



CARE International Advocacy Position United Nation Secretary General's Report on S/RES/1820

Executive Summary

United Nations Security Council Resolution 1820 (S/RES/1820), unanimously adopted on 19 June 2008, addresses sexual and other forms of gender-based violence (GBV) against women and girls in conflict and post-conflict situations. In the coming weeks, the UN secretariat – led by UN DPKO – will finalise a report outlining recommendations on 1820 implementation, which will then be discussed and adopted by the UN Security Council.

This paper outlines key recommendations from CARE International; an operational non-governmental agency working in over 70 countries across humanitarian, recovery and development contexts. CARE welcomes the international debate on 1820, but we remain concerned that key aspects of GBV prevention and response are neglected by current deliberations.

Recent debates on 1820 have appeared preoccupied by international diplomatic agendas related to issues of impunity and security sector reform. While tackling impunity is certainly important, CARE believes these debates have lacked sufficient focus on GBV survivors' rights in terms of physical health, psycho-social and livelihoods.

Successful prosecution depends on sound data. Reliable data can only be obtained when social systems are in place that survivors trust enough to report accurately their experiences. Particularly in GBV related crimes, medical evidence is essential. Basic health, psycho-social and livelihoods services are the entry-points for assistance to survivors, as well as data and evidence gathering. Without major investments in core services for survivors, justice and security sector reforms will fail to translate into either better prevention or response to GBV.

To address these challenges, CARE outlines key challenges and recommendations related to the following four issues:

1. The Coordination Challenge
2. Services: Bridging the gap from humanitarian to recovery phases
3. The Prevention Deficit
4. Prioritising Safety of Survivors in Data Collection and Justice Processes

1. The Coordination Challenge

Weaknesses in coordination at the global and field levels are major systemic factors undermining effective action on GBV. Consequences include the duplication of efforts between different agencies and serious gaps in sectoral or geographic coverage. Challenges in coordination on GBV reflect inadequate political attention, expertise and human and financial resources. Too often, UN GBV staff are either senior headquarters managers with no resources or staff, or junior staff at field level with little influence on decision-making. To address these challenges, CARE recommends:

- At UN headquarters level, a **Special Representative of the Secretary General (SRSG) on Women, Peace and Security should be established** for a period of three years to provide leadership for coordination efforts on Resolutions 1325 and 1820. This position should

report directly to the UN Secretary General and be given an operational mandate to convene the UN agencies involved in a multi-sectoral response to GBV. Through UN Action, this SRSG should provide leadership in identifying and implementing systemic UN reform related to GBV; holding the relevant agencies accountable for those reforms, which can be monitored through regular reports to the SG and the Security Council on progress made and challenges arising.

- In the longer-term, proposals to establish a new UN entity on women's issues must place GBV prevention and response as a top priority. In the interim, UN Action's role in addressing UN system incoherence should be strengthened. Building on its current ad-hoc approach, **a more systematic and regularised approach to UN agency evaluations and peer reviews** should be instituted. Such processes should involve active participation by the proposed SRSG and UN Member States who serve as the members of UN agencies' governance boards and donors. Such engagement should ensure a stronger and time-bound accountability in relation to any recommendations arising from evaluations of UN agency performance on GBV.
- In terms of operational coordination between UN and NGO agencies, implementation of the cluster system will be a critical test for reform of the international response to GBV. The GBV AoR (a 'sub-cluster' of the protection cluster) is in its early days. One of its most significant challenges is the lack of capacity and expertise on GBV across all UN agencies and the wider humanitarian sector. For this reason, **an auxiliary pool of deployable GBV Protection Advisors should be created**; similar to the UN Child Protection Advisors and OCHA GenCap. At present, UNFPA has only two staff engaged at the organizational level on GBV despite serving as co-chair of the GBV AoR at global level. Coordination reforms also need to recognise the political sensitivities associated with GBV in conflict contexts. For this reason, **agencies involved in SGBV coordination in conflict settings should maintain a credible humanitarian mandate**, especially in terms of their neutrality and independence, to enable the confidence and collaboration of agencies working directly with GBV survivors on all sides of a conflict.

2. Services: Bridging the gap from humanitarian to recovery phases

The multi-dimensional nature of GBV and its impact on the lives of women and girls requires a multi-sectoral approach. Current political debates on a multi-sectoral response have focused on the security and judicial dimensions, while neglecting the importance of basic health, psycho-social and livelihoods support for survivors. Yet, the entry-point for any action on GBV – including efforts to tackle impunity – must be basic services. Without basic services, survivors have no entry-points for support and are unable to sustain any participation in judicial or police processes. For this reason, 1820 implementation should address the following:

- Implementation of 1820 should **ensure that UN system-wide guidelines and tools on GBV are translated from theory into practice**. System-wide training and refresher-courses should be rolled-out to raise awareness outside of the few contexts where they are currently known and referred to. More emphasis should be placed on adherence to key standards/ references including the Inter-Agency Standing Committee (IASC) guidelines on gender based violence interventions in humanitarian settings ; the WHO guidelines on ethical data collection; the WHO guidelines for clinical management of rape, and the UNHCR guidelines on sexual and other forms of gender based violence against refugees, returnees and displaced persons.
- Implementation of 1820 should lead the UN system, donors and host governments to invest in promoting **an integrated and multi-sectoral**

approach, including the essential role of basic health, psycho-social support, security for prevention and response, and livelihoods programmes. Given the acute political sensitivities and stigma surrounding GBV, prevention and response activities should be integrated into wider community-based and livelihoods approaches to humanitarian and recovery programmes to promote local acceptance and sustainability. To better enable this, donors must also sustain and increase their support for a serious commitment to implementing 'gender-sensitive' approaches across all humanitarian programmes.

- The continued impact of GBV in **post-conflict early recovery should feature as a priority in the 1820 implementation report.** To prevent the resurgence of GBV in highly fragile post-conflict settings, activities in the initial emergency response to sexual violence should be designed with an eye towards having a sustained impact into the early recovery phase. At present, donor funding for frontline NGO programmes tends to evaporate when the humanitarian phase is declared over and funding switches to developmental aid modalities. Instead, longer-term funding should be provided for integrating GBV work into NGO programmes focused on recovery and capacity-building of local partner organisations and government authorities. Such funding could catalyse alignment and capacity-building of NGOs and local actors; while recognising the political and other contextual factors which will determine an appropriate sequencing of hand-over to national authorities.

3. The Prevention Deficit

Prevention of GBV constitutes a huge challenge in conflict, pre- and post-conflict contexts. While insecurity is obviously an intrinsic feature of such situations, our experience and field research suggests that more can be done before and after conflict to address the under-lying social, cultural and political drivers of GBV. This requires long-term investments in community based programmes aimed at changing attitudes and behaviors that condone violence against women and girls. More must also be done in the midst of active conflict to prevent abuses from occurring. For this reason, 1820 implementation should address the following:

- 1820 implementation should result in a realistic and **time-bound process to increase the numbers of female military and police officers**, as well as female civilian UN staff, trained in GBV prevention and response. Although it is no panacea, experience demonstrates the importance of a female staff presence on-the-ground, which is accessible to survivors of GBV on a safe and confidential basis.
- 1820 implementation should **address the continued lack of international police** which can be deployed in a timely and adequate fashion. Too often, military peacekeepers are deployed to maintain perimeter security outside camps or along transport routes, and have neither the mandate, training or capabilities to intervene in security matters inside camps of the displaced. These efforts should draw on wider learning in community-based approaches to policing in insecure areas.
- **Complaints mechanisms should be strengthened to ensure appropriate and safe procedures for early warning and immediate remedy** of serious breaches related to GBV. At present, the lack of an oversight and monitoring mechanism for peace operations remains a clear gap. The 1820 report should also consider aid agency efforts to invest in their own complaints mechanisms, and wider systems to promote transparency and downwards accountability to beneficiaries. For these initiatives to happen, enhanced financial support from donors is also required.

4. Prioritising Safety of Survivors in Data Collection and Judicial Processes

The physical safety and dignity of survivors should be the top priority in GBV prevention and response; including in any efforts to tackle impunity. Unfortunately, current debates on justice related to GBV appear driven by diplomatic interests at the international level, and inadequately attuned to the needs of survivors in terms of safety, confidentiality or longer-term needs related to health, psycho-social care and livelihoods. For this reason, 1820 implementation should address the following:

- Implementation of 1820 should recognise that the **top priority in GBV data collection should be to improve service provision and coverage**. People provide such data at great risk to themselves on the understanding that action will be taken to address their concerns in a timely fashion. There is a difference between conducting prevalence surveys to inform political debates on the severity of a conflict and an effective needs analysis to ensure a better and more timely response. CARE believes that priority should be attached to the latter.
- Building on existing systems and guidelines, 1820 implementation must **ensure greater respect of best practice in ethics and confidentiality of data collection**. Survivors, their family, community and the collector of information must all have the confidence that such information is compiled, stored and used in a safe and confidential manner, with no possibility of tracing information back to its source. Institutions responsible for gathering data must be independent from fighting parties implicated in GBV; informed by experience with GBVIMS, Resolution 1612 and other confidential data collection and reporting mechanisms. While recent deliberations on data collection have emphasised the deployment of prosecution and investigatory experts, CARE believes that top priority should be attached to ensuring that staff involved in data collection are trained in psycho-social care and are able to refer survivors to basic health and livelihoods assistance.