

Reproductive Health for Refugees RHR Consortium



Gender-based Violence Initiative: *A project of the Reproductive Health for Refugees Consortium designed to improve international and local capacity to address gender-based violence (GBV) among refugee and internally displaced populations*



Background



Gender-based violence (GBV) is an umbrella term for any harm that is perpetrated against a person's will, that has a negative impact on the physical or psychological health, development, and identity of the person, and is the result of gendered power inequities that exploit distinctions between males and females, among males, and among females. Although not exclusive to women and girls, GBV principally affects them across all cultures. Violence may be physical, sexual, psychological, economic, or socio-cultural. Categories of perpetrators may include family members, community members, and those acting on behalf of or according to the disregard of religious, state or intrastate institutions. Some of the major forms of violence recognized in the U.N.'s 1993 Declaration on the Elimination of Violence Against Women include: "battering, sexual abuse, marital rape, female genital mutilation, and other traditional practices harmful to women, non-spousal violence, violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state."



Recent events on the international stage have brought GBV in refugee, internal displacement and post-conflict situations to the forefront of public consciousness. There has also been an increasing recognition among humanitarian aid organizations that GBV is an affront to public health, to universally accepted human rights guarantees, and to the restoration of refugee and internally displaced families and communities. UNHCR's guidelines to promote the protection of refugee women and to prevent and manage sexual violence have heightened awareness regarding the major protection, legal, medical, and psychosocial components of GBV prevention and response. The Reproductive Health for Refugees (RHR) Consortium has integrated GBV as a technical area within reproductive health programming, and the UNHCR Inter-Agency Working group has produced a reproductive health field manual that includes information about GBV programming and project monitoring indicators. RHR Consortium member agencies and other international and local NGOs are currently providing direct and indirect support to GBV programming for refugees and internally displaced populations (IDPs) worldwide.



Existing and completed GBV programs provide a basis from which to identify and build on field level knowledge and practices. To date, however, there has been no comprehensive compilation of GBV field tools, nor any standard method for evaluating international and local NGO's programmatic effectiveness or cross-cultural transferability. Scant data is available about the prevalence of GBV or best practices for quantitatively and qualitatively describing the problem, and many humanitarian aid agencies lack the tools to comprehensively address GBV in refugee and IDP settings. Additionally, GBV programs have often developed vertically, independent of the cross-cutting sectors that could provide broad support in the prevention of and response to



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GBV; in some cases, GBV programs have also developed independent of other in-country international and local GBV programs. Attention to many aspects of GBV is needed, including research on the quantitative and qualitative aspects of the problem, creation and maintenance of services for GBV survivors, education and prevention.

Role of the Reproductive Health for Refugees Consortium

The RHR Consortium was established in 1995 to promote the institutionalization of reproductive health services in refugee settings worldwide. Consortium members represent a unique mix of advocacy, development, humanitarian relief, research and training organizations. Four members—American Refugee Committee, CARE, the International Rescue Committee, and Marie Stopes International—focus on working with international and local NGOs, UN agencies, refugees and host country governments to provide direct reproductive health services to refugees. JSI Research and Training Institute and Columbia University Mailman School of Public Health at the Heilbrunn Department of Population and Family Health are primarily involved in project research, staff training, and technical assistance. The Women's Commission for Refugee Women and Children, as an expert resource and advocacy organization, serves as coordinator of the Consortium. Each member of the Consortium has capacity and experience in GBV research, training, and programming.

The objectives of the Initiative:

With generous funding from the U.S. Department of State's Bureau of Population, Refugees, and Migration and on behalf of the RHR Consortium, the Women's Commission for Refugee Women and Children and the International Rescue Committee have jointly undertaken an intensive three-year investigation of current resources and field practices related to international GBV interventions in order to produce:

A global report on current GBV issues and programming in 12 countries representing Africa, Asia, Eastern Europe, and Latin America entitled, *If Not Now, When?: Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-conflict Settings*. Hardcopies are available through the RHR Consortium and the report may also be downloaded from the RHR Consortium website at www.rhrc.org.

A web-based bibliography of current GBV literature, also posted at www.rhrc.org, for easy access by international and local GBV program planners, managers, and field staff.

A standardized GBV assessment, and program design, monitoring, and evaluation tools manual, to be field tested in select sites and published in February 2003, designed to assist donor and implementing agencies in the early identification of and appropriate response to GBV among refugee and internally displaced populations.

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