

CARE International policy position on the Global Summit to End Sexual Violence in Conflict, June 2014



CARE International welcomes the convening of a Global Summit to End Sexual Violence in Conflict in June 2014. We acknowledge that justice for survivors has been woefully inadequate and recognise the important focus on impunity and the launch of the new protocol to document and prosecute sexual violence.

However, to truly meet the scale and ambition of this summit, which seeks to end sexual violence, CARE International believes that a more comprehensive approach must be adopted. One that also tackles entrenched gender inequality in times of peace and war, and responds to survivors needs. Crucially, the summit must also demonstrate how political commitments made in London translate into tangible changes in the lives of survivors and communities affected by conflict.

CARE International is calling on states, multilateral agencies and NGOs to:

- 1. Scale up innovative programmes to engage men and boys on gender equality and Gender Based Violence (GBV) prevention in conflict-affected countries. Men and boys are both perpetrators and survivors of conflict related sexual violence. They can also be allies and champions in preventing it. Countries should follow the example of Bosnia, Croatia and Serbia by integrating gender and violence into the national education curriculum.**
- 2. Translate the twelve global commitments in the 2013 'Call to Action on Violence Against Women and Girls in Emergencies' into bilateral donor policy and funding. Frontline services for survivors of gender violence remain woefully inadequate. In the DRC, for example, UN statistics indicate that over 50% of projects remain gender-blind.¹ Key steps should include increased funding for sexual and reproductive health programmes in emergencies, and standardising the use of Gender Markers to hold aid agencies accountable.**
- 3. Outline clear and time-bound National Action Plans on Gender Based Violence (GBV) prevention and response to promote accountability and follow-up on commitments made at the summit. These should involve participation of civil society and conflict-affected communities at local and national levels. GBV targets and indicators should also be included in the post-2015 development framework.**

1. Donor Spending on Gender in Emergencies 2013, An investigation by CARE International UK into the UN data on donor aid to emergency appeals for 17 countries in crisis, Nov 2013

1. Scale up innovative programmes to engage men and boys on gender equality and GBV prevention in conflict-affected countries. Men and boys can be both perpetrators and survivors of conflict related sexual violence. They can also be allies and champions in preventing it. Countries should follow the example of Bosnia, Croatia and Serbia by integrating gender and violence into the national education curriculum.

Global statistics indicate that the majority of conflict-related sexual violence is committed by men against women.² Ingrained patriarchal norms also mean that projects engaging men on gender can risk inadvertently reinforcing men's control of decision-making. Yet without engaging men and boys (EMB), strategies to address gender violence will not be comprehensive. Efforts to prevent such violence in conflict, as well as respond to its consequences, need to engage men and boys as clients, partners and allies. Furthermore, to address the different factors driving gender violence, EMB strategies must work at multiple levels (institutional/policy, community and family/individual levels).

At the summit in June, CARE will host two side events to profile good practices on EMB and GBV prevention from the UK, Rwanda and Balkans. As states identify options for scaling up support to EMB on preventing conflict-related sexual violence, CARE shares the following examples:

- **Implement programs that help men and boys – both ex-combatants and civilians – construct healthy, nonviolent, and gender-equitable identities, during and after conflict.** In particular, invest in campaigns using community activism and the media to promote non-violent male identities, including as carers and fathers, and social networks based on non-violence. For example, CARE worked with Ministries of Education in Bosnia Herzegovina, Serbia, Croatia and Kosovo to pilot and scale-up programmes on gender and violence mitigation for adolescent boys and young men in the national educational curricula.
- **Engage men in efforts to promote women's empowerment and protection.** CARE's experience demonstrates that economic empowerment of women, such as through support for village savings

and loans associations, can make important contributions to GBV prevention and wider protection efforts. By building women's assets and standing in the community, they gain in confidence and create safe spaces to network with other women on the issues which affect their lives, including GBV. However, if such projects fail to address the views of male partners or community leaders, they risk generating backlash and/or missing opportunities to engage male allies and champions for these efforts. In Burundi, CARE's support to the 'Abatangamuco' network resulted in the emergence of an independent social movement of male champions campaigning to transform gender relations at local and national levels. Success has been driven by facilitating 'peer to peer' networking between men, and male participants seeing change as beneficial to them personally in terms of their health, security, family life, social status and economic situation. Investment in dialogue between men and women on gender roles, for example on sharing household tasks, and partnerships between EMB networks and women's groups are also important. Support to the 'Abatangamuco' network was a long-term investment, and it emerged from and was integrated with wider CARE programmes supporting women's empowerment and community-based recovery. One-off EMB initiatives siloed from wider gender and development programmes are not effective.

- **Provide psycho-social and trauma support for men and boys as survivors and witnesses of gender-based violence, and address domestic violence.** Although men are overwhelmingly perpetrators, they are also survivors. For example, in Colombia, up to ten per cent of incidents reported by government sources in 2012 and 2013 related to sexual violence against men and boys, according to this year's UNSCR 1820 annual report. However, GBV programmes are frequently not designed in a way that enables male survivors to access the services they need. This is a gap that the current revision of the IASC guidelines for GBV interventions in humanitarian settings need to address. Alongside access to services, investment in community mobilization is also required to overcome the stigma experienced by male survivors, and support for positive coping mechanisms and treatment for alcohol and substance abuse where necessary. In addition, global research on masculinities in conflict and post-conflict

2. See for example Report of the Secretary-General on conflict related sexual violence (S/2014/181)

contexts demonstrates important links between experiencing or witnessing GBV in childhood and the later experience or perpetration of GBV in adulthood. Likewise, children who witness their fathers as carers are more likely to replicate that behaviour in adulthood³. For this reason, programmes addressing GBV in the home are therefore both vital in and of themselves, but also as entry-points to tackle inter-generational cycles of violence, which are often worsened through the experience of war.

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At the ‘Keep Her Safe’ high-level event (HLE) in 2013, donors signed up to twelve global commitments to better address violence against women and girls in emergencies. Yet at the HLE, detailed implementation plans were only provided by a limited number of UN agencies and NGOs, not donors. The summit in June comes six months after the HLE and halfway to the ‘one year on’ review event at the UN General Assembly in September. For this reason, CARE urges donors at the June summit to agree time-bound plans to translate the HLE commitments into bilateral policies, funding and programmes. In addition, donors who were not at the HLE should now endorse the Keep Her Safe commitments and also develop action plans for translating them into practice.

A coordinated approach by donors to Keep Her Safe implementation will be important. This can be informed by experience by donors with translating the Good Humanitarian Donorship (GHD) initiative’s global principles on humanitarian aid effectiveness into bilateral ‘GHD implementation plans’, as well as experience with peer reviews in the OECD Donor Assistance Committee. Some donors have already developed innovative approaches to gender equality and GBV prevention and response in their bilateral policies,

funding and operational guidance. Best practices should be shared and standardised.

CARE suggests three priorities in implementation of the Keep Her Safe agenda:

- Firstly, of critical relevance to the summit’s focus on impunity is the commitment to **‘respect the primacy of safety, security and dignity of all women and girls affected by violence by respecting their rights and choices, protecting confidentiality and ensuring informed consent.’** Studies have shown that ill-designed efforts to document and prosecute sexual violence crimes have exposed survivors and their communities to the increased risk of reprisals, stigma and/or other negative outcomes⁴. The push to implement UNSCR 1820 and its successor resolutions, as well as the G8 and UNGA declarations, must be balanced with careful steps to understand risks involved and ensure that the responsible agencies are trained to respect core principles on the safety and security of survivors, their communities and organisations supporting them. This should be a priority in further roll-out of the UNSCR 1960-mandated Monitoring, Analysis and Reporting Arrangements (MARA), UN Women Protection Advisors and the new International Protocol on Documentation and Prosecution of Sexual Violence. In addition, enhanced steps to implement Prevention of Sexual Exploitation and Abuse (PSEA) policies, alongside beneficiary accountability and complaints mechanisms, should also be a priority, including for peace operations and aid agencies.
- Secondly, we believe that enhanced momentum is required on the commitment to promote **‘implementation of the Minimum Initial Service Package for reproductive health in crisis Situations’** (MISP), an international standard which identifies a priority set of life-saving activities to be implemented at the onset of every humanitarian crisis. A core component of the MISP is preventing and managing the consequences of sexual violence by putting in place measures to protect affected populations from sexual violence, ensuring that clinical services are available for survivors of rape and ensuring the community is aware of available clinical services. Between 2009 and 2013, UN appeals to donors

3. IMAGES and P4P/UN Multi-country study in Asia

4. *South Sudan: Investigating Sexual Violence in Conflict Proves Challenging*, Refugees International, June 2013

for reproductive health in emergencies were only 45% funded, and within that amount the GBV sub-component was only 37% funded. Looking forward, options to invest in staff capacity and training on MISIP as well as pre-positioning of commodities for MISIP provision could be considered.

- Thirdly, we urge donors to follow-up on their commitment to **'strengthen accountability at global, national and operational levels to address VAWG in humanitarian responses and promote gender equality.'** One key tool for accountability will be ensuring alignment by UN, NGOs and donors around implementation of the forthcoming revised IASC guidelines on GBV interventions in humanitarian settings and specifically their proposed strategy and monitoring mechanism for accountability. Another key tool for accountability is the use of Gender Markers. The IASC Gender Marker provides a helpful categorisation of whether projects are gender blind, gender sensitive (which in itself is an important contribution to GBV prevention) or specifically targeting gender-related issues, including GBV. Yet the current IASC Gender Marker, and similar tools developed by others, is limited to the proposal stage, voluntary and inconsistently implemented. CARE is currently piloting a Gender Marker in its humanitarian programmes in the Syrian regional crisis and West Africa across design, implementation, monitoring and evaluation stages. Various donors also implement different approaches to gender marking their humanitarian funds. The summit should commit to share learning, standardise approaches and build on these experiences to hold agencies accountable.

3. Outline clear and time-bound National Action Plans on GBV prevention and response to promote accountability and follow-up on commitments made at the summit. These should involve participation of civil society and conflict-affected communities at local and national levels. GBV targets and indicators should also be included in the post-2015 development framework.

Despite increased political attention to the issue, progress on preventing and responding to GBV in conflict remains often inadequate and ad hoc. For

this reason, states should undertake **reviews of their national policies, institutions and programmes addressing GBV to identify priority areas of progress and gaps in implementation.** These reviews should involve multi-stakeholder consultation processes, including civil society, with particular attention to surfacing the priorities and perspectives of GBV survivors and communities at the grassroots level. Where they do not already exist, **national action plans on gender-based violence should be established** with time-bound commitments, identified leads responsible for implementation and sufficient funding to provide a clear framework for scaling-up good practices and addressing gaps in implementation. In addition, states should endorse the integration of targets and indicators on GBV within the revised post-2015 development framework to help rally efforts and resources, and align efforts at the global level.

Conflict-affected communities and civil society organisations should be meaningfully engaged both in the review of existing efforts, the establishment of 'national action plans' and in monitoring and accountability efforts. Social accountability tools, such as the use of **community scorecards at local level and 'shadow monitoring reports' at national level,** should be supported. For example, in the Great Lakes region, civil society partners of CARE have engaged with both the International Conference of the Great Lakes (ICGLR) and the ICGLR's member states on the negotiation and monitoring of a regional ICGLR Sexual Violence Protocol and related national 'Zero Tolerance' campaigns. States should come to the summit informed by consultation with civil society partners involved in such processes and ready to outline steps to strengthen them over a specific timeframe (e.g. a 2-year action plan with annual reviews involving parliamentary scrutiny and civil society consultation). Donors, multilateral agencies and NGOs should review their humanitarian, development, peacebuilding, good governance and security sector reform programmes in these states, and engage in dialogue to make these issues a priority.