters, during conflicts and in transition situations is to protect and “build back better” food production and the livelihoods of farmers, herders and fishers. Building back better means capitalizing on opportunities to improve skills, education, organization and infrastructure. FAO interventions to achieve this mission include the following: providing inputs; promoting home-gardening programmes; supporting income-generating activities; rehabilitating irrigation systems; undertaking food security assessments; assessing land tenure; and developing capacity, including capacity-building and institution-building.

FAO uses the Sustainable Livelihoods Analytical Framework to analyse livelihoods, which are sustainable when they can cope with and recover from stresses and shocks, maintain or enhance capabilities and assets, and provide net benefits to other livelihoods, while not undermining the natural resource base. The extent to which a livelihood is sustainable is determined by the interaction of several forces and elements. These include livelihood assets (human, natural, physical, financial, social and political) and activities (agriculture, trading and employment); vulnerability (to climatic shocks, the effect of HIV/AIDS, sudden devaluation, war and conflict) and coping strategies; policies, institutions and processes (including the role of government, markets, networks and family and community structures); and livelihood outcomes (health, food security, good living conditions).

The Livelihood Assessment Toolkit, developed with the International Labour Organization, is used to analyse and respond to the impacts of natural and man-made disasters on the livelihoods of people. It consists of three phases: livelihood baseline information -- information that is acquired pre-disaster and that includes qualitative and quantitative data on livelihood systems (population, wealth, poverty indicators); immediate livelihood impact appraisal -- an initial assessment of disaster impact on livelihoods at the

local level; and livelihood assessment -- an analysis of opportunities and capacities for recovery at household, community and local economy levels. The toolkit creates a platform for joint elaboration of strategies and project proposals for the recovery of the livelihoods and employment opportunities in rural and urban contexts.

The FAO Socio-Economic and Gender Analysis Programme has three guiding principles: gender roles are key; disadvantaged people are a priority; and participation is essential. The programme aims at identifying key development patterns, understanding the livelihood strategies of different people and building consensus about development priorities and action plans. It has produced toolkits for context and livelihood analysis and stakeholder priorities. In emergencies, the programme concentrates on context analysis, participatory needs assessment, the situation of the people affected, livelihood systems, national food security, the assessment of food and non-food items, targeting and registration of beneficiaries, local organization and policy coordination.

The FAO Junior Farmer Field and Life Schools (JFFLS) exist to assess the capacity needs of adolescents in IDP/refugee camps. FAO adapts JFFLS training materials and tools to different contexts and develops a monitoring and evaluation scheme. In Kakuma, Kenya, for example, the objective is to improve orphans' and vulnerable children's livelihoods and provide long-term food security and protection from HIV-risky survival activities. FAO collaborates with other United Nations organizations, the Kenyan Government and local partners, including donors and NGOs.

FAO also runs a joint initiative in Kenya with UNFPA to improve rural livelihoods through a pilot programme of integration of reproductive health into Farmer Field Schools. The programme channels health messages as well as providing local innovation for sustainable food production and income generation. The Farmer Field Schools methodology provides a good platform to reach marginalized rural populations, especially women. The specific objectives of the project were to increase food production and the use of district-level reproductive health services; and to increase awareness and knowledge of basic reproductive health information, including HIV/AIDS transmission and prevention, danger signs during pregnancy and childbirth, family planning methods and sound nutrition practices. The joint work plan contributed to increased access to and use of basic social services, with particular emphasis on marginalized and vulnerable populations. In preliminary discussions with the target communities, farmers expressed a desire to learn about health issues such as safe motherhood, HIV/AIDS, family planning and nutrition.

IV. CHALLENGES AND EXPERIENCES

The challenges and experiences discussed in the daily break-out groups, round tables and question-and-answer sessions are presented below by region, by theme and by cross-cutting issue.

A. REGIONAL CHALLENGES

The regional break-out groups identified the following major challenges relating to displaced women.

1. Africa

- Cases of mental health and trauma;
- Poverty from loss of livelihood and safety nets;
- Shelter and land issues;
- Challenges of reconstruction;
- Access to justice and impunity;
- Coordination of programmes and activities;
- Service delivery and structures;
- Specific needs of younger people;
- Data collection and monitoring and evaluation;
- Sustainability and ownership and programming;
- Absence of early warning mechanisms;
- Insufficient financial resources and lack of trained personnel;
- Reproductive health in emergency settings;
- Need to ensure women's empowerment and autonomy;
- Need to ensure partnership and coordination;

- Lack of security;
- Difficulty in accessing health structures and obtaining qualitative data;
- Shortage of trained personnel, the lack of basic social services and of access to basic social services.

2. Asia

- The ethics of data collection: the risk of further traumatizing subjects, especially survivors of sexual and gender-based violence;
- Need to obtain data from scattered IDP communities;
- Adaptation of tools and techniques – e.g., translating them into local languages;
- Lack of technical expertise; for example, UNFPA is expected to lead the exercise on counting IDPs but does not have the expertise;
- Training of local partners;
- Need for more technical assistance and guidance on both quantitative and qualitative data collection;
- The sharing of data and need to avoid duplication;
- Insecurity in IDP camps;
- Governments that are unable or unwilling to implement gender-based violence policies at the ground level;
- IDPs often settled in very poor communities, leading to conflict between host community and IDPs;
- Low standards of health care in emergencies, especially reproductive health care;
- Dramatic increases in violence against women, including abductions and killings, in conflict-affected and other areas;
- Forced resettlement and registration of IDPs.

3. Latin America, Arab States and Central Asia

- Displaced women or populations not a priority in Latin America, and particularly in Colombia and Haiti;

- Significant increases in maternal and infant mortality, reproductive health problems, HIV/AIDS, and domestic violence and sexual and gender-based violence, e.g., among Azerbaijan's 1 million refugees and IDPs;
- Lack of participation of women in the creation of policy and development processes, exacerbated by nascent or weak civil society;
- Dramatic economic impact of displaced people on the rest of the country, e.g., in Georgia;
- Lack of information about IDPs and their situation, including the impact of IDPs on host communities;
- The need for more flexible United Nations policies and procedures, particularly with regard to procurement and financial issues;
- Taboos on talking about HIV/AIDS or reproductive health, e.g., in Afghanistan;
- Insufficient coordination and networking among NGOs, governments and international agencies, evident in, e.g., duplication of work;
- Insufficient guidance provided in joint programming guidelines -- the Common Country Assessment/United Nations Development Assistance Framework (UNDAF);
- Monitoring and evaluation;
- Identification of data discrepancies;
- Engagement of civil society (public sector, private sector, CSOs);
- Lack of sexual and reproductive rights in current discourses; religious organizations as an obstacle to sexual and reproductive rights (e.g., the Catholic Church in Colombia);
- Ongoing security issues, including instability, deterioration (Iraq), restriction of movement (Occupied Palestinian Territory);
- Lack of accessibility and affordability of health services in areas to which IDPs have moved;
- Cultural context: conservatism of country; women's lack of mobility and lack of access to health facilities and economic redress, e.g., in Afghanistan;

- Lack of men's involvement in empowerment and gender-based violence programmes;
- Government apathy and a lack of accountability to international and national commitments;
- The process of return and repatriation not well managed (e.g., in Afghanistan, Azerbaijan) with new IDPs simultaneously being created.

B. THEMATIC CHALLENGES AND EXPERIENCES

1. Absence of Data and Lack of Coordination

The absence of data and lack of coordination present challenges for all countries. All participants agreed that data collection and research are necessary precursors to establishing feasible and positive programmes. Below are a few examples of some of the comments made.

The last census in Liberia was carried out in 1984. The new census, prepared with help from UNFPA, needs to be translated into the vernacular so that people understand the questions; otherwise they will refuse to cooperate.

The data collection process itself is important. UNFPA can play a role in providing resources and guidance, particularly to NGOs. Ethical issues must be taken into consideration, including with regard to IDP registration, the risk of increasing trauma in displaced victims, and the use of the data.

It is important to ask why data needs to be collected. Occupied Palestinian Territory considered that data collection was needed more for early warning than for academic purposes. Ensuring that abuses do not occur in the first place is preferable to reacting to abuses once they have become widespread.

In addition, data collection is just a beginning: what is really needed is a better toolkit for analysis (Sudan). In Democratic Republic of the Congo, the Government, the United Nations and NGOs working in different parts of the country are channelling data into a common analytical unit, which can provide a picture of what is happening around the country and further the design of solutions.

Topics requiring more data – qualitative and quantitative – and research include reproductive health, including issues such as high maternal mortality rates, teenage pregnancies, the economic costs of sexual and gender-based violence, and HIV/AIDS.

It is important to have an understanding and baseline assessment of the violence perpetrated during war. In Côte d'Ivoire, UNFPA has, therefore, supported the Ministry of Women and the Family in undertaking a study on the baseline forms of violence to feed

into programming activities. A second UNFPA study on violence began with a pilot in Abidjan and is continuing through an inter-agency study with UNFPA, the United Nations Development Fund for Women (UNIFEM) and the United Nations Children's Fund (UNICEF) across the country and particularly in places where violence is most pronounced. One initial finding was that levels of violence are higher in rural areas than in urban areas, possibly because there are no mechanisms for addressing impunity in these rural areas.

In Nepal, the current situation regarding the allocation of roles and responsibilities among United Nations organizations is confusing and should be clarified.

In Sudan, the greatest concern is collaboration and coordination, especially in the light of the new cluster system, which has a more results-oriented focus.

Criticism was expressed regarding the role of UNFPA in mainstreaming gender across the clusters. Despite the experience of UNFPA with promoting gender equality and encouraging women's participation, this mandate was regarded as overly complex and potentially impossible.

One way to avoid duplication of effort by organizations is to use local NGOs. A code of conduct for United Nations partners could be established to counter donor concerns about accountability and transparency. In Sri Lanka, following the tsunami, NGOs played a role in coordinating agencies. Such an approach could equally be used within the cluster initiative.

Senegal is a pilot country for "delivering as one." The Government, United Nations organizations and civil societies work together through one body and one programme. However, no advocacy has been carried out, and the body and programme have little visibility.

It was emphasized that collaboration and real participation can work only when objectives are clear and supported by hard figures and consistent messages.

2. Female Genital Cutting/Mutilation

A participant from Liberia raised the issue of Sierra Leonean refugees in her country, with whom she had worked to advocate against female genital cutting/mutilation (FGC/M). Some women claimed that her NGO had violated a cultural secret and that those who had decided not to perpetuate the practice could therefore not return to Sierra Leone. The international community needs to take steps to assist these women in returning. There is no law in Sierra Leone against FGC/M, and more than 90 per cent of women are subjected to it. Because of the risk of being overthrown, politicians have done nothing to improve legislation on this practice, which is embedded within families and communities.

3. Registration of Internally Displaced Persons

IDPs are not properly registered in many of the conflict-affected or post-conflict countries represented. The process of registering them is problematic, and there are potential difficulties for registered IDPs. Below are a few examples of comments made on the issue of IDP registration.

In Timor-Leste, no precise figures are available on IDPs because of problems relating to IDP registration. Attempts have been made to obtain data on IDPs from the International Organization for Migration, but the reliability of the data has been questioned. Some of the IDPs returned home when the situation stabilized but went back to camps and re-registered when the situation worsened. This created double or even triple registrations, which invalidate the data. It has been argued that registration is not necessarily a good idea for IDPs politically, but there is pressure from donors.

In Nepal, it has also been difficult to identify IDPs. Attempts have been made to collect data from rural-urban partnership programmes, but data interpretation has been a problem. The situation is complicated by the four categories of IDPs (landowners, political elites, teachers and young men); only people in two of those categories have been allowed to return.

4. Government Accountability; Collaboration with the State or with Governments

In Afghanistan, although female representation in parliament is high – at 27 per cent – and there are now family response units for domestic violence, only 1 per cent of the police force are women. Women can still be put in prison for alleged infidelity.

In Nepal, there is a lack of participation in decision-making as well as a lack of access and resources, and the community is reluctant to make demands. Ensuring continuity is difficult because of a sometimes volatile political situation

Rwanda provides an example of how government commitment can be instrumental in assisting women. The Rwandese president and his wife are personally involved in addressing the issue of sexual violence. The president evaluates ministerial results on sexual and gender-based violence every six months and has fired ministers who have not made progress.

In Sierra Leone, collaboration between the State and civil society has been positive. Although there are no laws on domestic violence, reproductive health rights are now formally acknowledged as fundamental rights.

In Sudan, a law passed in 2006 restricts NGOs from working in certain areas and on certain issues. For example, it prevents any NGOs not based in Darfur – in Khartoum, for example -- from going to Darfur. NGO staff can travel to Darfur only as individuals, not as NGO representatives.

Decentralization is an important challenge. Health programmes need to be taken down to the grass-roots level. In some countries, local authorities are specifically responsible for social affairs, and agencies and NGOs should work directly with them.

5. Impunity and the Implementation of Existing Laws

Perpetrators of sexual and gender-based violence often go unpunished. In Nepal, a movement to combat impunity has begun, with the formation of a task force on impunity and the organization of victim hearings and campaigns. In Democratic Republic of the Congo, impunity is also a major problem; politicians and legislators must be involved, as women are still reluctant to report cases of such violence.

Box 1. A Culture of Impunity

There were extremely high levels of sexual violence during the war in Democratic Republic of the Congo, and people said that it was being used as a weapon of war. Even after the war, however, sexual violence continued. If mass rape was used as a weapon during the conflict, why was it still occurring after the conflict? Studies establish that one of the reasons mass rape was still being perpetrated was the culture of impunity. Those who had been raping women during the war continued after it because they would not be punished. In addition, victims feared reprisals. They thought that reporting sexual violence would achieve nothing, because nothing would happen to the perpetrators. There were no mechanisms for reporting and no prisons to put perpetrators in.

There is an urgent need to enforce laws that address women, sexual and gender-based violence, such as domestic violence, trafficking in persons and other sexual offences. Two years after legislation dealing with rape and sexual violence was introduced in Sri Lanka, many magistrates still did not know about it. It took many years for people in the legal profession to understand that the legislation had changed, and it still takes time to convict perpetrators.

Box 2. Legal Obstacles

In some countries, legal barriers constitute one of the biggest challenges to both reproductive health and the prevention of and protection from sexual and gender-based violence.

In Liberia, a doctor-signed medical certificate is needed to take a case to court. In a country with less than three dozen doctors, such a certificate is difficult to obtain. Moreover, it has been necessary to train health-care providers to understand that their role is merely to treat the people that they see, not to prove whether they have been raped.

In Sudan, health-care providers formerly had to fill out an official form every time they dealt with a case of rape. UNFPA worked on this issue and eventually persuaded the Government to dispense with the form. However, those in local communities are unaware of this change, so people are still reluctant to access health care in cases of rape. There is a need to sensitize communities and to consider the impact of the law on access to reproductive health services.

6. Livelihoods and Shelter

The recognition of long-term displacement and the importance of livelihoods and space are essential to the protection of displaced people. However, both recognition and the implementation of programmes are difficult, as host countries do not want long-term IDPs and refugees and assign low-quality land for camps. Refresher livelihood training is also needed, as some of these refugees have been in the camps since birth. States may also neglect economic and social rights – such as women’s right to housing. Organizations and individuals must ensure that States respect their moral obligations as well as their purely formal legal obligations.

Professor Zetter said that looking at livelihood strategies is difficult, as such strategies must incorporate the interplay between location and livelihood opportunities, especially in long-term situations. For example, livelihood strategies for displaced persons need to take into account competition with local livelihoods in the host community. There is little evidence regarding which shelter strategies work and which do not, despite the fundamental necessity of shelter. Research shows that, in terms of shelter, the wheel is being repeatedly reinvented; that culturally and gender-sensitive shelters are not being produced; and that there is no participation or involvement of affected communities. There is a need to avoid guidelines and toolkits which reproduce negative practices.

Mr. Buscher mentioned that government policies regarding displaced persons, particularly refugees, restrict their freedom of movement to work. Situational analyses should be

carried out to inform both advocacy and practical programming. It is also essential to look at what displaced people are already doing in terms of livelihoods, such as starting businesses within camps. These strategies can be built upon, and opportunities within camps can be expanded. The new emphasis on livelihoods helps to build the esteem and capacity of young women and girls, in particular.

7. Mental Health

In Senegal, there are no specific mental health programmes. Traditional healers may provide solutions to mental health issues (or prove dangerous to vulnerable people). UNFPA must find out what is already being done with regard to mental health issues within countries and it must, while staying within its own area of expertise, bridge the gaps.

In Sierra Leone, the problem is urgent: the number of people with mental health problems resulting from the war is high, but there is only one psychiatrist in the country.

In Sudan, women and children in camps are traumatized. There is a need for more psychologists to provide counselling and psychosocial support. The same mistakes are repeated – for example, neglecting to programme for men, who may also be traumatized. Some discussants noted that UNICEF and the World Health Organization (WHO) were not fulfilling their mandates in this respect.

The provision of reproductive health services in camps in Timor-Leste has been generally successful, but the provision of other services, such as mental health services, has been poor. This is especially serious as at least half the women seeking medical treatment are found to be suffering from mental health problems.

Conflict is not the only situation that creates mental health problems. After the tsunami in Asia, both men and women suffered psychological trauma that was neglected.

8. New Forms of Displacement

Populations displaced by armed conflicts are not a regional priority in Latin America, with the exception of Colombia, and governments largely disregard post-conflict populations. However, new forms of displacement based on natural disasters and related to climate change are emerging – in Guatemala, for example. Moreover, trafficking is increasing. These areas present new arenas in which the implementation of resolution 1325 and UNFPA intervention may be useful and may provide opportunities to mobilize for conflict-displaced populations.

9. Problems of Access to Reproductive Health Services

In Democratic Republic of the Congo, UNFPA cannot reach the whole region so it has worked to support other organizations and entities and to help them design a Minimum Initial Service Package. It has also tried to address the problem of affordability by

persuading entities to provide services to patients at no charge and obtain a refund from UNFPA afterwards.

Liberia suffers from an acute accessibility problem, particularly in rural areas where many people are left to fend for themselves. Even where structures exist, they are insufficient. This has resulted in a high rate of teenage pregnancy, with many adolescent girls having as many as two or three children. UNFPA and NGOs have trained traditional birth attendants (TBAs) to go into rural communities in an attempt to address this issue.

10. Training Needs and Resources

Insufficient human resources are a perennial issue, according to Dr. McGinn. Pre-service and in-service training and the establishment of roles and responsibilities are essential to providing adequate reproductive health services. African participants, in particular those from Democratic Republic of the Congo, Liberia and Rwanda, emphasized the need for capacity-building, especially technical support and awareness-raising. They remarked on the UNFPA role in providing capacity-building for NGOs and stressed the value of networking and the need for exchanges of experience, perhaps through regional conferences. Capacity-building is necessary for institutionalizing ownership and sustainability as well for as improving service provision.

UNFPA in Liberia has tried to address human resource issues by providing information and data on needs assessment and training personnel, including TBAs and midwives, through both capacity-building and in-service training. Access, training, rehabilitation and equipment are all challenges in Sudan, where UNFPA Sudan has worked to adapt WHO guidelines and create a Minimum Initial Service Package.

In Nepal, research shows that TBAs contribute to reducing maternal mortality. Many women are still attended by TBAs, and more should be trained. According to Dr. McGinn, a better solution would be to train non-surgical staff – such as nurses and technicians – to undertake roles in obstetrics, for example.

More resources should be made available to roll out programmes on a national level rather than in specific places. In addition, steps should be taken to ensure that beneficiaries receive more resources directly. At present, a large proportion of financial resources is being spent on administering programmes. In Sri Lanka, only a fraction of the reconstruction budget was allocated to women and children, despite a good gender mainstreaming vision. Gender budgeting is an important part of resource administration.

11. Resolution 1325

Participants identified the following challenges with regard to resolution 1325. Resolution 1325 is not necessarily on the agenda at the United Nations Country Team (UNCT) level, despite its being on the agendas of individual agencies and organizations. Where – as in Nepal – the resolution is on the UNFPA country team’s agenda and the agendas of the

government, of parliamentarians, of UNDAF and of UNIFEM – the challenge is how to take the resolution to rural areas and civil society.

It is also necessary to institutionalize the resolution through the United Nations Development Group (UNDG), ensuring that it is on the UNDG agenda and part of United Nations reform. It is necessary to target certain people within UNDG as well as top-level UNFPA staff.

In Indonesia, where women were the first to talk about peace, despite much discussion about women in the peace process, little is known about resolution 1325. The peace arrangements do not mention women at all, and there has been little female participation in the reintegration process. The resolution could be a real tool, as women already work together to increase women's participation in humanitarian work and the peace process. There is a need to address advocacy to the organization in charge of DDR, such as the United Nations Development Programme in Indonesia.

Information and the sharing of best practices would be useful not only between countries but across the region, for example, through a regional meeting. Information-sharing should focus on familiarizing women and organizations with resolution 1325, making the resolution accessible and providing examples of steps to take within conflict, at the beginning of the peace process or within the DDR process.

As with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), resolution 1325 may have been ratified but implementation and awareness at the national level need to be improved.

The UNFPA role on the resolution should include developing and sharing tools. The tools and materials from Nepal, as well as other UNFPA work, such as the forthcoming workshop on the resolution with civil society in Timor-Leste, should be made available and adapted to country contexts. Tools need to be focused on the grass-roots and policy levels. Resolution 1325 needs to be made accessible, simplified and translated for the grass-roots level. A multipronged and bottom-up approach to implementation is needed, to include work with NGOs, women's groups, civil society, UNCTs, parliamentarians and donors, as well as advocacy and training. Building coalitions among women and working with women parliamentarians to develop consensus and a common agenda are important. Working with civil society is especially important in situations where working with the government is difficult. Many agencies are already collaborating on protection and gender-based violence issues, and alliances with them could be used for advocacy around implementing the resolution.

To make resolution 1325 issues visible, assessment, mapping and consultations, at the regional level to discuss the experiences of other countries and for advocacy purposes, are necessary.

C. CROSS-CUTTING ISSUES

1. HIV/AIDS in the Context of Conflict and Migration

Participants identified various challenges of preventing infection and caring for HIV/AIDS victims in conflict-affected populations. In Sudan, the major challenge is that the Government has no overarching policy, although it has an HIV/AIDS programme. In both Sudan and Timor-Leste, there is much stigma attached to HIV, and people are generally ill informed. Training must be provided to eradicate STIs related to sexual and gender-based violence more generally. NGOs are sometimes encouraged by governments not to work in the field of HIV/AIDS. The emphasis in Timor-Leste is on life skills training on STIs and HIV, particularly in schools. One of the challenges of HIV is that Timor-Leste is a least developed country and its legal frameworks are weak.

In Nepal, the official HIV prevalence rate is low. However, the rate among certain groups, such as injecting drug users and sex workers, is considerably higher. Although Nepal has a solid health system at the national and district level and has a National Health Centre for AIDS and STDs Control, it has not yet been able to address HIV/AIDS issues effectively. In Democratic Republic of the Congo, despite efforts by the Government and United Nations HIV/AIDS programmes, men refuse to use condoms.

The question of how to approach HIV/AIDS prevention in low prevalence countries was the subject of a recent UNFPA meeting in Mongolia. The absence of reliable surveillance data does not mean that robust strategies and prevention activities should not be prepared and implemented. It is important to understand health delivery systems and focus on delivering and refining such systems in communities, while at the same time avoiding involvement in governance issues.

Sierra Leone has a prevalence rate of 1.6 per cent in a country with a population of 5 million. The Government has formed a secretariat which is headed by the president. All line ministries have an HIV/AIDS focal point. The Ministry of Education has a policy to complement the national AIDS policy, which consists in promoting condoms among sexually active children in schools. However, the project is controversial. UNFPA and the Ministry of Education have begun to introduce HIV/AIDS into the school curriculum at the tertiary level, and the Global Fund has supplied resources to provide guidance and counselling in colleges. Voluntary counselling and testing have also been made available.

UNHCR was initially reluctant to discuss HIV/AIDS in the context of refugees because people living with HIV/AIDS risked being expelled if they were identified. The UNHCR position has since evolved, but the protection threat is still present, and governments still have a strong reflexive position vis-à-vis these population groups.

2. Prevention of and Protection from Sexual and Gender-based Violence

Participants identified many challenges to the prevention of sexual and gender-based violence and the protection of conflict-affected populations. Ongoing conflict and/or the

security agenda make sexual and gender-based violence a secondary issue for actors, such as governments and international organizations, which could otherwise play a role in prevention and protection.

Women who live in remote and insecure areas can neither receive necessary support and health services where they live nor leave their homes to report violence and/or obtain services elsewhere. Because so little is known about the parallel structures women create in patriarchal societies, these cannot be strengthened and supported in times of conflict.

A lack of baseline data on sexual and gender-based violence makes the impact of programming difficult to assess. Participants said little on the question of data gathering, but the participant from UNFPA Côte d'Ivoire noted that UNFPA had supported two studies of sexual and gender-based violence in that country. The first looked at violence levels among people displaced by conflict who became integrated into local communities rather than grouped in IDP camps; it was found that violence in those communities increased. The second, conducted by the Ministry of Women and the Family, looked at baseline forms of violence. It found that the most prevalent kinds of violence were physical, psychological and sexual. UNFPA is working with UNIFEM and UNICEF on an inter-agency study on violence throughout the country, particularly in areas where violence is most pronounced. A preliminary finding is that levels of violence are higher in rural than in urban areas, which is thought to be due to the lack of judicial mechanisms in rural areas, resulting in a climate of impunity.

Unintended consequences: The media can have an unintended impact on prevention and protection. For example, intense media focus on one issue, such as child rape, can force other issues underground, such as the rape of older women, fistula and domestic violence. Gender mainstreaming can also have unintended impacts on prevention and protection: different organizations and NGOs have different priorities, which may not all serve to protect victims of sexual and gender-based violence.

Legislation is a necessary part of effective prevention of and protection from sexual and gender-based violence. If the laws are not in place, victims may not be able to report cases, and judges are not empowered to act against perpetrators. However, encouraging victims of rape to take their cases to court may not be in their best interests from a security/mental health point of view. This is the case in Darfur, where a Rule of Law project has claimed "ownership" of sexual and gender-based violence: it obliges women to take their cases to court, which is not an appropriate response to the issue in Darfur.

Legal environments can create challenges across regions as well. For example, strengthening legislation on trafficking in Asia has resulted in an increase in trafficking in Latin America, where legislation is weaker.

Conflict-induced displacement can result in increased violence even in areas not affected by conflict, for instance, by IDP resettlement in urban areas rather than in IDP camps.

The prevalence of the idea that conflict inevitably increases men's sexual desire and their need to perpetrate violence is destructive and may, in fact, socialize men to fulfil that stereotype. Studies show that if young men are exposed to violence and/or war before they have been socialized to distinguish between right and wrong, they have a higher tendency to be violent later in life.

After the tsunami in Sri Lanka, there was considerable displacement in both conflict-affected and non-conflict-affected areas. The Government was heavily involved in distributing aid, and when it gave money to families it gave it to the "head of household" – or, rather, the man in the household. No accountability system was in place, and rather than spending the money they received on subsistence, housing, etc., many men spent it on alcohol, and violence towards women increased.

In Sierra Leone, work was undertaken with commercial sex workers. UNFPA worked with other agencies, each of which addressed a particular aspect of the programme, as well as with the Ministry of Social Welfare, Gender and Children's Affairs, to take these women off the streets and help them to reorient their lives. The collaborating agencies provided food, shelter, counselling, medical treatment and the opportunity to report incidents of sexual and gender-based violence to the police in a safe space. They also provided a skills training programme that gave the women a safe place in which to spend their days and provided them with the foundation for earning a steady salary when they returned to the community. The skills training programme, in particular, has had positive results. The women are now well respected in their communities because of the skills they offer. The programme has also worked to sensitize the community on sexual and gender-based violence and available referral services.

Community-based programming: Participants identified various challenges to addressing sexual and gender-based violence through community-based programming. Issues like sexual and gender-based violence can be difficult for women to discuss among themselves, let alone with men and boys. In areas where men have traditionally been heads of households, programmes that seek only to empower women and that do not engage the men can exacerbate tensions raised by conflict and have negative consequences for women.

In Liberia, where most NGOs working in communities completely ignored the men, UNFPA began in December 2006 to work with the husbands of women participating in one of its sexual and gender-based violence programmes. UNFPA found that most sexual and gender-based violence was committed by men who were unemployed and semi-literate or illiterate, and who used these factors as an excuse for their violent behaviour. These men were sensitized to sexual and gender-based violence issues, trained as peer educators (youth and adults) and trained to monitor and report cases of sexual and gender-based violence to UNFPA and to the police. They also began to act on their own initiative to sensitize the community on this issue. A positive outcome has been the community's increased willingness to report incidents rather than to treat sexual and gender-based violence as a "private matter" surrounded by stigma and disgrace. An ongoing challenge, however, is the perception among the men that their violence is the result of their

unemployment. They have requested that they receive the same skills training as women as a way to prevent them from perpetrating violence.

In Timor-Leste, UNFPA created safe spaces in which members of women's committees in IDP camps could discuss in private – that is, without men present -- issues they wanted to raise with camp managers. These spaces have allowed women to become more vocal and confident, whereas previously they were wary of disrespecting elders and people in power.

In Côte d'Ivoire, in the immediate post-war period, UNFPA created centres of excellence. Since 2005, through these centres, UNFPA has worked with women lawyers to sensitize the population about the community's responsibility to prevent sexual and gender-based violence and protect women and girls, and to change the perception that domestic violence is a private matter. The programme is also sensitizing women on their rights and how to report incidents of sexual and gender-based violence, and is working with jurists on how to apply relevant legislation.

Concerning ways in which reproductive health services can be used to address sexual and gender-based violence prevention and protection issues, participants observed that UNFPA must become aware of what pathways and services women have access to, and/or choose to access. Also, during conflicts, the most skilled and trained health-care professionals -- doctors, nurses and midwives -- are also the people most likely to be able to flee. In Liberia, UNFPA responded to this challenge by training TBAs in how to deal with adult and child survivors of sexual and gender-based violence. Since many TBAs are illiterate, UNFPA used picture books as training materials.

Participants cited the following steps that UNFPA and its partners can take to enhance sexual and gender-based violence prevention and protection for populations displaced by conflict.

- Support the prevention of sexual and gender-based violence by working with children: focus on parenting and socializing issues with young boys to raise them in a culture of non-violence;
- Listen to men. Acknowledge and address the impact of conflict on their mental health, and work with men non-judge mentally and perceive them as able to make positive contributions, not merely as perpetrators. Involving men must be an ongoing process: men should be involved at all stages of programming and in a culturally sensitive way, so they can see how programmes designed to empower women will ultimately benefit them as well;
- When working with women in the context of programming, take the opportunity to find out about and support the structures and means that women have created themselves to cope with problems, develop resilience and access power;
- Treat sexual and gender-based violence like HIV/AIDS: a problem that can be effectively addressed only through collaboration;

- Use sexual and gender-based violence as an entry point to institutional and security sector reform and to peacebuilding: it can provide a good starting point for discussion on these issues;
- Support civil society in promoting the legislation necessary to foster effective prevention and protection measures, that is, to establish laws so that the judiciary is empowered to act against perpetrators of sexual and gender-based violence;
- Highlight the high economic costs as well as the high social costs of sexual and gender-based violence as a way of convincing governments that strengthening work on sexual and gender-based violence is in their interest. It is important, however, to have sensitization programmes in place first;
- Provide more centres to receive and counsel victims of sexual and gender-based violence, with an emphasis on treatment centres for vulnerable groups such as young women and girls;
- Introduce results-based management wherever possible to demonstrate the practical nature of the work that is being carried out. Institutional reforms need to be implemented before any real progress can be achieved with regard to sexual and gender-based violence.

3. Reproductive Health Care and Services

Many UNFPA country offices are now facing the new challenge of promoting reproductive health in conflict and emergency settings and are being obliged to balance short-term with long-term perspectives, reflecting the tensions between humanitarian and development work. A United Nations needs assessment carried out in Sri Lanka during the conflict found that reproductive health indicators were affected: the delivery of services was interrupted, maternal malnutrition increased and contraceptive use decreased. In areas under Tamil Tiger control, women were not allowed to use contraceptives, as Tamil communities needed to have more children, and women were paying the price for this.

In Sierra Leone, it was difficult to provide reproductive health services during the conflict. Safe havens were established in seven districts but had to be moved as the war escalated. After the war, UNFPA participated in rehabilitating district hospitals and providing services as well as collaborating with other NGOs and United Nations organizations to provide family planning services. A major challenge was that, of every 10 women, 6 were pregnant.

In Rwanda, the rapidly growing population and poverty are important issues. However, unless specific policies are put into place to address these issues, little can be done. Data collection is not well developed in Rwanda, so there is little input available for influencing policy and lobbying.

Decentralization is an important challenge. Uganda has been better able to handle a huge influx of returnees from United Republic of Tanzania because of the existence of decentralized structures and existing programmes.

Côte d'Ivoire has experienced a number of conflict-related problems such as a lack of trained personnel and a lack of basic social services – particularly for women and children in IDP groups. The result has been an increase in prostitution and in HIV prevalence.

Box 3. Changing Circumstances for Internally Displaced Persons in Sudan

It is important to distinguish between crisis and post-conflict situations because the different contexts will produce different needs and challenges with respect to reproductive health. UNFPA, which was present in Sudan before the conflict, has had to adapt to the increasingly humanitarian nature of its work. It will remain in Sudan after the crisis ends.

A primary objective for UNFPA in Sudan has been to define the distinct needs of IDPs and establish how these needs are different from the chronic challenges faced by rural and urban populations (e.g., in Darfur and East Sudan). Displacement has created additional burdens for women. UNFPA needs to examine what the Government itself provides and the reproductive health services available. After that, it can attempt to increase provision in these areas.

Obstetric services are scarce, especially in terms of access to hospitals. The situation has been worsened by the fact that IDPs are not allowed to leave the camp, and NGO services are obliged to stop working at 4 o'clock in the afternoon. The Reproductive Health Response in Conflict Consortium has helped UNFPA to provide a Minimum Initial Service Package, and UNFPA has also collaborated with Reproductive Health Access, Information and Service in Emergencies (RAISE).

Lessons: Participants identified important lessons and described the key steps that UNFPA and its partners can take to enhance the provision of reproductive health services for populations displaced by conflict.

- In Democratic Republic of the Congo, UNFPA has successfully raised awareness about the synergies that can be created between government and civil society and established structures for reproductive health. It has helped to identify priority needs as well as the medical, psychological, economic and legal dimensions of victim protection;
- A UNFPA-supported project in Sri Lanka is itself collecting qualitative data and supporting a government initiative to collect data. Uganda is trying to obtain gender-disaggregated data from its census data in order to find out who is most

affected by sexual and gender-based violence and other issues of displacement, and who can access reproductive health services;

- UNFPA in Sudan has adapted WHO guidelines to create a policy-oriented package;
- In Rwanda, initially, the government, civil society, NGOs and United Nations organizations worked individually, but they have now organized themselves to work together for their beneficiaries;
- The five-year Poverty Reduction Strategy (PRS) development process can provide answers in post-conflict situations, particularly with regard to sexual and gender-based violence, reproductive health programmes and family planning;
- Different challenges need different solutions. For example, acknowledging, reporting and treating acts of violence committed during conflict may be instrumental in advocating for legislation after the conflict has ended;
- FAO is engaged in field school programmes, in which children are provided with not only information on agriculture but also training in life skills on issues related to gender, HIV/AIDS and reproductive health. The programmes were originally structured to last a year but a new three-month programme has been adapted for refugees;
- In Sierra Leone, a core team of 20 health professionals, including anaesthetists, is now being trained with support from the European Union. UNFPA is administering the programme. However, more assistance is needed for the emergency care of IDPs and other populations.

V. RECOMMENDATIONS FROM THE BREAK-OUT GROUPS

This section presents recommendations that arose out of the regional or cross-regional break-out groups of the meeting. The discussions in those groups were on such topics as reproductive health, sexual and gender-based violence, HIV/AIDS, displaced populations in camps and urban settings, trafficked women, and long-term and protracted situations. The recommendations are shown below by topic, although many of the issues – such as the need for data and information-sharing – are cross-cutting.

A. COORDINATION, COOPERATION AND RESOURCES

Participants recommended the following:

- Ensure coordination and cooperation among United Nations organizations, NGOs and States. This effort is essential;
- Conduct education and information campaigns to teach United Nations staff, governments and NGOs about the cluster approach;
- Develop strategies to direct and support UNFPA work within the cluster system;
- Generate and use support from the local and municipal levels to put pressure on the national level vis-à-vis the implementation of, and budgeting for, national policies and legislation;
- Where national collaboration, e.g., within civil society, is difficult or impossible, strengthen regional networks and link the regions in innovative ways (e.g., via Security Council missions);
- Develop more flexible procurement and financing policies and procedures to address needs immediately in emergency settings and provide more financial resources to emergency settings;
- Work towards involving governments and NGOs in addressing sexual and gender-based violence;
- Work with governments to ensure that people are aware of their rights;
- Promote more coordination at the level of donors to spread the money to people in the communities.

B. DATA

Participants recommended the following:

- Ensure data collection – both quantitative and qualitative – on IDPs, with attention to gender-based violence and to the ethical and human rights issues behind registration and surveillance and health systems;
- Establish central databases for use by agencies and organizations, with attention to security and confidentiality issues;
- Use rapid assessments in camps to determine the needs of IDP and refugee women and collect information on gender-based violence;
- Train UNFPA staff on data collection during emergencies and share existing strategies on this topic;
- Develop a common indicator system as well as culturally specific indicators;
- Disaggregate all data by sex and region and include information necessary for the Gender Development Index and Gender Empowerment Measure;
- Build capacity to obtain age and sex-disaggregated data, for example, from census data;
- Translate census questionnaires into the vernacular so people can understand the questions;
- Conduct further research on “hidden” IDP populations: refugees and IDPs in rural or urban areas rather than in camps, and trafficked persons.

C. EARLY RESPONSE

Participants recommended the following:

- Put contingency plans in place before emergencies arise so that these plans can be put into action as soon as an emergency occurs;
- Build the technical skills of entities present in a non-conflict country so they can respond effectively to displacement before UNHCR arrives on the scene;
- Use tools designed for work in emergencies, such as new guidelines on mainstreaming gender-based violence prevention and protection across all cluster sectors, before emergencies arise to develop contingency plans for emergency

response (conflict and/or natural disaster). Adapt these tools to the situation on the ground;

- Obtain access to United Nations monitoring of emerging conflicts and use it as a basis for contingency planning. Train demographers to collect data in emergencies and identify what women's leadership is in place so that they can be involved immediately if conflict erupts;
- Educate women in conflict-prone areas in basic strategies for coping with conflict and displacement.

D. HIV/AIDS

Participants recommended the following:

- Collaborate with governments on national HIV/AIDS strategies;
- Raise awareness of HIV/AIDS, especially in the armed forces;
- Pay attention to returnees who travel from areas of high prevalence to low prevalence, providing education and prevention services (condom provision) etc.;
- Address men concerning condom use;
- Ensure that DDR programmes address HIV;
- Conduct more research on the relationship between sexual exploitation and abuse and HIV/AIDS, which has not been sufficiently explored;
- Integrate HIV/AIDS into the regular work of UNFPA, promote the use of Minimum Initial Service Package standards, and identify target groups, such as migrants;
- Promote research and practice on HIV/AIDS by experts and academics from the South, with their work integrated into existing projects;
- Attempt to ensure the continuity of HIV/AIDS programmes through cooperation with NGOs and the State.

E. INCLUSION

Participants recommended the following:

- Ensure that livelihood and land-rights strategies are applied to local communities as well as IDPs and refugees;

- Address the issues of all conflict-affected, marginalized and disadvantaged women in conflict-affected and post-conflict societies to avoid contributing to the causes of conflict;
- Consider the needs of host communities as well as of displaced populations;
- Use a community-based approach rather than working only with a single group to avoid creating and/or exacerbating tensions within the community.

F. INFORMATION AND TRAINING

Participants recommended the following:

- Provide gender-based training, as well as training in planning and budgeting and in formulating appropriate policies and laws;
- Educate children so that they can be aware of gender issues in order to avoid future generations' repeating the crimes being committed today;
- Put more emphasis on achievements and best practices.

G. INSTITUTIONAL TOOLS AND PROCEDURES

Participants recommended the following:

- Ensure that all actors have a clear understanding of, and guidelines on, which organizations bear which responsibilities, so that women are really protected across all sectors. This would entail coordination among the United Nations, local civil society actors and governments;
- Ensure that the United Nations leadership – through resident and humanitarian coordinators – are aware of such issues as shelter, livelihoods, mental health, reproductive health, sexual and gender-based violence and HIV/AIDS so that they can plan and task their teams accordingly in the initial phases of crises;
- Leverage the ability of UNFPA, as a development organization mandated to play a key role in complex emergencies, to work at multiple stages of conflict to address the long-term nature of conflict- and displacement-related trauma, particularly the trauma arising from sexual and gender-based violence;
- Be aware of institutional limitations and complexities so that emergency programming can be designed around them and not be obstructed by them;
- Look to Standard Operating Procedures as a tool that can, if adapted for specific contexts on the ground, support emergency programming.

H. MENTAL HEALTH

Participants recommended the following:

- Engage with faith-based organizations to address women's mental health;
- Ensure a systematic response to mental health issues, identifying gaps in provisions and bridging them;
- Look at addressing women's physical health needs, such as the treatment of fistula, as part of a mental health improvement strategy.

I. REPRODUCTIVE HEALTH

Participants recommended the following:

- Address the question of reproductive health in emergency settings and what countries should do to respond once an emergency sets in;
- Continue to support NGOs and institutions and help them design a Minimum Initial Service Package;
- Continue to raise awareness about the synergies that could be created between governments and civil society and establish structures for reproductive health;
- Support behaviour-change programmes;
- Take health programmes down to the grass-roots level;
- Provide pre-service and in-service training to strengthen existing human resources;
- Train more TBAs;
- Develop tools and techniques in local languages;
- Ensure that funding and focus remain committed to reproductive health programmes, which will improve women's mental health and coping mechanisms and contribute to livelihoods;
- Address the issue of rape-related pregnancy and the effects it has on women, families and communities.

J. SEXUAL AND GENDER-BASED VIOLENCE

Participants recommended the following:

- Take action on impunity – cooperation, victim hearings, campaigns, reporting mechanisms, prisons etc.;
- Focus on the health and psychosocial dimensions of sexual and gender-based violence;
- Adopt a multisectoral and comprehensive approach to care for victims of sexual and gender-based violence;
- Educate people on how to talk about violence, to complain about it and to report it;
- Provide “safe spaces” such as all-women groups and shelters, especially for trafficked women;
- Learn from women themselves about their coping mechanisms;
- Use reproductive health as an entry point for work on gender-based violence, including through TBAs;
- Engage with the medical community in sensitization and training;
- Conduct research into the economic costs of violence against women to use as an advocacy tool with governments, in tandem with sensitization;
- Consider the cultural context in which sexual and gender-based violence is occurring and address that context in each situation;
- Ensure that medical and other support services are available to victims when they report violence;
- Address the issue of violence committed while women are being moved or resettled, that is, when they are under state protection or compulsion;
- Provide training to the media on how to respect the confidentiality of victims.

K. SHELTER AND LIVELIHOODS

Participants recommended the following:

- Ensure forward planning with regard to shelters, including the allocation of budgetary resources;

- Ensure the participation of those who are being provided with shelter – e.g., by providing materials only and involving the people in doing the actual building;
- Support long-term shelters, as they provide skills training;
- Carry out gender analysis of shelters;
- Strengthen the capacity of existing shelters;
- Ensure that IDPs and refugees are able to generate sufficient income to be able to access health services.

L. RESOLUTION 1325

Participants recommended the following:

- Conduct advocacy and information-sharing on resolution 1325;
- Support governments in implementing resolution 1325;
- Use the example of the resolution on children to improve the implementation of resolution 1325: develop national reporting mechanisms and checklists, and convince the Secretary-General to name a special representative to oversee implementation;
- Look at regional accountability on resolution 1325 as a way to leverage countries to implement the resolution;
- Include, in UNDAF and similar planning procedures, a short explanation of how to address resolution 1325;
- Create a formal venue for donors to strategize on 1325;
- Ensure that institutional reform and realignment processes are driven by the experience gained on the ground vis-à-vis specific entry points for resolution 1325;
- Use post-conflict constitutional processes as an entry point to increase women's participation and create a space for broader civil society involvement.

M. WOMEN'S PARTICIPATION AND EMPOWERMENT

Participants recommended the following:

- Promote women's participation in policy-making and development processes;
- Work towards achieving sustainability and ownership of processes and programmes;
- Empower women and assist them in achieving autonomy;
- Consult women before designing programmes and services so that these can meet women's real and stated needs;
- Include women in camp committees so they can have a say in the design and running of the camps and support them so that their ideas are heard, respected and considered.

N. WORKING WITH MEN

Participants recommended the following:

- Include training on gender and gender-based violence for male staff of agencies and organizations as well as male refugees and IDPs and members of the armed forces and peacekeeping missions;
- Address the specific needs of men, including male rape and torture and men's mental health;
- Address male behaviour in the community and educate perpetrators on gender-based violence;
- Engage men and families in empowerment programmes for women, as well as programmes for women on shelter and livelihoods;
- Pay attention to boys; focus on parenting and socialization issues and on fostering a culture of non-violence.

VI. FINAL RECOMMENDATIONS AND KEY INITIATIVES

A. STRATEGIC DIRECTIONS

Susan Martin presented strategies to improve the protection and participation of women forced to migrate because of conflict. She referenced the principal provisions of Security Council resolution 1325 that pertain to conflict-induced displaced populations: (a) all parties to the conflict are to respect fully international law applicable to the rights and protection of women and girls as civilians; (b) all parties to armed conflict are to respect the civilian and humanitarian character of refugee camps and settlements and to take into account the particular needs of women and girls; and (c) all actors involved in negotiating peace agreements are to address the special needs of women and girls during repatriation and resettlement.

Ms. Martin recommended that UNFPA identify barriers to access to protection and assistance for displaced populations, exploring especially how resolution 1325 could be used to gain access to vulnerable displaced populations in conflict zones. She recommended that UNFPA train staff and educate refugee and displaced women on the principal international and regional instruments for the protection of forced migrants, including the United Nations and the Organization of African Unity (OAU) Refugee Conventions, the Guiding Principles on Internal Displacement and the United Nations Trafficking Protocol.

Ms. Martin urged UNFPA to maintain its pre-eminent role in responding to the reproductive health needs of refugees, displaced women and trafficking victims, noting the importance of concluding the memorandum of understanding with UNHCR to expand the partnership to include IDPs and stateless persons. She emphasized the need for multisectoral approaches that take into account the interplay between sexual and gender-based violence and livelihoods, mental well-being, and shelter and settlement policies, as discussed during the meeting. She urged UNFPA to continue to offer its expertise in improving data collection and research on the needs of women forced to migrate because of conflict and noted the importance of integrating demographic data into programming decisions. Ms. Martin expressed the hope that the knowledge network of experts and practitioners would continue to grow. Finally, she urged UNFPA to continue to advocate for the participation of refugee, displaced and trafficked women in planning, management, monitoring and evaluation of programmes and to continue its efforts to build the capacity of governments, civil society and the displaced themselves to address the important issues discussed at the workshop.

Ms. Sanam Anderlini summarized the emerging issues, strengths and gaps.

B. KEY MEASURES AND INITIATIVES

On the final day of the meeting, the participants gathered in regional groups to formulate concrete steps or measures related to UNFPA work with displaced women which needed to be taken forward in their region. Each group proceeded somewhat differently. The Asia regional group identified three main areas of work for the region and provided suggestions on how to achieve progress in these areas. The Africa regional group identified a range of areas that present challenges in the region or in individual countries and formulated recommendations for action. The third group – which did not represent a single region but included participants from offices or organizations in Afghanistan, Azerbaijan, Colombia, Georgia, Iraq, Latin America (apart from Colombia), Occupied Palestinian Territory and Sudan – made recommendations for action in three areas.

1. Asia Regional Group

Recommendation 1: Ensure that resolution 1325 is on the agenda of resident coordinators and United Nations Country Teams

Although resolution 1325 may be on the agenda of individual organizations and agencies, it has not reached the level of the UNCT agenda. The strategy for doing so would entail the following:

- Undertake inter-agency collaboration, including alliances with gender groups and women's representatives;
- Involve UNDG;
- Involve donors;
- Work with civil society and with governments;
- Mobilize women parliamentarians;
- Increase knowledge and advocacy at headquarters;
- Undertake awareness-raising for those involved in DDR;
- Share best practices, lessons learned and useful steps at a country-to-country or regional level;
- Simplify and make resolution 1325 accessible for use at grass-roots levels.

Recommendation 2. Promote the implementation of resolution 1325 by governments and in the DDR process. The strategy for doing so would entail the following:

- Conduct sensitization at the grass-roots level and use the grass-roots level to advocate for implementation;
- Work on gender-based violence within the framework of resolution 1325;
- Introduce resolution 1325 into other types of training;
- Strengthen existing women's networks and scale up women's centres;
- Provide training on resolution 1325 for police and peacekeeping forces;
- Share and adapt materials, such as kits and manuals;
- Build coalitions and a common agenda among women;
- Work with women parliamentarians and train women to become parliamentarians;
- Strengthen UNFPA support to government bodies dealing with equality and promote regulations that deal with resolution 1325 issues of both protection and participation;
- Use a multipronged approach, involving the United Nations, governments, NGOs, parliamentarians, civil society and other groups;
- Provide funding for the implementation of projects on resolution 1325 and related issues;
- Undertake staff exchanges for information - and experience-sharing both within the region and across regions, such as Asia-Africa.

Recommendation 3. Promote institutional learning exchanges. The discussions on resolution 1325 highlighted the urgent need for staff and others working on the resolution and those working with displaced women to learn from one another's experience. The following strategies were suggested:

- Exchange staff within and across regions;
- Fund civil society exchanges (visits, meetings etc.) to build capacity. It is important to choose participants in such exchanges carefully, to focus on technical expertise and consider logistical and language barriers;
- Provide resources and training for knowledge management and research and for the sharing of information and data among countries/regions;

- Share existing materials – letters, templates, reports, training materials, manuals -- and provide input on these materials;
- Include issues related to resolution 1325 in gender training manuals and ensure that gender focal points are aware of the resolution;
- Disseminate the guide on resolution 1325 widely;
- Make resolution 1325 everyone's responsibility at the corporate level – including the executive board and division directors. Geographical divisions should take the lead in putting resolution 1325 on the agenda of the executive board and in mainstreaming the resolution.

It was emphasized that resources for all of these activities are extremely important and must be made concrete in terms of budgeting for human resources, in particular, technical staff.

2. Africa Regional Group

The major recommendations which emerged from this session were:

- Increased access to health services;
- Training and information and awareness-raising on gender-based violence;
- Improvement of the data collection process, including the provision of further resources for data collection and needs assessments; both qualitative and quantitative research on gender-based violence (including the economic costs of gender-based violence), reproductive health and HIV/AIDS;
- Programmes for gender-based violence victims, including safe spaces and shelters and treatment centres for vulnerable groups such as young women and young girls;
- National policies, legislation and enforcement on gender-based violence and trafficking;
- Networking and experience exchange, including a conference for African countries to exchange experiences and best practices;
- Monitoring and evaluation of programmes by UNFPA and others;
- Awareness-raising on resolution 1325;
- Systematic coordination between national and international actors, including through the cluster approach;

- Capacity-building to institutionalize ownership and sustainability;
- Increased financial and human resources for national as well as local programmes;
- Strengthened work and collaboration of UNFPA with NGOs;
- Emphasis on the provision of livelihoods to build the esteem and capacity of young women and girls.

3. Arab States, Latin America, Azerbaijan, Georgia, Afghanistan and Sudan

Participants identified three main areas of action: policy, collaboration with the community of practice, and enhanced services.

Policy

Participants recommended the following efforts to strengthen policy:

- **With respect to Iraq**, hold a workshop, outside Iraq, on resolution 1325 and issues related to UNFPA programming as a way of increasing government support and raising awareness among policy makers about the issues in question. Government and ministry stakeholders would be invited. It was also recommended that collaboration be undertaken with the gender adviser of the United Nations Assistance Mission for Iraq, the UNCT gender focal point and other United Nations organizations working on these issues so that the United Nations would speak with one voice to government stakeholders;
- **With respect to Georgia**, work with the Government and NGOs to ensure that the state strategy on IDPs incorporates resolution 1325; identify entry points for NGO and government collaboration; and collaborate with academia to fill gaps in research;
- **In Latin America**, in order to promote regional and national security and women's rights mechanisms for mainstreaming gender in security policies: support security reforms at the national level to integrate a gender perspective; update national training programmes in ministries of public security and defence on gender equity and the prevention of sexual and gender-based violence; and work with contributors to United Nations peacekeeping operations to reinforce their commitment to resolution 1325, expand women's participation in field operations and incorporate a gender perspective in peacekeeping operations;
- **With respect to Colombia**, develop a national plan for political, social and economic development among women;
- **With respect to Azerbaijan**, urge that UNFPA, as lead agency on the achievement of MDGs 3 and 5 (promoting gender equity and improving maternal health),

mobilize other United Nations organizations to assist the Government in coordinating strategy within the strategic planning framework and supporting policy, in particular, to promote national legislation that would ensure the security of IDPs;

- **With respect to Afghanistan**, have UNFPA strengthen the capacity of parliamentarians by supporting the ministry of women's affairs and providing a manual of basic practices across countries on the nexus of resolution 1325, displacement and reproductive health;
- **With respect to Sudan**, strengthen NGOs to mobilize for the ratification of CEDAW; promote policy reform with respect to service provision by medical professionals who are not doctors and advocate for midwifery training and greater roles for nurses in obstetric care; and work with NGOs to persuade the Government to promulgate HIV/AIDS policy more broadly and to support state-level programming.

Collaboration with the community of practice

Participants recommended the following efforts to promote collaboration with the community of practice.

- Establish and strengthen community-based teams, including community and religious leaders, to support women's reproductive rights;
- Bring the issues raised at the UNFPA meeting to a forthcoming UNCT meeting so that the United Nations can develop joint planning, with deadlines and time frames for implementation; work with the IDP theme group on how its new joint project proposal incorporates the implementation of resolution 1325; place knowledge-sharing tools on the UNFPA public website, not just on the Intranet, so that UNFPA partners can also access these tools; and create opportunities for exchange among countries;
- Support more analytical research on displacement and on sexual and gender-based violence, health, livelihoods and women; develop, in the Occupied Palestinian Territory and throughout the region, a common programme to build confidence and empower refugee and IDP women; and develop a memorandum of understanding with the United Nations Relief and Work Agency;
- To strengthen regional mechanisms to support the implementation of resolution 1325 in Latin America: systematize and disseminate legislation and public policies on resolution 1325 and humanitarian response; disseminate best practices and lessons learned on resolution 1325 and humanitarian response; and organize a regional meeting to bring together governments, civil society and the United Nations to develop regional programming on this issue;

- **With respect to Colombia**, promote female leadership by strengthening the existing women's network and consolidating a training school on peace and security; and train religious and political leaders in a common language that promotes gender equality and sexual and reproductive rights and that can influence public policy by continuing to work with the United Nations on a pilot project that addresses these leaders. In addition, a common advocacy and communication strategy should be developed to promote the sexual and reproductive rights of displaced populations as well as public policies that support those rights;
- **With respect to Azerbaijan**, mobilize communities on these issues through: working with NGOs, CSOs and religious leaders; increasing media involvement; and supporting national parliamentarians to mobilize their constituents, particularly in areas with a high concentration of IDPs;
- **With respect to Afghanistan**, build the confidence of parliamentarians so that they have a stronger influence at the community level; train mullahs to give advice that corresponds to national policy and international humanitarian law; and conduct a media campaign to ensure that the promotion of women's rights does not have a negative impact on Afghan women;
- **With respect to Sudan**, facilitate regional exchanges and capacity-building within UNFPA to build expertise on resolution 1325 in Africa; bring information on resolution 1325 to Sudan, to academics, NGOs and community groups; support innovative framing of the resolution in the light of the comprehensive and Darfur peace agreements, the interim constitution and the bill of rights; review the programming of the women's centre via a participatory assessment and share information with Côte d'Ivoire and Nepal, which carried out similar assessments; and present findings from this Expert Group Meeting to the United Nations gender theme group in Sudan, which has been started under the auspices of UNIFEM and UNFPA.

The delivery of services on the ground

Participants made the following recommendations to enhance the delivery of services.

- Provide financial support for, and build the capacity of, the NGOs that actually do most of the work on the ground;
- Conduct a rapid assessment on how IDPs would assess the status of resolution 1325 implementation on the ground;
- Hold a meeting aimed at narrowing the gap between research and work on the ground and conduct training and capacity-building for NGOs and grass-roots organizations;

- Promote a strategy on sexual and reproductive rights in conflict-affected territories by mapping available reproductive health services; design and implement, through a participatory process, a programme to enhance sexual and reproductive rights; and support and strengthen mechanisms that demand state accountability vis-à-vis protection and promotion of women's rights in conflict;
- Continue joint programmes on gender equality, gender budgeting, violence against women, and reliable data collection disaggregated by region (to ensure data collection in areas with high concentrations of IDPs) and by sex;
- Increase incentives for trained professionals to provide reproductive health and other services to the population and support women's access to available services through a broad campaign on access in general and through more focused campaigns on individual types of services;
- With respect to Sudan, organize awareness-raising and training on sexuality, gender and masculinity and on the use of the female condom; strengthen coordination among the Government, the United Nations and NGOs to provide comprehensive reproductive health services in emergency settings; replicate the Sierra Leone model and methodology for data collection in IDP communities; and develop a plan for the media promotion of reproductive health as part of the implementation of resolution 1325.

ANNEX 1. WORKSHOP AGENDA

“UNFPA Expert Meeting and Workshop on Displaced Women”

21 – 24 June 2007

Hammamet, Tunisia

Day 1: Thursday, June 21

9:15 10:00 Opening Session

- Welcome: Leïla Joudane, UNFPA Assistant Representative, Tunisia
- Introductions: Sahir Abdul-Hadi, Meeting Organizer
- Goals of the Workshop: Sahir Abdul-Hadi
- Knowledge Network partnership: Klara Banaszak
- Walk through the Agenda: Sanam Anderlini

10:00 – 10:45 Session 1: Overview; Women, Violence, Migration & Conflict

- Defining the Issues and Challenges: Susan Forbes-Martin
- United Nations Security Council Resolution 1325, The global policy framework: Sanam Anderlini

10:45 – 11:00 *Coffee Break*

11:00 –1:00 Session 2: Policies and Practice: UNFPA Experience at HQ and in the Field

Presenters

- Overview and response to the needs of displaced women: Manuel Carballo
- Response & Overview of UNFPA’s existing policies and guidelines: Pamela DeLargy
- Data collection and Demographics: Hafedh Chekir

Discussants

- Latin America: Luis Mora
- Africa: Lucy Page
- Asia: Suraya Kamaruzzaman and Junko Sasaki

Moderator: Ramina Johal

1:00 – 2:30 *Lunch*

2:30 – 3:15 Session 3: Break-out Groups: Regional Clusters

Participants have the opportunity to discuss the key themes and issues presented to them in the morning and identify the following:

1. Which of the issues raised in the discussions so far are relevant to your country/region?
2. What experience, if any, do you have of tackling any of the issues raised through programming? Provide examples.
3. To what extent are the UNFPA policies identified in the morning understood and integrated into your programming? Provide examples.
4. What challenges do you face in integrating and addressing these issues in your programming?

3:15 – 3:30 Break

3:30 – 5:00 Session 4: Report back and overview of day 2

Day 2: Friday, June 22 – UNFPA’s Existing Areas of Work

9: 15- 9:45 Opening:

- Recap of Day 1 and focus of Day 2
- Legal Status: Audrey Macklin

9:45-10:45 Session 5: Thematic papers

- Reproductive health: Therese McGinn
- Sexual and Gender-Based Violence issues: Sana Asi, Hani Mowafi
- HIV/AIDS: Anita Raj and Jay Silverman

Moderator: Luis Mora

10:45 - 11:00 Break

11:00–12:30 Session 6: Round-table Discussions, Experiences and Practice

Maha Muna (UNFPA, Sudan)
Manuel Carballo (HIV/AIDS)
Charlemagne Gomez (Afghanistan)
Father Pedro (Colombia)
Sepali Kottegoda (Sri Lanka)
Ratna Kumar (Nepal)

Moderator: Sanam Anderlini

12:30 – 2:00 Lunch

2:00 – 3:15 Session 7: Break-out Groups: Cross-regional Groups

The aim of the break-out group discussions on Day 2 is to enable participants to explore/identify/share ideas and experiences on addressing reproductive health, sexual and gender-based violence and HIV/AIDS the issues, with particular focus on UNFPA's core areas of business (e.g. reproductive health, population, and community-based programming)

Group 1: Reproductive Health Care and Services:

- What are the challenges and experiences (positive and negative) of providing (or attempting to provide) reproductive health services to conflict-affected populations? (consider refugees, IDPs, urban, rural, and trafficking victims etc)
- How can sexual and gender-based violence prevention/protection issues be addressed?
- What are the challenges and experiences of conducting community-based programming for/among such populations and/or in conflict-affected countries? (consider IDPs in urban settings, lack of legal status etc)
- What is the relevance of data collection and census/demographic work to reproductive health services/care provision among refugees, IDPs and trafficked populations?
- What are the experiences (successes/gaps) of data gathering/census work among such populations?
- How can we ensure that data/demographic work systematically takes account of these issues?
- What key steps could UNFPA and its partners take to enhance reproductive health care for refugees, IDPs and trafficking victims?

Group 2: Prevention of and Protection from sexual and gender-based violence:

- What are the challenges and experiences (positive and negative) of preventing/protecting from (or attempting to prevent/protect) sexual and gender-based violence issues with regard to conflict-affected populations? (consider refugees, IDPs, urban, rural, and trafficking victims etc)
- How can reproductive health services be enhanced to address sexual and gender-based violence prevention/protection issues?
- What are the challenges and experiences of addressing sexual and gender-based violence through community-based programming for/among such populations and/or in conflict-affected countries? (consider IDPs in urban settings, lack of legal status etc)
- What is the relevance of data collection and census/demographic work to sexual and gender-based violence prevention/protection among refugees, IDPs and trafficked populations?
- What are the experiences (successes/gaps) of data gathering/census work among such populations?
- How can we ensure that data/demographic work systematically takes account of these issues?
- What key steps could UNFPA and its partners take to enhance sexual and gender-based violence prevention/protection for refugees, IDPs and trafficking victims?

Group 3: Addressing HIV/AIDS in the Context of conflict and migration:

- What are the challenges and experiences (positive and negative) of preventing/caring for HIV/AIDS victims in conflict-affected populations? (consider refugees, IDPs, urban, rural, and trafficking victims etc)
- How can reproductive health services be enhanced to address HIV/AIDS prevention/care issues?
- What are the challenges and experiences of addressing HIV/AIDS through community-based programming for/among such populations and/or in conflict-affected countries? (consider IDPs in urban settings, lack of legal status etc)
- What is the relevance of data collection and census/demographic work to HIV/AIDS prevention/care among refugees, IDPs and trafficked populations?
- What are the experiences (successes/gaps) of data gathering/census work among such populations?
- How can we ensure that data/demographic work systematically takes account of these issues?
- What key steps could UNFPA and its partners take to enhance HIV/AIDS prevention/care for refugees, IDPs and trafficking victims?

3:15 – 3:30 *Break*

3:30 – 5:00 **Session 8: Report back & Overview of day 3**

Day 3: Saturday, June 23: UNFPA – New Directions

9: 15- 11:00 **Session 9: Thematic Papers (continued)**

- Summary of key points from Day 2 and focus of Day 3
- Shelter/living conditions: Roger Zetter)
- Livelihoods: Dale Buscher
- Mental health, coping & trauma: Elzbieta Godziak
- The FAO experience: Ilaria Sisto

Discussions

Moderator: Pamela DeLargy

11:00-11:15 *Coffee Break*

11:15 –1:00 **Session 10: Round table: Existing experiences in UNFPA & partners**

Suraiya Kamaruzzaman (Indonesia);
Elizabeth Kyasiimire (Uganda)
Oda Gasinzigwa (Rwanda)
Juliana Konteh (Sierra Leone)
Lela Bakradze (Georgia)

Moderator: Visaka Dharmadasa

1:00 – 2:00 - *Lunch*

2:00 – 2:30 Session 11: Semih Bulbul: UNFPA/UNHCR MOU, tools & practice

2:30 – 3:45 Session 12: Break-out Groups – Cross-regional groups:

The primary aim of the break-out group discussions on Day 3 is to enable participants to discuss if/how they are specifically reaching populations in camps, urban settings, and returnees (including IDPs & refugees in urban settings; returnees; IDPs & refugees in camps; long-term/protracted refugee. trafficking victims situations)

Questions for the groups could include:

1. In your experience how do issues of shelter, livelihood and mental health relate to/impact on reproductive health-, sexual and gender-based violence- and HIV/AIDS-related programming among conflict-affected displaced populations (refugees, IDPs, trafficking victims)?
2. How do you think UNFPA and its partners could develop/address livelihood programmes for women to complement the existing core areas of UNFPA work?
3. How do you think UNFPA and its partners could develop/address shelter issues for women to complement the existing core areas of UNFPA work?
4. How are mental health issues addressed (coping mechanisms supported)?
5. What are the challenges of reaching and serving these populations?
6. In what ways do you see the UNFPA/other guidelines being used?
7. What, if any measures, do you have in place to tackle the issues discussed?
8. In what concrete ways could/should UNFPA engage in issues of shelter, livelihoods and mental health services? What would you need to enhance your outreach and programmes to these populations? (consider information, training, institutional support, strategic planning, coordination, etc).

3:45 – 4:00 *Break*

4:00 – 5:00 Session 13: Report back and overview of day 4

Day 4: Sunday, June 24

9: 00-10:30 **Session 14: Strategic Focus & Summary of Emerging Issues**
Presentation of key strategic directions (Susan Forbes Martin)
Summary of Emerging Issues, strengths and gaps (Sanam Anderlini)
Discussions

10:30-10:45 **Break**

10:45 –12:00 **Session 15: Break-out Sessions: Regional Clusters**
Focusing on your country/regional context, discuss and identify key measures and initiatives needed to enable UNFPA and its partners to address the needs of displaced populations affected by violence systematically.

Questions to consider:

- What are the major concerns and priorities for this country/region?
- What steps can be taken by UNFPA and its interactions with governments?
- What steps by UNFPA and its interactions with NGOs?
- What steps must be taken by UNFPA and its interactions with other UN entities?
- What are the most distinct gaps in UNFPA practice? How can they be addressed?
- What are the strengths in UNFPA? How can they be built upon?
- What support is needed? (e.g. technical/financial/personnel)
- What tools/resources do you have already? What do you need?
- What capacity and capacity-building measures do you have? What is needed?
- What key institutional measures are needed? (e.g. management support, guidance or policies, resources etc)

Identify 3 concrete and catalytic steps for moving forward.

12:00-1:30 **Session 16: Plenary Presentation/discussion & Close**

1:30 – 2:30 **Lunch & Departures (or visit to Town)**

ANNEX 2. LIST OF PARTICIPANTS

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**Security Council**Distr.: General
31 October 2000

Resolution 1325 (2000)**Adopted by the Security Council at its 4213th meeting, on
31 October 2000***The Security Council,*

Recalling its resolutions 1261 (1999) of 25 August 1999, 1265 (1999) of 17 September 1999, 1296 (2000) of 19 April 2000 and 1314 (2000) of 11 August 2000, as well as relevant statements of its President, and *recalling also* the statement of its President to the press on the occasion of the United Nations Day for Women's Rights and International Peace (International Women's Day) of 8 March 2000 (SC/6816),

Recalling also the commitments of the Beijing Declaration and Platform for Action (A/52/231) as well as those contained in the outcome document of the twenty-third Special Session of the United Nations General Assembly entitled "Women 2000: Gender Equality, Development and Peace for the Twenty-First Century" (A/S-23/10/Rev.1), in particular those concerning women and armed conflict,

Bearing in mind the purposes and principles of the Charter of the United Nations and the primary responsibility of the Security Council under the Charter for the maintenance of international peace and security,

Expressing concern that civilians, particularly women and children, account for the vast majority of those adversely affected by armed conflict, including as refugees and internally displaced persons, and increasingly are targeted by combatants and armed elements, and *recognizing* the consequent impact this has on durable peace and reconciliation,

Reaffirming the important role of women in the prevention and resolution of conflicts and in peace-building, and *stressing* the importance of their equal participation and full involvement in all efforts for the maintenance and promotion of peace and security, and the need to increase their role in decision-making with regard to conflict prevention and resolution,

Reaffirming also the need to implement fully international humanitarian and human rights law that protects the rights of women and girls during and after conflicts,

Emphasizing the need for all parties to ensure that mine clearance and mine awareness programmes take into account the special needs of women and girls,

Recognizing the urgent need to mainstream a gender perspective into peacekeeping operations, and in this regard *noting* the Windhoek Declaration and the Namibia Plan of Action on Mainstreaming a Gender Perspective in Multidimensional Peace Support Operations (S/2000/693),

Recognizing also the importance of the recommendation contained in the statement of its President to the press of 8 March 2000 for specialized training for all peacekeeping personnel on the protection, special needs and human rights of women and children in conflict situations,

Recognizing that an understanding of the impact of armed conflict on women and girls, effective institutional arrangements to guarantee their protection and full participation in the peace process can significantly contribute to the maintenance and promotion of international peace and security,

Noting the need to consolidate data on the impact of armed conflict on women and girls,

1. *Urges* Member States to ensure increased representation of women at all decision-making levels in national, regional and international institutions and mechanisms for the prevention, management, and resolution of conflict;

2. *Encourages* the Secretary-General to implement his strategic plan of action (A/49/587) calling for an increase in the participation of women at decision-making levels in conflict resolution and peace processes;

3. *Urges* the Secretary-General to appoint more women as special representatives and envoys to pursue good offices on his behalf, and in this regard *calls on* Member States to provide candidates to the Secretary-General, for inclusion in a regularly updated centralized roster;

4. *Further urges* the Secretary-General to seek to expand the role and contribution of women in United Nations field-based operations, and especially among military observers, civilian police, human rights and humanitarian personnel;

5. *Expresses* its willingness to incorporate a gender perspective into peacekeeping operations, and *urges* the Secretary-General to ensure that, where appropriate, field operations include a gender component;

6. *Requests* the Secretary-General to provide to Member States training guidelines and materials on the protection, rights and the particular needs of women, as well as on the importance of involving women in all peacekeeping and peace-building measures, *invites* Member States to incorporate these elements as well as HIV/AIDS awareness training into their national training programmes for military and civilian police personnel in preparation for deployment, and *further requests* the Secretary-General to ensure that civilian personnel of peacekeeping operations receive similar training;

7. *Urges* Member States to increase their voluntary financial, technical and logistical support for gender-sensitive training efforts, including those undertaken by relevant funds and programmes, inter alia, the United Nations Fund for Women and United Nations Children's Fund, and by the Office of the United Nations High Commissioner for Refugees and other relevant bodies;

8. *Calls on* all actors involved, when negotiating and implementing peace agreements, to adopt a gender perspective, including, inter alia:

(a) The special needs of women and girls during repatriation and resettlement and for rehabilitation, reintegration and post-conflict reconstruction;

(b) Measures that support local women's peace initiatives and indigenous processes for conflict resolution, and that involve women in all of the implementation mechanisms of the peace agreements;

(c) Measures that ensure the protection of and respect for human rights of women and girls, particularly as they relate to the constitution, the electoral system, the police and the judiciary;

9. *Calls upon* all parties to armed conflict to respect fully international law applicable to the rights and protection of women and girls, especially as civilians, in particular the obligations applicable to them under the Geneva Conventions of 1949 and the Additional Protocols thereto of 1977, the Refugee Convention of 1951 and the Protocol thereto of 1967, the Convention on the Elimination of All Forms of Discrimination against Women of 1979 and the Optional Protocol thereto of 1999 and the United Nations Convention on the Rights of the Child of 1989 and the two Optional Protocols thereto of 25 May 2000, and to bear in mind the relevant provisions of the Rome Statute of the International Criminal Court;

10. *Calls on* all parties to armed conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict;

11. *Emphasizes* the responsibility of all States to put an end to impunity and to prosecute those responsible for genocide, crimes against humanity, and war crimes including those relating to sexual and other violence against women and girls, and in this regard *stresses* the need to exclude these crimes, where feasible from amnesty provisions;

12. *Calls upon* all parties to armed conflict to respect the civilian and humanitarian character of refugee camps and settlements, and to take into account the particular needs of women and girls, including in their design, and recalls its resolutions 1208 (1998) of 19 November 1998 and 1296 (2000) of 19 April 2000;

13. *Encourages* all those involved in the planning for disarmament, demobilization and reintegration to consider the different needs of female and male ex-combatants and to take into account the needs of their dependants;

14. *Reaffirms* its readiness, whenever measures are adopted under Article 41 of the Charter of the United Nations, to give consideration to their potential impact on the civilian population, bearing in mind the special needs of women and girls, in order to consider appropriate humanitarian exemptions;

15. *Expresses* its willingness to ensure that Security Council missions take into account gender considerations and the rights of women, including through consultation with local and international women's groups;

16. *Invites* the Secretary-General to carry out a study on the impact of armed conflict on women and girls, the role of women in peace-building and the gender dimensions of peace processes and conflict resolution, and *further invites* him to

submit a report to the Security Council on the results of this study and to make this available to all Member States of the United Nations;

17. *Requests* the Secretary-General, where appropriate, to include in his reporting to the Security Council progress on gender mainstreaming throughout peacekeeping missions and all other aspects relating to women and girls;

18. *Decides* to remain actively seized of the matter.



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