

PROGRAMMING TO ADDRESS
VIOLENCE
AGAINST WOMEN

8 CASE STUDIES
VOLUME 2

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DEDICATION

This publication is dedicated to our estimable colleagues Mr. Adnane Souilah, who provided invaluable input to the Algeria case study, Mr. Kamel Sait and Mr. Mustapha Benbara all of whom tragically perished during the attack on the United Nations Offices in Algiers on the 11th of December 2007. We also recognize the courage of the survivors who have persevered in the face of adversity.

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Ms. Dina Deligiorgis and Ms. Leyla Sharafi, in the Gender, Human Rights and Culture Branch, provided key technical inputs to the publication and coordinated the writing and production process.

Ms. Christine Dinsmore and Ms. Barbara Ryan edited the publication.

FOREWORD

It gives me great pleasure to introduce this publication, the second volume in a series which strives to provide support and inspiration to all prevention and response efforts addressing violence against women. These good practices come from our country offices, where UNFPA is committed to keeping the issue of violence against women a priority as a major human rights and health concern.

The right to live free of violence and discrimination is the right of every human being. Yet, this right is being violated on a massive and systematic scale. Violence against women continues in every part of the world, limiting social and economic progress and harming families, communities and nations.

Perhaps no other service provider has as great of an opportunity to aid women survivors of violence as health care workers. For some women, the chance to visit a health clinic may be their only hope to end the abuse. Continuing to link sexual and reproductive health services to address violence against women, including for prevention and diagnosis, counseling and referrals, is a critical strategy which must be maximized.

Over the years, we have seen significant efforts being undertaken by governments, NGOs, women's groups and other networks to address violence against women. This work by different actors has enabled a better understanding of the nature and scope of violence and of its impact on women and societies. Legal and policy frameworks for addressing such violence have been established at both the international and national levels, covering many forms of violence in the public and private spheres. Yet while progress has been made, much greater action is needed before there can be an end to the suffering.

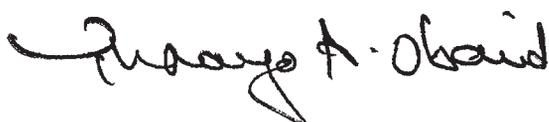
The United Nations system is committed to intensified, coordinated, and urgent action to help governments prevent, punish, and eliminate violence against women. The United Nations Secretary General recently launched the campaign *UNITE to End Violence Against Women*, while the United Nations Interagency Network on Women and Gender Equality Task Force on Violence Against Women commenced a joint programming initiative in 10 countries. The United Nations Trust Fund to Eliminate Violence Against Women began its thirteenth grantmaking year by continuing to fund innovative and catalytic projects which strive to make violence against women history.

I am proud to say that UNFPA is part of all of these efforts, including through its contribution to the interagency group—United Nations Action against Sexual Violence in Conflict—which utilizes the comparative strengths of each of its 12 United Nations agencies while encouraging them to speak with one voice on sexual violence in conflict and recovery settings. As a way forward, UNFPA will work through these mechanisms while continuing to support our national counterparts—particularly government partners, as demonstrated in the case studies in this publication.

Disseminating these good practices is one step towards sharing and learning from one another. In India and Nepal, national partners worked together to institutionalize a coordinated response to violence against women with a special focus on using the health system as an entry point. In Indonesia and Honduras police and faith based organizations were sensitized to respond adequately to end violence against women. In various countries, governments drafted and passed national legislation and policies such as the Domestic Violence Act in Zimbabwe and the National Strategy to Combat Violence Against Women throughout the Life Cycle in Algeria. In Guatemala, much progress was achieved through coordination and synergy between the national and local governments. In Sri Lanka the Government and national NGOs provided gender-responsive psychosocial support for women and communities affected by the tsunami. Throughout these efforts, UNFPA provided a strong supportive role to national governments and civil society.

I hope that these encouraging case studies provide some hope and guidance for ending impunity and the culture of silence surrounding violence against women.

I would like to especially acknowledge our country offices in Indonesia, Algeria, India, Zimbabwe, Sri Lanka, Honduras, Nepal and Guatemala as well as other colleagues for their contributions. Without them, this publication would not have been possible.



Thoraya Ahmed Obaid
Executive Director, UNFPA

1

INDONESIA: ENDING VIOLENCE AGAINST WOMEN AND KEEPING THE FAITH

In Indonesia, women's low social status, no different than in other parts of the world, compounded by religious and traditional stereotypes about gender fuels violence against women. Shame keeps it cloaked in secrecy.

The concept of gender-based violence, particularly domestic violence, often does not resonate within Indonesian society, and is not readily identified even among many victims themselves. Women who do recognize themselves as survivors of violence often remain silent because of the dishonour associated with this taboo. With conservatism on the rise, a majority religious population and a culture of silence on the issue, Indonesia required deliberation and sensitivity in confronting violence against women. UNFPA recognized the need to enlist progressive religious leaders and, along with the Ministry of Women's Empowerment, joined religious communities in a pilot project that provides services and shelter for abused women.

BACKGROUND

The social unrest in May 1998 during the anti-Soeharto demonstrations exacerbated violence against women with reported spikes in sexual assaults and rapes, especially of minority women.¹ As a result, the State and communities issued a declaration to put an end to violence against women and established the Zero Tolerance Policy. The following year, UNFPA in collaboration with the Ministry of Women's Empowerment and the United Nations Development Fund for Women (UNIFEM) endorsed 'Strengthening of Partnership between the Government and Non-governmental Organizations for the Management of Elimination of Violence against Women' under the Fifth UNFPA Country Programme of Assistance for Indonesia (1995-2000). This initiative established the first hospital-based women's crisis centre at Cipto Mangunkusumo Hospital in Jakarta. It also identified potential community-based (including faith-based) crisis centres for the prevention and treatment of violence against women.

The groundwork for ending gender-based violence was further solidified when UNFPA and the Ministry for Women's Empowerment collaborated to form the Interagency Network for the Prevention and Management of Violence against Women at Central and Local Levels, referred to as the 'VAW' project. Initially it was to be administered by three partners² in all areas covered by the Sixth UNFPA Country Programme of Assistance (2001-2005).

But obstacles both big and small impeded the original initiative. Promised funding did not materialize. Meetings and discussions with potential substitute donors proved fruitless. Some potential partners turned their attention away from issues pertaining to violence against women and instead focused on the promotion of democracy or response to and prevention of escalating acts of terrorism.

Despite these and other constraints, the Ministry of Women's Empowerment and UNFPA forged ahead to launch a modified programme with Puan Amal

¹ Office of the United Nations High Commissioner for Human Rights, *Integration of the Human Rights of Women and Gender Perspective: Violence against Women. Report of the Special Rapporteur on violence against women, its causes, and consequences, Ms. Radhika Coomaraswamy*, 11 January 1999.

² The National Commission for the Elimination of Violence Against Women and two nongovernmental organizations Rifka Annisa and Puan Amal Hayati were the projected implementing partners.

Hayati, a Muslim women's organization. Its role proved to be particularly advantageous with the escalation of assaults on women couched in religious doctrine.

Conservative dictates occurred throughout Indonesia. The *shari'ah* (Islamic law) in Nanggroe Aceh Darussalam compelled women to wear *jilbab* (headscarf). In Yogya, young men from certain Islamic political parties conducted 'sweeps' of women who went out at night. And curfews for women were enforced in Padang (West Sumatera) and Makassar (South Sulawesi) where women were allowed out only if they were accompanied by *mahram* (close male relatives).³

Puan Amal Hayati emerged in response to escalating violence against women. UNFPA solicited the help of then first lady of Indonesia Madam Sinta Nuriyah, a prominent Islamic leader and women's activist, to strategize ways to put an end to these incidents. After the initial meeting, she along with other progressive Muslim feminists and intellectuals created Puan Amal Hayati with the main objective to work with Islamic boarding schools - *pesantren* - to empower women, prevent violence against women and provide services for survivors.

IMPLEMENTATION

Building an initiative to protect women from violence required heavy lifting. Challenges arose from the onset. First, the notion of community-based services for survivors of violence against women was a relatively new concept in Indonesia. Additionally, collaboration between government institutions and non-governmental organizations (NGOs) on this issue was rare.

The original plan was to establish a programme with civil society organizations to provide community-based services in the areas covered by UNFPA's Country Programme of Assistance. For nearly three years, ongoing negotiations were conducted with potential donors. In the end, funding failed to come through and projected partners dropped out. But the Ministry of Women's Empowerment and UNFPA would not be deterred. With a renewed commitment, they cultivated a working relationship with Rifka Annisa, a respected and leading NGO providing services to survivors of violence in Indonesia. It agreed to give technical assistance when needed.

Despite roadblocks, the pilot moved forward. Once

on track, the initiative utilized a grassroots approach to develop services for the prevention and treatment of violence against women in selected pilot sites. This was the first time that a faith-based organization - Puan Amal Hayati - was dedicated to both eradicating violence against women and providing services through the use of Islamic teachings and values. While there are successful initiatives in Indonesia that are implemented by secular organizations, reshaping this partnership from a broader range of community-based organizations to solely faith-based organizations proved to be auspicious and strategic, especially in response to the changes in public administration and new laws.

With the downfall of the Soeharto regime came a decentralized system of governance. A new law on decentralization⁴ opened the window for local values and traditions to take root, which often translated into patriarchal values and *shari'ah*. Pressure from conservative Islamic groups and the enactment of this new law made *shari'ah* the overarching influence in many local administrations and districts.

Several human rights organizations reported that proposed local regulations often identified women as the source of community problems and required women's activities and spheres of influence to be regulated by local government. Many ordinances in the name of *shari'ah* enforced segregation between men and women, limited women's involvement in the public domain and ultimately decreased their political power and civil liberties.

Locating a haven

While there are various faith-based institutions, such as mosques, Qur'anic recital groups and imam organizations, *pesantrens* were seen to be most effective in addressing violence against women because they are traditional Islamic institutions deeply rooted within the Indonesian society. They exist in almost every sub-district and village, providing education, Qur'anic recitals, prayer sessions and women's study groups. In many ways, *pesantrens* provide unprecedented opportunities to disseminate progressive interpretations of Islam to a large audience.

The *pesantrens* are focal points for education and culture and exert tremendous influence in their surrounding communities. The *pesantren* and the community are inexorably connected, with school

³ Mahram is literally a close relative who one cannot marry because of blood or marriage ties.

⁴ Law No. 22/1999

leaders holding sway within the districts.

The *kyai* (male *pesantren* leader) and *nyai* (wife of the *kyai*) have many followers. They are role models for husband-wife and family relations. They can offer a new religious perspective on gender equity and equality based on their own marital relationship. A charismatic, respected male community leader adds credibility to the mission of combating domestic violence with his pronouncements against violence against women.

The *pesantren*'s formal and religious education takes place within an intimate, family-like atmosphere. The social structure could provide a safe environment for survivors of violence and their children. At the same time, *pesantrens* can offer economic opportunities to survivors by providing income-generating activities where students can produce goods and sell them outside or in their cooperatives/shops. Some have small household-scale businesses that manufacture clothing, dolls, accessories and such.

Identifying the appropriate *pesantren* was crucial. Working with *pesantrens* that embrace forward-thinking, tolerant interpretations of Islam was essential for preventing and mitigating the effects of violence against women.

Roles of the partners

The sensitivity surrounding wife-beating, rape, polygamy and other rights abuses perpetrated against women required careful planning and implementation. Therefore each partner of the initiative had a specific role to offset potential problems.

The government-led Interagency Task Force comprised all potential partners, including the government, NGOs, academics, universities, the media, health service providers and others. The Interagency Task Force was charged with: 1) creation of a policy environment that is conducive for programmes, services and interventions for survivors of gender-based violence; 2) advocacy, information, education and communication campaigns; 3) the coordination among all partners in the violence against women initiative at both the central and district levels.

Puan Amal Hayati was responsible for the overall oversight of the *pesantren*-based women's crisis centre, known as 'PUSPITA' or Pusat Perlindungan bagi Wanita, which literally means 'women's crisis centre'. However, the *pesantren* would provide the services and run the PUSPITA on a daily basis. The PUSPITA services would include psychological counseling

through hotlines/telephones and in-person counseling, legal aid, economic empowerment activities and other interventions to help victims become survivors.

Puan Amal Hayati also conducted information, education and communication campaigns about violence against women. The main thrust of these campaigns was to provide evidence-based information and to reinterpret religious texts and values as they related to women, especially violence against women.

Preliminary work conducted by Puan Amal Hayati during the initial stage included: 1) public dialogue; 2) selection of *pesantren* and districts; 3) capacity building; 4) operational preparation; 5) launching the project.

UNFPA's role included providing the analytical framework and technical assistance for the project, and, together with the Ministry of Women's Empowerment and Puan Amal Hayati, monitoring and evaluating the project.

Public dialogue

In addition to opening up discussion about Islam and women's rights, the public dialogue was designed to rally community support for the project, inform the public of the plan to establish the *pesantren*-based PUSPITA and make people aware of the services the centre would provide.

Well-known Islamic leaders and women's movement activists were invited to the public events to draw crowds and help counter/mitigate against resistance from the religious community, who traditionally have been reluctant to address the issue of violence against women.

These public discussions were used to assess the community's awareness, sensitivity and reaction to the PUSPITA. Then the design of the PUSPITA was adjusted accordingly to ensure optimum success of the project.

Selection process

After gauging support and responding to feedback at public discussions, Puan Amal Hayati members visited potential *pesantrens* and held discussions with the *pesantren* leader (the male *kyai*), and his wife (the *nyai*), teachers and senior students to determine an appropriate setting for the PUSPITA (see box on page 4).

Puan Amal Hayati evaluated the *pesantren*'s social environment, cleanliness, comfort, security and build-

The Criteria for Selection as a Women's Crisis Centre

- The *pesantren* leader does not perpetrate violence against women;
- The *kyai*, *nyai* and other *pesantren* leaders are willing to provide services directly or indirectly within their *pesantren*;
- The *pesantren* has sufficient human resources;
- The *pesantren* has adequate rooms and other facilities that can be used for survivor support services;
- *Pesantren* leaders are willing to participate in workshops, trainings and other activities on the prevention and treatment of violence against women conducted by Puan Amal Hayati and other institutions;
- The *pesantren* is willing to collaborate with other institutions, including government agencies, NGOs and other service providers;
- The *pesantren* has transparent financial management and can be financially independent in the future;
- The *pesantren* leaders are committed to the sustainability of PUSPITA.

ings. If the *pesantren* met the overall criteria, the geographical area was further reviewed in terms of the status of women, the level of violence against women, the incidences of trafficking and the number of interventions conducted within the district.

Based on the overall process, two *pesantren* were selected - Cipasung and AsSakienah - located in Tasikmalaya and Indramayu districts respectively.

Preparing the Pesantren

Before the *pesantren* could open its doors for survivors of violence, the staff and the physical space had to be primed for success. To ensure effectiveness and sustainability, specific capacity-building activities were included in the overall implementation of the project. These activities included:

1) Information/Awareness-raising Workshop

At a three-day workshop, participants shared their experiences and knowledge of violence against women, discussed the *pesantren*'s role as a centre for community development and provider of interventions for violence survivors, and developed work plans for their PUSPITA. The interactive workshop helped to empower *pesantren* staff, reinforce their crucial role in preventing and attending to survivors of violence, and encourage their ownership of and commitment to the PUSPITA.

2) Training

Staff attended ongoing training to acquire the necessary skills to manage the PUSPITA and provide an array of psychological, legal, and vocational services to survivors. Sessions focused on communication, human

relations, organizational capacity and networking. Other stakeholders attended the training to ensure that the PUSPITA had support and collaborative services to effectively work with survivors of violence.

3) Gaining hands-on experience

Pesantren staff served one-month internships at established women's crisis centres, including community-based and hospital-based centres. Rifka Annisa, as well as hospital-based centres supported by UNFPA in previous country programmes, was a beacon for the apprentices learning the ins and outs of a new programme. In addition to honing the participants' skills, the internships provided an avenue for networking and collaborating with other organizations.

4) Guideline development

Guidelines were developed to ensure consistency and effectiveness. They included operational procedures, guidance on support services and counseling, gender sensitivity and specific training modules.

Operation preparation

Each *pesantren* was required to prepare the physical structure that would house the PUSPITA. This task further increased *pesantren* ownership and solidified the sustainability of the women's crisis centre after the initial funding ended.

Launch of the PUSPITA

An official launch introduced the PUSPITA and established it as a *pesantren*-based women's crisis centre. The event brought together various stakeholders from the fields of prevention and treatment of violence

against women and helped to build a coalition of shared perception, mission and commitment. A memorandum of understanding was signed between the PUSPITA and representatives of some of the institutions, affirming their solidarity and support of one another in the management of violence against women and in advocacy for the prevention of gender-based violence.

Up and running

Even before its official opening, the PUSPITA had received numerous referrals from survivors of gender-based violence, underscoring the high demand for such services. Once the PUSPITA opened, reported cases of violence against women soared.

Using gender-sensitive approaches, the PUSPITA worked to ensure justice and protection of women's rights, rebuild women's dignity and self-worth, facilitate reintegration into the community, and encourage survivors to speak out against violence against women.

RESULTS AND ACHIEVEMENTS

The *pesantren*-based women's crisis centres in Indramayu and Tasikmalaya districts are considered trailblazers in the handling and prevention of violence against women. The role of these Islamic boarding schools in responding to violence against women and promoting women's empowerment has been invaluable and has led to dramatic social transformation within the communities.

During its first two years, the pilot achieved noteworthy success. The PUSPITA in Tasikmalaya has responded to 32 major cases of violence against women, including rape, physical abuse and economic deprivation. Of these cases, 17 have been settled by the court, six cases remain in process and nine cases were settled out of court. The Indramayu PUSPITA has been involved in 43 major cases, the majority of which are incidences of domestic violence, psychological abuse and economic abuse. As a result of its own investigations and outreach, 19 trafficking cases were identified of which 10 were handled by the PUSPITA.

Women in the district know where to go if they are victims of violence. As a result of *pesantren* interventions, survivors of violence report feeling supported by the *pesantren* leaders and the PUSPITA staff and having more courage to disclose the violence they have experienced. The PUSPITA communication campaigns have helped women to realize that violence against women is not tolerated by Islam and that religion

can never be used to justify such violence. The informational component of the programme has further empowered women to recognize that there is no shame in disclosing that they are survivors of wife-beating, rape, sexual assault and other forms of violence nor is it a family disgrace to speak about the violence that has been perpetrated against them.

The pilot has provided additional benefits to survivors and their families. For instance, women and their children can continue their education at the *pesantren* after completion of the women's rehabilitation and recovery.

Men have benefited from the project as well. Information and education sessions conducted at Friday prayers and other male-only events are countering misinformation about Islam and violence against women. They are learning that there is no place in their religion for wife-beating, trafficking, physical, sexual, psychological abuse or any gender-based violence. They are also becoming more knowledgeable about reproductive rights and the Elimination of Domestic Violence law. The project also provides services to perpetrators, the vast majority of whom are men, such as counselling, mediation, consultation and religious advice to help put an end to their abusive behaviour.

The PUSPITA engages in outreach beyond the usual *pesantren* activities, including for example, Qur'an recitals. To help break the cycle of violence against women, communication campaigns also include radio talk shows, bulletins, newspapers and television spots.

The information, education and communication activities have made tangible inroads in reducing violence against women. Prior to the establishment of PUSPITA, denial about violence against women was common. Many *pesantren* students, teachers and leaders thought there was no need for interventions against such violence, often believing that violence against women, particularly domestic violence, did not occur within religious communities. After the establishment of the PUSPITA and its ensuing information and education campaigns, the *pesantrens* have come to realize that violence against women is real, not something that is made up. There is greater understanding that misinterpretation of Islamic teachings and values can perpetuate violence against women. This increased awareness has helped to foster a more progressive, gender-sensitive reinterpretation of the text and teachings of Islam resulting in significant

Testimonials

*While domestic violence conjures up broken bones, bloodied lips, sexual assaults, and images of women and children cowering in fear, the majority of violence against women involves bullying, ridicule, name-calling, threats, abandonment and economic deprivation.**

Mrs. Y sought mediation with her husband at the PUSPITA because of economic deprivation. Mr. Y refused to give Mrs. Y enough money for household expenses. Mr. Y did not have a steady job. But even when he found temporary work, he still refused to give Mrs. Y any money, insisting that she could not manage it and was too wasteful. Mrs. Y asked his permission to work outside the home, but Mr. Y would not consent. Instead, he kept her destitute and unable to run the household.

*UN General Assembly resolution 58/147 on the Elimination of Domestic Violence Against Women (2003) recognized that domestic violence "can include economic deprivation and isolation" and may cause imminent danger to the safety, health and well-being of women.

progress towards gender equality and equity.

The pilot has been hailed as a success based on the concrete number of cases handled by PUSPITA coupled with anecdotal evidence of attitude change towards violence against women. As a result, Puan Amal Hayati is replicating the programme in six other *pesantrens*. The Ministry for Women's Empowerment is considering scaling up this project into other areas and other religions.

LESSONS LEARNED

Partnering with faith-based organizations to address violence against women, especially the provision of services for survivors is a new approach for Indonesia. Other faith-based organizations have worked on women's empowerment through advocacy and information, education and communication campaigns, but Puan Amal Hayati is the first faith-based organization devoted to both ending violence against women and providing services for survivors.

UNFPA's work with its partners and the *pesantrens* has provided valuable lessons.

- Steadfast commitment from top-level religious figures, government and UNFPA is the cornerstone for project success. The involvement of the former first lady, other prominent, progressive religious figures, the Ministry for Women's Empowerment and UNFPA motivated programme and *pesantren* staff to work harder to implement the women crisis centres.
- How the messages about violence against women are conveyed and packaged is critical. Use of controversial and confrontational language in the information, education and communication

campaigns is ineffective. Instead softer language and religious messages, supported by progressive interpretations of the Qur'an and other Islamic texts, are more powerful in affecting change. Media campaigns, radio talk shows, brochures, public dialogue as well as existing avenues within the *pesantrens* can efficiently and rapidly disseminate information about gender and Islam.

- Local political support is required for the PUSPITA to gain footing and access to opportunities, such as networking, financial backing and other resources. For example, one of the selected *pesantren* received full support of the local government while the other did not. The difference in how each was perceived was stark. The one that was not embraced by the local government was seen as an 'outsider' and faced an uphill climb to get technical and political support. The other PUSPITA had far fewer difficulties in networking and accessing resources.
- Chances of success increase exponentially when community gatekeepers, such as the *kyai* and *nyai*, are brought onboard. Not only did the *pesantren* leaders enhance the efficiency and success of the PUSPITA, they also helped to change attitudes and values regarding gender within the *pesantren* and the surrounding community. The *kyai* and *nyai* are positioned to set stellar examples by challenging violence against women and holding perpetrators of gender based violence accountable. Their leadership paves the way for the PUSPITA to be accepted and to effectively provide services to survivors of gender-based violence.
- Individual changes in attitudes and beliefs about women, equality and violence can occur

relatively quickly but societal transformation in perceptions and norms is a long, ongoing process. Misinterpretations of religious doctrines have the potential to perpetuate violence against women, such as wife-beating/domestic violence, forced marriage and women's economic deprivation. Too often violence and other violations of women's rights - restrictions on women's movement, depriving girls and women of education, and other acts of discrimination - exist within the *pesantran* in general and the religious community at large despite individual awakenings.

PRACTICES THAT WORK

Prior to the implementation of the *pesantran*-based women's crisis centres, strategic interventions helped to deflect unexpected roadblocks. From the onset, good practices helped to keep the project on track.

- Working with faith-based organizations that met the criteria for selection was strategic. In Indonesia, where 90 per cent of its citizens are Muslim, the *pesantrons* prove to be exceptional resources in preventing and managing the effects of violence against women. Historically, religious teachings and texts have been interpreted by men from a highly patriarchal perspective. The involvement of progressive religious leaders and organizations allows for Islam to be viewed through a gender-balanced, gender-sensitive lens.
- Working with well-respected Muslim women's rights activists with extensive experience reinterpreting Islamic texts, teachings and values through a gender-sensitive perspective as well as their having a considerable following helped gain entry into the community and change its mind-set on gender and Islam and address violence against women.
- Collaborating with the NGO Puan Amal Hayati was particularly advantageous in that most of its members are former *pesantran* students, who understand the ethos and values and were able to communicate essential information and knowledge to new students and survivors of gender-based violence in a culturally-relevant manner.
- The continued partnerships with other institutions, particularly Rifka Annisa, secured ongoing technical support for the PUSPITA even without a formal partnership. The PUSPITA relies on Rifka Annisa for consultation when difficult issues arise in providing services for survivors of violence against women.
- Puan Amal Hayati and the Ministry for Women's Empowerment were involved from the very beginning. Every step of the way, from the selection of the potential *pesantran* to decisions about members of the Interagency Task Force, which would ultimately provide the support system, advocacy to local government and dialogue about Islam and violence against women, was performed jointly. Steadfast engagement secured their sense of ownership of the project and increased the likelihood for success.
- Perseverance, intensive negotiations and ongoing contact with government and non-governmental officials helped UNFPA overcome financial constraints and the withdrawal of partners. This steadfast approach fostered trust and good relationships with the Ministry for Women's Empowerment and potential non-governmental partners, and ensured the Ministry's continued participation and commitment to the project.
- Flexibility allowed for the project to go forward on a smaller scale with a shift to faith-based organizations after other community-based partners withdrew for lack of funding.
- A common vision among implementing partners, specific selection criteria, and the investment of both time and money in the preparation of the *pesantrons* ensured that all participants were on the same page and committed to the goals of the pilot programme.

2

ALGERIA: CREATING A NATIONAL RESOLVE TO ERADICATE VIOLENCE AGAINST WOMEN

In 1999, when the process of mainstreaming gender equality and fighting violence against women was initiated by UNFPA and its partners, Algerian society was caught up in a kind of whirlwind. On the one hand, there were socio-political and democratic changes and, on the other hand, there were major security problems for persons and property. The 1990s, became known as the “Black Decade”, and had, in most cases, extreme manifestations. There was systematic destruction of public and private property, schools, universities and workplaces, and summary murders of civilian populations, intellectuals, journalists, doctors, teachers and pupils. In addition to exiles, more than 100,000 civilians were murdered or disappeared.

Through it all, violence became a weapon of terror. Algerian women were casualties of armed conflict, fundamentalism and terrorism. Also, as a consequence of the “atmosphere” which had an impact on prevailing values and norms as well as beliefs and behaviour, women were unsafe in their communities and homes, victims of brutal crime and domestic violence. For example, in July 2001, in Hassi Messaoud in southern Algeria, working women and female heads of households were attacked. Large groups of young men beat, stabbed, burned and raped the women after they had reportedly been denounced as prostitutes. Most of the victims had migrated to the oil-rich city to work as cooks, secretaries and maids. Many of them had their families with them. Reports of these and other acts of violence steeled Algerian women’s organizations in their resolve to end violence against women.

BACKGROUND

Throughout the decade of the 1990s, women and girls were special targets, irrespective of their social or family status, their urban or rural origins, and regardless of whether they were educated or illiterate, workers or housewives. They were used as weapons of war and spared nothing: harassment in public places, death threats, sexual assault, rape, kidnapping and murder in a sort of systematic “femicide”.

Though no one can deny the tragic consequences of this, there were also positive effects, if this term is appropriate. Despite the climate of insecurity that prevailed during this period, many people stood up to these atrocities. Men and women, whether they were in institutions, universities or research centres, non-governmental organizations (NGOs) or the media, or simply citizens, joined together in a movement of mobilization and solidarity. Committing themselves to reclaiming their country, they risked and, in some cases, lost their lives in pursuit of justice and freedom.

What emerged from fighting to eradicate discrimination and violence was a network of women and men dedicated to realizing equality and equity.

Women’s NGOs, in particular, combated and resisted terror. They worked with survivors of different forms of violence—kidnapping, abduction, torture and rape—and carried out many awareness-raising and mobilization campaigns. As a result of these efforts, women assumed a leadership role in the campaign to protect democracy, safeguard the country and protect women’s human rights. Following the example of the *mujahidate* (women fighters) during the war of liberation, they helped to breach the isolation and confinement that surrounded the survivors and the country itself.

To cope with violence in general and the violence suffered by women in particular during the 1990s, decision makers did not hesitate to support and/or take initiatives and emergency measures, often in collaboration with civil society organizations and

experts, to tackle the pervasive problem of violence against women.

This sharing of knowledge, experience and will on all sides, and this dawning partnership, were aimed at preventing human rights violations and at protecting women's human rights, while working and advocating to prepare for the future and establish the framework for their realization.

With this as a backdrop, Algeria-UNFPA sponsored a first initiative (1999-2003), supported by the Italian Government. The "Regional Gender Initiative" was aimed at reinforcing the social and political movement of change, paving the way for more institutionalized work on realizing gender equality and the empowerment of women and addressing violence against women.¹ Later, between 2004 and 2007, the United Nations Children's Fund (UNICEF), the United Nations Development Fund for Women (UNIFEM) and the United Nations Development Programme (UNDP) joined UNFPA to combat gender inequality and end violence against women in Algeria. The decision of Algerian ministries and NGOs to address violence against women and girls through the prism of human rights was both courageous and principled.

IMPLEMENTATION

UNFPA had a long history of collaboration on gender issues in the region and with the Algerian Government and NGOs, dating back to before 1989. These cooperation programmes included work with the Ministry of Health and Population, the National Centre for Study and Analysis of Population and Development (CENEAP), the National Public Health Institute (INSP) and the Algerian Association for Family Planning (AAPF). The issues included reproductive health and family planning, special issues for girls and women in disadvantaged areas, the recognition and care of violence against women, as well as HIV and AIDS prevention and treatment through a gender/human rights perspective. Hence, UNFPA was a logical choice to support a cooperative endeavour between the Governments of Algeria and Italy to address gender inequality, promote women's empowerment and stem violence against women.

UNFPA selected three NGOs as partners in this new endeavour - the AAPF, the Algerian Assembly of Democratic Women (RAFD)² and the Association RACHDA³. These NGOs were chosen based on the

following criteria: their work and commitment in the area of women's health and reproductive and human rights; their field presence; their technical and institutional capacities to support and mentor women survivors of violence, including offering psychological counselling and legal assistance; and their ability to analyse the causes and effects of gender-based stereotypes and the role that these biases play in perpetuating discrimination and violence against women.

From the initiative's inception, a process to systematically address the root causes and consequences of violence against women was developed. This included mainstreaming gender into reproductive health service delivery and advocacy, and empowering women throughout the life cycle with a particular focus on education and the promotion of gender equality. The momentum gathered in this first phase led eventually to the creation of the "National Strategy to Combat Violence against Women throughout the Life Cycle".

The evolution of a comprehensive national strategy had three distinct phases and time frames: building capacity, preparation and initiation (1999-2003); undertaking consultation, evidence-based advocacy and policy dialogue (2004-2005); and building consensus, strategic planning, design and validation (2006); building ownership by concerned sectors (2007) and operationalization (2007-2011).

Capacity-building, Preparation and Initiation

Before a national strategy to address gender inequality and violence against women could be devised, the core of the problem had to be identified and challenged. This required dedication to analyse the social constructs that discriminated against girls and women, treated them as second-class citizens and kept them in danger.

This phase began with an assessment of the relevant stakeholders in government, public institutions, civil society and the United Nations (UN) to determine their roles in gender and violence against women initiatives. The consultative process aided in refining gender concepts and building consensus, laying the groundwork for participatory and coordination processes between the Government and NGOs, developing the technical capacities of the governmental and non-governmental entities involved in furthering gender equality and women's empowerment, and

¹ The "Regional Gender Initiative" was also implemented in Morocco and Occupied Palestinian Territory.

² In Arabic, RAFD means refusal/rejection when referring to fundamentalism and terrorism.

³ RACHDA means mature in the context of the society and family code/law, which considered women as immature and minor "ad vitam ad eternam".

supporting a multisectoral, multidisciplinary survey on violence against women to document its prevalence.

The following overarching objectives were identified for the first phase:

- Improve reproductive and sexual health service delivery and advocacy, and ensure that these services are implemented and viewed through a gender- and human rights-sensitive lens throughout the national population policy and within reproductive health care programmes;
- Empower women in difficult circumstances and provide families and couples in crisis with access to legal and psychological counselling, including counselling on matters of violence against women and reproductive health and rights;
- Promote effective planning and methodologies that support gender and development, gender equality, equity and women's empowerment;
- Contribute to social change and educational reform by identifying stereotypes and conservative images in textbooks and classrooms, challenging women's circumscribed role in society and fostering gender equality and equity;
- Develop women's strategic and technical capabilities to advocate for the advancement of women and equal rights at the individual and the institutional level.

This was the first time that the Algerian Government had entrusted to NGOs an initiative of this scope, not in terms of allocated funds but in terms of challenges. Additionally, this was the first time that the Government fully supported an undertaking of civil society related to gender and human rights issues and violence against women. With such strong support from the government, the likelihood of success was much greater.

As part of the "Regional Gender Initiative", participatory workshops were sponsored by the regional network to strengthen technical and institutional capacities of NGOs and facilitate coordination and collaboration between civil society and the Government.

A powerful network developed during this time in which partners supported one another's efforts. The AAPF could call upon the National Association for Action against Illiteracy, and RAFD could reach out to the Algerian Association for the Development of Social Science Research or the Association RACHDA for lawyers, psychologists and physicians to contribute to education campaigns or advocacy efforts.

This phase also witnessed the creation, in June 2002, of the Ministry for Family and the Status of Women, which served to strengthen the national gender apparatus and put in place the infrastructure for eradicating violence against women and promoting gender equality.

Consultation, Evidence-based Advocacy and Policy Dialogue

The second phase gave rise to a broad national debate on the role of women in society. The Ministry for Family and the Status of Women, with support from UNFPA, initiated a consultation process with all current and potential partners to determine the priorities for advancing gender equality and women's empowerment.

The Ministry for Family and the Status of Women would later be the driving force behind organizing a workshop, "Situational Analysis, Assessment of Needs and Identification of Priority Areas", with stakeholders and other government sectors. Participants included representatives from the ministries for Family and the Status of Women, Health and Population, National Solidarity, Religious Affairs, Interior, Foreign Affairs, Justice, Education and Communication, along with the police, national gendarmerie, universities, research centres, the media, elected officials, NGOs, UNICEF, UNIFEM and UNFPA. The workshop resulted in an agreement on strengthening the technical and institutional capacities of the ministries and above-mentioned partners in their quest to end violence against women throughout the life cycle.

Another noteworthy accomplishment during this phase was the implementation of a national survey on violence against women that provided a baseline on the prevalence of violence and raised its visibility in the public arena. The survey and its results sparked ongoing discussion and debate on gender and violence in Algerian society. At the same time, a series of participatory workshops took place between 2004 and 2005. UNFPA provided technical assistance and worked to ensure that the question of violence against women remained a priority and built upon the results achieved in phase one. The consultative process brought together the collective efforts of UNFPA, UNIFEM and UNICEF and, in September 2005, culminated in an agreement among these agencies and the Delegate Ministry attached to the Ministry of Health, Population and Hospital Reform with Responsibility for [Families] and the Status of Women.

Also in 2005, the Algerian INSP, with technical support from the World Health Organization and financial assistance from UNFPA and UNIFEM, published the final results of the first multidisciplinary, multisectoral (justice, health, youth and sports, solidarity and NGOs) national survey on violence against women. The media gave wide coverage to both the survey and the partnership between Algeria and the UN system.

Building Consensus and Strategic Planning: From Design to Validation

After years of intense preparation, meetings, education and media coverage, the stage was set to craft the National Strategy to Combat Violence against Women. The Ministry for Family and the Status of Women led this phase in partnership with representatives of other branches of the Government, the media and NGOs. Technical assistance was provided by UNFPA in collaboration with UNICEF and UNIFEM.

During 2006, a new national survey on violence against women was conducted by the Anthropology and Socio-Cultural Research Centre in Oran in the context of a UNFPA/UNIFEM initiative. The preliminary results were presented by a minister herself with findings of another survey related to women's economic participation. This was another concrete step towards garnering support for a national strategy to combat violence against women.

Although it was years in the making, a strategy to end violence against women still required a delicate balance between straightforward analysis and consensus-building. The partners continued to conduct workshops to strengthen technical and institutional capacities, implement intersectoral approaches and fine-tune a human rights-based, gender sensitive perspective for combating violence against women throughout the life cycle.

In addition, three regional consultations with civil society took place in Algiers, Constantine and Oran for the purpose of sharing knowledge and experiences among 80 organizations and counselling centres from across the region. Recommendations from NGOs and counselling centres were incorporated into the baseline analysis, plans of action and resource allocation estimates.

A meeting in May 2006 focused on the mandate, role and objectives of a multisectoral, multidisciplinary

national body that would lead the country in its efforts to end violence against women. Soon after, on 29 June 2006, the National Commission to Combat Violence against Women was established and announced to the nation at a press conference. The commission included members from government departments, institutions and civil society, including the media. Their task was to follow specific rules of procedure for crafting a strategy to eradicate violence against women. Continued consultation, participatory workshops, strong partnerships, national and regional networking, a review of data on violence against women and consensus-building led to the National Strategy to Combat Violence against Women throughout the Life Cycle. With the strategy endorsed, the commission was given the responsibilities of follow-up and implementation. The National Strategy was validated by all national institutions.

RESULTS AND ACHIEVEMENTS

Building Ownership within Concerned Sectors and Operationalizing the Initiative

On 29 October 2007, the Minister Delegate in charge of the Family and the Status of Women made an official presentation of the National Strategy to Combat Violence against Women to colleagues, the Minister of Religious Affairs and Minister of National Solidarity, to the president of the National Council of the Family and Women, to representatives from other ministries, national institutions, civil society and to UN organizations, including UNFPA. The Minister of Religious Affairs and the Minister of National Solidarity praised the development of the strategy as a great achievement for Algerian women and the entire society and reiterated their support for the initiative.

The operational plan of the National Strategy to Combat Violence against Women was presented by Mr. Adnane Souilah⁴, the UNFPA officer in charge at the time, including future perspectives on interventions to develop an information system; to strengthen the technical and national capacities to fight such violence; to ensure quality care for women survivors; and to develop communication, sensitization and advocacy strategies on violence against women. This presented an opportunity for insightful questions and comments to be raised on the actual implementation of existing laws with regards to safeguarding women's human rights and ensuring their protection, and on social factors that lead to violence against women.

⁴ This publication is dedicated to our estimable colleagues Mr. Adnane Souilah, who provided invaluable input to the Algeria case study, Mr. Kamel Sait and Mr. Mustapha Benbara all of whom tragically perished during the attack on the United Nations Offices in Algiers on the 11th of December 2007. We also recognize the courage of the survivors who have persevered in the face of adversity.

After its review by the Ministry of Foreign Affairs, support to the Operational Plan of the National Strategy to Combat Violence against Women was signed on 30 October 2007 by that ministry's Directorate for Human Rights, Sustainable Development, International Social and Cultural Affairs, along with the new UNFPA-UNDP project entitled "Promotion of gender equality and equity and setting up of mechanisms to protect against gender-based violence".

From an overall perspective, between the years of 1999 to 2006, representatives of the Government, NGOs and UN organizations engaged in an exhaustive process that produced a blueprint for the protection of women from violence throughout their life cycle. Whereas others may have been deterred by this laborious journey, the partners' efforts led to the following direct and indirect achievements:

- Advocacy campaigns, media coverage of events, and consensus-building activities led to a greater acceptance and understanding among civil society and the Government of the concepts of women's human rights and violence against women. As a result of this education and mobilization campaign, vigorous national discussion led Algeria to subscribe to international standards and definitions concerning violence against women. Gender and human rights principles were thus mainstreamed into the civil society and in the Government's work and culture;
- The National Association for Action against Illiteracy incorporated women's human rights into its literacy manuals;
- The Algerian Association for the Development of Social Science Research conducted a survey on the concept of equality between men and women through a review of the depiction of women's roles, published in Arabic, French and English textbooks, and an analysis of co-education and its relationship to different stakeholders in schools (male and female teachers, girl and boy students);
- A national survey on violence against women produced baseline data that documented the dangers faced by Algerian women;
- Government institutions, NGOs, research centres and the UN system developed a dynamic network and knowledge-sharing mechanism on the status of women and violence against women in Algeria;
- A national and regional network of resources to eradicate violence against women was established, which included training health service providers to screen for and counsel survivors of violence;
- A group of partners promoted the adoption and

implementation of the National Strategy to Combat Violence against Women throughout the Life Cycle;

- Sectoral plans for combating violence against women throughout the life cycle were developed within a human rights/gender perspective;
- The Ministry for Family and the Status of Women was created and strengthened;
- The Family Code was revised and amended to reflect a more egalitarian perspective;
- The Penal Code was revised to include criminalization of sexual harassment;
- The Ministry of Health and Population recognized violence against women to be a public health and reproductive health issue.

LESSONS LEARNED

Overcoming the built-in obstacles to promoting gender equality and freedom from duress for women, such as ingrained beliefs that women are second-class citizens along with a long history of systematic violence against women, required perseverance and commitment of all partners. Many valuable lessons emerged from their efforts:

- Collaboration between the Ministry of Health and Population, the INSP and the AAPF infused a gender and human rights perspective into reproductive and sexual health services. This perspective, combined with advocacy among members of the National Population Committee, contributed to reforms and amendments in a new health law/framework, which identifies violence against women as a health issue;
- Strengthened institutional and civil society capacity gave rise to greater coordination in exchanging information and sharing resources;
- Expanded and strengthened partnerships opened the door for mainstreaming gender and human rights perspectives and interventions for violence against women in joint UNFPA/UNICEF/UNIFEM programmes and, later, in UNFPA and UNDP joint efforts;
- Partners kept goals in focus and the process on track by employing an official mechanism for the design and implementation of action plans that included specific objectives, responsibilities and time frames and that identified the necessary human and material resources and the appropriate coordination, monitoring and evaluation systems;
- The UNFPA Country Technical Services Team based

in Amman, Jordan, and the Gender and Sociocultural Regional Adviser provided valuable knowledge and mentoring that helped the Algerian and UN Country Team partners carry out project activities smoothly and obtain the cooperation of civil and national institutions to contribute to ending violence against women.

PRACTICES THAT WORK

The ability to produce a human-rights based and gender sensitive strategy to combat violence against women was predicated on the steadfast determination of the Algerian Government, particularly the Ministry for Family and the Status of Women, and the AAPF, RAFD, Association RACHDA, the Italian Government, UNFPA and, later, UN and national partners. The success of the seven-year process was built on the following good practices:

- *Development of technical and institutional capacities.* The capacity-building process was a slow, steady operation that included specialized and customized materials; meetings, seminars and workshops at national and regional levels; baseline data on violence against women, including assessment and analysis through intersectoral research and consultations; knowledge-sharing forums; follow-up and evaluation mechanisms; and the establishment of a multidisciplinary, multisectoral national commission;
- *Consensus-building.* National discussions on the status of women, gender issues and human rights, sexual and reproductive health issues, and violence against women took place throughout all phases of strategic thinking, planning and implementation. The primary objective was to dispel gender myths and stereotypes and to clarify the concepts related to violence against women and women's rights, including mainstreaming and adapting them to a sociocultural context. Media coverage of events helped to create a collective definition of gender and human rights and the acceptance of international standards of what constitutes violence against women;
- *Establishment of networks and partnerships.* Stakeholders participated in all activities organized by the other partners, including seminars, surveys, awareness-raising and advocacy days, training and workshops. This strong, mutual participation resulted in a promising collaboration between civil society and decision makers, especially with the moral and financial support provided by the Government through the Ministry of Foreign Affairs, Ministry of National Solidarity and the Family and Ministry of Health and Population. The innovative work and determination of NGOs convinced the ministries to push on. UNFPA support and technical assistance helped to invigorate the process and foster sustainability;
- *Concomitant investment in women's empowerment in the public and private spheres.* As the national movement to establish a strategy to combat violence against women progressed, efforts to educate women about their rights also took place. Through psychological counselling, mentoring and legal assistance provided by NGOs and drop-in centres, women in general and survivors of violence in particular acquired legal knowledge. Programmes were created to develop women's decision-making, negotiating and leadership skills; inform them of their reproductive health rights and laws regarding their protection and accommodation; and improve their economic and social status, especially that of disadvantaged women, who were presented with successful role models from among the illiterate, uneducated and socio-economically challenged class;
- *Capacity development of women's organizations.* Even with modest means at their disposal, women's NGOs greatly increased their capacity. Women's groups provided services such as counselling and legal assistance to women; professional training to lawyers, psychologists, doctors and activists; research and analysis; publication of comprehensive studies on violence against women; and evaluation of literacy manuals, textbooks and other educational material dealing with gender stereotypes. Three studies on the role of Algerian women focused on violence against women, women and work, and the girl child. An especially noteworthy example of the development of capacity was at the DARNA⁵ drop-in centre. It undertook Herculean efforts after the horrific assaults in 2001 on women in Hassi Messaoud, providing comprehensive services to the survivors and their children with the support of emergency funds from UNFPA headquarters and its country office;
- *Consciousness-raising, education for equality and the community.* In response to the focus on violence

⁵ Arabic for "our home" with a dimension of "home, sweet home".

against women, organizations, researchers, the media, directors of women's drop-in centres and government officials debated the question of what services should be provided to women victims of violence. The discussions not only highlighted the difficulties faced by service-providing centres, which ultimately contributed to strengthening these centres, but also paved the way for endeavours to improve women's lives. Ancillary activities included

a children's drawing contest on gender equality, a publication which featured the results of a school system survey, press conferences, advocacy campaigns and other awareness-raising events. These actions supported the validation process of the National Strategy to Combat Violence against Women and raised awareness of Algerian women's potential and their crucial role in building a better future.

3

INDIA: VIOLENCE AGAINST WOMEN - SOCIETAL CONCERN, PUBLIC HEALTH CRISIS

In India, the physical and psychological effects of assaults, burns, battery, rape and other forms of violence, including prenatal sex selection and trafficking of women and girls, have wreaked havoc on women's development and have endangered their lives. The third National Family Health Survey in India found that among women age 15-49, 35 per cent have experienced physical or sexual violence, and that four in ten ever-married women have.¹ Research conducted throughout India has linked violence against women to greater risks of infections, unwanted pregnancies, HIV and AIDS, high-risk pregnancies, low birth weight and maternal deaths.²

BACKGROUND

Pervasive violence against women, especially rape, sexual assault, dowry abuse, scaldings and death, ignited the Indian feminist movement in the late 1970s. The ongoing struggle against all forms of gender discrimination and violence against women led to a number of legal changes, including amendments to the rape law in 1983, enactment of the Dowry Prohibition Act in 1984 and passing of the Protection of Women from Domestic Violence Act in 2005.

Women's groups and non-governmental organizations (NGOs) have relentlessly pressed on to secure justice and provide services to survivors of violence, including medical and legal aid, alternative shelter, counseling and advocacy for women to obtain state-sponsored benefits.

As women's groups raised awareness and implemented initiatives on gender equality and violence against women, UNFPA focused on such violence through its Integrated Population and Development Programme. This has been implemented in six states - Gujarat, Madhya Pradesh, Maharashtra, Orissa, Rajasthan and Kerala - in 32 districts and five municipal corporations since 1997. The initial goals were to increase access and improve the quality of reproductive health, empower women to exercise their choices especially those related to reproductive and

sexual health, and create an environment that nurtures peoples' aspirations.

Not until recently has violence against women been explicitly recognized as a public health issue. Armed with data from the 2001 census that showed a shocking decline of the child sex ratio because of prenatal sex selection that favours males, activists demanded greater state accountability in enforcement of relevant laws and highlighted the need to work with the health system in addressing this horrific form of gender discrimination.

As part of the UNFPA India Sixth Country Programme, addressing violence against women figured as an important dimension across the priority areas - increasing access to quality reproductive health, preparing adolescents for adulthood, highlighting concerns of women, and advocating for a rights-based approach in the health service delivery.³ In addition to the health policy and training support described in the following section, UNFPA backed other concrete interventions to address violence against women. These included: special cells in police stations for women and children to confidentially disclose cases of abuse and receive counseling; production of a resource directory on support services for a district; community-based interventions, such as family counseling centres; and hospital-based programmes.

1 International Institute for Population Sciences (IIPS) and Macro International. 2007. *National Family Health Survey (NFHS-3), 2005-06, India: Key Findings*. Mumbai: IIPS.

2 See Martin S.L. et al. (1999); Ganatra (1998;1996); and George and Jaswal (1995) cited in Heise L, Ellsberg M, Gotmoeller M. Ending Violence Against Women. Population Reports Series L[11]. Baltimore (MD): Johns Hopkins University School of Public Health, Population Information Program, 1999; and George and Jaswal 1995; Ganatra 1995 cited in the Population Reports, Volume XXVII(4): December, 1999.

3 Defined by the World Health Organizations as "integrating human rights norms and principles in the design, implementation, monitoring, and evaluation of health-related policies and programmes."

IMPLEMENTATION

Programming in the area of violence against women is complex in India due to its size, diversity and decentralized system of governance. In this context, it was crucial to find suitable entry points at the state level to facilitate a comprehensive, multisectoral approach to address violence against women that could be coordinated under the commitments made at the national level. The health sector presented one such important avenue.

National partners, supported by UNFPA, have worked to institutionalize a coordinated response to violence against women with a special focus on using the health system as an entry point. The achievements from these interventions, such as increased sensitization of health systems, a well-equipped referral system, enhanced capacities among women to make decisions, professional services for therapeutic counselling and the creation of broader community support, have resulted in several of these initiatives being assumed by state governments under Phase II of the Reproductive and Child Health Programme. These interventions are slated to continue through government support while UNFPA resources are now channeled through direct support to the national budget and are not earmarked for specific initiatives at the state/district level.

At the policy level, UNFPA has worked with the National Human Rights Commission, the National Commission for Women, and other Government bodies to promote policy dialogue on gender issues, including reproductive rights, women's empowerment and freedom from violence. The Ministry of Health and Family Welfare with UNFPA's support has also been instrumental in the development of a national advocacy strategy to end the practice of pre-birth elimination of females.

The National Institute of Health and Family Welfare to mainstreamed gender issues into the training curriculum for health service providers on reproductive and adolescent health. Together with UNFPA the National Commission for Women, produced a kit on violence against women that included an information booklet for medical officers in the public health system, a facilitator's guide to train medical officers and an anti-violence poster. Accompanying the materials, UNFPA con-

ducted sensitivity training for health care providers to address violence against women as a public health issue as a part of training under the Reproductive and Child Health Programme. This enabled them to better understand the effects of violence on women's health, detect and prevent abuse, and assist survivors.

Through some pilot initiatives, a protocol on attending to survivors of violence was also developed for hospital departments receiving emergency patients.

Hospitals as a first-line of response

More times than not, battered women turn to police long after their initial wounds have become deep scars. Yet, broken bones, contusions, burns or other less obvious symptoms of gender-based violence, such as poor health, malnutrition or high-risk pregnancies, bring women to hospitals and medical facilities. In many ways, hospitals are significant catchment areas for detecting and responding to women who are victims of violence. Too often they are underutilized and fail to address this form of violence because patients come for treatment for 'accidents' rather than abuse. One municipal and eight district hospitals have set out to change that.⁴

Hospital-based programmes for survivors of violence against women are advantageous because there is less stigma attached to seeking medical care than to actively pursuing legal redress or approaching the police. Physically and sexually abused women are more likely to go to a hospital than a police station. In some areas, such as Rajasthan, women's mobility is restricted. A visit to the hospital is an easier, more accessible trip than to a police station or free-standing counseling centre.

Each family counseling centre has a designated room within the hospital, but the exact location of the separate space varies in each district. In Alwar, for instance, the centre is located within the 'Zenana hospital' or the women-only hospital. In Karauli, the counseling space is situated within the obstetrics and gynecology department.

The overall approach is to identify women who may be living with violence and use the hospital as an entry point for services. Specific mechanisms and linkages have been established between the counseling centres and the various departments of the hospitals.

⁴ The hospitals and/or locations included:

At the municipal level: State/Maharashtra; District/Thane; Town/Kalwa; Centre/Aarohi; Hospital/Chhatrapati, Shivaji, Maharaj; Implementing Partner/Tata Institute of Social Sciences, Mumbai.

At the district level (In the State of Rajasthan): District/Rajasmad and Implementing Partner/Mahila Manch; District/Udaipur and Implementing Partner/Mangal Murti Indira Gandhi Janta College; District/Alwar and Implementing Partner/ Pragatisheel Mahila Manch; District/Karauli and Implementing Partner/ Society for Education Conscientisation.

The counsellors act as liaisons between the medical staff and their clients, provide counselling, and ensure that the women receive appropriate health care. The counsellors advocate for their clients, networking with agencies that can provide vocational training, residential schools for children, emergency shelter, legal aid and other essential services.

Each initiative is unique and matches the needs and cases of the district. Yet, there are common elements in the evolution of the hospital-based family counselling centres.

Identifying a need for services

Violence against women takes many forms, some may be more difficult to define or more easily concealed based on social context and policy environments. The first step towards opening hospital-based family counselling centres was determining that violence against women was indeed a health crisis. Getting to that point was different for each region.

In the state of Rajasthan, for instance, large sums of money were earmarked under Phase II of India's Reproductive and Child Health Programme (2005-2010) to increase women's access to reproductive and child health services, reduce maternal mortality and expand immunization coverage. Several initiatives at the district level placed violence against women squarely on the development agenda. Gender training programmes targeting health service providers were held in some of the earlier Integrated Population Development project districts. This facilitated discussion on issues of violence against women. Additionally, Rajasthan had come under government scrutiny due to the falling child sex ratio that was adverse to girls.

In Aarohi, on the other hand, the need for family counselling centres was traced to a study undertaken at the Chhatrapati Shivaji Maharaj Hospital in Kalwa by Tata Institute of Social Services. The research project looked at the records of 2,047 medico-legal cases in the municipal hospital and unexplained deaths from health outposts in Thane to determine the prevalence of domestic violence. The study showed that the actual detection of domestic violence was low - just 13.5 per cent. But researchers found that an additional 38.8 per cent of the women were most likely victims of domestic violence.⁵

Consultation

Once the need was established, UNFPA consulted

with the state governments, such as Women and Child Development and Health and Family Welfare Departments, civil society organizations and women's groups. After extensive deliberations, they overwhelmingly agreed that violence against women should be addressed as a health issue.

Support from state and district health officials

The backing of government officials from the health secretary to district level officials, such as the principal medical officer, the reproductive and child health officer and the hospital superintendent, was crucial to getting the programmes up and running. The Secretary of Health and Family Welfare in the State of Maharashtra, an advocate for mainstreaming gender within the health system and who had initiated the design and institutionalization of screening protocols for victims of sexual assault, wholeheartedly endorsed the initiative. The principal medical officers in Alwar and Karauli hospitals threw their support behind hospital-based family counselling centres and their counsellors, easing the way for the initiatives to gain a foothold.

Securing sound implementing partners

The technical expertise and credibility of the NGOs that administer the centres allowed the family counselling centres to be accepted within the health system and increased their likelihood of success. Pragatisheel Mahila Manch, founded in 1988, has close ties to the police in the Alwar district. Its rapport with senior law enforcement officials enables it to go directly to high authorities for resolving cases rather than involving potentially less experienced junior police officers. In Karauli district, ECAT has worked for over a decade on such issues as education, employment and training, and women's empowerment. As a result, it has a solid reputation and long history with government departments. In Thane district, Tata Institute of Social Sciences is known as a university of academic and research distinction.

Building on success

UNFPA has supported family counselling centres in other states and settings (community-based and in police centres), such as those in Kerala and Madhya Pradesh. These have served as noteworthy models for partnering with government agencies and NGOs in interventions for women survivors of violence. The lessons learned and positive results from these initiatives guided interventions in the health sector.

⁵ Surinder, J. et al. 2000. Health Records and Domestic Violence in Thane District cited in *Domestic Violence in India: A Summary Report of Four Records Studies*. 2000. ICRW and CEDPA.

Tasks of the crisis counsellors within the hospital system

- Taking the rounds of all departments on a regular basis to identify possible cases of violence;
- Organizing and arranging medical procedures for patients, such as free medical checkups;
- Providing for ancillary needs that aid in overall health of women, such as iron and calcium supplementation or female-controlled contraception;
- Communicating with police on specific cases, such as rape or abandonment;
- Consulting with doctors on specific cases and giving input regarding the social factors affecting the patient's health;
- Organizing and involving doctors in events for special occasions, such as World Aids Day;
- Cultivating professional relationships with permanent hospital staff and recruiting them to become advocates for survivors of violence and the centre;
- Building strong ties among the centre and responsive doctors and paramedical staff.

Centres are as strong as their counsellors

Recruiting and training highly skilled counsellors bolstered support for the family counselling centres among the medical staff. Counsellors worked long hours to raise their visibility within the hospitals. The staff were well versed in therapeutic, mental health and medical language, ensuring that the centres were seen by hospital staff as 'value added' to the health facilities.

Gaining acceptance within the hospitals through outreach

Regardless of the skills and intentions of counsellors, if hospital personnel did not refer clients or utilize the centre staff's expertise, the counsellors would be of little use to abused women. It was important that the centres firmly establish their mandate, sensitize medical staff, coordinate services within the hospital and

make the system accountable for detecting and referring cases of violence to the appropriate agency.

Each implementing partner had to modify its strategies to fit the facility. In Alwar district, for instance, Pragatisheel Mahila Manch relied on its goodwill and networks with senior police officials, doctors and other agencies. In Karauli, ECAT used the media to bring attention to the issues of violence against women and galvanize the district administration to support the in-hospital centre. At one point, it enlisted the support of the State Commission for Women to build an environment within which a concerted response to violence against women was accorded priority. In the Aarohi centre, in Thane district, the expertise of the counselors helped to get the medical staff on board. [See Box.]

Client-centred Counselling Utilized in Aarohi

- **Listening to a woman's story:** Avoid justifying or rationalizing the violence in any way, and provide a non-judgmental space for women, where they are accepted unconditionally. Ensure privacy and protect confidentiality.
- **Exploring the problem areas to work on:** The client often faces multifarious problems. Apart from violence, she may have a physical or mental health problem, financial crisis, concerns about children's or her own safety, etc. Exploring the problem areas and prioritizing concerns are important to understanding immediate and long-term concerns.
- **Making the woman aware of her rights:** Creating awareness about gender, the cycle of violence and a woman's right to emotional, physical and sexual health and a violence-free life is an integral part of the counselling process.
- **Preventing further episodes of violence through self defense:** This involves an assessment of incidents of violence and abuse, the nature of violence – physical, verbal, sexual, mental and economic – trigger factors, frequency of violence, and so forth. The counsellors work with the woman in delineating the patterns of violence and equip the woman to break the cycle. This plays a crucial role in self-defense and prevention of further episodes of violence.
- **Working out a safety plan:** Exploring the available options should the client desire to leave home or is forced to leave home and planning for her departure are important parts of strategizing. A list of crucial items she must gather in the event that she flees, such as the ration card that ensures access to grains and other supplements under the public distribution system, evidence of marriage, education certificates, etc., is generated during this stage.
- **Building self-image and self-confidence:** The process seeks to improve the self-image and self-confidence of the woman, making her view violence as something she can resist and combat.
- **Encouraging participation in decision-making:** The woman makes all the decisions regarding the course of action, with counsellor providing emotional support, information, and insights about the implications of the action. The client is expected to own and take responsibility for her decisions.
- **Helping the woman attain economic independence:** Working towards economic independence by helping a woman fight for her economic rights with either her family of origin or matrimonial family, find self-employment or other employment opportunities is an integral part of the counselling and problem-solving process.
- **Shelter 48 hours:** Two beds in the psychiatric ward of the hospital in Aarohi have been reserved for emergency admission of women who cannot go back home and need temporary shelter before alternate shelter is found. This has proved particularly advantageous, as getting admission in the shelters at night is difficult.

Part of gaining traction within the hospital is to ensure that the health system understands that violence against women falls within the continuum of gender discrimination and other vulnerabilities that compromise women's health. Like any other condition that jeopardizes women's health, being a victim of violence must be diagnosed and treated. Hospital personnel need to know that failing to identify and treat violence against women is a breach of their responsibilities and, not only harms the patient, but also her children.

RESULTS AND ACHIEVEMENTS

Hospital-based centres have accomplished much of what they set out to do. They put the issue of violence

against women on the map, identified such violence to be a major health issue, championed gender equality, and affected change within families, hospitals, communities and women themselves.

Hospital family counselling centre accomplishments

The Aarohi Counselling Centre in Kalwa and the centres in the state of Rajasthan are relatively young programmes, with Aarohi existing since 2001 and the other centres in existence less than two years. Therefore, their achievements can best be described as emerging signs of change. The results that have come to light are:

- Hospital staffs are more sensitive to the issue of violence against women. According to counsellors, doctors are more watchful of telltale signs of violence and regularly refer women to the centre. Aaroli counselling centre staff report that they have received referrals from virtually all departments and also have a strong link with the HIV Voluntary Counselling and Testing Centre within the hospital. However, counsellors state that they continue to receive more referrals from doctors and paramedics who previously have shown an inclination to delve into the underlying reasons behind their patients' visits to the hospital.
- The number of cases referred to the centres has increased dramatically. The hard numbers of actual cases demonstrate what counsellors know intuitively - the family counselling centres are seen as a viable resource for hospital personnel and women survivors of violence. The family counselling centre in the district hospital in Karauli reports that referrals have come from both distant and nearby villages.
- The family counselling centres are seen as important adjuncts to hospital services. Medical staff's inability to deal with domestic violence is not necessarily predicated on insensitivity and indifference to the issue. Many doctors and paramedics feel ill-equipped to explore personal issues underlying their patients' illnesses or injuries. Additionally, some hospitals are understaffed and there is little time or resources for anything but the presenting problem. As the counselling centres take hold within the hospitals, medical personnel are welcoming the addition of such a critical resource.
- The hospital-based counselling centres are performing a very significant, yet unexpected function of mediating the health system for general medical services on behalf of clients. Assisting women who were previously intimidated by the health system or who were unaware of the services available to them was an unintended positive fallout.
- Locating the family counselling centres within hospitals has led the medical field to acknowledge that violence against women is a legitimate health issue. This has given rise to a more expansive definition of what constitutes health services. Understanding that violence in any form is detrimental to the mental health and overall well-being of both victim and perpetrator has forced the medical profession to confront the issue rather than turn a blind eye.
- The implementing partners/NGOs work more systematically and collaboratively. Networking takes place between the partners and outside resources. For instance, the General Secretary of the Pragatisheel Mahila Manch reports that getting the police to respond to violence against women had previously been the result of personal relationships and credibility, whereas now there is a system in place that ensures law enforcement cooperation.

LESSONS LEARNED

Hospital-based centres focus on counselling and treating the individual woman who has been physically, sexually or psychologically battered, while providing referrals and information for other services. As a relatively new setting for tackling violence head on, programme interventions have yielded important lessons:

- Implementing partners must be selected carefully. Regardless of the setting, the NGOs or government agencies involved in the initiatives must have a strong commitment to gender equality and a solid track record on women's issues. They need to fully understand the concept of women's rights and the multifaceted dimensions of violence against women. Additionally, partners with extensive networks are able to enlist crucial support and resources.
- Highly skilled counsellors best serve the women and the programme. Women survivors of violence need sensitive, empathic and talented counsellors, who can help rebuild their tattered self-esteem, validate their perceptions, nurture their decision-making skills and help devise ways for survivors to protect themselves and their children. The counsellor's expertise and medical and psychological know-how raise the profile and credibility of the centre whether in a hospital setting or the community.
- The attitude of medical personnel can either bolster or undermine success. The support or lack thereof may be individual or departmental. Effective strategies for gaining acceptance among all staff and departments is key to in-hospital success.
- Mechanisms must be in place to build capacity, mentor counsellors, help maintain their skills and prevent burnout, which often accompanies prolonged exposure to stories of horrific abuse.
- Strong technical support helps the implementing partners create multisectoral approaches for ending violence against women and provides them

with specific skills to intervene effectively, such as mediation, all aspects of case management, record-keeping and documentation.

- Standardized monitoring and evaluation frameworks, including management of counselling centre records and case data, are needed to provide evidence-based support for identifying the extent of the problem and evaluating interventions and practices.
- The centres must have adequate infrastructure - both the physical setting and staffing pattern - to provide optimum responses to violence against women. They must also be situated in an appropriate space within the hospital for women to access them.
- Shelters and other short-term housing are needed in adequate supply. One of the most serious deficiencies in violence prevention and interventions is the lack of sufficient alternative shelter for abused women and children. Without a means of escape, women and children are forced to remain in violent homes, often with catastrophic consequences.

PRACTICES THAT WORK

India, with its population of over one billion and its expansive geographic mass, cannot begin to address the myriad forms of violence against women through a single kind of intervention. Using the health system as an entry point was especially relevant in this case given the sociocultural context, the prevalent forms of violence and the consequences - contributing to the overall body of good practices.

- Situate the intervention location with an understanding of the social and cultural context. The

characteristics of the populace and the environment determine the aim and the location of a programme. The hospital-based centres are designed to intervene on the individual level and are neutral settings that are more readily accessible to survivors.

- Adapt the strategy to reach the broader goal. When dealing on an individual basis or in the midst of a health crisis brought on by violence against women, hospital-based initiatives allow medical personnel to identify survivors of such violence and provide them with the necessary medical and psychosocial services needed, but they also provide a vehicle for referrals to legal assistance, emergency shelters and other important services.
- Tailor the methods to the location and the strategy. In hospital-based centres, counsellors follow a medical model in which they interact with physicians, nurses and other health practitioners, describing symptoms, discussing diagnoses and identifying underlying causes. They must be well-versed in psychological and medical terminology to be accepted within the health care system and have the capacity to interact with their referral networks, as well as be fluent in the people's language to communicate with women survivors and their families.
- Team up with strong partners. Success of the interventions depends on cooperation, collaboration and consensus among partners, government agencies, legal and medical systems and the community. The bedrock for success is an implementing partner with a solid track record, stellar reputation and strong commitment to gender equality and the goals of the initiative.

4

ZIMBABWE: EVOLUTION OF A DOMESTIC VIOLENCE BILL

Ending violence against women has long been on the radar for civic organizations and non-governmental organizations in Zimbabwe. Prior to 1996, non-governmental organizations such as Musasa Project, Zimbabwe Women Lawyers Association, the Law Development Commission and others began the arduous process of promoting the Domestic Violence Bill, a law designed to protect women, girls, boys and men from family violence. Their efforts were for good reason. Domestic violence occurs across all socioeconomic and cultural backgrounds throughout Zimbabwe. More than a third of women age 15- to 49-years-old have been physically abused. Of these, 47 percent identified their current husband or partner as the perpetrator and 18 percent their former husband or partner. Nearly one in four women stated that she has experienced sexual violence at some point in her life.¹ And 60 per cent of murder cases reported are related to domestic violence.² Despite the epidemic of domestic violence, the proposed legislation remained stalled for more than a decade.

BACKGROUND

In 2001, the then Ministry of Youth Development, Gender and Employment Creation initiated a workshop that brought together non-governmental organizations (NGOs) working in the area of prevention and response to violence against women. Many players were working independently throughout Zimbabwe on these issues. The Ministry had hoped to build a means for coordinating and integrating services through a multisectoral approach in order to eliminate fragmentation of efforts, duplication of services, competition among providers and the ineffective use of limited resources.

At that time, the Ministry of Youth Development, Gender and Employment Creation was selected to coordinate gender-based violence services. The strategic priorities included the prevention of violence against women, care and support for survivors, monitoring of the justice system and perpetrators, research, documentation and advocacy. This national-level initiative mirrored the regional strategies of the Southern African Development Community, an alliance of 14 countries, and the Commonwealth,

where the Integrated Approach to Combating Violence Against Women had served as a model for developing national action plans on gender-based violence.

The push to protect survivors of violence was further invigorated in 2004 when advocates presented the Minister of Justice with a petition to enact the Domestic Violence Bill into law during the '16 Days of Activism Against Gender Violence Campaign' held from 25 November (International Day for the Elimination of Violence against Women) to 10 December (International Human Rights Day). This time frame proved to be especially fertile for promoting the passage of the Domestic Violence Bill because of heightened awareness of violence against women, increased media coverage, overall regional government support of the campaign and greater visibility of organizations working to eradicate violence against women.

By 2005, UNFPA teamed up with then Ministry of Youth Development, Gender and Employment Creation to work on their mutual interest of ending

1 Central Statistical Office (CSO) [Zimbabwe] and Macro International Inc. 2007. *Zimbabwe Demographic and Health Survey 2005-06*. Calverton, Maryland: CSO and Macro International Inc. p. xxiii.

2 11 January 2007, "New Law Set to Bring Hope to Abused Women" in *IRIN PlusNews* (UN Office for the Coordination of Humanitarian Affairs).

violence against women. They agreed to build upon previous efforts, such as renewing the work begun in 2001 to coordinate organizations involved in the prevention and response to violence against women.

Following this new partnership, stakeholders met from 21 to 23 March 2005 to develop and adopt the National Gender-based Violence Strategy and Action Plan. From then onward, the partnership took on the daunting challenge to end violence against women with a particular emphasis on passage of a law against domestic violence.

IMPLEMENTATION

The March 2005 stakeholders meeting helped reignite the movement to pass a domestic violence law. They reviewed the previous steps taken to enact the bill and brainstormed ways of moving the process forward. With a renewed sense of urgency, the drive to enact the Domestic Violence Law proceeded at full throttle.

Building Alliances

UNFPA and the Ministry agreed to not reinvent the wheel by starting from scratch, but instead to build on the process begun by the Government of Zimbabwe in 2001. Additionally, the meeting rallied groups that had been left out of the earlier effort to pass the domestic violence bill, such as the Ministries of Education and Justice, Zimbabwe Republic Police, Parliament, representatives from the men's organization Padare/Enkundleni/Men's Forum on Gender, Zimbabwe Congress of Trade Unions, the media and church groups. Participants also included members of women's groups working in various fields related to violence against women. From this coalition emanated a core group of consultants who pushed to lobby for the passage of the Domestic Violence Bill.

Lobbying for the Domestic Violence Law

The overall goal of the partnership was to eradicate violence against women. Therefore, lobbying promoted zero tolerance of abuse of women, increased access to services, protection and support for survivors, improved documentation and research on violence against women, and strengthened national and sub-national systems and institutional frameworks to deal with such violence. Each of these components was reflected in the Domestic Violence Bill and the various activities designed to promote its passage.³

Bolstering the National Machinery

In April 2005, the Ministry of Youth Development, Gender and Employment Creation was split into the Ministry Youth Development and Employment Creation and the Ministry of Women's Affairs, Gender and Community Development. This was a positive step for promoting women's rights and the elimination of violence against women because the gender component in the earlier incarnation of the Ministry was overshadowed by youth development.

The newly appointed Minister of Women's Affairs, Gender and Community Development correctly pointed out that her Ministry was under-resourced with the smallest allotment of government financing and staffing. She invited stakeholders to step up in their support for the Ministry and its mission to improve the status of women, end gender-based violence and help pass the Domestic Violence Bill. UNFPA took the challenge and provided technical and financial support as part of its overall mission to promote gender equality and women's empowerment. This was a particularly bold step for UNFPA because Zimbabwe at that time was losing direct donor government funding from many of its partners.

Strengthening UNFPA Country Office

To solidify UNFPA presence and influence in Zimbabwe, new staff members were recruited who demonstrated expertise and knowledge gained from their previous employment at NGOs working on issues pertaining to violence against women. The country office also benefited from its partnerships with the Women's Coalition of Zimbabwe, a group of 27 organizations and rights activists from outside the United Nations system, as well as resources from United Nations Development Fund for Women (UNIFEM).

In less than a year, UNFPA went from being virtually unknown in Zimbabwe as a leader in the drive to eradicate violence against women to a recognized expert and critical player in the field. As a result, UNFPA became the focal agency on issues related to violence against women and today also works with UNICEF, UNIFEM and United Nations Development Programme (UNDP), which have joined the endeavor.

Supporting Musasa Project

Despite indications of escalating violence against

³ The Domestic Violence (Prevention and Protection of Victims) Bill defines physical, sexual, emotional and economic abuse, outlines behaviours that constitute such abuse and identifies the means for redress.

women, especially in the context of the HIV and AIDS crisis and soaring economic inflation, many donors have turned their attention instead to issues of governance and democracy. Like many other women's groups, the Musasa Project, a leading NGO that provides counseling and shelter for survivors and research and advocacy on violence against women, has faced severe resource mobilization challenges. UNFPA has remained a steadfast partner, providing both financial and technical support.

UNFPA supported Musasa Project in setting up a gender-based violence data base, which provides evidence-based data to dispel myths about violence against women and counter efforts to sabotage the passage of the Domestic Violence Bill. Having seen firsthand the attacks on the Domestic Violence Bill, including a Member of Parliament calling it "diabolic," the Musasa Project and UNFPA have provided concrete evidence from the database to lawmakers that has helped move the legislation forward.

Ownership of the Process

The Ministry of Women's Affairs, Gender and Community Development coordinated the lobbying process for the Domestic Violence Bill. However, because the Ministry recognized its legal expertise limitations, it appointed a legal experts committee. This was done at an open forum to ensure transparency, trust and honest communication.

The committee included a senator and former director of the Musasa Project, the Director for Gender in the Ministry of Women's Affairs, Gender and Community Development, the director of the Zimbabwe Women Lawyers Association, the programme officer for gender and advocacy at UNFPA, a law officer from the Ministry of Justice, and a law officer and draftsman from the Attorney General's Office. The committee had the following tasks: 1) advise the Ministers of Gender and Justice on the draft bill; 2) incorporate findings from consultations into the bill; 3) defend the draft bill before the Cabinet Committee on Legislation; 4) provide general technical advice on legal aspects of the bill and its relationship to other laws.

The fact that the committee was made up primarily of lawyers, including someone from the drafting department of the Attorney General's office, would bode well for the bill. It was crafted in legal language that was recognizable and understandable to lawmakers. The lawyers also brought to the table a dispassionate view of the bill and analysis of its legal implications.

Since the attorneys were from women's rights practices, such as the Zimbabwe Women Lawyers Association, the bill reflected women's realities and needs. Additionally, the Ministry of Justice representative on the committee helped move the proposed amendments through the process and allowed for access to the Minister. The senator and former Musasa Project Director provided direct access to members of Parliament as a colleague and helped to bridge policy makers and women's rights activists.

In Zimbabwe, United Nations agencies have a good working relationship with the government. Thus, the UNFPA representative on the committee as well as a strong partnership with the Ministry of Women's Affairs, Gender and Community Development gave the bill legitimacy and negated the potential problem of the Bill being seen as a foreign or Western construct. The committee also had access to UNFPA resources.

Each member served a specific function on the committee and helped propel the lobbying process. The Domestic Violence Bill was backed by a cross-section of stakeholders, giving it a sense of legitimacy and ownership by the entire women's rights movement.

Mobilizing the People

The enactment of the Domestic Violence Bill depended on more than support from policy makers. Getting the public onboard was a key lobbying goal. For this to happen, the people had to access, understand and critically analyze the bill.

Veritas Trust, an organization formed by human rights activists to monitor the legislative process and give the public the tools to make informed decisions, circulated electronic versions of the bill. UNFPA supported the publishing of a synopsis of the bill in everyday language rather than technical legalese. The synopses were translated into Shona and Ndebele, the two main languages of Zimbabwe. UNFPA and UNICEF distributed full versions of the bill to other advocacy partners.

In addition to disseminating copies and synopses of the bill, UNFPA and UNICEF partnered in a multimedia campaign about domestic violence that included radio, television, newspapers, pamphlets, posters, theatre, tee-shirts, billboards, caps, workshops and meetings. As part of the media efforts, the *Herald* newspaper ran excerpts of the bill as it came before Parliament.

The national media network on Population and Development also kept the public apprised of deve-

lopments when the bill was debated in Parliament. A breakfast programme ran on a popular radio show for more than two months, with the bill increasingly becoming the topic of the day. A documentary on the most contentious aspects of domestic violence - emotional and psychological abuse - was produced, bringing home to the nation the importance of enacting a law that would target all forms of violence. The media campaign included appearances on television and radio by legal committee members and the Ministers of Justice and Gender to fully explain the bill.

Importance of Language

The language of both the bill and the mobilization campaign was inclusive. The proposed Domestic Violence Law would protect the rights of all people - women, girls, boys and men - and was not to be seen as punitive or anti-men. Placards and billboards advocated a message of family accord: "Support the law that promotes domestic harmony. Support the Domestic Violence Bill."

UNFPA provided financial and technical resources to craft and disseminate appropriate messages that both highlighted the bill and honored Zimbabwean culture and its tradition of family tranquility.

National Gender-based Violence Conference

In February 2006, the Ministry of Women's Affairs, Gender and Community Development organized the National Conference on Gender-based Violence with support from UNFPA. More than 1,000 people from all walks of life attended this historic event, which was designed to garner support for the Domestic Violence Bill. Most government ministries and institutions sent high level representatives to voice their support for the eradication of violence against women and for passage of the bill. Representatives included the first ever female Vice President, the Ministers of Justice Legal and Parliamentary Affairs, Health, and Education, provincial governors, members of Parliament from both the ruling and opposition parties, President of the Traditional Chief's Council, Traditional Healers Association, Zimbabwe Council of Churches, Padare/Enkundleni/ The Men's Forum on Gender and the Deputy Commissioner of the Zimbabwe Republic Police. Their public support would later prove to be essential for rallying policy makers and stakeholders.

Power of Testimonies

The words of survivors of violence stir deep emotion. Hearing from a mother whose daughter was murdered by a boyfriend, for example, puts flesh and

bones on statistics. At public hearings on the Domestic Violence Bill, people whose lives were scarred by violence stepped to the podium to explode secrets and debunk myths.

Musasa Project, with technical and financial support from UNFPA, produced a booklet of testimonies by survivors of domestic violence, which was distributed as backup to the spoken words. Graphic photos of injuries from domestic violence survivors were included in the booklet to underscore the importance of a domestic violence law.

The power of breaking silence through the written and spoken word thrust the private sphere into the public domain, forcing policy makers to confront the devastation of domestic violence and push for the bill.

Research as Advocacy

While subjective accounts of domestic violence are moving, the Women's Coalition recognized the need for objective research to get the bill passed. The research had to be evidence-based, relevant, compelling and focused to move the legislation forward. Musasa Project had conducted research on the prevalence of gender-based violence in 1996 and updated it in 2003. Armed with powerful statistics, activists were emboldened as they pressed lawmakers to act on the proposed bill.

Officials were not sure whether a new law was needed or the courts needed to be strengthened in their application of the old law. Policy makers wanted to see data that would demonstrate a need for a new law before they committed to the bill. A UNIFEM-supported study on the sentencing patterns for gender-based cases by the courts in Zimbabwe confirmed what activists had believed - the challenges faced by courts to appropriately sentence perpetrators of violence against women were not caused by the implementation of the law but instead the inadequacy of the law itself.

Men and Boys as Allies

Members of Padare/Enkundleni/Men's Forum on Gender recommitted themselves to protecting survivors of domestic violence and eradicating violence against women. They spoke out during the lobbying and advocacy process, confessing to their own economic, physical and psychological abuse of their partners and children. Some men recounted how the abuse they perpetrated affected their families, which sometimes led to their partners' scalding them with boiling water or oil and escalating the family turmoil.

The men also explained how socialization kept male domestic violence survivors from coming forward to seek protection. They presented the Domestic Violence Bill in terms of the protections afforded men as well as women and children and urged more openness by men to speak out against the violence that is perpetrated against them.

Perhaps more importantly, Padare members spoke about their experiences providing home-based care for the sick, their contributions in maintaining the household and the importance of communication between intimate partners.

Despite the jeering by some policy makers about the men's active roles in household chores, Padare members held their ground in their support for the bill. The disparaging comments and ridicule they received illustrated the tough row to hoe in order to change the gender roles and male privilege that fuel domestic violence.

Traditional Leaders as Advocates

Support from traditional chiefs - guardians of the culture and arbiters of family matters -was essential if the Domestic Violence Bill was to be passed. Therefore, workshops for the traditional leaders were held. At most of the workshops, the President of the Chief's Council gave opening remarks, cautioning against the use of culture as a reason for opposing the bill. He emphasized that Zimbabwean culture supports the protection of victims of domestic violence and urged the chiefs to take a lead role in advocating for the bill.

Meeting with the chiefs not only helped solidify their support but also recognized the role of the chiefs' wives in providing counsel, mediation and shelter to survivors in rural areas. Additionally, the chiefs identified the bill's shortcoming in that it did not take into account that access to magistrates' courts, anti-domestic violence counselors and police was difficult in some rural areas. The chiefs recommended that the bill extend limited jurisdiction to them and provide for other village leaders to be counselors. This was later agreed to and adopted by Parliament when the amendments were proposed in Parliament.

Women Policy Makers

A strategic decision was made to meet separately with women policy makers in order to give them an exclusive space to come to grips with the issue of domestic violence on both a professional and personal level. A three-day workshop for Women Members of the

Lower House and Senators on Gender-based Violence and more specifically on the Domestic Violence Bill was held in August 2006 to sensitize the legislators about gender issues and to develop a common understanding of the Domestic Violence Bill. UNFPA and UNICEF provided financial and technical assistance to the Ministry of Women's Affairs, Gender and Community Development to coordinate the workshop and Zimbabwe Women Lawyers Association provided the technical expertise to clarify the bill. By the end of the workshop, the women policy makers were a step ahead of other officials in that they unequivocally understood the purpose, contents and potential challenges arising from the bill.

Public Hearings

On 21 September 2006, a public hearing was held on the proposed domestic violence legislation. The chairperson of the Parliamentary Portfolio Committee on Justice, Legal and Parliamentary Affairs declared it to be the best-attended public hearing in the country by far. The Women's Coalition, the Girl Child Network, Padare, and the Ministry of Women's Affairs, Gender and Community Development played key roles in mobilizing men, women, girls and boys to attend the event and to voice their support for the bill.

Members of the Women's Coalition, the Zimbabwe Women's Lawyers Association, Musasa Project, Girl Child Network, Zimbabwe Women's Resource Centre and Network, Padare, Coalition of Apostolic and Zion Churches, Swedish International Development Cooperation Agency (SIDA), Women in Law in Southern Africa (WILSA) and Women's Trust spoke in support of the bill and individuals provided personal testimonies. The presentations provided a balance between objective analysis of the proposed law and subjective accounts of life without legal protection for victims of domestic violence.

Recommendations that emerged from the public hearings included:

- The need for the Bill to provide for minimum sentences for perpetrators of domestic violence;
- Stiffer custodial sentences with no option to pay one's way out of jail;
- Extension of limited jurisdiction to chiefs to ensure access to protection and redress for rural women;
- Gender balance in the Anti-domestic Violence Committee to ensure equal or more numbers of women;
- The need to have a clause forbidding the withdrawal of a domestic violence report that has been made to the police or the courts;

- Criminalization of emotional, verbal, psychological and economic abuse as these had been left as civil offences only;
- Allocation of sufficient resources by Government for implementation of the bill.

Non-governmental Organizations Meeting

The day after the public hearings, a meeting with the heads of NGOs took place. In addition to educating them about the Domestic Violence Bill, the meeting was designed to place the process within the broader women's rights struggle. Backlash to previous efforts of promoting gender equality had weakened the women's rights movement. Activists were cautioned to be wary of the inevitable pitfalls and to be prepared for the barbs and accusations that would predictably occur.

The meeting also acknowledged the Herculean efforts of various organizations:

- Women's Action Group (WAG) for its long history of activism
- Veritas Trust for disseminating information on the bill including through electronic copies
- Musasa Project for initiating the lobby process for more than a decade and putting domestic violence on the national agenda
- Padare for speaking out on behalf of men
- Women's Coalition for mobilizing and reactivating the women's movement
- Zimbabwe Women Lawyers Association for its legal expertise and its translation of legalese into the people's language
- Girl Child Network for speaking out on behalf of children
- Survivors of domestic violence who courageously broke their silence.

The Debate in Parliament

The Speakers' Gallery was packed to the rafters when the Domestic Violence Bill came up for debate in Parliament in October 2006. While newspaper accounts reported scores of women in attendance, many men such as Padare members also joined the crowd. The presence of throngs of supporters helped pressure legislators to keep their public promises to enact the bill.

While one Parliamentary member's claim that he represented God and that men and women were never meant to be equal made headlines, in the end, reason ruled and the bill was passed. Many lawmakers balked at his ranting and one Minister dismissed him as merely providing comic relief for the house. In fact,

he was later suspended by his party from its national council.

By late 2006, the bill passed both houses of Parliament and was signed into law by the President in February 2007.

RESULTS AND ACHIEVEMENT

The most striking achievement was the enactment of the Domestic Violence Bill itself. But other noteworthy results emerged as a result of the process.

- **Impact on men.** As the bill wound its way through the process, men were challenged to reevaluate masculinity and their roles within the family and society. A spotlight was cast upon men's groups, such as Padare/Enkundleni, bringing attention to anti-sexist positions and identifying women and children as important members of society. The debate on the bill further encouraged men to bring their experiences as victims of domestic violence out of the closet. Additionally, the swift rebuke of a parliamentary member's diatribe against the bill put lawmakers on notice that sexist behaviour would no longer be tolerated.
- **Impact on women.** Women from all walks of life were crucial to the passage of the bill. Survivors of domestic violence broke their silence, making the personal political and the private public. This alone helped to empower women who previously had been invisible. Women's organizations emerged as important players in the lobbying process, increasing their influence. The Women's Coalition, for instance, became stronger and more focused, which allowed it to play an important role in mobilizing women and resources around the issue of violence against women. The Ministry of Women's Affairs, Gender and Community Development passed its first test as a newly established entity. Above all, women parliamentarians, organizations and individuals learned about the synergy of coalitions and the power they wield when joining forces in a noble cause.
- **Impact on communities.** The Domestic Violence Bill became a hot topic aboard public transport, over dinner and at community gatherings. The best kept secret was out in the open and people were talking about it. Ultimately there was a demand for services as victims sought support and redress. The public discourse on violence against women and domestic violence in particular had laid bare the challenge of reaching all communities.

LESSONS LEARNED

The knowledge gleaned from the campaign to enact the Domestic Violence Law serves as a template for future movements to eradicate violence against women. Some of the most clarion lessons include:

- **Steel against backlash.** Historically the women's right movement had been victims of backlash and this time they were prepared for the inevitable attacks on their character and motivation. When a member of parliament attacked the bill and its supporters on the floor of the house, women publicly protested and made it known that such tirades would not be tolerated. Additionally, the masculinity of Padare members was questioned for their support of the bill and they, too, were prepared for the barrage of insults. One surprise, however, was the reaction of some policy makers. During presentation of the bill to the members it appeared that they were contemplating the bill on a very personal level, as if they were seeing themselves and their own behaviour within it. Their seemingly self-preservation in the face of challenges to family matters stunned the legal experts committee who facilitated the meeting. The intensity of the debate so flabbergasted the advocates of the bill that a debriefing session was held after the meeting.
- **Field test brochures and pamphlets.** As described earlier, the synopsis of the bill was translated into Shona and Ndebele. However, based on feedback, it was discovered that the Ndebele version was a poor translation. In order to protect against misinterpretation and misinformation, it is important that all translated documents be field tested prior to being launched.
- **Address competition.** During an intense struggle to pass legislation, it is inevitable that feelings and egos bump, causing competition among key players. This is further heightened when resources are scarce and there is competition among various groups. This was the case between organizations focusing on legal expertise and service providers. Public hearings helped to illustrate that each organization and individual had an important role to play and that united they were stronger.
- **Be prepared for a surge in needed services.** As the Domestic Violence Bill became increasingly debated, the number of survivors seeking legal

aid, protection, shelter, counseling and medical care soared. Service providers were caught off guard and unprepared for the demand. Additionally, the Ministry of Women's Affairs, Gender and Community Development and UNFPA had published a directory of service providers for victims of violence against women, which further contributed to the high demand.

- **Document the process.** Too often historic amnesia derails advocacy initiatives. Despite 10 years of lobbying for the Domestic Violence Bill, there was little information about the process. Key players had come and gone without leaving a chronology of the pitfalls and successes. Had organizations and individuals documented their experiences, the latest efforts to pass the bill may have run more smoothly.
- **Advocate for systemic changes.** The debate in Parliament was dominated by male lawyers and male policy makers, underscoring the need for greater political representation of women. The 50/50 campaign calls for an increase in women's participation on the local and national levels.⁴ Women's lived realities and voices are missing from the halls of government and are required to bring about gender equality and justice.

PRACTICES THAT WORK

The road from the proposed bill to the enactment of the Domestic Violence Act was strewn with obstacles. Yet, in spite of difficulties, the legislation was passed because of strategic actions. These included:

- **Power in numbers.** Coalitions and individuals rallied around the lobbying process, contributing to broad ownership of the bill. The Domestic Violence Bill was not seen as the sole project of an individual or one group but a law for the whole nation. Lobbying did not focus only on policy makers but also mobilized the populace, ultimately cultivating allies across a broad spectrum. Seeking support and input from the disabled community, traditional chiefs, men's groups, survivors of domestic violence, faith-based groups, children's advocates and others helped to craft an all-inclusive bill.
- **Respect, understand and sometimes challenge the culture.** Knowledge of the culture helps to debunk myths that protect men from

³ The 50/50 Campaign, launched by the Women's Environment & Development Organization in New York on 8 June 2000 during the five-year review of the Beijing Platform of Action, calls for increased political representation of women worldwide. The Campaign has been adopted by over 150 organizations in 45 countries.

accountability within the domestic realm. For instance, some men blamed immodest clothing as the cause of violence against women, particularly rape. Advocates pointed out that traditional Zimbabwean clothing was more revealing than modern dress and recent cases of a rape of a day old child and a 76-year-old woman had nothing to do with immodesty. Additionally some traditional practices were challenged on the basis of its harm to girls and women, such as virginity testing, forced wife inheritance, coerced marriage, pledging girls or women to appease avenging spirits and the practice in some tribes of fathers-in-law initiating sex with their daughters-in-law.

- **Media.** Advocates of the bill used the media to publicize and explain the bill. As the bill progressed through the legislative process, people

were mesmerized by accounts of the pitfalls, triumphs and emotional, sometimes vitriolic debates. In addition to keeping the populace informed, newspapers, radio and television were used to refute arguments of its detractors. For instance, when a Zimbabwean journalist wrote a scathing article on the bill, dismissing it as “Eurocentric missionary propaganda,” advocates immediately responded with their rebuttal to his arguments.

- **Ongoing communication.** The contentious nature of the bill required updates to the public and to advocates. The Ministry of Women’s Affairs, Gender and Community coordinated the process to keep people apprised of developments and called for feedback meetings when the need arose. Clear, timely communication kept stakeholders onboard and the process on track.

5

SRI LANKA: BUILDING THE GENDER-RESPONSIVE PSYCHOSOCIAL WELL-BEING OF INDIVIDUALS AND COMMUNITIES AFFECTED BY THE TSUNAMI

The tsunami that struck much of the coast of Sri Lanka on 26 December 2004 caused colossal destruction to life and property. In the weeks that followed, local, national and international humanitarian assistance poured into the country. Immediately following the disaster, UNFPA in Sri Lanka was part of the group of United Nations organizations engaging in relief efforts. Emergency support from UNFPA was developed with a focus on strategic needs, to respond to the recovery and rehabilitation needs, including preventing & responding to violence against women, during the year that followed.

BACKGROUND

Violence against women has been prevalent in all social strata of Sri Lankan society. During times of natural and man-made disasters, such as the war, all forms of violence against women were evident, especially during the aftermath of the tsunami. Hence, a UNFPA programme. The programme was entitled “Building Gender-responsive Psychosocial Well-being of Individuals and Communities Affected by the Tsunami”, looked at strengthening the use of services for better health and well-being, with a key focus on addressing concerns about violence against women. It reflected the idea that violence against women is an issue with many causes and one that requires a multisectoral response. Given the UNFPA niche in the area of reproductive health, the programme was designed to address such violence by using reproductive health services as an entry point. The multipronged strategy involved strengthening both community and State capacities.

IMPLEMENTATION

The overall goal of the UNFPA programme was to enhance the well-being of couples and individuals living in tsunami-affected areas, including safeguarding their reproductive health and rights. One of the first challenges was at the programme conceptualization and development stage. While responding immediately to the disaster and the overwhelming needs that arose within the affected communities, UNFPA faced the challenging task of developing an emergency phase programme that considered longer term impacts and addressed issues at both emergency and recovery levels. Despite the urgency of the pressures on UNFPA, it developed a programme only after extensive consultation with key partners.

The component that addresses violence against women rests on a fundamental understanding that such violence both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. Among other things, the programme broached a hitherto little-discussed issue in Sri Lanka: that of engaging men in the redressal of violence against women.

The major components of the programme were the organization of women’s centres in communities, the training of field officials, the mainstreaming of gender concerns at the ministerial level and a pilot initiative with the Ministry of Health in a hospital centre.

Developing Women’s Centres as Safe Community Spaces

At the inception of the programme, UNFPA established partnerships with three national non-governmental organizations (NGOs) to assist in the establishment and management of 27 women’s centres in selected districts affected by the tsunami. The partners were:

- Women in Need (WIN), a pioneering women’s organization working to address issues of violence against women;
- Muslim Women’s Research and Action Forum, a women’s organization aimed at empowering women of the Islamic faith; and
- Sarvodaya, one of Sri Lanka’s oldest development organizations working towards community empowerment through non-violent social transformation.

WIN set up 4 centres in the Matara district; Muslim Women’s Research and Action Forum set up 3 centres

in the Ampara district; and Sarvodaya, through its Community Health Unit, set up 20 centres in Batticaloa and Hambantota districts.

The fundamental expectation was that the women's centres would provide safe and accessible spaces for women and girls. They would also promote women's solidarity networks; strengthen local coping mechanisms to respond to psychosocial needs and concerns about violence through community mobilization and the provision of a multiservice facility; and increase awareness among women and the community concerning issues related to well-being, women's rights, sexual and reproductive health and violence. Finally, they were expected to promote male and community accountability for violence against women.

Each partner undertook the recruitment and capacity-building of centre managers and the identification of infrastructure support to set up the centres. The partners also identified technical expertise for capacity-building in the areas of understanding issues of violence against women and oversaw management, community mobilization, data collection and the monitoring and evaluation of activities.

Although the design was uniform, the centres adapted to the reality of each community. In Ampara, communities were rural, with little access to the support services generally available for women through government and non-government sources in other areas. The effects of years of conflict followed by the tsunami, along with the traditional restrictions on the movement of women, had combined to marginalize the women and girls in these communities. Activities at these centres gave an opportunity to women and girls to interact with groups other than their immediate families, space to discuss personal issues and to obtain professional as well as compassionate help and, finally, to have a refuge in times of need. Centre managers agreed that, although males in the community did not oppose the concept of the centres and the community accepted the centres, that acceptance stemmed from a recognition that these were spaces exclusively for women rather than for community interaction. However, centre managers developed mechanisms, such as undertaking home visits, to promote the inclusion of males on a case-by-case basis, especially when dealing with a domestic dispute.

In contrast, centres in the South, Matara and Hambantota had more success in engaging men in their programmes. The Matara centres, in particular,

managed by WIN, took the lead in designing and implementing innovative programmes that included peer education for boys and young men on gender and constructs of masculinity. The centres also set up community watch groups which involve men from the community to monitor and prevent violence against women. These initiatives, which were adapted by centres in other districts, demonstrated the collaboration between the three NGOs and the sharing of experiences and lessons with one another.

In Batticaloa, the strategy adopted was dictated largely by the politically charged and conflict-ridden environment in which the centres functioned. With the escalation of the conflict, Batticaloa was especially vulnerable as it was one of the battlegrounds of the renewed war, which resulted in nearly 3,500 people being displaced during the initial stages. Sarvodaya responded immediately to the humanitarian crisis in providing relief to the displaced and ensuring that gender issues were addressed during the relief and recovery phases. Several centres in Batticaloa served as temporary refuges for the displaced, and centre managers visited the camps for displaced persons.

Beginning in 2007, UNFPA facilitated the women's centres' ability to conduct programmes for men. The centres have been able to mobilize men and youth to carry out community-based campaigns against domestic violence and alcoholism. Men have also joined the community watch groups.

Undertaking Field-level Training

The programme readied selected government and non-government officers who were the first point of contact for the community at the field level to respond to gender and violence issues. The programme provided training opportunities for more than 400 of these officers, also known as front-line government workers, including development and social development officers. The Centre for Refugee Research in Australia provided technical expertise to permit the training of a group of trainers, who then transferred the technical knowledge and know-how through locally adapted methodologies to the front-line workers. A separate and more intensive training programme was held for 23 women development officers who were recruited by the Ministry of Women's Empowerment and were, therefore, directly accountable to the ministry. They contributed to the ministry's capacity development in fulfilling its mandate to promote gender equality at district and community levels.

Strengthening the Government's Response to Violence against Women

Working with the Ministry of Child Development and Women's Empowerment.

While supporting community responses to violence against women, UNFPA also supported initiatives to strengthen the State's response to such violence, primarily through its key government partner, the Ministry of Child Development and Women's Empowerment. This included efforts to mainstream gender concerns in the tsunami emergency and recovery efforts by working with the National Committee on Women, which functions under the women's ministry. UNFPA supported the committee's advocacy with the country's national body responsible for coordinating post-tsunami reconstruction, the Task Force to Rebuild the Nation, later renamed the Rehabilitation and Development Agency.

During the emergency relief phase, there were numerous instances in which women and girls were being marginalized in the relief service delivery process, including the provision of essential items and the allocation of emergency and temporary shelter. Women were increasingly isolated and made vulnerable due to violence. To address this, the National Committee on Women became the key agency through which a formulated and strategic intervention could be implemented, ensuring that women's issues were not marginalized in relief, recovery and reconstruction efforts.

UNFPA provided the Committee with the framework to implement a focused programme. A gender desk

set up in the Committee became active from the programme's inception. During the emergency phase of the relief process, the gender desk focused on addressing violence against women through awareness-raising and capacity-building, contributing to improving protection measures in shelters and camps. Subsequently, the focus was primarily on gender mainstreaming in all recovery efforts. To do this, the gender desk appointed district-level gender focal points who facilitated input into gender mainstreaming at the field level. These efforts resulted in raising issues of concern for women and ensured that women did not become marginalized in the process.

Undertaking a pilot initiative with the Ministry of Health. An important component of the UNFPA policy-level engagement in addressing violence against women was a pilot initiative with the Ministry of Health to strengthen the health sector's capacity to respond to sexual and other forms of violence against women. This initiative involved setting up a centre in Matara Hospital for on-site treatment; training all categories of health-care staff within the hospital and the field; developing and displaying behaviour change communication material; establishing and implementing a screening system to identify victims and women at risk; building clinical and counselling capacities for rape management; setting up and implementing a referral mechanism with linkages among the health centre, community and other service providers, including the women's centres and awareness and advocacy programmes.

The Matara Hospital Centre, "Mithuru Piyasa", was

A Gender Sensitive Response Risk Assessment

In October and November 2005 and February 2006, UNFPA, together with National Committee on Women, enlisted the Centre for Refugee Research to conduct a training of trainers programme on "A Gender Sensitive Response Risk Assessment" for organizations that formed part of the Coalition for Assisting Tsunami Affected Women (CATAW). CATAW was a group of women's networks and women's organizations that gathered in December 2004 immediately after the tsunami to find ways to respond to the needs and issues arising out of the disaster.

The training was taken to the field by a group of Sinhala- and Tamil-speaking trainers and reached communities in six tsunami-affected districts. The objectives were to identify issues, problems and risks faced by the women; raise awareness of approaches and mechanisms to provide assistance; create better conditions for women and focus on community-based solutions; and develop organizational networks within each district that would continue to meet monthly and work on issues related to tsunami-affected women.

The networks that organized fed information into CATAW, which, in turn, placed the information before the National Committee on Women and relevant government institutions to lobby for gender-sensitive approaches to relief and recovery efforts. One of the main findings of that exercise was that when the training was conducted 10 to 13 months after the tsunami, women were still at risk of violence, their basic needs had not been met and their human rights continued to be violated.

Excerpts from Women's Stories: Changing Lives

I could not tolerate the beatings, scolding [and] shouting any more. He did not only beat me but hit my daughters also. When he is drunk he does not know what he does or says - he shouts at us in bad language, breaks furniture and throws things around. "No more" I thought to myself. I had to protect my daughters from my husband. My life was hell as I did not see a way to stop my husband from drinking. So I went to the women's centre ... where I heard counselling was provided by women to help women cope with various problems ...

The centre managers spoke to me and eased my fears by assuring me that I could overcome my problem ... I began attending various programmes at the centre. One day the women's centre had a programme on the "Negative Aspects of Alcohol Consumption." This programme was different, as it targeted the entire community – both women and men – and was held at night so that more people could attend. My husband was also invited to participate in the programme. He attended the programme as he was curious to learn the activities of the women's centre. The centre staff used this opportunity to get to know him and strategically invited him to attend various other programmes at the centre. [He] willingly participated in these activities, as he was given recognition as a person who was contributing to the welfare of his community. After some time, my husband's attitude towards his family gradually changed for the better ... He realized that domestic violence was wrong and that it was a crime ... Now, [he] has learned to value his daughters and me and has given up his addiction to alcohol. The work of the women's centre united my family and instilled in [him] the responsibility of a husband and father.

officially opened in May 2007. Links were established with WIN to provide legal and counselling support, which the Hospital Centre was not equipped to provide at the initial stages. The broader expectation from this centre is that this model will become a part of the country's health-sector policy and will be replicated in other major hospitals. UNFPA is planning to support the replication of this model in five other districts as part of its Country Programme 2008-2012.

Maintaining Technical Expertise and Monitoring Capacity

To maintain technical expertise and the cohesiveness of the programme, UNFPA worked with a steering committee comprising selected partners and subject experts from the country. The committee meets quarterly to advise and guide partners and monitor progress of the programme.

RESULTS AND ACHIEVEMENTS

In the years after the disaster, the issues addressed by the UNFPA programme remained as critical in a general social sense as they were in the immediate post-tsunami period. The UNFPA programme reflected an approach that went beyond addressing discrimination and violence against women in the context of a disaster. It treated issues of violence against women that impacted their everyday lives and those of children, men and communities, especially those of traumatized and marginalized individuals, families and

communities. Some of the major results from this programme were:

- The 27 women's centres have been immensely successful in responding to women's multiple needs through such services as counselling, legal aid, health and referral services; information and awareness-raising on such issues as reproductive health, women's rights, and violence against women; advocacy activities to engage men in addressing violence issues; and mobilization of communities to respond to violence against women through community-based self-help groups and other community development activities, including the setting up of women's committees, youth groups and community watch groups to monitor and prevent violence against women.
- From their beginnings, the centres were recognized and accepted by the women and girls, thereby affirming local ownership. Now the centres have become a hub of the community with active community leadership and local participation. They also serve as referral points with linkages to other service providers such as hospitals and health centres, the police, counselling centres, NGOs, government officials and women development officers.
- The centres operate as key sources of qualitative data collection on violence against women. The data are channelled to the National Committee on

Women's database. In this regard, the centres are implementing an innovative technique of data collection through the "women's story circles". Small groups of women meet regularly to share stories and personal experiences, positive and negative, on issues related to violence against women.

Women themselves document and analyse their own stories and suggest solutions. These stories will be collected into small books by each centre and combined into one publication reflecting women's experience in all affected areas.

- Much was also achieved at the governmental level. As a result of the advocacy efforts of the National Committee on Women, its chairperson was appointed to the Rehabilitation and Development Agency's Livelihood Advisory Council to ensure that district-based livelihood plans mainstreamed gender. It provided input into the development agency's housing policy to make it more gender sensitive and carried out a survey on women's perspectives on tsunami reconstruction focusing on women's land rights. Its gender desk is coordinating efforts with the Ministry of Disaster Management and Human Rights and has set up a working committee to develop a gender strategy for the Ministry.
- One of the major gaps that hindered gender mainstreaming was the lack of gender-disaggregated data. To address this, UNFPA supported the National Committee on Women in setting up a repository of data and information on gender issues, particularly violence. This database receives information from various sources, including the women's centres, women development officers, the Legal Aid Commission, hospitals and police stations. Initially, the database will focus on violence against women in the tsunami-affected districts. It is expected that this information base will be used for evidence-based advocacy as well as to better understand and respond to violence against women, inform policy and practice and monitor change.

LESSONS LEARNED

A Space of Their Own

The women's centres have filled an emptiness that has long been felt but not articulated. Women and girls in the communities have long needed but not had "a space of their own". The community camaraderie that has been fostered within each centre is refreshing. While dealing with serious issues with intensity, the women's centre also provides an opportunity for the community to relax, enjoy themselves and forget their grief at campfires, street dramas or simple gatherings. The simplicity of these events,

however, cannot obscure the role the centres play in addressing the multitude of issues faced by women. The events themselves are a recognition of women's position in the community and their increased strength and togetherness.

Adaptability

A unique feature of the programme is the adaptability of its design to the social reality of environments marked by ethnic, social, religious and customary differences as well as the different political climates. The process holds its focus firmly on addressing violence faced by women and girls in communities but adapts to establish itself in a non-confrontational manner.

Training

The success of the transfer of knowledge and skills from the training-of-trainer level to district- and community-level training stems from the design of the training itself, which was conducted in phases. This allowed front-line workers to apply the knowledge gained in phase 1 and return to the next phase of training with information on the practical application of the training as well as the problems and issues they encountered. In this way, the initial training received by the Centre for Refugee Research was adapted, modified and localized and made relevant to the trainees. Further, by conducting orientation workshops for district and divisional secretaries, who are the supervisors of the front-line workers, a more supportive environment was created so that the front-line workers and women development officers could apply the knowledge they gained from the training to their regular work upon return to their duty stations.

PRACTICES THAT WORK

Empowering Women

The creation of a separate space for women, in both a physical and a metaphorical sense, where women can meet and make their voices heard can be empowering for women. The centres provide that space for women to exchange information, share problems, brainstorm and jointly identify solutions, foster bonds of mutual support and develop solidarity among themselves. The women's committees and the community watch groups set up at the women's centres to prevent and protect women and girls from violence in their own communities promote women's leadership. Moreover, because they employ locally relevant and culturally sensitive responses, the centres thus provide sustainable models to address violence against women. Many of the centres also offer a strategic and subtle way of garnering the support of families, especially males, who are frequent participants in social events and awareness-raising programmes. In addi-

Walking to end Violence Against Women

Nearly 1,000 women and men came from near and far to participate in the “Walk to End Violence Against Women”, a public campaign to commemorate the International Day for the Elimination of Violence against Women and the 16 Days of Activism against gender-based violence. The Walk was led by popular personalities such as National Cricketers Kumar Sangakkara and Harshan Tillekaratne and athlete Damayanthi Darsha. The campaign successfully brought the issue of violence against women into the open.

tion, the method of collecting case histories through the women’s story circles has acted as a major tool for women’s empowerment and capacity-building.

Engaging Men to Address Violence against Women

Given the frequent resistance within communities towards overt women’s rights programmes and the need among women to recognize and assert their rights of equality and security within a family and community context, the programme interventions were sensitive to the social reality in Sri Lanka.

A framework for a more focused programme on engaging men is now being developed, which will include a mapping exercise of existing interventions. Based on the mapping exercise, the proposed initiative will seek to enhance male activism concerning violence against women; strengthen capacities of adolescent boys, young people and men to respond to the issue; and increase public awareness that women’s rights and violence against women are the concerns of both men and women.

Sensitizing Front-line Workers and Linking Them to Women’s Centres’ Efforts

The multipronged approach to sensitizing front-line workers to enable and ensure an active positive response to addressing gender issues, primarily issues of violence against women, encouraged the development of a resource base that is close to the communities. At the same time, UNFPA support to civil society organizations created a link between governmental and non-governmental initiatives through the referrals to and from front-line workers and personnel at the women’s centres.

Coordinating and Collaborating to Address Violence against Women

The Gender Based Violence Forum, established in 2005, is one of the unique initiatives of UNFPA. The Forum includes the National Committee on Women, United Nations organizations, donor agencies and in-

ternational and national NGOs. Its specific aims are to serve as a mechanism for enhanced coordination and collaboration on issues related to violence against women in Sri Lanka. This includes strengthening collective efforts to end such violence and to share resources, information and experience on implementing programmes related to violence. The forum meets frequently and carries out joint activities. It has conducted a mapping exercise of initiatives supported by its members and successfully completed three major collaborations during the “16 Days of Activism” in 2005, 2006 and 2007.

Coordination and collaboration also prevents replication and builds knowledge and growth between organizations. Working with a range of governmental and NGOs has promoted not only effective and efficient implementation but also accountability.

Working together and pooling financial and human resources enhances the impact of programmes, especially when campaigning against issues that remain hidden and unacknowledged in society. Sharing resources, information, innovations, experiences and research findings in a dynamic interactive manner will undoubtedly advance progress towards ending violence against women. Invisible problems need a concerted visible response.

Initiating a Multipronged Emergency Response

The tools and mechanisms developed to intervene through an integrated approach at various levels were key to the programme’s effectiveness, permitting interaction at the policy level as well as multisectoral and community-based interventions that have reached the hearts of grass-roots organizations and communities. These efforts addressed the reality that, especially among individuals and communities affected by the tsunami, many difficulties arose due to the lack of long-term community and national support mechanisms.

6

HONDURAS: CHANGING MINDS AND UPROOTING DOMESTIC VIOLENCE THROUGH POLICE TRAINING

Less than a decade ago, women in Honduras who were battered or raped by their husbands or boyfriends had little to no recourse. Even after the momentous Law Against Domestic Violence went into effect in February 1998, victims of domestic violence were still left with little support or protection. The police often saw wives' or girlfriends' bruises and broken bones as family matters rather than crimes.

In 2002, the National Institute for Women and the Ministry of Security teamed up with UNFPA to design and institutionalize training for police to ensure that the Law Against Domestic Violence would not be a paper tiger. Instead, it would be enforced and law enforcement officials would make sure that women's rights were upheld and survivors had access to recourse and services. Incorporated into ongoing training in the three police education centres - the Police Instruction Centre, the National Police Academy and the Superior Police Education Centre - were classes on domestic and intrafamily violence.

BACKGROUND

Honduras had signed the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women, in addition to international covenants calling for the protection of women's rights and the eradication of gender-based violence. For over 20 years, Honduran women's groups have focused attention on violence against women, raising consciousness and awareness about this national epidemic. Research has supported activists' demands to take violence against women seriously. Nationally, 15 per cent of women aged 15 years and older have experienced some form of physical, psychological or sexual abuse, 32 per cent have been assaulted by a current spouse/partner and 30 per cent by an ex-spouse/partner.¹

In 1997, the Honduran Ministry of Health, supported by women's and international organizations such as the Pan American Health Organization, recognized violence to be a health problem. It also established Family Advisors within the Ministry of Public Health to provide support and treatment for survivors of family violence and to intervene with perpetrators.

After the Law Against Domestic Violence was initially passed by the National Congress in 1997, a Special Women's Public Prosecutors Office was created within the Public Ministry for the purpose of enforcing the new law. But the Office had little power when it came to prosecuting perpetrators of domestic violence.

The National Institute for Women, created in 1998, was entrusted with the mandate to preside over public policies concerning gender equality and women's rights. One of its responsibilities was to implement the National Policy for Women, a public policy that requires the government to strengthen and expand women's rights including protection from violence.

Around the same time, an Inter-Institutional Commission was established to bolster enforcement of the new domestic violence law. The Commission, made up of representatives from the Centre for Women's Rights, the police, the National Institute for Women, judges from the Court of Family Affairs, the Special Prosecutor for Women and family advisors, was designed to educate administrators of justice about violence against women, its causes and effects,

¹ Secretaría de Salud [Honduras], Instituto Nacional de Estadística (INE) y Macro International. 2006. *Encuesta Nacional de Salud y Demografía 2005-2006*. Tegucigalpa, Honduras: SS, INE y Macro International, p. 207.

and help create an effective mechanism for enforcing the law.

Despite these undertakings and the steadfast efforts of civil society, women and children caught in the web of domestic abuse continued to be left unprotected by police and the courts. But on March 8, 2002, International Women's Day, it was announced by the highest levels of government that domestic violence would be included in the President's initiative to fight crime and insecurity in Honduras. As such, the Ministry of Security and the National Institute for Women were given the joint task of preventing and responding to domestic violence.

In April of that year, the National Institute for Women and the Ministry of Security signed an Agreement of Cooperation and Technical Assistance to begin the arduous task of seriously addressing gender inequality and eradicating violence against women.

As the public institution in charge of protecting citizens, the Ministry of Security has among its responsibilities the oversight of the Preventive Police, an 8,500-member force that conducts home searches, detentions and other public security measures, the General Bureau of Criminal Investigation, the investigative police who collect evidence and prepare for legal proceedings, and the General Bureau of Police Education, the educational arm that provides training and formal classes through three centres. The Police Instruction Centre provides a basic six month training to police recruits. The National Police Academy grants four-year degrees in police science to cadets. The Superior Police Education Institute provides ongoing training for police who must attend every five years in order to move up the police ranks and administers a two year Masters Degree in Human Security.

The National Institute for Women and the Ministry of Security agreed that police attitudes and enforcement responsibilities were inexorably connected to the safety of women. Police training on women's rights and domestic violence would be an excellent starting point to ensure that responses to violence were institutionalized and that survivors received their entitled support. The National Institute for Women requested technical assistance from UNFPA, setting the stage for a partnership between the three organizations to begin a countrywide educational programme on women's rights and domestic violence for the national police.

The training for the police began in July 2002 and was originally scheduled to end after 18 months. The

initiative, however, was extended through December 2005, a total of three and a half years, reaching over 6,500 students.

IMPLEMENTATION

In many ways, changing laws to protect women from domestic violence was the easier part. Changing attitudes and values of the police was the real challenge. Without their cooperation, laws against domestic violence were toothless. Therefore, the training initiative on gender equality, women's rights and domestic violence set out to reach a wide range of police officers - from new recruits to students in a law enforcement degree programme to old timers. The educational levels of the trainees varied from completion of grades five and six to graduates of secondary school. Attitudes ranged from openness to outright cynicism. To succeed in transforming the police force from skeptics into allies of domestic violence survivors, the training had to be culturally sensitive, grade-level appropriate, reality-based and tailored to the context of each education centre.

In order to develop an effective curriculum, the Ministry of Security, the National Institute for Women and UNFPA formed a Technical Committee, which consisted of staff from each organization that met regularly throughout the process to approve course content, methodologies, time frames and class locations. Communication among the organizations was at the highest levels and each had specific responsibilities. UNFPA provided technical and financial support. The Ministry of Security provided financial and logistic support while the National Institute for Women administered the programme and trained the trainers.

An international consultant, an expert in women's rights with vast experience designing courses about domestic violence, was hired to prepare appropriate material for teachers and students. The Police Instruction Centre was chosen as the first site for the training. Before any material was produced, the consultant moved into the Police Instruction Centre and submerged herself in the culture of the police force. Through daily contact with the police, she assessed their needs, characteristics and attitudes, which helped in the preparation of effective instructional material. Drafts of the lessons and classroom activities were then reviewed by the three agencies, modified and readied for use in a preliminary class with potential students and teachers. The field-tested course work went through a final review and approval process of the Technical Committee.

It was critically important that the entire police force support enforcement of the domestic violence law and the protection of survivors. Therefore, as the course material was being prepared, the National Institute for Women developed a core group of instructors who conducted sensitivity training and workshops at departmental command posts throughout the country to ensure that all police personnel were on the same page. The two-day training covered such topics as the difference between sex and gender, sex and reproductive health, the cycle of family violence, the cause and effect of inequality, and the fine points of the Law Against Domestic Violence and how it related to police enforcement.

In addition to the workshops with command post leaders, the National Institute for Women began training the trainers. The trainers learned to conduct participatory, interactive sessions that would meet the students at their level. After the instructors became well versed in women's rights, gender equality, prevention of violence against women, the mandates of the domestic violence law and the curriculum, the course was ready to begin. Teacher manuals, student workbooks, audio-visual equipment and other classroom tools were delivered to the Police Instruction Centre in 2003 for an initial four-month training programme.

With the first training well underway, materials and methodologies were being customized for the National Police Academy curriculum. The training for the Police Instruction Centre, a non-degree programme, was composed of 20 sessions of 50-minutes each over the course of 20 days. The National Police Academy curriculum, on the other hand, needed to be more in-depth. The students in the Academy were studying to be high-ranking officers and working towards a four year college degree. The Technical Committee decided to have 60 class hours divided into two modules - one that would last during the first two years of the Academy and the second that would be conducted over the last two years. In that way, issues of gender and violence against women would be reinforced throughout the four years of study, underscoring the urgency and importance of the issue for the future police commanders. The course was incorporated into the National Police Academy's studies in the 2005 school year.

Perhaps the greatest challenge was effectively reaching veteran police officers who were more cynical and set in their ways. Prior to applying for a higher rank, police officers participated in courses at the Superior Police Education Institute. These police officers showed greater resistance to the idea of gender equality,

women's rights and enforcement of the Law Against Domestic Violence, which many saw as a family issue rather than a legal problem. To be effective in this challenging context, the participatory approach was complemented with direct instruction by the experienced trainers from the National Institute for Women. In addition to the theoretical component of the course, CD-ROMs and other supporting documents and exercises were developed that could be used outside the classroom. By combining the knowledge and skills of the trainers with real-life examples from the street, the course would hopefully dismantle the hardcore cynicism and resistance of some veterans.

The course material was approved from the highest levels of government, including the Ministry of Security and Police. This would prove to be helpful in reaching veteran officers, who were accustomed to the vertical, up/down chain of command in the police departments. In many respects, the successful implementation of gender sensitivity and the enforcement of the Law Against Domestic Violence could only succeed with support of higher-ranking officials. Based on reports from participants, it appears as if the most positive changes occurred among the veteran police who had reluctantly participated in the training.

By the end of the initial three-and-a-half-year training, 6,529 students and active members of the police - 5,624 men and 905 women - successfully completed the modules. As a fixed part of the curriculum, roughly 1,500 men and women per year continue to receive the training.

RESULTS AND ACHIEVEMENTS

Reaching more than 6,500 police officers with training on gender equality, violence against women, and the prevention and prosecution of domestic violence is a noteworthy feat. Yet, the partnership among the Ministry of Security, the National Institute for Women and UNFPA accomplished much more. Based on a formal evaluation that included interviews and questionnaires with people involved with the training, from staff of the partner organizations to instructors, trainers and trainees, the initiative was deemed overwhelming successful. The major results were:

- The course on gender equality and domestic violence has evolved from a pilot to an ongoing institutionalized component in the police education centres in which every police office throughout the country receives comprehensive training on domestic violence, gender equality, and sexual and reproductive health.

- The 2004 regional conference on good governance and gender equality convened by the Economic Commission for Latin America and the Caribbean recognized the initiative as a “best practice” and it was praised as the second highest achievement of the President’s administration in his annual report.
- Upon completion of the training, police gained credibility among women and others affected by domestic violence. The number of reported cases of domestic violence has soared, which is believed to be the result of better police enforcement and community relations rather than an increase in intrafamily violence.
- Police stations added new registries for domestic and intrafamily violence cases, which helps document the problem and allows for better law enforcement response.
- The police, including chiefs and high-ranking officials, have a better understanding of women’s issues such as sexual and reproductive health.
- Law enforcement personnel are better able to prevent and respond to domestic violence.
- The Law Against Domestic Violence and the National Policy for Women are promoted and disseminated throughout the country.
- The National Institute for Women and the police established a hotline that provides information, counseling and referrals to emergency services for victims of domestic violence. Women and others affected by intrafamily violence can call 114 and speak with a trained person to ask for advice or report a crime.
- A Gender Unit was created within the police structure staffed by specially trained personnel who respond to violence perpetrated against women.
- The training underscored that women are under-represented in the police departments. In response, there is a greater emphasis on recruiting women and increasing their presence at the police education centres.
- Many women police officers who participated in the training reported that they recognized their own situation of abuse or that of other family members.
- Some men who participated in the training came to understand that their behaviour in their families was abusive and helped them to reevaluate their actions and roles within the home.
- Veteran police officers reported that they gained greater understanding of domestic violence. They came to realize that gender inequality and violence against women were not myths, but rather the reality for far too many women.
- The national police training on domestic violence and women’s rights drew praise throughout the region, becoming a model for other countries to adopt similar programmes, while also raising the profile of the National Institute for Women.
- The police awarded the highest civilian commendations to the UNFPA Executive Director and the Secretary of the National Institute for Women. Additionally, the 2005 graduating class of the National Police Academy designated the Executive Director of UNFPA as the ceremony godmother and named the graduation promotion after her. This was a milestone; a traditionally male-dominated agency naming a graduation honour after a woman.
- A Masters Degree in Human Safety is now administered through the Superior Police Education Institute and includes the study of sexual and reproductive health and gender equality.

LESSONS LEARNED

Gender equality and violence against women continue to plague Honduras as it does countries around the world, yet significant progress is being made. Through the concerted effort to make laws and policies responsive to women’s rights and safety, valuable lessons have emerged from the police training.

- Teamwork, specific agency responsibilities and support from the highest levels laid the foundation for success. From the onset, there was direct communication between the Secretary of the National Institute for Women and high-ranking members from the Ministry of Security, including the General Supervisor of the Preventive Police, the Director General of Police Education, the heads of the three police education centres and UNFPA. Open communication, transparency and careful planning were particularly important because the organizations had little experience working collaboratively prior to the training.
- Training the trainers had to be thorough, thought out and include a rigorous selection process. Trainers came from the police education centres.

This was particularly helpful in that there is high police turnover and ongoing rotations among posts every two years. Trainers recruited from the education centres had the breadth of knowledge and experience to relate course content to incidents encountered on the street.

- Commitment and political will must come from the top. The hierarchical nature of the police force calls for the highest ranks to believe in the mission, back the training, and expect subordinates to support gender equality and carry out their duties to protect women from violence. If lower ranks are invested in enforcing the Law against Domestic Violence, but superiors are not, the training will be in vain.
 - While police are the first line of action against domestic violence, it is important that other agencies and institutions provide complementary support such as counseling, reproductive health services and education. All institutions involved in women's health and safety must communicate and coordinate activities in order to avoid duplication of services and to maximize resources.
 - The instructors and trainers must be prepared for student resistance. Many police officers were at the training because they had to be there rather than because they wanted to be there. The issue of domestic violence rang hollow to many of them because of traditional or cultural beliefs. Good communication skills and trust-building techniques, in addition to a strong curriculum that draws on theory and practice are required to break down barriers.
 - An issue that is inherent in the implementation of most projects is the need for adequate funding and streamlined procedures. The limited budget allotted for the initiative proved to be difficult and required staff to work extraordinarily long hours and on weekends, without extra compensation. Additionally, cumbersome policies delayed the purchase of equipment and vehicles.
 - To better serve survivors of domestic violence as well as to provide meaningful training for police, ongoing, timely evaluations need to be incorporated before, during and after the training. Feedback from the trainees as well as the public will help fine-tune the course and allow law enforcement to respond more effectively to domestic violence.
- roles and patriarchal values reign, promoting gender equality and protecting women from domestic violence can be an uphill climb. Despite strongly worded laws and policies, women will not be protected from domestic violence unless the police, courts and other law enforcement agents rigorously enforce the law and take the issue of violence against women seriously. The good practices that emerged from the police training helped move it from a pilot to an integral part of the ongoing law enforcement education.
- A legal and political framework for the training was established, including support from the highest political levels which bolstered the initiative and short-circuited efforts to undermine its success.
 - The Technical Committee, established from the onset, fostered communication and cooperation among the Ministry of Security, the National Institute for Women and UNFPA. From the planning stage through the execution stage, each agency had specific roles and responsibilities, fortifying the alliance and commitment among the agencies.
 - The course material and methodology were relevant, participatory and experiential. From the start, police from the different centres gave input into the content of the modules to ensure that examples were realistic and matched the experiences encountered day after day.
 - The Police Instructional Centre was the pilot for the initiative. As a result, lessons learned from the initial course as well as feedback on the pedagogical packages helped to shape and improve the training for the National Police Academy and the Superior Police Education Institute.
 - A standardized curriculum, although modified to meet the individual needs of each police education centre, ensured consistency in enforcement of the Law Against Domestic Violence and police response to survivors.
 - There was a parallel sensitivity training along with the concrete lessons about domestic violence and the law. This allowed for the trainers to overcome students' biases and cultural beliefs that perpetuate the myth of domestic violence as a family matter, not a legal issue. Ultimately by respectfully responding to socio-cultural barriers, the teachers helped students to understand women's issues as well as the legal questions surrounding domestic violence.

PRACTICES THAT WORK

In a society where women are relegated to subordinate

- Ongoing, open dialogue between women's organizations and the implementing agencies enhanced services for survivors of domestic violence and improved the relationship and trust between women and the police.
- Regional conferences and the exchange of ideas about similar programmes across Latin America and the Caribbean gave rise to new learning and provided concrete good practices for adaptation and replication.

7

NEPAL: OVERCOMING VIOLENCE AGAINST WOMEN THROUGH AN INTEGRATED AND COMMUNITY-BASED APPROACH

In Nepal, sociocultural, economic, religious and traditionally defined patterns in roles and responsibilities have led to a system of institutions that treats women inequitably. Nepali girls and women may experience such traditional forms of discrimination and violence as child marriage, deuki (the custom of buying and offering girls to temples), dowry and related violence, Jari (the custom of buying someone else's wife), bonded labour, and accusations of witchcraft. A widow is often blamed for the death of her husband, and many widows are shunned, malnourished and forced to refrain from participating in family activities, particularly religious ones, on the pretext that they will bring misfortune. Domestic violence is seen as a private family affair, and intervention by outsiders is disapproved. Men and women are seldom aware that violence is occurring. They consider verbal and physical abuses a natural part of married life. Violence against women has thus silently remained a major hurdle in development endeavours.

Yet the prevention of violence against women at the community level in Nepal is possible. A non-governmental organization responded to the issue of violence against women by combining reproductive health services with an array of social, legal and psychological services in two projects undertaken with UNFPA support. It demonstrated that Nepali women could live lives of hope and purpose.

BACKGROUND

Socio-economic and Psychological Situation of Nepali Women

Nepali women are disadvantaged, whether from a gender, caste, ethnic, linguistic, religious, economic or geopolitical dimension. The wide literacy gap (illiterate males over age 15, 37 per cent; illiterate females over age 15, 65 per cent) and health indicators (maternal mortality: 281/100,000 live births) are glaring indications of Nepali women's social standing.¹ Women's access to property is low, and only 4 per cent of the households have female ownership of both house and land. Most women workers are confined to self-employment or to unpaid or low-wage informal sector activities.

The situation of women further deteriorated due to the 10-year insurgency, which ended in April 2006. As men were recruited into the armed services or

migrated out of the country, women were left to care for themselves, their children, the elderly, for the land and the communities. The results were an increase in social, economic, physical and psychological burdens; an increased level of depression; increasing numbers of young widows; multiple work burdens; and the disappearance, trafficking and sexual harassment of young and displaced widows.² Approximately 5,000 to 15,000 Nepali girls and women are being trafficked yearly in the South Asian region and the world.

Policy Responses to Violence against Women

The Government of Nepal ratified a number of international conventions and instruments addressing gender discrimination, including, in 1979, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). In 1999, a National Plan of Action against Trafficking in Children and Their Commercial Sexual Exploitation was adopt-

¹ Illiteracy rates are from UNFPA, *State of World Population 2007: Unleashing the Potential of Urban Growth* (New York, UNFPA, 2007), p. 87. For literacy and other statistics, see also His Majesty's Government of Nepal, *Nepal Living Standards Survey 2003/04: Statistical Report, Volume 1* (Kathmandu, National Planning Commission Secretariat, Central Bureau of Statistics, 2004). The maternal mortality ratio is from the 2006 Demographic and Health Survey.

² UNFPA, *Sixteen Days of Activism against Gender Based Violence: November 25-December 10, 2005* (Kathmandu, 2005).

A Lack of Training

In a survey of core health service providers, many obstetricians, assistant nurse midwives and traditional birth attendants responded that, due to a lack of training, they were unable to support patients who suffered from miscarriages, abortions or stillbirths arising from domestic violence.

Source: A. R. Deuba and P. S. Rana, *A Study on Linkages between Domestic Violence & Pregnancy* (Kathmandu, SAMANATA-Institute for Social and Gender Equality, 2005).

ed. Recent years have seen the adoption of United Nations Security Council resolution 1325 on Women, Peace and Security; the establishment of a National Women's Commission; the passage of an amendment to the Country Code Bill allowing women the right to alimony and repealing several discriminatory laws, and the Gender Equality Bill, which broadened women's property rights and guardianship of children. This bill also allows marital rape to be considered grounds for divorce. In 2006, the Ministry of Women, Children and Social Welfare submitted to the cabinet a bill on violence against women.

Programmatic Responses to Violence against Women

The Government's response to addressing violence against women consisted principally of the establishment of police women's cells in 24 districts around the country, which maintain records of reported cases and refer victims to non-governmental organizations (NGOs) for support.

NGOs have focused mainly on providing survivors with shelters, counselling and awareness-raising activities. Some have published studies on violence against women.³ Most health services do not address violence against women nor do health workers perceive of it as an issue. Furthermore, the discussion of sexual and reproductive health is considered taboo. However, efforts to address violence against women within the reproductive health sector began recently, through such organizations as Phect-Nepal and the Family Planning Association of Nepal.

IMPLEMENTATION

Reproductive Health Initiative

In 1998, UNFPA published *Reproductive Health Effects of Gender Based Violence*, describing the serious long-term effects of violence against women

and identifying the need for health services to integrate treatment for such violence into their services.

The UNFPA programme focus on violence against women in Nepal began in 1999, when UNFPA and the European Commission selected Phect-Nepal as one of five partner organizations to undertake an umbrella project entitled "Reproductive Health Initiative" (RHI). Phect-Nepal was founded in 1991, guided by the vision of empowering people through health action. The four-year RHI project, "Establishment of a Centre for Community Based Reproductive Health and Information, Education and Communication (IEC) Programme in Kirtipur Municipality", was based in a village on the outskirts of Kathmandu. Unlike other NGO programmes that were limited to raising awareness or sheltering survivors, Phect-Nepal provided its clients with a combination of legal, psychological, social and clinical services. Attention was focused on the strong relationship of violence against women and sexual and reproductive health concerns.

Major programmatic features were as follows:

In-depth interviews, to ascertain patient history and permit comprehensive diagnosis and referrals. These formed a core programme component ensuring that clients were not treated with medication alone. The insights gained from patient histories helped expose taboo issues, such as marital rape. Referrals were made, internally, to the social worker, lawyer, psychologist, doctor or counsellor and, externally, to other organizations for shelter or legal and clinical interventions.

Emphasis on relating violence against women to reproductive health. Clients were treated for anaemia, sexually transmitted infections (STIs), HIV and AIDS, persistent gynaecological problems, infertility, uterine prolapse, unwanted pregnancy and psychological

³ A leading NGO, SAATHI, published the first study on violence against women in Nepal: *A Situational Analysis of Violence against Women and Girls in Nepal* (Kathmandu, 1997). Later studies underscored the need to address this issue. These include A. R. Deuba and P. S. Rana, *A Study on the Psychosocial Impacts of Violence Against Women and Girls with Special Focus on Rape, Incest and Polygamy* (SAATHI, 2001); *A Study on Linkages Between Domestic Violence and Pregnancy* (Kathmandu, SAMANATA-Institute for Social and Gender Equality, 2005); and *A Study on Linkages between Domestic Violence & Pregnancy* (Kathmandu, SAMANATA-Institute for Social and Gender Equality, 2005). See also Naagarik Awaaz, *Fact Finding Study Among Conflict Widows* (Kathmandu, 2003).

problems - many of which were the consequences of some form of violence.

Outreach programmes and follow-ups. Outreach and home visits promoted consistent survivor support. Follow-ups helped to ensure recovery and prevent the abuse from happening again, while serving as a means of monitoring cases.

Use of volunteers as a major programme resource. Among these volunteers were 147 government-trained Female Community Health Volunteers (FCHVs). Phect-Nepal also engaged 90 male volunteers to reach out to men and to perpetrators in the community.

Following the phase-out of the RHI project in 2002, the Kirtipur Centre and outreach clinics continued to provide services, with technical support focused especially on screening and counselling services, with support from an international NGO, the Italian Association for Women in Development (AIDOS).

Reproductive Health Initiative for Youth and Adolescents in Asia

In 2003, following the success of the RHI pilot programme, Phect-Nepal received support for a new programme aimed at young people (10 to 24 years). This was the “Improving Sexual and Reproductive Health and Reducing Gender Based Violence Among Adolescents and Youth Project”, initiated under the European Commission/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA). Dolakha district, where Phect-Nepal operated a community hospital, was the new project site. The project reached out to the target population through the Youth Friendly Service Delivery Point (YFSDP) which offered various services, such as the following:

Screening by a Health Assistant. A female Health Assistant was in charge of examining the clinical diagnosis as related to other physical, social and mental repercussions of possible violence. Both male and female clients discussed their problems with the female Health Assistant.

Counselling by a Youth Counsellor. A trained female Youth Counsellor enabled young people to share information and questions with a peer they could “connect” with.

Legal and Psychological Counselling. A lawyer and a psychologist visited monthly to deal with complicated cases.

“I was beaten by my husband even during my pregnancy and verbally tortured by the family members. I . . . developed psychological problems. If I did not have timely counselling sessions, I’m sure I would have committed suicide.”

—A woman receiving counselling

Youth Information Corner. A corner in the YFSDP contained games, IEC materials, video and other “edutainment” materials. The close proximity of the Youth Counsellor to the information corner led many youth to visit the counsellor for clarification of sexual and reproductive health issues.

Peer Education. Peer educators raised the awareness of young people concerning sexual and reproductive health issues at the grass-roots level. Community leaders played a key role in selecting male and female peer educators, 90 of whom regularly motivated peer groups and made referrals to the YFSDP.

Establishment of Youth Information Centres. Another core programme focus was the establishment of five centres located at government facilities, four in rented space at the Village Development Committee (VDC) level and one at a youth club. These provided space for counselling and peer educator meetings, maintained IEC materials and made referrals.

Awareness, Advocacy and Other Community-based Programmes. Other programmes regularly targeted at young people and adults were community-based and advocated addressing violence against women and its impacts at various levels.

RESULTS AND ACHIEVEMENTS

Despite all challenges, violence against women can be addressed and prevented through the provision of integrated sexual and reproductive health services, combined with legal and other social services — all based on a recognition that violence is closely related to clients’ health needs. As recent victories in attaining women’s property and citizenship rights indicate, the times are promising for Nepali women. This case study indicates that violence against women can be

overcome through an integrated and holistic community-based approach. Some of the major results of this programme were:

- From 1999 to 2006, at the Kirtipur Centre, some 5,149 women, men, adolescents and youth accessed Phect-Nepal's clinical services. Although most came for gynaecological, antenatal and post-natal care, as well as treatment for STIs, some 12 per cent were identified as having experienced violence. Most clients were female (98 per cent); most females (74 per cent) were more than 25 years old. In the same period at Kirtipur, almost 4,400 clients were referred for social, legal or psychological counselling. From 2003 to 2006, 49 referrals were made to other organizations;
- Working with community members, Phect-Nepal formed 38 gender-based violence support groups (of 10-15 female members) and 48 committee members' groups, comprising female ward representatives, some FCHVs and community women. These support groups worked as mediators to resolve crises and provided crisis management shelter support in their homes;
- Initially, men and women wanted more curatively focused health programmes. Later, they came to understand the value of the programme, as evidenced by cases in which a victim's silence was broken. Community members came to consider violence against women as a public health issue, whereas they previously considered it a private matter;
- Saving schemes were begun in almost all 19 wards (the smallest government administrative unit) of the target area to address the reproductive health and other needs of those experiencing violence;
- In the 2004-2006 RHIYA programme, 6,000 clients were counselled for health and violence-related conditions. Notwithstanding the programme's focus on treating young people, 37 per cent of these clients were adults;
- In three years, more than 14,000 young people (45 per cent female) between 10 and 24 years old visited the Youth Information Corner, which played a vital function in helping young people overcome the social taboos on discussing sexual and reproductive health issues;
- Peer educators brought sustainability to the RHIYA programme, promoting sexual and reproductive health issues and making referrals with no personal compensation;
- Phect-Nepal provided a series of consultations and presentations for the revision of the National Reproductive Health Protocol and for the development of the Gender-based Violence Training Manual for the Government and other regional members of the South and West Asia nations that had initiated similar programmes in their respective countries;
- Phect-Nepal was also a key implementing partner to UNFPA in the 2005 International Day for the Elimination of Violence against Women, when it initiated training for 120 health service providers, 60 FCHVs, and 12 district health managers. The orientation set in motion a longer term training series demonstrating to community health workers how to screen for cases of violence against women, successfully transferring lessons from RHI and RHIYA programmes to a total of 209 participants;⁴
- Phect-Nepal's experience was again effectively applied during mobile clinics on uterine prolapse conducted in Rautahat and Sarlahi districts. Through in-depth interviews with clients, RHIYA programme staff uncovered the close relationship between violence against women and the development of uterine prolapse,⁵ until recently not considered a major morbidity factor. Among 67 patients, 40 per cent indicated that violence had led to uterine prolapse, whereas 60 per cent indicated that the existence of uterine prolapse led to increased violence. Some core linkages identified were: son preference, which leads to multiple pregnancies in an attempt to give birth to a son and to uterine prolapse; short periods between births and multiple pregnancies, because women were not allowed to use contraceptives; and child marriage. Phect-Nepal's screening methods indicated that other sexual and reproductive health medical conditions resulted from violence against women or led to violence in various forms;
- UNFPA worked with the RHIYA partner NGOs -

4 UNFPA, Sixteen Days of Activism Against Gender Based Violence. November 25 - December 10, 2005. (Kathmandu, 2005).

5 Sometimes called a 'fallen womb', uterine prolapse is a debilitating condition in which the supporting pelvic structure of muscles, tissue, and ligaments gives way, and the uterus drops into or even out of the vagina.

Ama Milan Kendra; Environment, Health and Development Advisory Group; Family Planning Association of Nepal; Samjhauta Nepal; Sunaulo Parivar Nepal; and B.P. Memorial Health Foundation — to organize regional programmes. Phect-Nepal coordinated an activity in which youth from 14 districts designed and participated in community activities to raise awareness and foster discussion on violence against women. As a regional programme, the Phect-Nepal programme contributed importantly to the regional network's learning;

- Although the programme could not provide exact data, peer educators indicated a reduction in sexual harassment due to the increased capacity of young people to protect themselves and avail themselves of the opportunity to discuss harassment with friends, relatives and parents, and to make referrals;
- There are indications that men have begun to feel that violence against women is wrong and that women now believe it must no longer be accepted. The programmes are also bridging the gap between parents and youth, with mothers gaining help for their daughters. The counselling of young people has led to the counselling of parents as well.

LESSONS LEARNED

Front-line health service providers are supporting the needs of women suffering from violence. Providing information through IEC materials alone is not sufficient. Health personnel can play a vital role in supporting survivors of violence. Staff personnel need strong capacity-building to deal with the issue.

The presence of community members during programme planning ensures their support during implementation. Community leaders and members expressed increasingly positive attitudes towards the programme.

Discussing key issues raised by community members or identified by staff in awareness programmes/meetings was extremely fruitful. Many formerly hidden issues such as marital rape and uterine prolapse were raised as a result of discussions with community members.

A multidisciplinary team is an important core component of health programmes addressing violence against women. Diversity in professional backgrounds and gender is essential to work effectively.

Programme participants must be equipped to deal with the perpetrators as well as the victims of violence. It is essential that all core programme participants, such as lawyers, psychologists and social workers, are able to handle the needs and issues brought up by perpetrators as well as victims. Working with men and boys must become a core programme component. The presence of male outreach workers and male counsellors enabled the programme to address the reproductive health needs of men and obtain their support in preventing violence against women.

In rural Nepal, most people remain unaware that violence against women is a violation of basic human rights and lack understanding of its forms and nature. Both men and women see such violence as a natural and common occurrence. Thus, there is an urgent need to replicate and expand programmes like those described here at the community level.

Dialogue among organizations working in the same arena can be extremely effective. In the case of the RHI and RHYIA programmes, links with legal organizations such as the Legal Aid and Consultancy Centre, the Forum for Women, Law and Development, the Nepal Bar Association and other support-based organizations such as SAATHI (which means "friend" in Nepali) have proved effective in supporting victims.

The effectiveness of legal and psychological counsellors can be maximized when they work together to resolve cases. Working in collaboration, sharing each other's perspectives and listening to each other's counselling often enhances the effectiveness of legal and psychological counsellors as well as the trust and confidence of clients.

To promote sustainability, it is necessary to build community-level capacity in a variety of fields. The system of having counsellors visit the RHYIA Dolakha site on a monthly basis failed to bridge counselling gaps in the programme. Youth counsellors and peer educators need help from professional legal and psychological counsellors in complex cases. Local resources must be tapped and developed.

The follow-up of cases to address client needs is an extremely important programme component. The rate of violence against women clients who discontinued their counselling visits was high. Field-

based activities are essential to motivate clients, but this is not always possible at the VDC level, where distance and lack of communication facilities prevent regular follow-up.

Rural youth are relatively more receptive to information on new issues than are urban youth. The level of innovation and enthusiasm has been identified as much higher among youth in rural areas than among those in urban areas and, consequently, so is their commitment.

Peer educators were sometimes regarded as too young. Despite their effectiveness in many facets of the RHIYA programme, peer educators sometimes faced the challenge of not being easily accepted by communities because of their age.

Experiences from successful programmes can successfully be transferred. This was clearly demonstrated by the UNFPA/Phect-Nepal 16 Days of Activism Programmes. In these, issues of violence against women were incorporated within the mobile clinic services, and training was provided to health officers and reproductive health trainers.

There is a trend for cases from outside the target areas to obtain clinical and non-clinical services. This is indicative of the need to raise awareness of services that address violence against women in communities beyond the target areas. The use of local mobilizers in these outlying areas can be effective in serving clients.

Although the RHIYA programme attempted to focus on the most underrepresented ethnic groups, clients belonged to diverse groups. The most underrepresented groups in the community were not accessing services. Project personnel concluded that lack of information, sociocultural belief systems, and lack of socioeconomic opportunities were preventing this access.

The economic situation of survivors reveals a persistent gap. One client interviewed during this case study said, "I am told to go for empowerment training, but how will I go, when I have not even enough money for transportation to come to this centre?" Despite individual counselling and life skills training, clients may lack the financial security that would permit them to pursue economic and personal empowerment.

A Community Voice

I have worked as a male volunteer since the beginning of the RHI programme. . . . Today I am also a Community Leader. From both these positions, I have supported many community members and friends in sexual and reproductive health issues. Over the years, this programme has brought about positive behavioural change in how gender-based violence is viewed.

—Male Volunteer
Kirtipur Municipality

PRACTICES THAT WORK

Building the capacity of health workers. The programmes implemented by Phect-Nepal clearly indicate the role that health workers, particularly front-line health workers, can play. Perhaps no other service provider has as close a link or as great a possibility to aid women who have experienced violence than health service providers.

Promoting linkages among issues of sexual and reproductive health and violence against women. Some efforts have been made to mainstream the issue of violence against women as a core sexual and reproductive health component in all health services. The NGO Rural Women's Development and Unity Centre (RUWDUC), with support from the World Health Organization (WHO), developed the Reproductive Health and Gender Based Violence training manual,⁵ which needs to be widely disseminated. Organizations dealing with violence against women would benefit from reaching out to organizations dealing with sexual and reproductive health so that knowledge and experience can be exchanged.

Empowering girls to fight for their rights. Patriarchal social norms and values have led to the disempowerment of Nepali girls and are a core factor behind violence against women. Girls are often unaware that their basic human rights are being

5 RUWDUC, Reproductive Health and Gender-based Violence: A Manual for Frontline Health Workers and Community-based Social Workers. Training Manual (Kathmandu, WHO and Ministry of Health, Department of Health Services, Family Health Division, 2005).

violated by those committing the crime. The topic should be incorporated within the school curriculum from an early grade onwards. It should also be included in the curriculum of health service providers at various levels to bring about change in how they view and support their clients.

Changing mindsets and dealing with resistance. Programmes aimed at changing centuries-old traditions and values often meet resistance at various levels and from both sexes. At the outset of any programme addressing violence against women, appropriate awareness and community mobilization programmes aimed at changing mindsets are a must. Behaviour change and communication programmes, such as street dramas, peer education and teledramas, can become effective mediums towards this end.

Addressing the needs of adults and youths. Despite its focus on young people, the RHIYA programme was compelled to address the needs of the adult population also. The cross-cutting nature of the issue demands that programmes are holistically implemented. Although special hours may be appropriate for one group or another to ensure confidentiality, the services themselves should be available to women throughout the different stages of their life cycle as well as to men. The strength of such a programme lies in serving populations regardless of age, caste, gender or marital status.

Working with perpetrators. Phect-Nepal is one of the few organizations implementing a programme for counselling perpetrators. The reconciliation and follow-up of cases indicate that in some specific cases, the abusive nature of perpetrators can be changed through appropriate counselling to both the victim and the perpetrator, although it is still very limited.

Forging partnerships at various levels, with international, governmental and non-governmental organizations. The programme in Phect-Nepal's Reproductive Health Centre in Kirtipur was

initiated and sustained by support from international organizations and government volunteers along with NGOs providing legal services and shelters. Networking with various stakeholders at all levels greatly enhanced the support available to assist clients.

Maintaining data disaggregated by sex and social and ethnic background. If strong advocacy is to take place, the necessary tools must be available. One such tool is the availability of disaggregated data based on the type of violence, caste, ethnicity, age, sex and locality.

Enlisting the support of men. No programme addressing violence against women can be effective without the support of men, whether at the community level or at programme and policy levels.

Referring to other organizations for client support. One organization alone cannot cover all aspects of cases. Networking with like-minded organizations to provide support to survivors is essential.

Networking for upscaling and replicating services. Until and unless stringent efforts and advocacy are undertaken to mainstream services for responding to violence against women within health services, such services will be available only within a few NGO programmes. It is essential that government and NGOs network to improve support mechanisms for such clients.

Serving as a resource agency. AIDOS played a critical role in building the capacity of all the Phect-Nepal personnel on issues of violence against women. These are capacities that Phect-Nepal has been transferring to other health service providers. For instance, Phect-Nepal productively linked up with other health-based programmes such as the six UNFPA/Population and Reproductive Health Integrated Projects to provide focused training to health service providers in 2005.

8

GUATEMALA: EMPOWERING WOMEN THROUGH NATIONAL POLICY AND LOCAL SOLUTIONS

Violence has been a tragic legacy of Guatemala's civil war. While the din of combat between the Government and rebels was silenced in 1996, turf battles, simmering feuds, entrenched poverty, discrimination and heinous acts of violence against women continue to haunt its people. Many women are murdered every year in Guatemala. The victims of femicide frequently suffer unspeakable brutality, where their mutilated bodies are discarded by the roadside. Gang violence, crime, skyrocketing unemployment, inequality and machismo fuel an environment where women are dominated, heckled, battered, kidnapped, raped and killed with impunity. Few crimes against women are investigated or prosecuted.

Despite pervasive gender discrimination and its accompanying violence, the Government of Guatemala, led by the Presidential Secretariat for Women with support from UNFPA and the Swedish International Development Cooperation Agency, forged ahead to end women's insecurity and the violence perpetrated against them. In 2006, the Presidential Secretariat for Women initiated a push in 20 municipalities to develop and implement Municipal Agreements for the Integral Security of Women that would bring women's human rights and development to the fore.

BACKGROUND

After the Peace Accords were signed on 29 December 1996, ending the longest and bloodiest civil war in Latin America, Guatemala embarked on a journey to heal festering wounds. The Government put in place a number of policies and erected institutions to demonstrate their commitment to uphold human rights and bring formerly excluded groups into the nation's fold. To this end, the National Policy for the Promotion and Development of Guatemalan Women and the Plan for Achieving Equity of Opportunities was first enacted in 2001. The goal of the National Policy was to address critical issues for women, such as access to health care and education, equity in law and labour, and protection from violence.

Other measures have additionally been established to specifically address violence against women, such as passing the 1997 Law to Prevent, Sanction and Eradicate Intra-family Violence and creating the National Coordinating Agency to Prevent Domestic Violence and Violence against Women, the National Plan for the Prevention and Eradication of Domestic Violence, the Agency for the Protection of Women (which largely provides advice on training the judi-

ary and other entities responsible for the implementation of the Law to Prevent, Sanction and Eradicate Domestic Violence), the Agency for the Protection of Indigenous Women, a Unit for the Protection of the Rights of Women within the Attorney General's Office, and a domestic violence prevention programme within the Secretariat for Social Welfare of the First Lady.

In early 2000, the Government of Guatemala created the Presidential Secretariat for Women, as an advisor and coordinating agency responsible for formulating and monitoring the implementation of policies to promote women's rights. The National Policy for the Promotion and Development of Guatemalan Women and the Plan for Achieving Equity of Opportunities 2001-2006, was issued in 2001. The Presidential Secretariat for Women, under direct control of the president of Guatemala, was to advise and coordinate public policies aimed at promoting women's development and encouraging a democratic culture. Women's security and ending pernicious violence were high on the agenda.

The move to remedy the abuses and discrimination encountered by excluded groups coincided with a

push to decentralize government and move towards greater municipal autonomy in decision-making and planning.¹ An underpinning of decentralization is to have municipalities embrace a gender perspective in their efforts to enhance local development.

With the National Policy for the Promotion and Development of Guatemalan Women and the Plan for Achieving Equity of Opportunities as the backdrop for advancing gender equality and ending violence against women, the Presidential Secretariat for Women obtained the support of other government institutions, human rights groups and women's organizations from different socio-economic sectors.

The ongoing insecurity and violence faced by women and other vulnerable groups, despite efforts at the highest levels to redress them, led to a process of reflection and consultation. This process made it clear that the insecurities confronted by women were rooted in mutually reinforcing vulnerabilities that were linked to social structures - culture and gender relations. Tackling insecurity and violence would require integrated action that would incorporate both gender equality and women's empowerment. This conceptual framework laid the groundwork to link the National Policy for the Promotion and Development of Guatemalan Women and the Plan for Achieving Equity of Opportunities with a National Agreement for the Integral Security of Women.

The first concrete step to bolster women's development and equality was to work initially in 20 local municipalities, with future expansion to others, to implement a National Pact for the Integral Security of Guatemalan Women. The National Pact was supported through Municipal Pacts that would focus on the varying needs of women within their respective municipalities. The process would bring together government and civil society to articulate concrete priorities and actions and forge strategic alliances between the central and local government.

IMPLEMENTATION

In Guatemala, like most countries, national plans and directives often fail to reach the local level. To make a far-reaching, broad-based national goal relevant to the people, it must reflect the contextual needs of the communities and garner the support of implementing local authorities.

The Presidential Secretariat for Women increased the likelihood of the National Policy for the Promotion and Development of Guatemalan Women to be effective by launching the Municipal Pact building process for the integral security of women. This would be the tool through which local development would generate concrete commitments and actions to address women's disempowerment and gender inequality - the roots of insecurity and violence. It was particularly important to make inroads in areas directly related to women's safety in the home and community to stem the horrific rise in femicide.

In October 2004, the Presidential Secretariat for Women determined that the best way to heighten women's security was to promote women's empowerment rather than focus on their victimization. The Secretariat brought together representatives of national bodies, such as the National Women's Forum, Office of the Defence of Indigenous Women, National Women's Office and Ministry of Employment, and local leaders involved in issues of women's security, including public institutions, municipal authorities and social organizations, to prepare a National Pact for the Integral Security of Women. The National Pact established nine priority pillars. (See box on following page)

The Interior Ministry (Ministerio de Gobernación), which is responsible for security and tackling violence against women, including domestic violence through its Provincial Security Committees, endorsed the Presidential Secretariat's Municipal Pact-making plan. Despite this support, the process stalled.

By October 2005, the Secretariat championed specific actions to strengthen women's security - broadly defined as the right to good governance, access to education and health care, individual opportunity and safety - and began the process of raising awareness, consulting and negotiating with local leaders to draft Municipal Pacts for the Integral Security of Women.

The journey to reach all 333 municipalities began with ongoing consultation within 20 municipalities.² Local leaders were recruited to identify the challenges and hardships endured by women within the municipality and then incorporate the principle of gender equality into plans and actions to further community development.

¹ Decentralization processes generally aim to improve the efficiency and effectiveness of public administration in promoting local economic development and poverty eradication.

² San Antonio la Paz, Palencia, San Miguel Chicaj, Purulhá, Tactic, Tukurú, San Cristóbal, Los Amates, Rio Hondo, Jocotán, San Juan Ermita, Olopa, Santa Catarina Mita, San Pedro and Yepocapa, Malacatán, San Felipe, Santa Bárbara, San Sebastián, Santa Cruz del Quiché and Uspantán.

National Policy for the Promotion and Development of Guatemalan Women: Nine Priority Pillars

- Priority One - Legal security for women
- Priority Two - Economic autonomy and food security for women and children
- Pillar Three - Security for women in their households and families
- Pillar Four - Secure communities and cities for women
- Pillar Five - Women's health security: maternal health and HIV and AIDS prevention
- Pillar Six - Protection of women in situations of migration
- Pillar Seven - Prevention and punishment for trafficking and trade of people
- Pillar Eight - Security and management of risks for women and their families (with respect to natural disasters)
- Pillar Nine - Education as cross-cutting all of the pillars

The implementation process for creating the Municipal Pacts was fairly straightforward - bring together local government officials, civic groups, non-governmental organizations (NGOs) and community leaders to identify the obstacles faced by women and initiate plans to rectify them.

With support from the Presidential Secretariat for Women and technical advice from a consultant, the regional representatives designed a methodology to guide the preparation of the Pacts for the Integral Security of Women with each municipality. The methodology was designed to:

- Provide the space for municipal actors to deliberate and strive for consensus;
- Allow each municipality to prioritize the pillars;
- Reach specific agreements on concrete actions and interventions;
- Identify short-term, mid-term and long-term measures and commitments;
- Map the resources of the municipality, the Development Council (local body made up of all community groups), as well as the human resources of institutions, social organizations and women's groups for the implementation of agreed upon strategies of the Municipal Pact.

In essence, the regional representatives of the Presidential Secretariat for Women were responsible for advancing the National Policy for the Promotion and Development of Guatemalan Women. They played an important role in the Pact making process through facilitation and assuring that municipal authorities led, built and implemented the pacts with civil society organization participation. The local authorities were also responsible for the establishment

of a committee to follow-up on the initiatives to further women's human rights and improve their situation on the municipal level.

The Pacts themselves were to be used as tools for identifying problems and generating solutions. The pact-making process was designed to respond to the changing social landscape of local areas, such as the emerging HIV and AIDS problem and, in the case of rural women, the migration of husbands to cities and abroad for employment. The Municipal Pacts would rally local public action in favour of women based on the National Policy for the Promotion and Development of Women.

While there were 20 different experiences in crafting the Municipal Pacts, some common elements existed. The general steps are as follows:

- The Presidential Secretariat for Women presents the National Policy for the Promotion and Development of Guatemalan Women and the National Pact for the Integral Security of Women to each mayor, establishing the linkages between the Pact and the Policy.
- The mayor invites representatives of departments and Municipal Development Councils to jointly commit to the pact-making process, promote women's human rights, and design and implement strategies within the municipality to protect those rights.
- The mayor issues a Municipal Agreement, committing the municipal authorities to work on the Pact.
- The mayor informs state representatives within the municipality, NGOs, international cooperation agencies and other groups about the National Policy for the Promotion and Development of

Guatemalan Women and its link to the Municipal Pact. The mayor also expounds on the advice and support from the Presidential Secretariat and the objective to work jointly and coordinate actions to enforce women's rights.

- A steering committee is formed.
- Negotiation and debate takes place during on-going workshops to identify the requirements for ensuring women's security, empowerment and rights within the municipality.
- Specific strategies are implemented to move the process forward.
- A draft document, *This Municipality Works for the Integral Security of Women*, is written.
- The Municipal Pact is validated.
- The Pact is presented to the municipality, often through a public signing.
- The commitments are further publicized through the representatives of the Municipal Development Community Councils, the Community Development Councils and the media.

This is not a top-down process in which national leaders hand down directives to the citizenry, but instead, the people come together to brainstorm, identify problems, generate solutions and commit to actions, and feed the results upward. The sessions allow for dynamic involvement of all municipal actors. Local government officials, municipal mayors, community leaders, indigenous people's and women's groups, and organizations that work with children and youth participate directly in the process.

RESULTS AND ACHIEVEMENTS

The overarching accomplishment of using the Municipal Pacts to get a step closer in realizing the National Policy for the Promotion and Development of Guatemalan Women was making a national goal meaningful and realistic on the local level. Commitments from municipalities gave women a far greater chance of achieving security, opportunity and the realization of their rights. This fundamental achievement is reflected in the additional results listed below.

- The Presidential Secretariat for Women representatives worked closely with municipalities, fostering cooperation between national Government and municipal authorities and helping to clarify the challenges and problems women face both nationally and locally.
- In addition to incorporating the National Policy for the Promotion and Development of Guatemalan Women into the agendas of the Municipal Development Councils, representatives of the

Presidential Secretariat for Women advocated for the opening of Women's Municipal Offices. These offices have been instrumental in cultivating a gender perspective within local public management.

- The Pacts for the Integral Security of Women created the necessary conditions within the municipalities to champion women's rights, ensure their fulfillment and confront the social and institutional barriers that keep women disempowered.
- The pact-making process brought local authorities, representatives of community institutions and women's associations closer and set the stage for increased teamwork and influence among all the participants.
- The work undertaken to produce Municipal Pacts has set the stage for future support and collaboration among different institutions, organizations and community leaders to create projects that protect and empower women and improve their lives. It further underscores the need for direct participation of Women's Municipal Committees and Women's Offices, and if these groups do not exist within a municipality, why they must be created.
- The pact-making process and its resulting commitments helped raise awareness of blatant violations of women's rights, pervasive machismo and the epidemic of physical, emotional and psychological violence against women.
- The collaborative and inclusive process empowered women to understand, exercise and protect their own rights.
- The success of the initial pact-making processes spurred action in an additional ten municipalities, with others slated to soon embark on the endeavour.
- The Policy of Integral Rural Development 2004-2008 formally acknowledged the Municipal Pacts and mandated support for them.

LESSONS LEARNED

Participants from the municipalities as well as representatives of the Presidential Secretariat for Women came together in a series of workshops to evaluate the pact-making process, identify its benefits and shortcomings, acknowledge their achievements, and share the knowledge that they gained in tackling the obstacles and challenges for women. They identified several cogent lessons.

- The process of addressing women's security and development on the local level helps to break negative patterns and promotes education about sexual and reproductive health, HIV and AIDS, and reducing violence against women, especially within the family.
- Active participation of society allows for challenges to be identified, appropriate actions to be taken and commitments to be monitored. Conversely, without public involvement on the municipality level, the Pacts have little value, lack accountability and result in national policies remaining out of reach.
- The process brings women to the fore, highlights their contributions and talents, and raises their self-esteem and confidence.
- The involvement of municipal government paves the way for future support and work on the pillars of the National Policy for the Promotion and Development of Guatemalan Women.
- The pact-making process requires political will and the accompanying resources necessary to implement commitments and actions.
- Transparent and responsible communication is the basis of success for collaborative work and for an open, honest negotiating process.
- Each actor has an important role to play. Citizens and civic groups provide essential input and help make the Pact an effective local tool. Municipality officials manage the process and either provide financial resources or attain them from outside sources. The Presidential Secretariat for Women is the conduit between local and national agreements and interventions.
- The Pact is easily understood within the municipality because it was created by local people, institutions and organizations.
- The pact-making process educates local citizens about women's rights and creates a new ethos for the next generation that respects gender equity, equal rights and responsibilities, and social justice.

PRACTICES THAT WORK

When the Presidential Secretariat for Women, with the support of Swedish International Development Cooperation Agency and UNFPA, initiated the National Policy for the Promotion and Development of

Guatemalan Women from the ground floor by working with 20 municipalities, the goal was to make a national policy vibrant and workable on the local level. The initial municipalities engaged in the pact-making process were just the first phase for reaching every part of the country. The next leg of the journey will be shaped by practices that worked in this preliminary stage.

- Prior to the work with municipalities, a working strategy must be in place. This allows for a clear understanding of the National Policy for the Promotion and Development of Guatemalan Women, the role of the municipalities in implementing and localizing the policy, the goal of broad participation of sectors, institutions, organizations and women's groups, and the ultimate aim of promoting women's equality and security.
- The involvement of a high-level Government body, such as the Presidential Secretariat for Women, is indispensable. Unconditional support of municipal authorities further solidifies local commitments and accountability to the Pact. A national presence, combined with coordination among institutions to promote women's empowerment, instills confidence in women that local and national institutions are concerned about their security.
- Municipalities, NGOs, women's groups and other institutions must commit to the pact-making process by designating representatives who consistently attend all meetings and are held accountable for pledges and tasks.
- The Government needs to honor and acknowledge the individual municipalities' definitions and solutions to the problems women endure.
- Coordination among sectors and institutions is required to avoid duplication of efforts among NGOs, municipal and government institutions, sectors and other cooperative bodies. Teamwork needs to be cultivated and encouraged.
- The process of creating Municipal Pacts can go beyond the primary goal of designing and implementing interventions. It can additionally function as an educational tool to inform and teach. Time and again, participants voiced that for Municipal Pacts to be meaningful tools, they must raise awareness and help men and women understand the concept of human rights and the meaning of gender equality.



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